

## Years Old: A Pilot Study

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### BACKGROUND

Human Immunodeficiency Virus (HIV) is primarily transmitted via sexual contact, parenteral exposure to blood, or vertical transmission from mother to child. For the pediatric age group, the most common mode of transmission is vertical transmission, however, for the adolescent population, sexual contact is a major route of transmission. Acquired Immune Deficiency Syndrome (AIDS) caused by the infection of the Human Immunodeficiency Virus, is one of the most serious challenges to public health today. To help combat this disease, the United Nations developed 17 "Sustainable Developmental Goals" designed to set goals for the future. HIV is specifically tackled on the 3rd SDG - Good Health and Well Being. The goal is to end the epidemics of communicable diseases by 2030, AIDS included. By the end of 2018, the World Health Organization estimated a total of 37.9 million people living with HIV. Among these, 2.1 million consists of adolescents aged 10-19 years old. According to UNAIDS, there were 77,000 cases of adults and children living with HIV in 2018 in the Philippines alone. Alarmingly, 13,000 comprise those newly infected cases. For the pediatric age group aged 0-14 years old, there were less than 1000 cases. These data show that the bulk of cases locally consist of those aged 15 years old and above. According to the March 2021 HIV/AIDS & ART Registry of the Philippines, 30% of confirmed cases that month were aged 15-24 years old. Ninety seven percent of these cases acquired the infection via sexual contact, predominantly through male to male contact (63%).<sup>3</sup> In the same Registry, it was stated that among children aged less than 15 years old, there were a total of 170 cases from January 2016 to March 2021.

Establishing appropriate information and behaviors in this age group of susceptible individuals is the first step in preventing this disease entity. In an era when information may be easily obtained through friends, the internet, and schools, it is critical to establish scientifically validated information as soon as possible. Members of the middle to lower class are a vulnerable population in terms of lack of education especially on proper health practices. This population does not have easy access to adequate sexual education as they lack proper resources. Instead, they may opt to find other sources of information, namely, family members, friends and the internet. These information are not approved by medical experts and may be rooted from wrong sources, superstitions and may be potentially harmful to their health. There is a significant gap not only in social classes, but in accurate information availability as well.

### OBJECTIVES

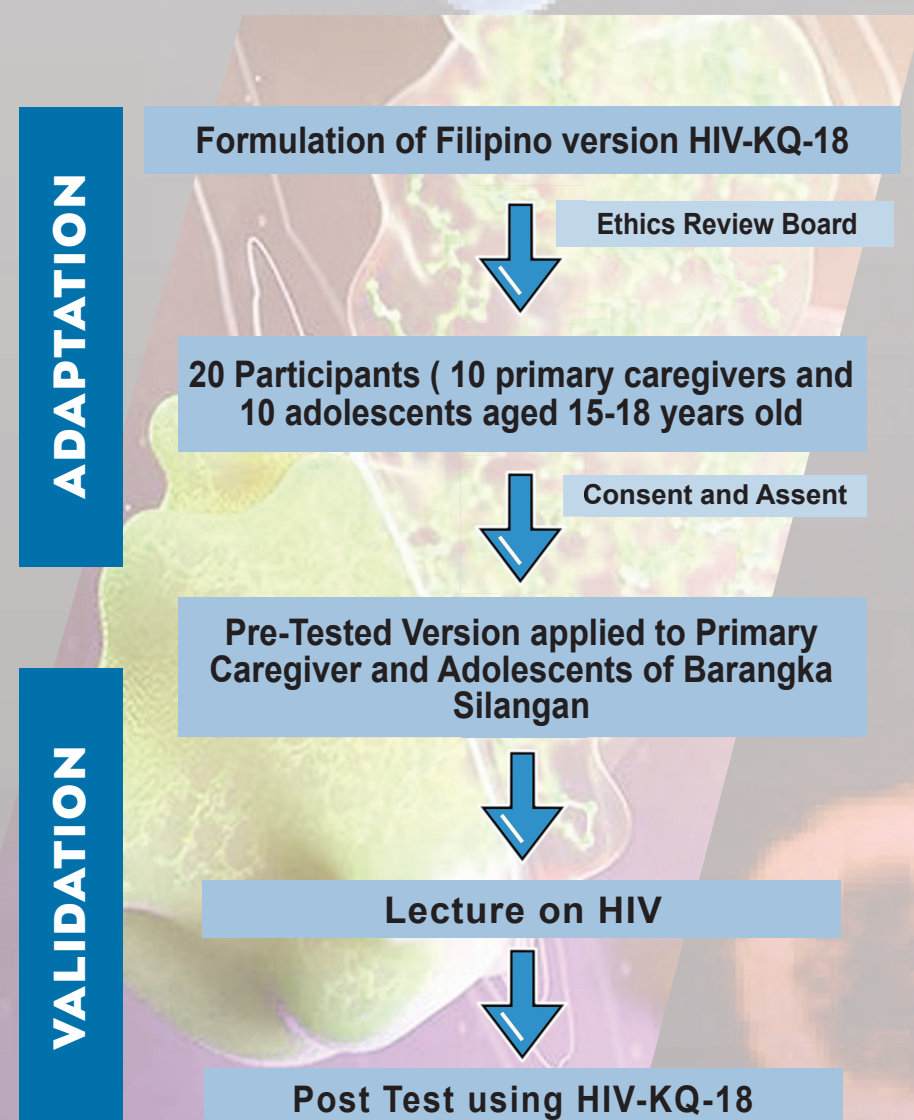
#### General Objective

To determine the knowledge of Filipino Primary Caregivers and their adolescent children aged 15-18 on HIV transmission and prevention

#### Specific Objectives

- To determine the demographic profile of adolescents aged 15-18 years old in terms of:
  - Age
  - Gender
  - Educational level
  - Sexual Preference
  - Source of information regarding sex
- To determine the demographic profile of Filipino primary caregivers of adolescents in terms of:
  - Age
  - Gender
  - Educational attainment
  - Marital Status
  - Source of information regarding sex
- To determine the knowledge on HIV transmission and prevention of Filipino primary caregivers and their adolescent children aged 15-18 years old using a validated HIV Knowledge Questionnaire
- To determine the association between the knowledge of the primary caregivers and their children on HIV knowledge and their socio demographic profile using a validated HIV Knowledge Questionnaire
- To determine the difference between the primary caregivers and their adolescent children regarding correct information on HIV transmission and prevention using a validated HIV Knowledge Questionnaire

### Methodology



Knowledge Questions	Primary Caregiver			Adolescent		
	Correct (n=%) Pre Test	Incorrect (n=%) Pre Test	Not know (n=%) Pre Test	Correct (n=%) Pre Test	Incorrect (n=%) Pre Test	Not know (n=%) Pre Test
	Post Test	Post Test	Post Test	Post Test	Post Test	Post Test
1. Coughing and sneezing DO NOT spread HIV.	5 (34%)	10 (66%)	-	11 (73%)	4 (27%)	1
2. A person can get HIV by sharing a glass of water with someone who has HIV.	3 (20%)	12 (80%)	-	4 (27%)	11 (73%)	-
3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.	2 (13%)	13 (87%)	-	10 (66%)	5 (34%)	-
4. A woman can get HIV if she has anal sex with a man.	6 (4%)	8 (53%)	1 (7%)	10 (66%)	5 (34%)	-
5. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.	3 (20%)	11 (73%)	1 (7%)	5 (34%)	10 (66%)	-
6. All pregnant women infected with HIV will have babies born with AIDS.	5 (34%)	10 (66%)	-	1 (7%)	13 (86%)	1
7. People who have been infected with HIV quickly show serious signs of being infected.	1 (7%)	14 (93%)	-	1 (7%)	14 (93%)	-
8. There is a vaccine that can stop adults from getting HIV.	3 (20%)	12 (80%)	-	5 (33%)	9 (60%)	1 (7%)
9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	2 (13%)	13 (87%)	-	2 (13%)	13 (87%)	-
10. A woman cannot get HIV if she has sex during her period.	5 (34%)	10 (66%)	-	4 (27%)	10 (66%)	1 (7%)
11. There is a female condom that can help decrease a woman's chance of getting HIV.	5 (34%)	9 (60%)	1 (6%)	5 (33%)	8 (53%)	2 (13%)
12. A natural skin condom works better against HIV than does a latex condom.	0	15 (100%)	-	4 (27%)	11 (73%)	-
13. A person will NOT get HIV if she or he is taking antibiotics.	6 (40%)	9 (60%)	-	10 (66%)	4 (27%)	1 (7%)
14. Having sex with more than one partner can increase a person's chance of being infected with HIV.	5 (34%)	10 (66%)	-	12 (80%)	3 (20%)	-
15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	1 (7%)	14 (93%)	-	2 (13%)	13 (87%)	-
16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	3 (20%)	12 (80%)	-	3 (30%)	12 (80%)	-
17. A person can get HIV from oral sex.	6 (40%)	9 (60%)	-	9 (60%)	5 (33%)	1 (7%)
18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	6 (40%)	9 (60%)	-	12 (80%)	3 (20%)	-
	8 (53%)	7 (47%)	-	11 (73%)	3 (20%)	1 (7%)
	9 (60%)	6 (40%)	-	13 (87%)	2 (13%)	-
	7 (47%)	5 (34%)	2 (13%)	9 (60%)	5 (33%)	1 (7%)
	10 (66%)	5 (34%)	-	6 (60%)	6 (40%)	-

### CONCLUSIONS

Adolescent respondents for this survey ranged in age from 15 to 17, with the majority being female. All respondents were enrolled in school, and the bulk of them got their information about sex primarily from their professors. On the other hand, all of the primary caregivers were female and ranged in age from 30 and up. The majority of primary caregivers report that their parents were their main source of sex-related information. However, for the adolescents their awareness of HIV came primarily from their teachers. Education exhibited a stronger link with knowledge scores on the HIV Knowledge questionnaire than the other sociodemographic factors. The improvement in post-test results and the decrease in response variability indicate that the participants' lecture had a beneficial impact.

### RECOMMENDATIONS

The following are recommendations for implementation of a better sexual health and knowledge in the Philippines, this includes removing taboos in talking about sex and sexuality in the community. Implementing a science-based course in sexual education among adolescents, their parents, and other members of the community would also help in improving the community's sexual health education. It is also vital to assess members of the community with regards to proper sexual education and to have an open dialogue between parents and their children regarding proper sexual practices.

The following are recommendations for further research; conduct the knowledge testing in a wider area - may be conducted in schools, barangays and municipalities to assess current status of the country. Further studies could also discuss sexual attitudes and practices, aside from just knowledge. The researcher also recommend to use the HIV-KQ18 tool on other age groups, use the questionnaire on those with higher income earning families, and lastly, to assess the knowledge, attitudes and practices of school teachers regarding HIV transmission.

