

A SURVEY OF HIV AIDS INFORMATION DISSEMINATION FOR MIGRANT WORKERS

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1 INTRODUCTION

Background

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is one of the most formidable challenges to social progress. This epidemic poses a great threat to the workplace. It has affected the productivity of labor and has created discrimination and stigmatization to workers and people infected by it.

In the Philippines, the incidence of reported cases of people living with HIV/AIDS is increasing. The National HIV/AIDS Registry showed that one-fourth of all cases reported are Overseas Filipino Workers (OFW).

Conditions around migration work or overseas employment render migrant workers vulnerable to HIV/AIDS. Their vulnerability to infection is contributed by factors at the level of the individual workers and the economic situation, political environment and socio-cultural norms and value system.

The Philippine government recognized its inherent obligation to promote the welfare and ensure the safety of the OFWs. The Philippine AIDS Prevention and Control Act of 1998 (Republic Act 8508) mandated education and awareness-raising on HIV/AIDS among migrant workers. It is required that all OFWs as well as foreign service personnel attend a seminar on the cause, prevention and consequences of HIV/AIDS before certification for overseas contract assignment.

Since 2005, the Overseas Workers Welfare Administration (OWWA) has been assigned to oversee the implementation of the Pre-Departure Orientation Seminar (PDOS) for all OFWs. OWWA accredits trainers from maritime schools and private recruitment agencies to conduct HIV/AIDS/STI module for use in the PDOS.

The focus of this study, therefore, was tracking the progress of disseminating information on HIV/AIDS at the level of recruitment agencies. The study did not look into PDOS at the level of OWWA or POEA. The survey focused on the HIV/AIDS training/education provided by the recruitment agencies – be it in-house or contracted to another entity. The purpose was to determine the extent of implementation of HIV/AIDS training/education at the recruitment agencies, any emerging issues and concerns among their trainers. The study also attempted to determine the effects of the HIV/AIDS education on migrant workers.

Objectives of the Study

The specific objectives of the study are to

- 1) conduct a survey of existing training programs on HIV/AIDS of maritime schools and private recruitment agencies to determine its content, breadth, mode and frequency
- 2) determine if there were significant changes in knowledge and attitudes and skills of the migrant workers about HIV/AIDS who participated in the training programs
- 3) determine the needs, issues, and concerns of trainers.

Methodology

The study conducted two sets of survey – one for the recruitment agencies and one for the migrant workers.

Recruitment Agencies. The Overseas Workers Welfare Administration (OWWA) provided the team with the latest list (as of July 24, 2007) of accredited providers of Pre-Departure Orientation Seminar. The list is composed of private recruitment agencies - 32 landbased, 144 seabased, and 20 non-government organizations (NGOs). This list served as the survey's sampling frame.

The survey set a 50 percent sample for each category or a total 98 sample. Specifically, the sample per category was 16 for landbased, 72 for seabased, and 10 for NGOs. The list of organizations was arranged alphabetically. Each sample was selected systematically.

Table 1.1 Sampling for Recruitment Agencies

CATEGORY	FRAME	TARGET - 50%	ACTUAL
LANDBASED	32	16	13
SEABASED	144	72	49
NGOs	20	10	11
TOTAL	196	98	73

After the field work, the number of respondents was 77 (79%) of the total target sample of 98. The number of respondents per category is as follows: 9 (28%) landbased; 36 (25%) seabased, and 8 (40%) NGOs. There were also 24 sample respondents which were not in the sampling frame: 4 landbased, 13 seabased, 3 NGOs, and 4 unclassified.

Migrant Workers. Based on the “OFW GLOBAL PRESENCE (A COMPENDIUM OF OVERSEAS EMPLOYMENT STATISTICS 2006)” of the Philippine Overseas Employment Administration (POEA), the total OFW deployed in 2006 was posted at 1,062,567 individuals: 317,680 or 29.90% landbased new hires; 470,390 or 44.27% landbased rehires; 274,497 or 25.83% seabased. On the other hand, the 2006 OFW daily deployment average is equal to 2,903 individuals. (Table 1.2).

Table 1.2. Total OFW Deployed by Category in 2006

Category	OFWs	Percent
Total	1,062,567	100.00
Landbased new hires	317,680	29.90
Landbased re-hires	470,390	44.27
Seabased	274,497	25.83
Daily Deployment Average	2,903	

Source: Philippine Overseas Employment Administration (POEA), OFW GLOBAL PRESENCE (A COMPENDIUM OF OVERSEAS EMPLOYMENT STATISTICS 2006)

The target population of the survey consists of landbased re-hires and seabased migrant workers only. Landbased re-hires and seabased migrant workers comprised 70 percent of the total OFW deployed in 2006, or a total 2,032. For the purpose of the study, it is assumed that the daily deployment average remained the same in 2007. It is also assumed that 70 percent of the daily deployment average also composed of landbased rehires and seabased migrant workers, or a total of 2,032 individuals. See Table 1.3.

With the 2,302 individuals, 15 percent is taken as the target sample which is a total of 303 migrant workers. On the other hand, the actual proportion of landbased rehires (63%) and seabased workers (37%) in 2006 is also assumed to be the same in 2007. Hence, the distribution of the sample by category: 191 landbased and 112 seabased.

This sample was taken from the Metro Manila Area because based on the report of the POEA’s Labor Assistance Center (LAC) on the actual departures of the OFWs at the international airports, 95% and 98% of the 2006 deployment of landbased and seabased workers, respectively, had NAIA as exit point.

Table 1.3. Target Population and Sample

Category	OFW Deployed in 2006		Target Population		Target Sample**	Actual
	Count	% to Total	Count	% to Total	Count	
Total	1,062,567	100.00	744,887	100.00	303	303
Landbased new hires	317,680	29.90	-	-		
Sub-Total	744,887	70.10				
Landbased rehires	470,390	44.27	470,390	63.15	191	
Seabased	274,497	25.83	274,497	36.85	112	
	Daily Deployment Average = 2,903		Estimated Daily Deployment Average of Landbased Rehires & Seabased migrant workers* = 2,032			

* 70 % of the Daily Deployment Average

** 15% of the Estimated Daily Deployment Average of Landbased Rehires and Seabased migrant workers

Limitations of the Study

One major limitation of the study was the difficulty to get more respondents from recruitment agencies since the fieldwork was conducted at the onset of the Christmas season. A higher sample could have been generated in another period.

The initial assumption of the study was to focus on HIV/AIDS training at the recruitment agencies. But on the course of gathering data, the team realized that the transfer of learning employed was mostly an information dissemination rather than a training on HIV/AIDS. Hence, rather than indicating the title of the project as “A Survey of HIV/AIDS Training for Migrant Workers,” the researchers opted to use the study title “A survey of HIV/AIDS Information Dissemination for Migrant Workers.”

2 RECRUITMENT AGENCIES

The survey among the recruitment agencies was conducted to determine the whether they conduct HIV/AIDS training. If they do, the study sought to find out the depth of discussion, the mode of learning utilized, and the frequency of training. The survey also attempted to determine the level of awareness of the recruitment agencies' on HIV-related international and national policies. The trainers from these agencies were asked about their needs, issues, and concerns as they disseminated the information on HIV/AIDS.

PROFILE

The study generated a total of 77 respondents. Twenty-six (26) of which came from recruitment agencies. Others represented the manpower placement companies (6) and training institutions/centers (3). Forty-five sample respondents failed to indicate the type of agency.

Table 2.1 Distribution of Respondents by Category and Type

Category	Type			
	Recruitment	Manpower Placement	Training Institute/Center	No response
Total	26	6	3	45
Landbased	8	2	-	5
Seabased	18	2	-	29
NGO	-	2	2	8
No Response	-	-	1	3

HIV/AIDS INFORMATION DISSEMINATION

Information Dissemination. Fifty-nine (77%) of the sample respondents indicated that they provide HIV/AIDS training or dissemination to migrant workers. Within their group category, the seabased agencies (86%) reported a higher percentage of providing HIV/AIDS information than the NGOs (73%) and the landbased (62%) agencies.

Table 2.2. Provision of HIV/AIDS Training or Education to OFWs

Category	Responses			
	Total	Provider	Non Provider	No Response
Total	77	59	18	4
Landbased	13	8	5	1
Seabased	49	42	7	3
NGO	11	8	3	-
No Response	4	1	3	-

Those who did not have HIV/AIDS training/education registered a count of 18 (23%), while four (6%) did not indicate any response. The reasons for not conducting HIV/AIDS training/education were varied.

Three agencies claimed that they referred the migrant workers to OPAP or PASEI. The other agencies (3) were not able to conduct training due to staff concerns such as the trainer resigned or no hired staff to do it. Three agencies answered they have not yet integrated the topic of HIV/AIDS. Their PDOS focused more on the safety boarding, contract matters, etc. Other reasons mentioned were “no time,” “costly,” “no materials to use,” or they left it to the clinic to provide education.

Motivation. Among those who carried out HIV/AIDS training, 49% were motivated by the seriousness of the concern. Forty-one percent (41%) did this training because it is a directive from the government. The same percentage was indicated for the reason that it is “a company policy”. Seven agencies (12%) had other reasons for doing so.

Table 2.3. Motivation in Providing HIV/AIDS Education

Category	Reasons			
	Directive from government	Company policy	HIV/AIDS is a serious concern	Others
Total	24	24	27	7
Landbased	4	1	4	2
Seabased	18	19	16	4
NGO	2	4	7	-
No Response	-	-	-	1

Interest to pursue HIV/AIDS education. It is worthy to note that in agencies which have not provided HIV/AIDS education, only two out of 18 (11%) have the interest to implement it in their companies. Twenty-eight percent (28%) expressed they are not interested while 61% did not indicate their response. Those who have responded *NO* thought that this would take brainstorming first since it would mean additional staff and cost. Or, it would be better to leave the education to the accredited institution to conduct it.

Table 2.4. Interest to Pursue HIV/AIDS Training/Education

Category	Responses			
	Total	Yes	No	No Response
Total	18	2	5	11
Landbased	5	1	1	3
Seabased	7	1	2	4
NGO	3	-	1	2
No Response	3	-	1	2

Mode of Delivery. The mode of delivery of information in general was in-house training (84%) while the rest (18%) sub-contracted this to another agency or to non-government organization. Others claimed that it was integrated in the PDOS module, or that they relied on other agencies such as POEA, Advancement of Workers Regarding Employment (AWARE)-PDOS or International Migrant Resource Center.

Among the recruitment agencies, the seabased agencies posted the highest (85%) in conducting in-house HIV/AIDS training or education.

Table 2.5. Mode of Delivery of HIV AIDS Training/Education

Category	Means		
	In-house	Subcontract to another agency or NGO	Others
Total	46	10	6
Landbased	4	4	3
Seabased	36	5	1
NGO	5	1	1
No Response	1	-	1

Regularity. Out of the 59 respondents, 76% indicated that their HIV/AIDS training/education is a regular program or service of the company. All NGOs in the sample respondents regularly provided HIV AIDS training/education.

Table 2.6. Regularity of HIV AIDS Training/ education

Category	Responses			
	Total	Yes	No	No Response
Total	59	45	1	13
Landbased	8	5	-	3
Seabased	42	31	1	10
NGO	8	8	-	-
No Response	1	1	-	-

Duration of Training/Education. More agencies (42%) conduct their HIV/AIDS session between 10 to 20 minutes. Fifteen agencies (25%) indicated that HIV/AIDS training/education is a “continuing process” in their agencies. Eleven respondents (19%) conducted the session for more than one hour. But generally, training or education on HIV/AIDS takes only less than 45 minutes.

Table 2.7. Duration of HIV AIDS Training

Category	Duration						
	Less than 10 min	10 - 20 mins	20 - 30 mins	30 - 45 mins	More than 1 hour	Continuing process	Others
Total	1	25	9	5	11	15	3
Landbased	-	4	-	-	1	-	-
Seabased	1	19	7	4	9	11	2
NGO	-	2	2	1	-	3	1
No Response	-	-	-	-	1	-	-

It is interesting to note that more seabased agencies reported that they conduct HIV/AIDS training continuously. One agency conducts the session every hour while others conduct once or twice a week for 15 to 20 minutes through PDOS. Some conduct it every time there are new seafarers and ex-crew boarding ship. One agency reported conducting it for one to two days.

Development of Training Design. Respondents were asked if they received any guidance or help from the government in the design of their HIV/AIDS training/ education program. Twenty-two (37%) respondents indicated *YES* while another twenty-two (37%) indicated *NO RESPONSE*. Only 15 respondents (26%) answered *NO*.

Table 2.8. Government guidance or help in designing HIV/AIDS training/ education

Category	Responses			
	Total	Yes	No	No Response
Total	59	22	15	22
Landbased	8	3	-	5
Seabased	42	16	12	14
NGO	8	3	2	3
No Response	1	-	1	-

According to them, they got the assistance specifically from POEA or OWWA through PDOS where HIV/AIDS was discussed. Respondents frequently mentioned that they received a training kit with manual of *Babalik Ka Rin*, in print and CD form.

Some respondents disclosed that they developed their own training design. Their companies conducted research or cut clippings from reading materials, books, etc. Some of their reference materials came from NGOs. Others cited that their principals developed the training design.

Source of Materials. For the agencies who have been conducting HIV/AIDS training/education, they secured their materials from OWWA (59%), POEA (20%), NGOs (17%) and other sources (10%) (i.e., CHASPAR, Health and Migration, internet, principals).

Table 2.9. Source of Materials

Category	Source			
	POEA	OWWA	NGO	Others
Total	12	35	6	10
Landbased	1	2	1	-
Seabased	11	26	5	8
NGO	-	7	-	1
No Response	-	-	-	1

Type of Materials Used. The most popularly used material is the *Babalik Ka Rin* manual and video. PDOS manual is commonly used. One respondent reported the use of UNAIDS training material while another one cited using the material from Philippine National AIDS Council.

The agencies utilized acetate/transparencies, slides, videotel, cassette tapes, and power point presentation in communicating the message. Posters and pamphlets are other forms of communication that were also used.

Comments HIV/AIDS Training

- a. *Trainer's Training.* Some of the in-house trainors were not trained to conduct PDOS and to use the HIV/AIDS materials. Nevertheless, they follow the procedures on the materials that they were able to acquire from OWWA. They are requesting if they can undergo the said training.
- b. *Training Methods.* Training methods vary from viewing a film to

conducting formal lectures. Most respondents would appreciate if they have a ready and standard short film for viewing and powerpoint presentations coming from OWWA.

- c. *Absorption of learning.* One respondent shared the concern that during PDOS, most of the topics discussed were technical (i.e., contracts, remittances, and proper decorum in the country of destination) and only a short period of around 30 minutes discussing HIV/AIDS. This has an effect on the capacity to absorb learning. Usually the trainees are pre-occupied with immediate concerns on family and on leaving the country.

Needs, Issues and Concerns

- a. *Awareness-raising vs. training.* One respondent pointed out that the concept of awareness-raising aimed to promote understanding and acceptance of the significance of the subject. Training aimed at developing skills and in-depth knowledge on HIV/AIDS. He pointed out that perhaps awareness-raising will suffice instead of conducting a full-blown training program.
- b. *Other avenues for education.* Schools and local government units can serve as other avenues that will promote awareness on HIV/AIDS prevention. Some respondents suggested that the government should have purposive drive regarding HIV/AIDS information campaign.
- c. *Integration of the issue of HIV/AIDS in other training.* Respondents suggested to include the HIV/AIDS training on their basic safety management training to provide ample time for more interactive discussion and participation of trainees.
- d. *Continuous provision of Information Education Campaign materials.* Materials should be provided to on or off-board training (i.e., card-size brochure, video presentations, posters in the vessels, etc.) on HIV/AIDS. Re-training programs to trainers was also suggested.

HIV AIDS Education by Principals Abroad. The survey inquired whether the agencies' principals abroad have a similar HIV/AIDS program or service for the migrant workers. Thirty-seven out of 59 respondents (or 63%) answered *NO*, while 13 percent answered *YES*. A *NO RESPONSE* was high at 32%.

Table 2.10. HIV AIDS education by Principals Abroad

Category	Responses			
	Total	Yes	No	No Response
Total	59	8	37	14
Landbased	8	1	1	6
Seabased	42	7	29	6
NGO	8	-	7	1
No Response	1	-	-	1

Prospect of collaboration. The survey asked about the prospect of collaborating between the recruitment agencies and their principals in promoting HIV/AIDS education.

Although the principals of 37 respondents do not have an HIV/AIDS education, 31 (84%) thought that their principals would be interested to collaborate.

Table 2.11. Receptivity of Principals to HIV AIDS Education

Category	Responses				
	Total	Yes	No	Uncertain	No Response
Total	37	31	6	4	-
Landbased	1	1	-	-	-
Seabased	29	23	6	4	-
NGO	7	7	-	-	-
No Response	-	-	-	-	-

Out of 17 respondents, three agencies (3) reported that they are currently doing the collaboration. An example of this was when the principal provided medical clinic or had a company nurse to ensure good health of workers. Another example given was the principal conducted training or orientation on policies before the start of the job. The principal also conducted information dissemination through posters, newsletter, and showing of video. One principal has a policy on re-hiring -- that those who are infected with HIV/AIDS will not be rehired until treated.

Respondents thought that there are other ways to pursue collaboration with principals. Four agencies suggested the idea of sharing information as well as having an agreement/policy between two countries. Some respondents suggested that migrant workers should be provided with more materials that they can bring abroad. They thought the agencies should conduct a proper education session prior to deployment and that it should be a regular activity. One respondent even suggested that HIV/AIDS education should be integrated in the school curriculum of and health programs.

Another possible form of collaboration is for principal to conduct follow up trainings on site, monitor health recruits through medical check-up, and help in the media campaign. Collaboration can also cover the drafting of policies on screening and prevention. Two respondents thought that they have to gather more information on how to proceed before they will pursue collaboration.

LEVEL OF AWARENESS ON POLICIES OF HIV/AIDS

The respondents were asked on their awareness of the several policies – International Labour Organization (ILO) Code of Practice, ILO Maritime Convention, and Philippine National AIDS Law.

Table 2.12 showed that more than fifty-three percent (53%) of the respondents heard about the ILO Code of Practice on HIV/AIDS. In terms of percentage, more NGOs were aware of the ILO Code of Practice compared to landbased and seabased agencies, which reported 38% and 55%, respectively.

Table 2.12. Awareness on ILO Code of Practice

Category	Responses			
	Total	Yes	No	No Response
Total	77	41	31	5
Landbased	13	5	7	1
Seabased	49	27	20	2
NGO	11	8	2	1
No Response	4	1	2	1

With regards to awareness on the ILO Maritime Labour Convention, only 48 percent of the total samples responded positively. Among the seabased respondents, 59% indicated that they were aware of the ILO Maritime Labour Convention. In terms of percentage on the sample per category, only 23% of landbased agencies and 45% of NGOs have heard about the Convention.

Table 2.13. Awareness of the ILO Maritime Labour Convention

Category	Responses			
	Total	Yes	No	No Response
Total	77	37	29	11
Landbased	13	3	9	1
Seabased	49	29	15	5
NGO	11	5	3	3
No Response	4	-	2	2

Among the policies on HIV/AIDS, 58% of the respondents claimed that they are aware of the Philippine National AIDS Law. NGOs registered a higher percentage of 80% of the sample group who were aware of the law compared to landbased (54%) and seabased (57%).

Table 2.14. Awareness of the Philippine National AIDS Law

Category	Responses			
	Total	Yes	No	No Response
Total	77	45	28	4
Landbased	13	7	6	-
Seabased	49	28	19	2
NGO	11	9	1	1
No Response	4	1	2	1

COMPANY POLICY ON HIV/AIDS

Fifty-six percent (56%) revealed that they have a company policy on HIV/AIDS. Twenty-five percent (25%) had no response, while the negative response registered 19%.

Sixty-four percent (64%) of NGOs, 59% of seabased, 46% of landbased agencies reported that they have a company policy on HIV/AIDS.

Table 2.15. Existence of a Company Policy on HIV/AIDS

Category	Responses			
	Total	Yes	No	No Response
Total	77	43	15	19
Landbased	13	6	3	4
Seabased	49	29	8	12
NGO	11	7	2	2
No Response	4	1	2	1

ANALYSIS AND CONCLUSION

1. **Extent of Reach.** The project aimed to reach the migrant workers by conducting HIV/AIDS training for recruitment agencies. The PDOS is the major avenue of learning for the migrant workers. The intention of this design is to ensure that no migrant worker leave the country without learning anything about HIV/AIDS. Data revealed that not all recruitment agencies are able to conduct HIV AIDS training. Not all migrant workers therefore, have undergone HIV/AIDS education before leaving the country.

Some reasons of agencies for not conducting the training is related to the resignation of the trainor or staff in charge or the agency is still new and have no HIV/AIDS training yet. In such situation, there is a need to provide continuous training for trainors of the recruitment agencies.

2. **Depth of Motivation.** Less than 50% of the respondents conducted HIV/AIDS training because they recognize it as a serious concern. If this was not a directive of the government, less number of agencies would have conducted the training. Not all agencies are interested in conducting HIV/AIDS training. The lack of interest may be

attributed to inadequate resources (time, materials and manpower) to implement it.

The depth of motivation of the recruitment agencies to conduct HIV AIDS training would have a bearing on how it would open up to other possible avenues of learning on HIV AIDS for the workers – integrating the topic in other trainings or providing discussion sessions in the workplace setting.

3. **Depth of Discussion.** Most of the agencies were able to provide information on HIV/AIDS in ten to twenty minutes. This means that minimal discussion transpired. In such a short time, the basic information that could be disseminated pertains to the means of infection and ways to prevent HIV/AIDS. Such topic may be enough to deter a risky sexual behavior, but not enough to dispel some myths surrounding HIV/AIDS and attitudes that cause stigmatization. The short session does not give workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS.
4. **Quality of Training.** The trainers thought that HIV/AIDS training conducted by recruitment agencies could further be enhanced by developing more visual aids (transparencies or powerpoint) and handouts which the participants can bring with them to read even after the training.
5. **Mode of learning.** PDOS as an avenue of learning has its limitations. Given that there are many topics discussed during PDOS, not all information could be retained by the migrant workers. On top of this, a short time allotted was for discussion on HIV/AIDS. With such limitation, the information dissemination could be supplemented through pamphlets, brochures, comics, DVD or CD which the workers could read or watch while on transit or when they reach the country of destination. Establishing an agreement with principals in providing time for discussion of HIV/AIDS in the workplace is still an avenue to be tapped.
6. **Awareness of Policies on HIV AIDS.** The data revealed that about 50% of the recruitment agencies are aware of policies on HIV AIDS. With such limited awareness, it is natural to expect that only few companies would have some policies related to HIV/AIDS – whether to prevent or manage infected cases. The lack of knowledge on such policies partly explains the acceptance of the practice of requiring migrant workers to be screened for HIV/AIDS testing as basis for admission to work in another country.

3

MIGRANT WORKERS

This report constitutes only a section of the evaluation, focusing on the findings of the survey of migrant workers.

PROFILE

Out of 303 sample respondents, 168 (55%) were landbased and 112 (37%) were seabased workers. The remaining 23 respondents (8%) missed to indicate their work category. There were more male respondents (201) than female respondents (100).

Majority of the sample respondents (both landbased and seabased) were from the Metro Manila Area. For landbased workers, the top three provinces of origin next to Metro Manila Area were provinces from the Southern Tagalog Region: Bulacan (16), Cavite (14) and Laguna/ Batangas (8). In the case of seabased workers, next to Metro Manila Area were from the provinces of: Bohol (8), Negros Occidental (8), and Cebu (7).

The top five occupations of the respondents were as follows: nurse (17), hospital staff (9), engineer (9), technician (8) and domestic helper (8). Most of the sample respondents reported Saudi Arabia (64) and United Arab Emirates (21) as the top two country they last worked on.

One hundred thirty five (or 45%) sample respondents had worked abroad for two to five years: 82 landbased, 40 seabased and 13 missed indicating their work category. There were 50 respondents who had worked abroad for more than 10 years: 31 were landbased workers while 19 were seabased workers.

Table 3.1. Distribution of Respondents by Work Category, Age and Sex

Category/ Age Bracket	Sex			
	Total	Male	Female	No response
Total	303	201	100	2
<20	-	-	-	-
20-29	92	65	27	-
30-39	124	81	43	-
40-49	56	36	20	-
50 & over	27	18	9	-
No response	4	1	1	2
Landbased	168	90	77	1
<20	-	-	-	-
20-29	37	17	20	-
30-39	74	41	33	-
40-49	40	24	16	-
50 & over	16	8	8	-
No response	1	-	-	1
Seabased	112	103	9	-
<20	-	-	-	-
20-29	51	47	4	-
30-39	39	35	4	-
40-49	11	10	1	-
50 & over	10	10	-	-
No response	1	1	-	-
No response	23	8	14	1
<20	-	-	-	-
20-29	4	1	3	-
30-39	11	5	6	-
40-49	5	2	3	-
50 & over	1	-	1	-
No response	2	-	1	1

Table 3.2. Distribution of Respondents by Work Category, Age and Number of Years Worked Abroad

Category/ Years	Sex			
	Total	Male	Female	No response
Total	303	201	100	2
Less than 2 years	50	45	5	-
2 – 5 years	135	79	56	-
6 - 10 years	50	31	19	-
10 years and more	50	37	13	-
No response	18	9	7	2
Landbased	168	90	77	1
Less than 2 years	14	11	3	-
2 – 5 years	82	43	39	-
6 - 10 years	31	14	17	-
10 years and more	31	18	13	-
No response	10	4	5	1
Seabased	112	103	9	-
Less than 2 years	34	33	1	-
2 – 5 years	40	33	7	-
6 - 10 years	15	15	-	-
10 years and more	19	19	-	-
No response	4	3	1	-
No response	23	8	14	1
Less than 2 years	2	1	1	-
2 – 5 years	13	3	10	-
6 - 10 years	4	2	2	-
10 years and more	-	-	-	-
No response	4	2	1	1

HIV/AIDS AWARENESS

Extent of awareness. About 97 percent of the sample respondents have heard about HIV/AIDS (Table 3.3). Ninety-eight percent of both male and female respondents claimed they have heard about it. There are more seabased (98%) than landbased workers (97%) who have heard about HIV/AIDS.

Table 3.3. Heard about HIV/AIDS, by Work Category and Sex

Category/ Sex	Response			
	Total	Yes	No	No response
Total	303	295	7	1
Male	201	195	5	1
Female	100	98	2	-
No response	2	2	-	-
Landbased	168	163	4	1
Male	90	86	3	1
Female	77	76	1	-
No response	1	1	-	-
Seabased	112	110	2	-
Male	103	101	2	-
Female	9	9	-	-
No response	-	-	-	-
No response	23	22	1	-
Male	8	8	-	-
Female	14	13	1	-
No response	1	1	-	-

Source of information. Most of the respondents for seabased and landbased, heard HIV/AIDS through the Predeparture Orientation Seminar (38%) and the Pre-Employment Seminar (19%). The other means or sources of information were the schools (14%) they attended and media information (14%), either through television or through printed materials. Some have learned about HIV/AIDS at the country of their assignment (11%) and from their the employers abroad (12%).

The landbased workers cited mass media and school as their source of information. The seabased workers cited PEOS and employer abroad as the other sources of information on HIV/AIDS.

Table 3.4. Heard of HIV/AIDS by Source of Information, Work Category and Sex

Category/ Sex	Source of Information						
	PDOS	PEOS	Mass Media	School	Employer/ Company Abroad	Country of Assignment	Others
Total	115	57	43	41	36	33	15
Male	87	45	27	17	26	17	7
Female	28	12	14	24	10	16	8
No response	-	-	2	-	-	-	-
Landbased	56	26	30	33	18	25	14
Male	33	20	19	12	10	11	7
Female	23	6	10	21	8	14	7
No response	-	-	1	-	-	-	-
Seabased	51	28	10	5	16	6	-
Male	49	25	8	4	15	5	-
Female	2	3	2	1	1	1	-
No response	-	-	-	-	-	-	-
No response	8	3	3	3	2	2	1
Male	5	-	-	1	1	1	-
Female	3	3	2	2	1	1	1
No response	-	-	1	-	-	-	-

It can be noted that for male respondents, the source of information usually cited was the PDOS, followed by PEOS. While in the female respondents they cited PDOS followed by their schools.

Interest to learn more. Two hundred thirty-three (233) sample respondents (77%) are interested in learning more about HIV/AIDS. Specifically, a higher percentage of seabased workers (85%) expressed interest compared to the landbased workers (72%).

More male workers (79%) signified interest to learn more compared with their female counterpart (72%).

Table 3.5. Interest to learn more about HIV/ AIDS, by Work Category and Sex

Category/ Sex	Response				
	Total	Yes	No	Uncertain	No response
Total	303	233	25	17	28
Male	201	159	16	10	16
Female	100	72	9	7	12
No response	2	2	-	-	-
Landbased	168	121	16	10	21
Male	90	65	9	5	11
Female	77	55	7	5	10
No response	1	1	-	-	-
Seabased	112	96	7	5	4
Male	103	87	7	5	4
Female	9	9	-	-	-
No response	-	-	-	-	-
No response	23	16	2	2	3
Male	8	7	-	-	1
Female	14	8	2	2	2
No response	1	1	-	-	-

Effective means to learn. While most workers have heard about HIV/AIDS from PDOS, one hundred thirteen (48%) of the interested workers considered the “regular HIV/AIDS education session at the workplace” as the most effective means to learn additional information. PDOS placed second as an effective means of learning HIV/AIDS.

Regardless of sex and work category, the respondents believed that session at the workplace is the best setting to learn about HIV/AIDS.

**Table 3.6. Most Effective Means of Learning Additional HIV/AIDS Information
By Work Category and Sex**

Category/ Sex	PDOS	POES	Workplace- based session	Comics	Regular education session at workplace	Others
Total	60	14	42	20	113	49
Male	53	13	29	17	75	24
Female	6	1	13	3	38	24
No response	1	-	-	-	-	1
Landbased	20	1	25	10	57	39
Male	15	1	16	8	27	17
Female	5	-	9	2	30	21
No response	-	-	-	-	-	1
Seabased	35	12	14	9	49	9
Male	34	11	11	8	46	7
Female	1	1	3	1	3	2
No response	-	-	-	-	-	-
No response	5	1	3	1	7	1
Male	4	1	2	1	2	-
Female	-	-	1	-	5	1
No response	1	-	-	-	-	-

Motivations to learn. The most popular reasons why it is important to learn about HIV/AIDS were as follows: to prevent/avoid getting infected; to increase awareness; to gain additional knowledge; for safety; for personal, and family protection and others.

LEVEL OF KNOWLEDGE ON HIV/AIDS

This set of the questions in the survey tests the level of knowledge of the respondents. To a certain extent, this is an indicator of the effect partly of PDOS on the respondents.

HIV and AIDS are one and the same. The first test question, “HIV and AIDS refer to the same thing,” the *TRUE* answer (47%) outnumbered the *FALSE* answer (35%). Few responded *UNCERTAIN* (13%) and *NO RESPONSE* (7%). The correct answer is *FALSE*.

More female (36%) respondents responded *FALSE* than male respondents (32%). More landbased (40%) workers got the right answer than the seabased

workers (23%).

Table 3.7. "HIV and AIDS refer to the same thing, " by Work Category and Sex

Category/ Sex	Response				
	Total	True	False	Uncertain	No response
Total	303	141	102	39	21
Male	201	103	65	21	12
Female	100	37	36	18	9
No response	2	1	1	-	-
Landbased	168	67	68	17	16
Male	90	41	35	6	8
Female	77	26	32	11	8
No response	1	-	1	-	-
Seabased	112	67	26	15	4
Male	103	60	25	14	4
Female	9	7	1	1	-
No response	-	-	-	-	-
No response	23	7	8	7	1
Male	8	2	5	1	-
Female	14	4	3	6	1
No response	1	1	-	-	-

State of Health and HIV AIDS infection. For the second HIV/AIDS test question, "As long as you are healthy, you will never be infected with HIV," a *FALSE* answer was overwhelming at a count of 252 (83%) out of 303 respondents. A *TRUE* answer, *UNCERTAIN* answer and *NO RESPONSE* were posted, respectively, as follows: 19 (6%), 23 (8%) and 9 (3%).

Table 3.8. State of Health and HIV infection, by Work Category and Sex

Category/ Sex	Response				
	Total	True	False	Uncertain	No response
Total	303	19	252	23	9
Male	201	12	169	14	6
Female	100	7	81	9	3
No response	2	-	2	-	-
Landbased	168	5	150	7	6
Male	90	1	81	4	4
Female	77	4	68	3	2
No response	1	-	1	-	-
Seabased	112	11	88	11	2
Male	103	9	82	10	2
Female	9	2	6	1	-
No response	-	-	-	-	-
No response	23	3	14	5	1
Male	8	2	6	-	-
Female	14	1	7	5	1
No response	1	-	1	-	-

Testing of HIV. The third HIV/AIDS test question was, “No one will ever know if he/she is infected with HIV unless he/she is tested.” Most respondents answered *TRUE*, or a count of 258 (85%). A *FALSE* answer, *UNCERTAIN* answer and *NO RESPONSE* counted, respectively, as follows: 19 (6%), 14 (5%), and 12 (4%).

Table 3.9. Testing HIV, by Work Category and Sex

Category/ Sex	Response				
	Total	True	False	Uncertain	No response
Total	303	258	19	14	12
Male	201	173	12	9	7
Female	100	83	7	5	5
No response	2	2	-	-	-
Landbased	168	148	7	5	8
Male	90	80	3	2	5
Female	77	67	4	3	3
No response	1	1	-	-	-
Seabased	112	93	10	8	1
Male	103	87	8	7	1
Female	9	6	2	1	-
No response	-	-	-	-	-
No response	23	17	2	1	3
Male	8	6	1	-	1
Female	14	10	1	1	2
No response	1	1	-	-	-

Detection by Physical Appearance. For the fourth HIV/AIDS test question, "One will know if a person is infected with HIV by physical appearance," 173 (59%) answered *FALSE*, while 44 answered *TRUE* (15%). The *UNCERTAIN* answer and *NO RESPONSE* were respectively posted at 66 (21%) and 15 (5%).

Table 3.10. Knowing by Physical Appearance, by Work Category and Sex

Category/ Sex	Response				
	Total	True	False	Uncertain	No response
Total	303	44	178	66	15
Male	201	37	109	46	9
Female	100	6	68	20	6
No response	2	1	1	-	-
Landbased	168	15	112	31	10
Male	90	12	56	16	6
Female	77	3	55	15	4
No response	1	-	1	-	-
Seabased	112	26	55	28	3
Male	103	23	49	28	3
Female	9	3	6	-	-
No response	-	-	-	-	-
No response	23	3	11	7	2
Male	8	2	4	2	-
Female	14	-	7	5	2
No response	1	1	-	-	-

Means of Getting Infected. “How does one get infected by HIV?” was the last question on testing the knowledge on HIV/AIDS. Ten choices were presented to the respondents

1. *Unprotected sexual contact*
2. *Exposure to infected blood*
3. *Shaking hands, hugging or kissing*
4. *Mosquito bite*
5. *Coughing or sneezing*
6. *Sharing food and eating utensils*
7. *Using toilets or showers*
8. *Using public swimming pools*
9. *Working, socializing or living side by side with HIV-positive people*
10. *Transmission from a mother with HIV infection to her child*

The top three answers were: unprotected sexual contact (270 or 83%); exposure to infected blood (150 or 50%) and transmission from a mother with HIV infection to her child (144 or 48%).

Table 3.11. Means of Infection, by Work Category and Sex

Category/ Sex	Response									
	1	2	3	4	5	6	7	8	9	10
Total	270	150	13	19	13	22	9	6	12	144
Male	177	95	12	13	8	15	7	4	9	84
Female	91	53	1	6	5	7	2	2	3	59
No response	2	2	-	-	-	-	-	-	-	1
Landbased	152	92	3	9	6	7	5	2	3	92
Male	81	49	3	4	2	4	3	1	1	41
Female	70	42	-	5	4	3	2	1	2	50
No response	1	1	-	-	-	-	-	-	-	1
Seabased	98	50	10	9	7	15	4	3	8	43
Male	89	44	9	9	6	11	4	3	8	41
Female	9	6	1	-	1	4	-	-	-	2
No response	-	-	-	-	-	-	-	-	-	-
No response	20	8	-	1	-	-	-	1	1	9
Male	7	2	-	-	-	-	-	-	-	2
Female	12	5	-	1	-	-	-	1	1	7
No response	1	1	-	-	-	-	-	-	-	-

Legend

- 1 - Unprotected sexual contact
- 2 - Exposure to infected blood
- 3 - Shaking hands, hugging or kissing
- 4 - Mosquito bite
- 5 - Coughing or sneezing
- 6 - Sharing food and eating utensils
- 7 - Using toilets or showers
- 8 - Using public swimming pools
- 9 - Working, socializing or living side by side with HIV-positive people
- 10 - Transmission from a mother with HIV infection to her child

SEXUAL EXPERIENCES

Age of First Sexual Experience. More sample respondents had their first sexual experience between ages 20 and 29 years old. It registered 112 sample respondents, or 37 percent. The bulk of the female sample respondents (38%) were found to have their first sexual experience within this age bracket.

A considerable high number of respondents, 102 out of 303 (34%), disclosed that they first experienced sex before they turned 20 years old. Most of these respondents were male (87%).

Majority (96%) of the seabased workers had their first sexual encounter before they turned 20. The landbased workers had reported a slightly lower percentage of 81%.

Table 3.12. Age of First Sexual Experience, by Work Category, and Sex

Category/ Age Bracket	Sex			
	Total	Male	Female	No response
Total	303	201	100	2
Less than 20	102	89	13	-
20 – 29	112	70	42	-
30 – 39	15	10	5	-
40 and Over	-	-	-	-
No response	74	32	40	2
Landbased	168	90	77	1
Less than 20	42	34	8	-
20 – 29	71	38	33	-
30 – 39	9	4	5	-
40 and Over	-	-	-	-
No response	46	14	31	1
Seabased	112	103	9	-
Less than 20	56	54	2	-
20 – 29	36	31	5	-
30 – 39	3	3	-	-
40 and Over	-	-	-	-
No response	17	15	2	-
No response	23	8	14	1
Less than 20	4	1	3	-
20 – 29	5	1	4	-
30 – 39	3	3	-	-
40 and Over	-	-	-	-
No response	11	3	7	1

First Use of Condom. Ninety-six (or 32%) of the respondents revealed that they used condom for the first time between the age 20 and 29. Only 38 respondents (13%) used condom for the first time when they were less than 20 years old. It is worthy to note that a *NO RESPONSE* was recorded high at a count of 151. This may be due to several reasons – it is a very sensitive question, or they never had sexual experience, or just do not want to respond.

More male respondents (86%) claimed to have used condom before they turned twenty years old. On the other hand, the female respondents registered 21% to have used condom for the first time at the age between 20-29 years.

Table 3.16. Age of First Use of Condom by Work Category and Sex

Category/ Age Bracket	Sex			
	Total	Male	Female	No response
Total	303	201	100	2
Less than 20	38	33	5	-
20 – 29	96	75	21	-
30 – 39	14	11	3	-
40 and Over	4	4	-	-
No response	151	78	71	2
Landbased	168	90	77	1
Less than 20	18	14	4	-
20 – 29	50	35	15	-
30 – 39	7	5	2	-
40 and Over	1	1	-	-
No response	92	35	56	1
Seabased	112	103	9	-
Less than 20	20	19	1	-
20 – 29	43	39	4	-
30 – 39	5	5	-	-
40 and Over	3	3	-	-
No response	41	37	4	-
No response	23	8	14	1
Less than 20	-	-	-	-
20 – 29	3	1	2	-
30 – 39	2	1	1	-
40 and Over	-	-	-	-
No response	18	6	11	1

Had Sex Under the Influence of Drugs or Alcohol. In response to the question, “Have you ever had sex under the influence of alcohol or drugs?,” 190 (or 63%) answered *NO*, while 97 (or 32%) answered *YES*. There were *NO RESPONSE* answer is 16.

More seabased workers (48%) than landbased workers (24%) engage in sex while under the under the influence of drug or alcohol. More men (42%) than women (12%) had sex while under the influence of alcohol or drugs.

Table 3.17. Had Sex Under the Influence of Alcohol or Drugs, by Work Category and Sex

Category/ Sex	Response			
	Total	Yes	No	No response
Total	303	97	190	16
Male	201	84	109	8
Female	100	12	80	8
No response	2	1	1	-
Landbased	168	41	117	10
Male	90	32	53	5
Female	77	9	63	5
No response	1	-	1	-
Seabased	112	54	55	3
Male	103	51	50	2
Female	9	3	5	1
No response	-	-	-	-
No response	23	2	18	3
Male	8	1	6	1
Female	14	-	12	2
No response	1	1	-	-

Sexually Transmitted. Concerning the question, “Have you ever had a sexually transmitted infection (STI)?” 15 sample respondents answered *YES*. These 15 sample respondents were all male and 13 of them worked seabased.

It can be noted that 10 did not respond to the question. Again, this may indicate either they found the question too personal or they did not have any sexual experiences yet. Eight respondents were not sure if they have STI. This may be a reflection of fear of consulting the physician, although they might already felt some symptoms.

Table 3.18. Had Sexually Transmitted Infection (STI), by Work Category and Sex

Category/ Sex	Response				
	Total	Yes	No	Uncertain	No response
Total	303	15	251	8	29
Male	201	15	166	7	13
Female	100	-	83	1	16
No response	2	-	2	-	-
Landbased	168	2	139	4	23
Male	90	2	74	4	10
Female	77	-	64	-	13
No response	1	-	1	-	-
Seabased	112	13	93	3	3
Male	103	13	84	3	3
Female	9	-	9	-	-
No response	-	-	-	-	-
No response	23	-	19	1	3
Male	8	-	8	-	-
Female	14	-	10	1	3
No response	1	-	1	-	-

Factors that encouraged sexual activity. The number one factor that encouraged the respondents to engage in sexual activity outside of his/her primary relationship (i.e. not with husband/wife/partner) was *loneliness*. It was followed by *urge* and *peer pressure*. Other factors enumerated were: *curiosity*, *pleasure/lust* and the *feeling of falling in love..* Some respondents made side comments such as “*No chance at all*”; “*Sa asawa ko lang*” (Only with my wife)

Table 3.19. Factors That ENCOURAGED to Engage in Sexual Activity by Work Category and Sex

Category/ Sex	Peer Pressure	Loneliness	Urge	Others
Total	25	65	39	17
Male	24	57	33	15
Female	1	8	6	2
No response	-	-	-	-
Landbased	7	25	18	12
Male	6	20	13	10
Female	1	5	5	2
No response	-	-	-	-
Seabased	17	36	21	5
Male	17	34	20	5
Female	-	2	1	-
No response	-	-	-	-
No response	1	4	-	-
Male	1	3	-	-
Female	-	1	-	-
No response	-	-	-	-

Factors that Prevented to Engage in Sexual Activity. On factors that may prevent the sample respondents to engage in sexual activity outside of his/her primary relationship (i.e. not with husband/wife/partner), the number one factor was *faithfulness to husband/wife/partner* and followed by *fear of infection*. Other factors mentioned were *fear of God/religion, dignity* and *good values*. One respondent indicated that she is happy and contented with her husband.

Table 3.20. Factors That PREVENTED the Respondents to Engage in Sexual Activity by Work Category and Sex

Category/ Sex	Fear of Infection	Faithfulness to husband/ wife/ partner	Unavailability of Condom	Others
Total	58	125	10	14
Male	42	80	10	7
Female	16	45	-	7
No response	-	-	-	-
Landbased	24	73	5	8
Male	14	38	5	1
Female	10	35	-	7
No response	-	-	-	-
Seabased	30	43	5	6
Male	24	40	5	6
Female	6	3	-	-
No response	-	-	-	-
No response	4	9	-	-
Male	4	2	-	-
Female	-	7	-	-
No response	-	-	-	-

Talk with partner about HIV/AIDS. The respondents were asked "If you are (or were) married or in long-term relationship, have you ever had a meaningful conversation with your partner about HIV/AIDS?" More than half (58%) of the sample respondents had a meaningful conversation with his/her partner about HIV/AIDS.

Table 3.21 Talked with partner about HIV AIDS, by Work Category and Sex

Category/ Sex	Response			
	Total	Yes	No	No response
Total	303	177	77	49
Male	201	120	57	24
Female	100	56	19	25
No response	2	1	1	-
Landbased	168	95	39	34
Male	90	51	25	14
Female	77	43	14	20
No response	1	1	-	-
Seabased	112	69	33	10
Male	103	63	32	8
Female	9	6	1	2
No response	-	-	-	-
No response	23	13	5	5
Male	8	6	-	2
Female	14	7	4	3
No response	1	-	1	-

ANALYSIS AND CONCLUSION

1. **Level of knowledge on HIV/AIDS.** As a result of the HIV AIDS training through PDOS, the respondents generally have a basic knowledge of HIV/AIDS – how it will be detected and transmitted. However, they do not have a clear distinction between HIV and AIDS. There are some who are not sure how HIV infection whether it could be detected through physical appearance. There are also still individuals who hold the wrong beliefs on the ways it can be transmitted (i.e., mosquito bite, sharing food and eating utensils, using toilets or showers, etc.). Such wrong understanding, or lack of it, would create stigmatization and marginalization among those who are HIV infected. This implies that there is a need to enhance further the manner of explaining the two infections. There is also a need to address the prevailing wrong beliefs on the ways it can be transmitted

Considering that most session dealing on HIV/AIDS are conducted mostly within 10-20 minutes only, one could not expect that the migrant workers would learn much information on the given topic. Considering also the context of the session, where PDOS covers many topics, the ability to retain all information would not be high.

2. **Sexual Practice.** Data revealed that 75% of respondents have had sexual experiences but only 50% use condom. Forty one percent (41%) claimed to be faithful to their spouse or partner. This means that a certain percentage of the migrant workers are vulnerable to being transmitted by HIV/AIDS. Moreover, the practice of some respondents who engage in sex while under the influence of alcohol or drugs make them more vulnerable to HIV infection.

One effect of the awareness campaign is the increase in knowledge about HIV/AIDS and fear of being infected which led to avoidance of risky sexual behavior.

3. **Attitudes and Values.** The respondents adhere to values of fidelity, fear of God, and concern for good health (fear of being infected) which are factors that will prevent transmission of HIV/AIDS.

One good effect of the information dissemination, though short, is that it made the respondents want for more information. This shows a positive attitude expressed by them.

A positive result of HIV/AIDS information campaign is the openness between spouses or partners to talk about HIV/AIDS. This demonstrates consideration for each other, the possible consequences of an act of one partner to the other. Such openness would lessen the vulnerability of women to suffer the consequences of partner's infidelity. But much work has to be done in this area, given that half of the respondents do not discuss about it with their partners.

4. **Means of learning.** Awareness about HIV/AIDS was primarily learned from school

and other forms of mass media. PDOS and PEOS became an avenue for structured learning. It is interesting to note that in spite that PDOS is a requirement for OFWS, PDOS as a source of information did not post a high score in terms of its effectiveness. A possible reason for this is short duration of the session on HIV/AIDS, included by other topics such contracts, etc.

Another interesting point is that the learning process about HIV/AIDS occurs in the country of assignment, either through the employer or perhaps media. The awareness campaign on HIV/AIDS for migrant workers need not be limited to PDOS and PEOS. The country of assignment and the company play a vital role in reinforcing and sustaining the educational campaign done in the Philippines.

The respondents suggested that an effective means for additional learning about HIV/AIDS is in the workplace. Discussion in the work setting in country of assignment will deepen the knowledge about it, the vulnerabilities and risk factors of infection, the rights of the HIV-infected, and access to services. This may even help to a certain extent on addressing the peer pressure among migrant workers, as a point of vulnerability, to engage in social activity. Workplace education should be given focus as an avenue of raising awareness on HIV/AIDS.

5. Risks and Vulnerabilities

- The risks of being infected of HIV/AIDS are present. Survey revealed that some respondents have had sexually transmitted infection. Some use of alcohol and/or drugs during sexual intercourse.
- The youth is a vulnerable sector to HIV/AIDS. They have risky behaviors -- the age of first sexual experience is below 20 years old and the use of condom is low.
- Respondents still succumbed to sexual activity outside of their primary relationship due to loneliness, peer pressure and sexual urge. These remain to be factors of vulnerability that push them to engage in risky sexual behavior.
- The use of condom is not a new thing among the migrant workers. At some point of their lives, they have used condom. If migrant workers who are sexually active outside of their primary relationship consistently use condom, it may lessen their risk of being infected with HIV/AIDS. It can be noted that a few raised that unavailability of condom prevented them from engaging in sexual activity outside their primal relationship. Access to condom becomes an important concern for those who choose to adopt safe sex.

5 SUMMARY AND CONCLUSION

Relevance

The relevance of HIV/AIDS is most appreciated and felt by the migrant workers. Their suggestion of having a follow-up session or discussion on HIV/AIDS in the workplace is an indication that they see this issue as a serious concern. On the side of recruitment agencies, some have demonstrated their concern through regular conduct of HIV/AIDS training as well as implementing a continuing education with their principals. Other recruitment agencies, though, have yet to grow on its commitment to pursue this training.

Effectiveness

In spite of the brevity of its session, the HIV/AIDS training module is sufficient in providing information on causes and ways of preventing HIV AIDS among migrant workers. Based on the sample respondents, the migrant workers have increased knowledge on how it will be detected and transmitted. However, its content is not adequate to change misperceptions and stigmatization of people with HIV/AIDS. The lack of time for input and discussion served as a constraining factor for the recruitment agencies.

In terms of training methodology, it would have been ideal to use small group discussion in order to retain more learning as well as clarify issues and concerns. Such method of learning is most preferred by the migrant workers. Recruitment agencies could be more equipped in training if they are given materials that can be used given their current facilities (i.e., transparencies or power point)

Sustaining the initial learnings could be done by distributing other information materials such as small booklets or leaflets covering selected topics. New information or even stories on VCDs or CDs as another form of information materials have been suggested, both by migrant workers and recruitment agencies. Education in workplace setting is an area yet to be explored.

Sustainability

The current strategy used so far is training the trainors. The reality of trainors resigning from the position is a constraining factor of sustaining the information dissemination campaign. This means trainors' training should continuously be pursued.

The learning environment of migrant workers – the recruitment agencies, the principal/employers abroad, country of destination – play a great role in sustaining the initial learnings as well as promoting a non-risky behavior for HIV infection. But top management or principals/employers are yet to be another

target group for training. Such module may direct discussions on agreements on policies and practices that will not only prevent but also protect and treat HIV infected workers.

6 RECOMMENDATIONS

On the training module

1. Nurture a value-based education on HIV/AIDS (i.e., faithfulness to spouse or partner, dignity).
2. Add a rights-based orientation on the education HIV/AIDS (i.e., rights of workers vis-à-vis screening, recruitment, protection and treatment).
3. Use more visual aids (i.e., VCD or CD or transparencies and power point) and include this as part of the tools for trainers.
4. Provide popularized handouts for topics that could not be covered during the session.
5. Propose government agencies to conduct seminars for employers/service providers covering topics on HIV/AIDS issue, and related national, local and international policies; provide suggestions to establishment agreement with principals on HIV/AIDS education and protection.

On the mode of education

1. For recruitment agencies, explore other training where HIV/AIDS education can be integrated.
2. For recruitment agencies, explore opportunity where HIV/AIDS can be discussed in the work place.
3. For DOLE, to integrate HIV/AIDS issue in other trainings such as PEOS
4. For government agencies, to continue providing trainers' training.
5. For HIV/AIDS education to extend beyond training and produce more information materials which the migrant workers can bring with them while on transit or in country of destination.
6. For government, to be more purposive in disseminating information and education campaign materials on HIV/AIDS among recruitment agencies.

