Knowledge of HIV/AIDS and Unsafe Sex Practices Among Filipino Youth*

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Introduction

The health concern that has gripped the world in recent years is the spread of the human immunodeficiency virus (HIV), the main cause of AIDS. In 2002, the UNAIDS estimated that AIDS had claimed about three million lives and an increasing number of people continue to contract the disease. An estimated five million people were infected with HIV in 2002, bringing the total infected population at 42 million (as cited in Summers, Kates, and Murphy, 2001).

In the Philippines, the first AIDS case was diagnosed in 1984, although it was only in 1986 that AIDS was declared a notifiable disease. Similar to the experience of other Asian countries, early cases of AIDS were associated with either contact with foreigners either through foreign travel (e.g., overseas contract workers, men having sex with men who had traveled abroad, and sex workers in military bases) (Tan and Dayrit, 1994 as cited in Balk, et. al., 1999). The number of HIV cases continues its upward trend, with the latest figure from the Department of Health AIDS Registry showing an accumulated 1,965 HIV Ab seropositive cases since 1984. Of this number, 636 had developed to full blown AIDS. Overall, official death toll for AIDS related cases had already reach 257 (Department of Health, 2003). A large proportion of infected cases were seafarers and sexual intercourse remains the common route of transmission.

The HIV/AIDS figure may be low in comparison to levels found in other countries but this does not prevent the Philippine government from being more proactive in addressing the problem of HIV/AIDS in the country, particularly through legislation. A landmark achievement came with the passage of Republic Act 8504, the Philippine AIDS Prevention and Control Act of 1998. This law mandates the promulgation of policies and measures for the prevention and control of HIV/AIDS in the country, the institutionalization of a nationwide HIV/AIDS information and education program, the establishment

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of a comprehensive HIV/AIDS monitoring system, and the strengthening of the Philippine National AIDS Council, the coordinating body on HIV/AIDS. The law aims to raise awareness on the realities of HIV/AIDS and, in the process, modify behaviors, specifically, risky sexual practices.

These initiatives become relevant in the face of growing threats of HIV/AIDS infection particularly among young people. Worldwide, they are considered one of the more vulnerable segments of the population insofar as HIV/AIDS infection is concerned. The population within the age range 15-24 continues to comprise the major bulk of HIV infections. Based on estimates by the UNAIDS, more than half of new infections belong to this age group (UN, 2002). The vulnerability of young people to sexually transmitted infection is associated with their growing involvement in risk behaviors such as early and unprotected sex, having multiple partners, drug use and alcohol abuse. Recent statistics on adolescent sexuality in the Philippines point to an increasing number of young people engaged in premarital sexual intercourse and other risky sexual practices (Raymundo, Xenos, and Domingo, 1999; Natividad and Marquez, 2004). Based on the recent adolescent survey, premarital sex (PMS) prevalence among young adult aged 15-24 rose from 18 per cent in 1994 to 23 per cent in 2002. Majority of these sexual experiences are spontaneous in nature, and in most instances, unprotected. There is also liberalizing views on sex among the young. In 2002, 34 per cent of Filipino youth approved of men having PMS while 22 per cent approved of the same behavior for women. Approval of PMS for women almost doubled in 2002 from the 13 per cent approval posted in 1994 (Ventura and Cabigon, 2004). However, as more people are engaging in sex at earlier ages, they do so bereft of sufficient information on reproductive health, notably, the consequences of early sex (Zablan, Marquez, and Laguna, 2003).

This paper looks at the knowledge of Filipino youth on HIV/AIDS and how this impacts on their decision to engage in premarital sex and adopt safe sex practices. This paper takes the premise that correct information on reproductive health empowers one in decision making. Thus, given sufficient information on HIV/AIDS, young people will be more cautious of their sexual practices, particularly the use of condom during premarital sexual episodes. In the AIDS Risk Reduction Model developed by Catania, et. al., (1990), an adequate knowledge of AIDS was identified as necessary in recognizing one's behavior as high risk, which in turn, could lead to action towards modification of behavior (Zellner, 2003). The exploration of HIV/AIDS knowledge and its possible link to sexual practices provides important windows from which to frame adolescent sexual behaviors and the risk of infection among young people in the country. This provides important bases for program and policy interventions that will address adolescent reproductive health.

Methodology

Data

The 2002 Young Adult Fertility and Sexuality Study (YAFS3) is the major data source for this paper. YAFS3 is a nationally representative sample survey of about 20,000 adolescents and young adults,

males and females, regardless of marital status and within the age range 15-27 who are living in households, The YAFS3 survey employed a two-stage, self-weighing design with regions as main domains. Thus, the study covered all the 16 regions of the country. The analysis in this paper, however, is limited to the age group 15-24.

To establish trends in key variables, the study also included comparable data from the 1994 Young Adult Fertility and Sexuality Study (YAFS2).

Variables and measures

Awareness and knowledge of HIV/AIDS were based on respondents' responses on whether they know of sexually transmitted diseases, whether they have heard of AIDS, whether they think AIDS is curable, whether they can name possible routes of HIV infection and their own assessment of the likelihood of contracting HIV/AIDS. Misconception of AIDS as a punishment from God was also factored in as an important indicator of knowledge regarding the disease.

Two composite indices were created to measure knowledge of HIV/AIDS. These are on knowledge regarding modes of transmission and overall knowledge of AIDS. In the case of knowledge regarding modes of transmission, the questions were asked in an open-ended manner, thus, the indeces only took into consideration some of the respondents' responses. In measuring overall AIDS knowledge, a respondent was given one point for any mention of 1) sexually transmitted route such as, sexual intercourse, sex with prostitute, multiple partner sex, sex with the same sex and sex with infected person; 2) mother to child transmission; 3) blood transfusion; 4) injection drug use; and agreement to the following statements: 5) *one can get AIDS from a healthy looking person*, and 6) *AIDS can be contracted with one intercourse*. In addition, disagreement to misconceptions such as: 7) *AIDS is curable*, 8) *AIDS is a punishment from God for those who have sex outside of marriage*, and 9) *only people with multiple sex partners get AIDS* gains point for respondents.

The Cronbach's a-coefficient that test for reliability of this 9-item index is 0.65. Those who got a score ranging from 6-9 are classified as having high knowledge of HIV/AIDS; medium knowledge is a score from 3-5 while low knowledge is from 0-2.

The index of knowledge regarding modes of transmission considers any mention of sexual routes (including sexual intercourse, sex with prostitute, same-sex sex, multiple partner sex, and sex with an infected person), mother to child transmission, blood transfusion and injecting drug use. This yielded three categories for knowledge of modes of transmission: no knowledge (score is 0), moderate knowledge (1-2 correct responses) and high knowledge (3-4 correct responses). The Cronbach's a-coefficient is .79 which shows a relatively high degree of cohesiveness among the indicators.

Sexual practices refer to premarital sex and the experience of multiple partner-sex, commercial sex and non-use of condom among those with PMS experience.

Three questions were used to determine premarital sex experience. One is a direct question "have you ever had sexual experience?" The other two questions were framed within the context of dating. Those who reported going out on a single date were asked about the circumstances and the partner, culminating in the question, "on your first single date, did you…" with yes/no responses to four items, "hold hands", "kiss", "pet" and/or "go all the way?". Lastly, respondents were asked if they have a boy/girlfriend. Those who responded affirmatively were asked about those partners with questions culminating with the same set of items as above. An affirmative response to any of the three is used as an indicator that the respondent has had premarital sex experience. Multiple partner-sex was based on the question: *did you ever have sex with anyone other than your first partner?* On the other hand, commercial sex refers to instances where respondent either paid for or was paid for sex.

Condom use during first and recent PMS was also asked in the survey. Non-use in any of these sexual episodes presents a risk of either pregnancy or STD infection. Thus, experience of this risky sexual practice is assumed to increase likelihood for infection among young adults.

Findings of the study

Characteristics of sample respondents

Table 1 presents the distribution of sample respondents according to selected background characteristics.

More than half are females (53%). Six in 10 of these belong to ages 15-19. Mean age for the sample is 18.8 years (S.D.=2.8), thus majority are are still single (80%) and more than half of

Table 1. Distribution of respondents by background characteristics (weighted)

Background characteristics	Freq.	%
Sex		
Male	8042	47.4
Female	8922	52.6
Age		
15-19	10236	60.3
20-24	6728	39.7
Marital status		
Never married	14220	83.9
Currently married	1660	9.8
Currently living-in	999	5.9
Divorced/Sep/Widowed	79	0.5
Education		
No schooling/Elementary	1871	11.1
High School undergrad	5004	29.6
HS grad/Vocational	5289	31.3
College	4747	28.1
Religion		
Catholic	13992	82.7
Other Christians	2308	13.6
Islam	441	2.6
Other religions	171	1.0
Residence		
Urban	8809	51.9
Rural	8155	48.1
Region		
Ilocos	917	5.4
Cagayan Valley	326	1.9
Central Luzon	1460	8.6
Southern Tagalog	2782	16.4
Bicol	1022	6.0
Western Visayas	1211	7.1
Central Visayas	1491	8.8
Eastern Visayas	700	4.1
Western Mindanao	433	2.6
Northern Mindanao	844	5.0
Southern Mindanao	1236	7.3
Central Mindanao	512	3.0
ARMM	314	1.8
CAR	305	1.8
CARAGA	534	3.1
NCR	2880	17.0
No. of cases	16964	

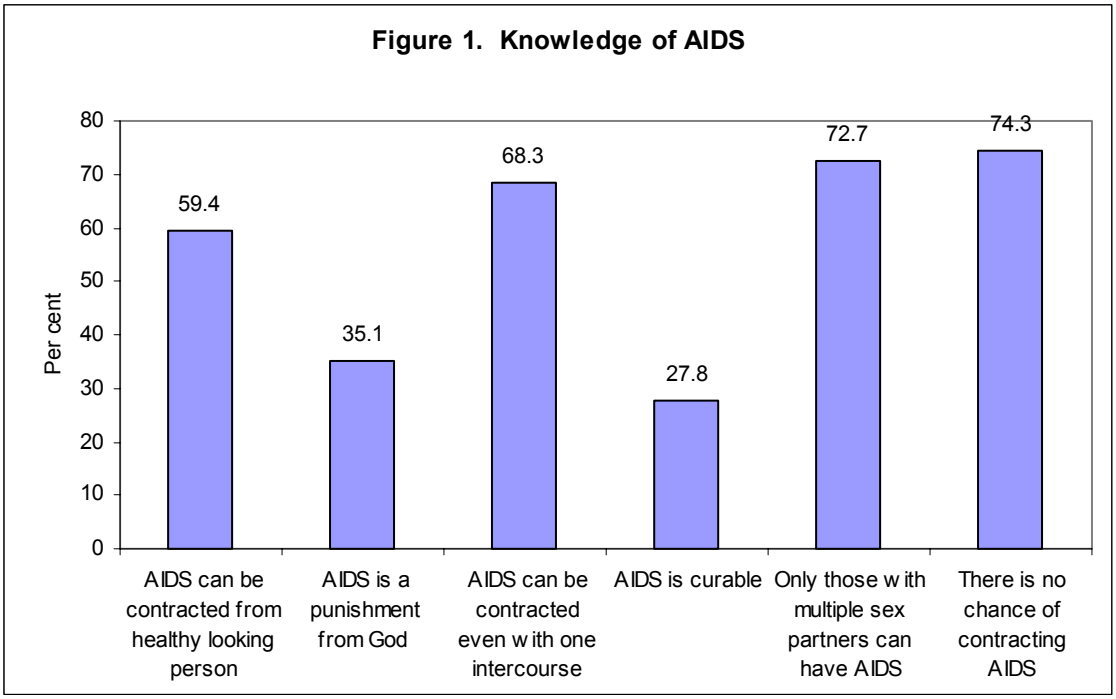
respondents were in secondary schools. Almost a third have tertiary education. Thirty three per cent of the sample came from the National Capital Region and its neighboring region of Southern Tagalog. In addition, slightly higher percentage of respondents came from urban areas.

Awareness and knowledge of STD/HIV/AIDS

There is an almost universal awareness of AIDS among young people ages 15-24. Ninety five per cent said they have heard of AIDS (Figure 1). Two-thirds knew of sexually transmitted diseases, and more than half (57 per cent) of which mentioned AIDS as a sexually transmitted disease .

A closer look at their knowledge of HIV/AIDS, however, shows that misconceptions about the disease exist for a sizeable proportion of the youth population. While majority knew that AIDS can be contracted from a healthy-looking person and even from one single sexual contact, 35 percent agreed that the disease is a punishment from God for people who have sexual intercourse outside of marriage. Moreover, 28 per cent said that AIDS is curable. Seventy three per cent believed that only those with multiple sex partners are at risk of infection.

Comparing the results from the 1994 YAFS survey, no substantial change in level of awareness of STD/HIV/AIDS was observed. However, the percentage of young adults who think that AIDS is curable more than doubled. In 1994, only 12.5 per cent thought there is cure to AIDS.



Across background characteristics, levels of awareness and knowledge show considerable variations. There is a noticeable gender differential on the knowledge of sexually transmitted diseases. More males than females are familiar with STD. Slightly higher percentage of females however said that AIDS can be contracted from a healthy looking person (62 per cent vs. 57 per cent). Older respondents on the other hand, are more knowledgeable about AIDS as shown by higher percentage among them who agreed that AIDS infection is possible even with a single sexual encounter and from a person who looks healthy. This belief is shared by respondents from urban areas (Table 2).

Results also show that education reinforces knowledge regarding HIV/AIDS. The percentage who believed that AIDS infection is possible through single intercourse and from a healthy looking person increases with level of educational attainment. Those with college education in particular appear to be knowledgeable on HIV/AIDS. In terms of religion, Catholics are generally more aware and knowledgeable about HIV/AIDS compared to those belonging to other religious affiliation. More Catholics are familiar with STD, have heard of AIDS and know that a healthy looking person can be a carrier of the virus. However, more youth from other religions (aside from Catholics, Islam and other Christian denominations) know that a single sexual intercourse could lead to HIV infection.

There is an obvious regional disparity in awareness and knowledge of STD/HIV/AIDS among young people in the country. All regions in Mindanao for example, have young people whose knowledge of sexually transmitted diseases fall below the national average of 66 per cent. In terms of awareness of AIDS, all regions display high awareness among its young people. In fact, 99 percent of youth from the National Capital Region reported they have heard of AIDS.

In terms of other indicators of AIDS knowledge however, regions of Mindanao consistently show below average level of knowledge, particularly the belief that it is possible to get AIDS from healthy looking person.

Table 3 presents some misconceptions regarding AIDS which also measure the level of knowledge regarding the disease. As discussed earlier, there was an increase in the proportion believing that AIDS is curable between the 1994 and 2002 YAFS surveys. A cursory look at variations across subgroups shows more males compared to females believed that AIDS is curable. Youth with low education, those belonging to the Catholic religion and those living in Luzon are likely to subscribe to this belief.

Higher proportion of males, those currently married or living-in with a partner, youth with below tertiary education, and those from rural areas believed that only people who engage multiple partner sex can get AIDS. Regionwise, this belief permeates among young people from the regions of CARAGA, NCR, Central Visayas and Bicol.

In a Catholic country such as the Philippines, it is common for epidemics to have religious significance. This fatalistic view of diseases such as AIDS seems to manifest among young people. Thirty seven per cent of young males agreed that AIDS is a form of punishment from God for those who engage in sexual intercourse outside of marriage. This is four-percentage-points higher than the females'.

Table 2. Awareness and knowledge of STD/AIDS, by selected background characteristics (in per cent)

Background characteristics	Knew STD	Heard of AIDS	AIDS can be contracted even with one inter-course	AIDS can be contracted from healthy looking person
Sex	***	***	***	***
Male	69.8	95.0	68.0	57.1
Female	62.5	95.5	68.5	61.5
Age	***	***	***	***
15-19	63.1	94.2	65.5	57.9
20-24	70.3	96.7	72.4	58.2
Marital status	***		***	
Never married	67.1	95.4	67.4	59.9
Currently married	62.5	94.2	74.5	57.6
Currently living-in	55.8	94.5	70.5	55.6
Divorced/Sep/Widowed	57.0	96.2	84.2	55.3
Education	***	***	***	***
No schooling/Elementary	41.9	85.1	60.9	38.5
High School undergrad	57.4	93.7	64.5	52.1
HS grad/Vocational	67.6	96.8	68.7	60.3
College	82.3	98.9	74.1	72.7
Religion	***	***	***	***
Catholic	66.6	95.6	68.5	60.7
Other Christians	64.8	94.7	66.6	56.4
Islam	55.0	88.8	68.8	35.4
Other religions	59.8	89.4	73.3	51.7
Residence	***	***	***	***
Urban	71.3	96.9	70.8	66.4
Rural	60.1	93.4	65.5	51.6
Region	***	***	***	***
Ilocos	66.0	95.1	65.2	57.3
Cagayan Valley	75.4	95.7	73.6	58.0
Central Luzon	70.7	92.1	83.8	59.3
Southern Tagalog	62.6	93.7	61.4	67.1
Bicol	70.2	97.3	66.2	54.4
Western Visayas	66.6	93.2	65.0	51.5
Central Visayas	74.9	97.4	70.5	54.0
Eastern Visayas	58.6	92.7	62.3	57.9
Western Mindanao	52.4	91.6	64.8	38.9
Northern Mindanao	56.4	96.7	65.3	46.0
Southern Mindanao	55.6	93.0	63.2	52.2
Central Mindanao	60.9	94.9	61.1	49.6
ARMM	58.3	89.8	68.4	29.3
CAR	77.4	96.4	69.0	66.6
CARAGA	46.7	96.1	69.6	53.3
NCR	74.4	99.2	74.1	76.0
Total	65.6	95.2	68.3	59.4
No. of cases	16915	16886	15988	16042

*** p<.001 **p<.01 *p<.05

Table 3. Misconceptions about AIDS, by selected background characteristics (in per cent)

Background characteristics	AIDS is curable	Only those with multiple sex partners can get AIDS	AIDS is a punishment from God	There is no chance of contracting AIDS
Sex	***	***	***	***
Male	30.5	75.2	37.3	73.0
Female	25.4	70.5	33.1	75.4
Age		***	**	*
15-19	28.1	72.4	35.2	73.4
20-24	27.3	73.2	35.0	75.5
Marital status	*	***	***	
Never married	28.2	72.1	34.2	73.6
Currently married	23.9	75.5	40.9	79.2
Currently living-in	28.5	78.0	36.8	75.8
Divorced/Sep/Widowed	(29.2)	72.0	44.7	71.0
Education	***	***	***	***
No schooling/Elementary	29.4	73.6	47.5	77.2
High School undergrad	28.6	74.8	37.8	74.4
HS grad/Vocational	29.6	74.5	33.7	74.4
College	24.6	68.4	29.8	73.1
Religion	**	***	***	***
Catholic	28.0	73.1	33.8	73.8
Other Christians	20.0	71.4	37.3	76.1
Islam	18.5	69.0	67.1	83.9
Other religions	25.4	67.3	37.6	75.6
Residence		***	***	
Urban	27.8	74.2	32.8	74.5
Rural	27.8	71.1	37.6	73.9
Region	***	***	***	***
Ilocos	31.7	74.7	32.9	82.3
Cagayan Valley	30.1	71.1	26.4	77.3
Central Luzon	28.6	75.0	28.6	78.5
Southern Tagalog	33.5	72.0	25.7	81.0
Bicol	30.1	75.0	31.3	70.9
Western Visayas	33.9	58.9	35.5	68.3
Central Visayas	19.1	76.5	44.1	63.8
Eastern Visayas	27.3	71.7	48.1	72.1
Western Mindanao	24.1	70.1	37.3	79.3
Northern Mindanao	24.1	71.3	42.5	70.2
Southern Mindanao	19.4	68.6	30.7	68.6
Central Mindanao	24.2	70.5	31.0	67.8
ARMM	11.4	65.1	74.8	89.8
CAR	30.4	54.3	27.2	59.4
CARAGA	30.7	82.0	52.9	69.0
NCR	28.6	78.8	35.8	77.4
Total	27.8	72.7	35.1	74.3
No. of cases	13951	15997	15998	14085

*** p<.001 **p<.01 *p<.05

Table 4. No knowledge on AIDS's modes of transmission and low overall AIDS knowledge, by selected characteristics (in per cent)

Background characteristics	Does not know any mode of transmission	Low AIDS Knowledge
Sex	*	***
Male	10.2	22.4
Female	9.6	19.2
Age	***	***
15-19	11.5	22.9
20-24	7.5	17.5
Marital status	***	***
Never married	9.8	20.5
Currently married	10.4	20.7
Currently living-in	10.6	22.4
Divorced/Sep/Widowed	(8.9)	(26.6)
Education	***	***
No schooling/Elementary	26.0	41.9
High School undergrad	13.4	26.2
HS grad/Vocational	7.3	18.2
College	2.9	9.5
Religion	***	***
Catholic	9.5	19.9
Other Christians	10.0	22.7
Islam	16.8	33.4
Other religions	22.2	31.6
Residence	***	***
Urban	6.9	15.9
Rural	13.2	26.0
Region	***	***
Ilocos	8.5	22.6
Cagayan Valley	(7.1)	17.5
Central Luzon	9.9	15.8
Southern Tagalog	12.4	23.4
Bicol	9.9	24.0
Western Visayas	12.6	23.1
Central Visayas	5.5	19.1
Eastern Visayas	15.7	29.0
Western Mindanao	14.3	30.7
Northern Mindanao	8.4	21.7
Southern Mindanao	15.1	24.4
Central Mindanao	10.4	24.3
ARMM	15.3	33.1
CAR	8.9	18.0
CARAGA	8.4	21.9
NCR	5.3	11.0
No. of cases	16964	16964

*** p<.001 **p<.01 *p<.05

Agreement to this statement is also high among those who are either married, living-in or separated/ divorced/widowed, those with no schooling or at most elementary education, residents of rural areas, and interestingly among those professing the Islam faith. Only 34 percent of those who subscribed to this view are Catholics, compared with about 67 percent among the Islam. Consequently, youth from the Autonomous Region of Muslim Mindanao posted the highest agreement to this belief (75 percent).

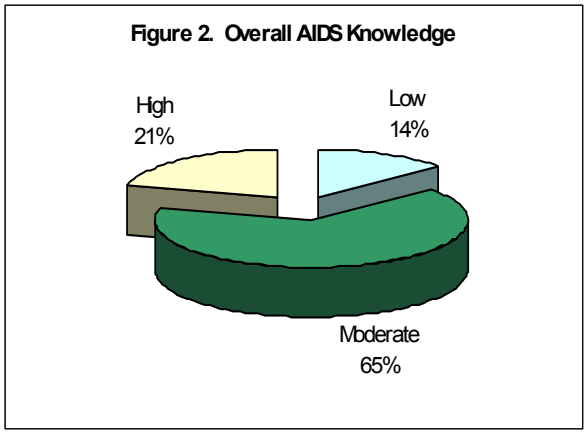
Despite the information and awareness campaigns regarding the realities of HIV/AIDS, particularly its possible threats to one's health, majority still believed they have immunity from possible risk of AIDS infection. Such is the case particularly among females, the older respondents, those with marital partner (either currently married or cohabiting), urban residents, youth with no schooling/elementary education and those belonging to Islam religion. Similarly, there is higher proportion of young people (from ARMM, Ilocos and Southern Tagalog regions) who claimed to have no chance of contracting AIDS.

A general idea of how the virus is spread reduces the risk of infection since this could facilitate adoption of ways to avoid possible infection. Results show that of the four common routes (sexual intercourse, mother to child transmission, blood transfusion and injecting drug use), 89 per cent correctly mentioned the sexual route. This includes mention of sexual intercourse, sex with same sex, multiple partner-sex, sex with prostitute, and sex with an infected person. Twenty one percent, meanwhile correctly identified blood transfusion as possible way to contract AIDS, 11 per cent through injection, 9 per cent through mother-to-child transmission. Mean score for mode of transmission is 1.2 (S.D.=.86).

In sum, majority have moderate knowledge regarding AIDS transmission (80 per cent), which means they know 1 or 2 possible routes of infection. Ten per cent could name 3 or 4 ways of transmission while a similar percentage does not know how the disease is transmitted at all. The lack of knowledge in any modes of transmission is particularly high among males, younger respondents, those with low education, those currently married or living-in, among those belonging to Islam and other religions, rural residents and youth from Eastern Visayas, Southern Mindanao and ARMM regions.

A general measure of HIV/AIDS knowledge

Taking knowledge of transmission, respondents' agreement to factual issues surrounding AIDS and disagreement to several misconceptions, a separate index of HIV/AIDS knowledge, as discussed in the methodology section, was explored in the study. By and large, there is a moderate level of knowledge on HIV/AIDS among Filipino youth. Sixty six per cent have got 3-5 correct answers out of 9 indicators for knowledge. Two out of ten young people on the other hand have low knowledge of HIV/AIDS. Out of 9 indicators, their scores range from 0-2. Mean score for this index is 3.7 (S.D.=1.76).



Low knowledge of AIDS is high among males, young respondents, those from rural areas, and those with low education. Compared with Catholics, youth in Islam and other religions likewise show higher proportion with low knowledge of AIDS. The disadvantaged position of Muslim youths on AIDS knowledge is further confirmed with the high prevalence of youth with low knowledge of AIDS in regions that have sizable proportion of Muslim youths, namely, ARMM and Western Mindanao. These findings confirm the need for more vigorous information campaign that target these specific sectors of the population.

The sexual experience of Filipino youth

This part of the paper looks at Filipino adolescents' sexual practices, focusing mainly on those that may pose some risks to their health and well-being.

There is an increase in premarital sex among youth aged 15-24, as well as sexual activities of various types. In 2002, 23 per cent of youth have engaged in PMS compared to the 18 per cent PMS prevalence found in 1994. Level of commercial sex is likewise on the rise, particularly the number of males who have been paid for sex (9.5 per cent in 1994 vs. 11.3 per cent in 2002). Natividad and

Marquez (2004), in their analysis of the 2002 YAFS data, found limited level of protection either against pregnancy or sexually transmitted diseases. This apparent lack of concern for protection is partly attributed to the fact that most first sex experience was not planned. Succeeding sexual encounters are likely to be protected, although, in most instances, it is to avoid pregnancy. The general feeling of having no chance to get AIDS among young people is manifested in the low level of condom use among those sexually active. Eighty nine percent did not use condom during PMS.

Most sex experience of Filipino youth occurred in the context of a committed relationship, although there is also substantial evidence of casual sex and multiple sex encounters among young people. Filipino males tend to exhibit greater proclivity to this practice. In fact, in 1994, 46 per cent of single males had their first sex with persons they are not romantically involved with (Xenos, Raymundo and Berja, 1999). The recent youth survey show that 35 per cent of youth who had PMS had sex with persons other than their first PMS partner. Moreover, among married youth, 4 per cent admitted to having extramarital sex relations (Natividad and Marquez, 2004).

Table 5. Sexual practices of Filipino youth, by sex

	With PMS	Commercial sex *(among those with PMS)*	Multiple partner sex *(among those with PMS)*	Non-use of condom *(among those with PMS)*
Male	31.2	4.0	50.0	86.2
Female	15.9	0.1	9.1	93.0
Both sexes	23.2	2.2	35.2	88.6
No. of cases	3929	110	1276	3483

HIV/AIDS knowledge as a factor in adolescents' sexual practices

The preceding sections have explored awareness and knowledge of young adults on HIV/AIDS as well as the level of sexual exploration among young Filipinos. The succeeding discussion focuses on exploring the critical question that this paper sets out to answer. How does knowledge of HIV/AIDS affect sexual initiation, and eventually, practice of risky sexual behaviors?

At the outset, sexual initiation among adolescents had always been viewed as a product of a confluence of factors both within the individual and his/her immediate environment. Among Filipino youth in particular, studies have underscored the role of peers, exposure to pornographic media, connectedness to social institutions such as the family and school, and religiosity as important predictors of likelihood for premarital sex (Cruz, Laguna and Raymundo, 2002; Raymundo, Xenos, and Domingo, 1999; Laguna, 2003 and Mateo, 2003; Umali, 1999). Males have consistently shown greater proclivity to engage in PMS than females. In the subsequent sexual practices, these factors are expected to play significant influence.

The likelihood of premarital sex, and among those with PMS, the likelihood of sexual practices that present risks for HIV/AIDS infection are calculated using logistic regression, which is applied in predicting phenomenon with binary outcome: absence or occurrence of behavior under consideration.

Results show that the probability of engaging in premarital sex significantly increases among males, urban residents and those living in the National Capital Region. There is an 84 percent reduction in the likelihood for PMS among those aged 15-19. This suggests that the likelihood to engage in PMS is higher among the older respondents. Education also appears to act as a protective factor against premarital sex, as the likelihood decreases by 15 percent among those with college education. A low overall HIV/AIDS knowledge decreases the likelihood of PMS by 18 per cent. In addition, a perception of non-susceptibility to risk of AIDS infection appears to decrease likelihood of PMS among youth (13 percent).

In terms of multiple partner-sex, only sex, age and the perception of having no chance to contract the disease are significant predictors. Males are more than 10 times likely to engage in this sexual practice as compared to females. Younger respondents likewise have reduced odds to engage in multiple partner sex. Those who perceived themselves as having no chance of AIDS infection have lower likelihood for multiple partner sex. For commercial sex, only one variable in the model significantly affect young adults' involvement. The odds for commercial sex decrease by 87 percent for young adults residing in the NCR relative to other regions in the country.

Table 6. Logistic regression estimates predicting likelihood of PMS, multiple partner sex, commercial sex and non-use of condom during PMS (Relative Odds ratio, standard error and statistical significance)

	PMS	Multiple partner sex	Commercial sex	Non-use of condom
Individual characteristics				
Sex *(Females)*	3.13 (.17)***	10.80 (1.7)***	-	0.49 (.09)***
Age *(20-24)*	0.16 (.01)***	0.75 (.09)*	0.84 (.23)	0.91 (.16)
Residence *(Rural)*	1.27 (.07)***	1.11 (.12)	1.48 (.37)	0.70 (.10)**
Religion *(non-Catholic)*	1.15 (.08)	1.04 (.15)	0.61 (.16)	0.69 (.14)
Region *(Outside NCR regions)*	1.31 (.12)**	1.15 (.19)	0.17 (.13)*	0.70 (.15)
Education *(Elem/HS)*	0.85 (.08)*	1.12 (.13)	1.16 (.30)	0.56 (.09)***
HIV/AIDS Knowledge				
Does not know any mode of AIDS transmission	0.97 (.14)	0.88 (.30)	1.03 (.68)	0.56 (.24)
Low overall HIV/AIDS knowledge	0.82 (.07)*	0.70 (.13)	0.64 (.23)	1.70 (.45) *
No chance of infection	0.87 (.05)*	0.76 (.09)*	0.76 (.20)	1.11 (.18)
R^2	0.1547	.1555	.0399	.0450

***P<.001, **p<.01, *p<.05

( )Omitted/Reference categories: females, 20-24, rural, non-catholic, resident of regions outside NCR, Elementary/HS, with moderate to high knowledge of transmission, moderate to high knowledge of HIV/AIDS, some likelihood transmission

Non-use of condom during PMS is significantly affected by sex, urbanity, education and knowledge of HIV/AIDS. Relative to females, males are more likely to use condom during PMS. Results show that the odds for not using condom decreases by almost half among males. Similarly, there is a 30 percent decrease in likelihood for non-use of condom among urban residents. College-educated adolescents also have reduced odds of not using condom during PMS. Having a low knowledge of HIV/AIDS however increases the odds of not using condom by 70 percent.

Conclusion

The premise of the paper is that knowledge about a particular issue as important as HIV/AIDS can be a form of self-empowerment. Being knowledgeable is expected to reduce the likelihood of engaging in risky sexual practices.

The various programs to increase awareness of HIV/AIDS seems to have paid off as there is an almost universal awareness and a moderate level of knowledge of HIV/AIDS among young people in the country. However, study findings highlight the fact that misconceptions regarding AIDS still exist in a sizeable proportion of the youth population. These include issues such as modes of transmission, AIDS as a punishment from God, AIDS as curable and the general feeling of non-susceptibility to infection.

The results of the logistic regression, however, fail to arrive at a definitive conclusion on the effect of HIV/AIDS knowledge on the likelihood to engage in sex and adopt safe sex practices. With regards to PMS for example, it shows that low knowledge and perception of having no-chance for AIDS infection are protective factors as these decrease the odds of PMS. It could also mean that the lack of sexual experience leads to the belief of not being at risk of AIDS infection. To what extent this holds true is worth exploring in future analyses.

Among those with PMS, low knowledge of AIDS explains the likelihood of not using condom. To some extent, it shows that adequate knowledge of HIV/AIDS may in fact contribute to adoption of safer sex practices, such as condom use. Unfortunately, condom use remains low in the country, partly due to opposition from the Catholic Church and the lack of definitive stand on the part of government regarding reproductive health and family planning. In most instances, condom use, specifically among young people is still equated with pregnancy prevention, and not so much with its role as protection against sexually transmitted diseases. Perhaps, this ambivalence can be viewed within the context of relatively low HIV/AIDS prevalence in the country.

But while the current state of HIV/AIDS is far from reaching epidemic proportion that characterize other countries in the region, signs are rife that the dormant state of HIV/AIDS may not be for long.

Early onset of sexual activity among young people lengthens the time spent for sexual experimentation during adolescence and early adulthood. The risk is further aggravated by the fact that

most young people are not cautious about their sexual practices. They are ambivalent to safe sex practices, despite the propensity to engage in multiple partner sex and commercial sex.

These realities justify the need for more initiatives towards improving young adult's knowledge of HIV/AIDS. Future studies can also take into consideration the various social networks and adolescents' sources of information on HIV/AIDS. An understanding of how and where they get information regarding AIDS contributes to a better appreciation not only of knowledge formation among adolescents but also on how information affect their attitudes and behaviors.

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