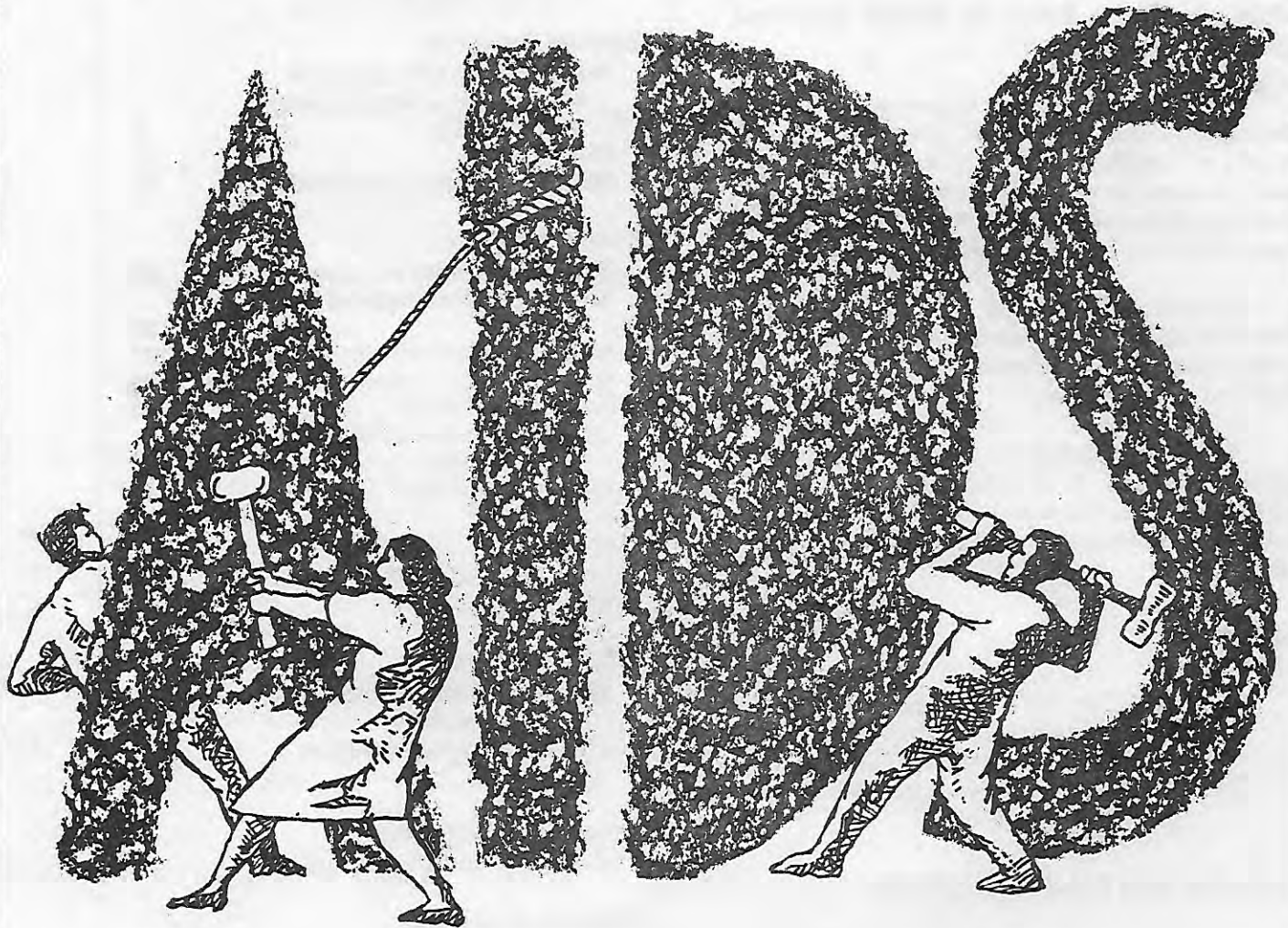


# *Health Alert* **ISSUE 125**

January 1992

ISSN 0116-1202

Volume VIII



## **Responding to HIV and AIDS: Medical and Nursing Students in Metro Manila**

Produced by the Health Action Information Network (HAIN), 9 Cabanatuan Road, Philam Homes, Quezon City, Philippines



**Health Alert** is produced monthly by the Health Action Information Network (HAIN), a non-government, non-profit organization. The newsletter provides news on health-related issues, as well as economic and political developments that shape the health care situation. It also includes activities and announcements from health groups, while providing a forum for diverse views and opinions on health issues.

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Entered as second class mail at Quezon City Post Office dated August 15, 1987 under Permit No. 92

**Subscription Rates**

Domestic: P100.00/year  
Foreign: US\$24.00/year

For provincial subscribers, please send money order. International subscribers may send check or money order. Please make all checks payable to HAIN.

**CONTENTS**

**From the Editor**

A Silent War Against a Silent Epidemic 3

**Special Features**

Responding to HIV and AIDS:  
Medical and Nursing Students in Metro Manila 5  
Defining Risk 21  
Students Speak Out on AIDS 23

**Public Health**

Medicare Benefits Increased 26  
Magna Carta for Disabled Persons Okayed 26  
Campaign for Better Vaccines On It Need Not be a Lousy Life 27  
Nicotine Skin Patch 30  
Vitamin C Deficiency Results in Sperm Damage 30  
One for the Genes 32

**Over at DOH**

DOH Priorities for 1992 33  
DOH to Tackle IDD 33

**Women and Health**

Soya-Rich Diet Protects Against Breast Cancer? 34  
The Women's Health Action Foundation 34

**Traditional Medicine**

More Theories About *Bangungot* 35

**Network News**

Letters from AHW 36  
A Loss to the Health Community 37

**The Odd and the End**

Filipino Siamese Twins Separated 38  
Chewing Gum Not for Sale in Singapore 38  
Half a Million Condoms Stolen 39  
Japan to Export Condoms 39

**A Sense of History (January 1992)**

Prelude to Most Barbaric War 40  
Doctors in Revolutionary History 43



## A Silent War Against a Silent Epidemic

For the past few weeks, Monday nights have usually been "call boy nights" at HAIN, with AIDS workshops specifically for batches of four to seven male sex workers. The choice of the day and time is not accidental — it is usually a "dead night" for the sex workers since there are few clients to pick up.

The sessions go slowly. The level of functional literacy, and exposure to basic health education, is extremely low and we have to repeat ourselves constantly to make sure that the correct messages get through. The sessions on psychosocial components can be even more excruciating. I find myself subconsciously dodging every few minutes as the participants hurl one sexist and/or racist comment after another. Women? *Bakla* (male homosexuals)? Arabs? *Kano* (Americans)? They're the ones that created this (expletive deleted) problem.

Some of the sex workers adopt names of action stars. One batch had a homespun version of "Bad Boy Padilla" who tries to act tough, but is deep inside the most emotionally traumatized and vulnerable in the group. "Bad Boy" does needles and he knows he is at risk for HIV infection, but he tries not to show his fears, occasionally challenging us to prove that there is a risk with intravenous drug use.

There are times when I wonder if we made the right move by choosing to concentrate on freelance sex workers. These are the street-wise and hardened ones. They have shunned working at bars and massage parlors; the idea of working through managers and pimps is almost repulsive. There is little sense of group solidarity; even their workshop batchmates are seen as competitors.

Nearly all of them have families — a live-in, and kids, born or about to be born — around which their lives revolve. One sex worker talks endlessly about his girlfriend, working as an entertainer in Japan. He dreams of the time when she can come home and they can start a family. The older ones listen silently, perhaps knowing that he's still young and idealistic, that there's little chance of a living-happily-ever-after ending to such scenarios.

AIDS? There is fear, and denial. Most have stopped taking foreign clients, and think this has reduced their risks. There is a sense of indestructibility. They talk about how their cruising area has deteriorated — younger hustlers who ruin the trade with petty theft and drug use; the constant "*bagansiya*", a corruption of the English "vagrancy" to refer to police round-ups — but that they have managed. Some tiny "*mikrobyo*" is not about to stop them.

Each new batch wonders what our REAL intentions are. Many of them come in thinking we're some born-again Christian group out to convert them. They realize, early enough, that we're even less religious than they are, at least as far as the ritual trappings go. Our message is simple: "Your relationship with God is something you handle yourself."

The workshops are tiring and I wonder how Roger, our medical director, and Earnest, our psychologist consultant, can remain so cool and collected. At the end of each workshop, Earnest says he's revitalized. Earnest's choice to spell his name that way explains his whole outlook to life. In times like these, the rare incurable optimist is most welcome.

TGIF (Thank God it's Friday) doesn't apply to HAIN staff. Friday night is not the end of the long week that starts with the workshops for sex workers. Instead, we have to prepare for the workshops the next day...with medical or nursing students. Recruiting the students has been more difficult than with the male sex workers. There are last-minute follow-ups with students. There just doesn't seem to be interest in HIV or AIDS.

We conducted a survey in November and December in six universities in Metro Manila with medical and nursing schools. The results, featured in this issue of *Health Alert*, revealed many problems.

It is not just a gap in the knowledge about biomedical facts. More disturbing is the scapegoating and denial, and what seems to be a lack of understanding of human sexuality, if not life itself. Teaching Sex and Culture at the university, I have



had a few pre-med students who enroll. I always ask why they sign up. And their answer is always the same: they do take reproductive anatomy and physiology in their science classes, but this is anatomy and physiology of frogs, and cats. Nothing on human sexuality. I sometimes run into former students when I lecture in medical schools, and I ask if they have learned anything new on human sexuality. They laugh: "Sure, but not in class."

Saturday mornings I show up bleary-eyed at the Remedios AIDS Center to meet with the students. We have a good team — Roger, being young (!) is still going strong; Odell and Ped and Walter are even younger, and try not to show their dismay when only a handful of the students show up; grumpy Ellen, more my age, does not try to hide her irritation over the poor turn-out.

The students do turn up — the ones from nursing schools generally are more enthusiastic and punctual — and we start the sessions. The pace is much faster as we discuss CD4 lymphocytes and antibodies and ELISA and Western Blot. In the afternoon, we go into psychosocial aspects, trying to relate the session to the students' own lives. We have a "Dear *Doktora* Holmes" session (with Margy's approval), where they respond to letters seeking advice on HIV and AIDS.

There are buzz words that pop up in the discussions and we catch them, writing them on the board: making your own decisions, concern, trust, respect. I ask for the big R. Silence. Please? Silence. R-E? Oh...Responsibility.

I have warned the HAIN team that I won't be available for all the sessions. There will be Saturdays where I have to help out with The Library Foundation, a group working with gay men. It is the only group doing anything serious with the gay community in the Philippines for HIV/AIDS prevention. There are organizations, and there

are organizations. Groups like The Library, and ISSA, and Kabalikat are working on AIDS quietly and without publicity, not out of choice but because the hectic schedules keep them too busy to think about press releases.

"Why can't you work on something 'normal', like measles", my mother asks when I visit. Tuesdays to Fridays I do devote to other public health concerns. But you can't avoid the AIDS issue by creating a "Monday/Saturday" routine. At one graduate class, one student in his 30s asks me just what exactly is this "safer sex" thing? In the corridor at the Faculty Center, a professor confronts me about a TV interview: "Really, how can you say mosquitoes don't transmit AIDS? How can you be sure?" It's at times like that when I wish Earnest could do the answering.

A dialogue between the male sex workers and the gay community has been scheduled. Medical students from one University organized a symposium on AIDS for non-medical students after they attended our workshop. A network is forming. Perhaps, just perhaps, we may be making some headway.

*Michael Lim Tan*

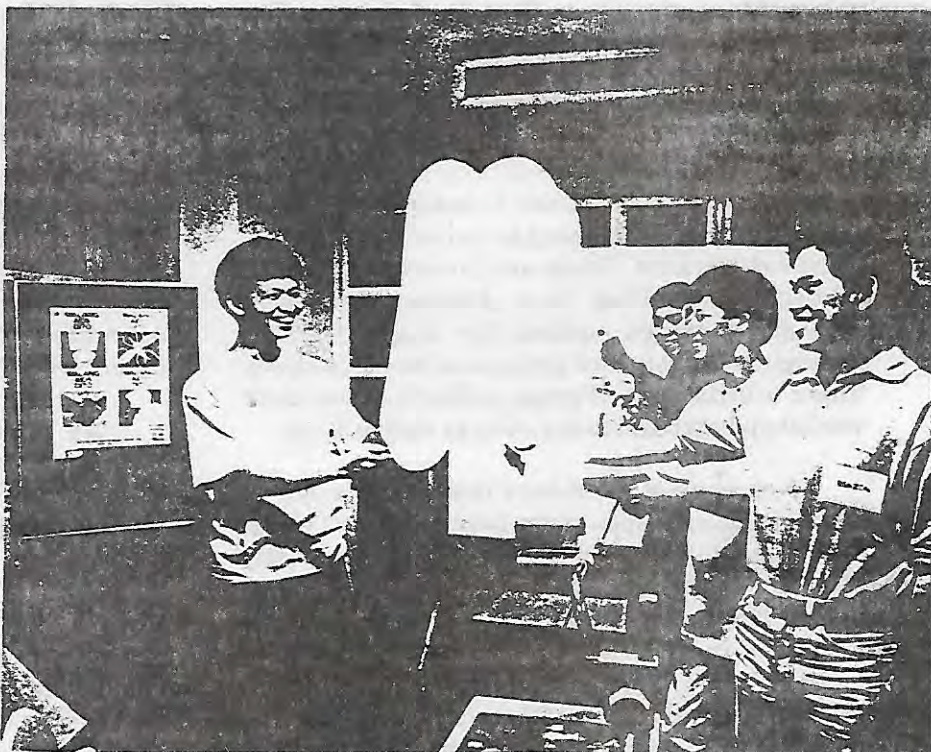


Photo by: ESC/HAIN



# Responding to HIV and AIDS: Medical and Nursing Students in Metro Manila

Michael Lim Tan, Odell Lim, Rogelio de la Cruz,  
Mercedes Apilado, Pedrito dela Cruz

Early in 1991, a rapid survey was conducted among medical students at one university in Metro Manila to assess current levels of knowledge and perceptions toward AIDS; sexual attitudes and sexual practices. The results, which were unpublished, showed a need to address the HIV/AIDS problem in the Philippines within this important sector of society. As a result, HAIN drew up a proposal to conduct HIV/AIDS prevention and control workshops among medical and nursing students in Metro Manila. After the proposal for workshop was approved by the US-based group Aidscom, we applied for, and obtained support from the German group Medico International to conduct a wider survey among medical and nursing students to help us in planning the workshops. The more important findings are presented here:

**T**HE SURVEY was conducted among 480 medical and 480 nursing students from six universities in Metro Manila from November to December 1991 (except for one nursing school, where the survey was conducted in early January 1992). The six institutions with medical and nursing schools were: Far Eastern University, Pamantasan ng Lungsod ng Maynila, Manila Central University, University of the East, University of the Philippines and University of Santo Tomas.

Among the medical students, sex distribution was about equal (241 males and 239

females) but among the nursing students, the predominance of women yielded a different proportion (364 females and 116 males).

In both samples, we gave equal allocations to each year level. Thus, for each medical (6) and nursing (6) school, the sample of 80 students was divided into 20 from each year level.

The questionnaires were self-administered with assurances of anonymity. The seven-page questionnaire consisted of 63 items on knowledge about AIDS; perceptions toward AIDS;

sources of information on AIDS; sexual attitudes; substance use; social and political views and sexual experience.

Formulating and administering the survey, as well as analyzing the results have proven to be daunting, but interesting. In this report, we focus on the results related to HIV and AIDS to emphasize the need to address certain issues not just among medical and nursing students but also among young adults in general. We will eventually issue a report on the other findings, together with results of an ongoing project involving workshops for the students.



### General Socio-demographic Information

The sex distribution of the respondents has been described. The average age of respondents was 18.6 years for nursing students and 22.6 years for medical students. (For the information of international readers, the medical school system in the Philippines requires a four year preparatory course leading to a Bachelor's degree before entering medical school itself.)

Only a few of the students are married. Among nursing students, three (one male and two females) were married. Among medical students, there were six (five males, one female) married.

Most respondents were Roman Catholic, followed by Born-Again Christians and Protestants. Other religions (Iglesia ni Kristo, Islam) were poorly represented in the sampling; in fact there were no Muslims among the nursing student respondents. (See Table 1.)

Medical students generally came from higher income brackets, with almost half reporting their average family monthly income to be above P20,000. Among nursing students, the largest percentage came from families with average family monthly incomes of P5,000 to P10,000. The data on family income support previous observations that both medical and nursing schools still cater to upper-middle and high income families. (See Table 2.)

Table 1: Religious Affiliation

	Medical	Nursing
Roman Catholic	88.8%	88.1%
Born-Again Christian	5.6%	5.0%
Protestant	3.1%	2.3%
Iglesia ni Kristo	0.2%	1.7%
Muslim	0.2%	—
None/Agnostic	0.8%	0.6%
Others	1.3%	2.3%

Table 2: Average Monthly Family Income  
Of Medical and Nursing Students

	Medical	Nursing
Below P5000	3.9%	9.5%
P5000-P10000	21.0%	43.6%
P10000-P20000	31.5%	28.6%
Above P20000	43.6%	18.2%

### General Knowledge About AIDS

The survey results showed some gaps in the knowledge about HIV and AIDS among the students. Out of a potential perfect score of 20, medical students averaged a score of  $14.54 \pm 2.11$  while nursing students averaged  $12.36 \pm 2.65$ . Only one respondent, a nursing senior student, got a perfect score in the entire sampling. Significant differences were observed based on sex, year level and school. Some of these differences will be discussed in this paper.

Among medical students, the most frequent errors were in the following areas:

- Only 18.2 percent correctly chose the number "200" as the identified HIV positive individuals in the Philippines. About a third gave a higher number while 13 percent chose lower figures. The rest, 36.5 percent, chose the "don't know" answer.
- Only 21.9 percent knew that the Human Immunodeficiency Virus is less infectious than the hepatitis B virus. Almost half (45.9 percent) thought both were equally infectious while



about a quarter (25.1 percent) thought HIV was more infectious than HBV.

- ✦ Only 46.1 percent knew that the ELISA and Western Blot tests were based on detection of antibodies. Almost a third erroneously identified the Human Immunodeficiency Virus as the answer for this question.
- ✦ About two-thirds (67.4 percent) of the medical students knew that a negative result on an AIDS test can occur even for people who carry the virus. A fifth (20.9 percent) thought the statement was false while 11.7 percent chose "don't know".

On the modes of transmission, medical students generally fared well. However, there are still some persistent misconceptions:

- ✦ Almost half (45.4 percent) of the respondents believe a person can get AIDS from deep kissing. (There is a theoretical risk, but there has been no documented case of transmission by saliva alone.)
- ✦ Seven percent of the students believe mosquitoes can transmit the AIDS virus while 9 percent were not sure or didn't know.
- ✦ More than half (54.1 percent) of the respondents still believe a person can become infected by donating blood. The other half (45.1 percent) correctly considered the statement false while less than a percent gave a "don't know" answer.

- ✦ About a fifth (20.7 percent) of the respondents believe that female to male transmission of the AIDS virus occurs more often than male to female transmission. About half (47.4 percent) correctly identified the statement as false but another 31.9 percent gave "don't know" as an answer.

Among nursing students, the information gap is much sharper. In some instances, we found misinformation to be at higher levels than in a survey conducted among non-medical and non-nursing students at two campuses of the University of the Philippines.

As with the medical students, many nursing students were still unfamiliar with HIV testing and the status of HIV and AIDS in the country:

- ✦ Only 9.4 percent of the students correctly identified "200" as the identified HIV positive individuals in the country. More than half (55.6 percent) chose "don't know". About 10 percent under-estimated the figure while a quarter gave over-estimates.
- ✦ Only 16 percent knew that the ELISA and Western Blot tests detected antibodies. Almost half (43.5 percent) thought the tests were for HIV while 38.5 percent gave "don't know" as their answer.
- ✦ Only 43.3 percent knew that a negative result on the AIDS test can occur even for people who carry the virus. A third

(30.2 percent) thought the statement false and 26.5 percent gave "don't know" as an answer.

- ✦ The virulence of HIV tended to be over-estimated, with 40.2 percent thinking HIV is more infectious than hepatitis B virus. Only a fifth (19.4 percent) understood that HIV is less infectious than HBV. A third (29 percent) thought the two viruses were equally infectious and 11.5 percent chose "don't know".

Nursing students had more serious knowledge gaps on how HIV is transmitted and how risk can be reduced:

- ✦ A majority (65.8 percent) believe a person can get AIDS by donating blood. For the misconception that HIV can be transmitted by mosquitoes, 17.3 percent agreed and 15.6 percent gave "don't know" answers.
- ✦ Only 37.7 percent of the nursing students disagreed with the statement that female to male transmission of the AIDS virus occurs more often than male to female transmission. About a quarter (25.2 percent) agreed with the statement and 37.1 percent gave "don't know" answers.
- ✦ One third of the students still think that a person must have many different sexual partners to be at risk from AIDS.
- ✦ While most of the nursing students recognized that vitamins



and antibiotics cannot prevent HIV infection, only 72.1 percent disagreed with the statement that "withdrawal immediately before orgasm prevents AIDS infection". Some 8.3 percent agreed with the statement and 19.6 percent gave "don't know" answers.

## Perceptions About AIDS

While the knowledge levels of the students are fairly acceptable given the lack of public information going around, perceptions about AIDS can be a source of concern.

Generally, the students seem to look at AIDS as a serious problem in the country, with 50.4 percent of medical students and 53.1 percent of nursing students rating the problem as "very serious".

Almost half of the students (46.6 percent of medical and 47.5 percent of nursing students) evaluated the government's efforts at prevention and control of AIDS to be "seriously lacking".

A related significant finding is that only 42.2 percent of the medical and 48.8 percent of the nursing students had been exposed to the Department of Health's information campaigns on AIDS. Of those who had been exposed, the television plugs were the most frequently cited.

The students' evaluation of their schools' inputs on AIDS was slightly better. Only 16.4 percent of the medical and 12.1 percent of the nursing students rated AIDS information from their school courses as "serious-

ly lacking". However, another 43.1 percent of the medical and 44.3 percent of the nursing students rated their school courses as "somewhat lacking" for AIDS information.

Given the continuing lack of access to information on AIDS, it is not surprising that the students' reponse to HIV and AIDS is still marked by a tendency toward scapegoating:



For instance, 21.6 percent of the medical and 28 percent of nursing students agreed with the statement that if US military bases are removed from the Philippines, we will no longer have to worry about AIDS.

Scapegoating seems to be skewed toward local people rather than foreigners. Asked if particular groups were to blame for the spread of AIDS in the Philippines, 98 percent of the respondents blamed at least one group. Medical students tended to blame more groups than nursing students. The groups that

tended to be blamed most often were prostitutes and homosexuals. US servicemen, foreign tourists and bisexuals tended to be blamed less often. Students also had the option of citing groups not listed. In the "others" section, drug addicts/intravenous drugs users; "promiscuous" people (described by various terms such as "nymphomaniac", "horny toads"); overseas workers/*balikbayan* and blood donors were cited. The specific mention of blood donors by eight students may be related to media publicity at the time of the survey about the Health Department's identification of several commercial blood donors as having been found to be HIV positive.

Given the tendency to blame other groups for AIDS, it is not surprising that almost half of students (49.5 percent of medical and 39.4 percent of nursing) agreed that "people with AIDS should be kept in isolation", despite expert scientific opinion considering this to be a non-productive measure.

The students do feel the threat of AIDS in relation to themselves. Among medical students, 40.2 percent considered AIDS to be a "very real threat for someone like myself" while with nursing students, the figure was 40.4 percent.

Despite these fears, it is encouraging that most of the students said they were willing to attend to a patient with AIDS, although 52.6 percent of medical and 55.8 percent of nursing students qualified, they were "willing, with some reservations".



### Sexual Practices and Behavior

The last section of the questionnaire covered sexual experience and behavior. One question asked students to rate their own sexual orientation. The results are presented in Table 3. It is difficult to draw any conclusions from the data, in the absence of qualitative information; although it is striking that more respondents were willing to identify themselves as bisexual rather than homosexual.

Questions on actual sexual experience elicited a number of non-responses, suggesting that medical and nursing students may still feel uneasy about discussion of personal sexual behavior.

We noted that among the 24 male students who self-identify as being homosexual or bisexual, 11 have had sexual experience but only one admitted to having had same-sex experiences. Among the 33 female students who self-identify as homosexual or bisexual, only two have had sexual experience, both with a steady boyfriend.

As would be expected, the percentage of women with sexual experience, both in medical and nursing schools, is much lower than that for the men. Moreover, medical students tend to have their first sexual experience (coital debut) later than nursing students.

Our hypothesis is that medical students may postpone sexual activity because of the pressures of academic work. In

**Table 3: Self-Identified Sexual Orientation Among Medical and Nursing Students**

	Medical		Nursing	
	Male	Female	Male	Female
Heterosexual	91.6%	96.2%	90.4%	90.9%
Homosexual	1.3%	0.8%	3.4%	0.3%
Bisexual	5.0%	2.5%	4.3%	6.6%
Not Sure	2.1%	0.4%	1.7%	2.2%

**Table 4: Sexual Experience Among Medical and Nursing Students**

Sexual Experience	Medical		Nursing	
	Male	Female	Male	Female
Yes	58.8%	6.7%	39.1%	3.6%
No	39.2%	92.0%	57.4%	95.1%
No Answer	2.1%	1.3%	3.5%	1.4%
Mean Age of Coital Debut (yrs)	17.7	20.7	16.1	18.2

**Table 5: First Sexual Partner of Male Medical and Nursing Students (As Percentage of Those With Sexual Experience):**

	Medical	Nursing
Steady	39.1%	28.9%
Casual acquaintance	24.1%	37.9%
Sex worker	32.7%	31.2%
Others	3.6%	2.3%

fact, by comparing the data on present age and age of first intercourse, we found that more than 70 percent of the medical students who have sexual experience got that "initiation" before medical school.

For their reported first sexual partners, all the female medical and nursing students, except for one, reported a "steady" or their husband. Among the males, first partner tended to be more varied (Table 5).



The survey data gave us some evidence suggesting that the first sexual partner may be changing for males. Among those who had their first sexual experience during the last four years, more respondents indicated a steady or spouse as their first partner when compared with those who had their coital debut before 1987. (See Table 6.) Whether this is due to increasing AIDS awareness or not, is a matter for speculation. Note that this could also be due to a possible increase in the willingness of girlfriends to engage in premarital sex, thus "co-opting" the need to look for a sex worker or a casual sexual encounter.

The use of contraception during first intercourse seems to be minimal (Table 7). It is interesting that more male nursing students (percentage-wise) reported using condoms during first intercourse than their counterparts in medical school.

Generally speaking, condom use is still low, with a significant percentage of sexually experienced students never having used condoms (Table 8).

Not all of those with sexual experience are currently sexually active. Respondents were asked to cite sexual partners in the last six months (see Table 9). Note that only males reported multiple sex partners. Sixteen of the male medical students (or 11 percent of those with sexual experience) and six of the male nursing students (or 13 percent of those with sexual experience) reported having more than one partner in the last six months.

**Table 6: First Sexual Partner of Male Medical and Nursing Students According to Year of Coital Debut**

	After 1987 (n=99)	Before 1987 (n=86)
Steady	49.5%	29.1%
Casual acquaintance	24.2%	31.4%
Sex Worker	26.3%	39.5%

**Table 7: Use of Contraceptives During First Intercourse (Percentage of Those With Sexual Experience)**

	Medical		Nursing	
	Males (n=141)	Females (n=16)	Males (n=45)	Females (n=13)
Condoms	8.5%	—	15.6%	7.7%
Oral Contraceptives	—	—	2.2%	7.7%
Rhythm	2.1%	18.8%	2.2%	7.7%
Withdrawal	7.1%	18.8%	11.1%	7.7%
IUD	—	—	—	—

**Table 8: Condom Use Among Medical and Nursing Students (As Percentage of Those With Sexual Experience)**

	Medical		Nursing	
	Males (n=141)	Females (n=16)	Males (n=45)	Females (n=13)
No Answer*	11.3%	37.5%	15.6%	38.5%
Never Used	31.9%	25.0%	44.4%	46.2%
Sometimes	25.5%	25.0%	20.0%	—
Regularly	14.2%	—	—	—
All the time	8.5%	12.5%	4.4%	7.7%

\*This may include respondents who have not been active in the last six months. Questions about use of condoms and contraceptives came in the last section, after the question asking about sexual activities in the last six months.



## Gender Differences

Differences in knowledge scores between sexes were statistically significant among medical students, but not among nursing students (Table 10).

Some of the differences in knowledge are important. For example, while 78.4 percent of male nursing students recognize that a person can be infected by the AIDS virus and still look and feel healthy, only 69 percent of their female counterparts recognized this important fact. Among the medical students, the figures were 89.6 percent for the males and 84.1 percent for the females.

Roughly 71 percent of the male nursing students were aware that the AIDS virus cannot be transmitted by mosquitoes compared with 66 percent of the female nursing students. Among medical students, gender difference on the issue of "mosquito transmission" was not significant.

Significant differences were found in the students' awareness of ineffective prevention methods, especially among the nursing students. The females, both medical and nursing students, tended to score lower on these points, except for the uselessness of antibiotics (Table 11).

Gender differences were also found in perceptions of AIDS. Among nursing students, more males (51.7 percent) than females (35.6 percent) agreed with the perception that AIDS is a punishment from God. Among

**Table 9: Sexual Partners in the Last Six Months  
(Percent of Those With Sexual Experience)**

	Medical		Nursing	
	Males (n=141)	Females (n=16)	Males (n=45)	Females (n=13)
<b>First Partner</b>				
None	45.4%	25.0%	48.9%	15.4%
Steady/spouse	31.9%	75.0%	26.6%	84.6%
Casual acquaintance	15.6%	—	20.0%	—
Sex Worker	7.1%	—	4.4%	—
<b>Second Partner</b>				
Casual acquaintance	5.7%	—	11.1%	—
Sex Worker	5.0%	—	2.2%	—
<b>Third Partner</b>				
Sex Worker	1.4%	—	6.6%	—

**Table 10: Gender Differences in Scores for  
AIDS Knowledge**

	Correct	Wrong	Don't Know
<b>Medical Students</b>			
Male	14.82 ± 2.19	3.68 ± 1.71	1.50 ± 1.75
Female	14.26 ± 1.99	3.99 ± 1.83	1.75 ± 1.70
p value	.0008	.05	.04
<b>Nursing Students</b>			
Male	12.58 ± 2.53	4.34 ± 1.97	3.09 ± 2.60
Female	12.29 ± 2.68	4.42 ± 1.94	3.30 ± 2.41
p value	.24	.73	.20

**Table 11: Knowledge of Ineffective Prevention Methods**

	Nursing		Medical	
	Males	Females	Males	Females
Antibiotics	90.5%	94.5%	97.5%	98.3%
Vitamins	93.1%	88.7%	98.8%	99.2%
Washing of genitals	92.2%	89.3%	96.3%	96.2%
Withdrawal	77.6%	70.3%	91.7%	81.6%



medical students, the figures were 49.8 percent for males and 33.6 percent for females.

Fatalism as expressed in agreement with the statement "We all die anyway, so why worry about AIDS" was higher among the males (4.3 percent of nursing students and 2.5 percent of medical students) than females (2.2 percent of nursing students and 1.2 percent of medical students). While the percentages may seem small, note that the sampling size is quite large and if we were to project this to the general population of medical and nursing students, we would be talking about absolute figures reaching the hundreds.

Blaming of particular groups for the spread of AIDS was stronger among female students than among the males, with sharper differences among the nursing students (Table 12.)

Contrary to the "nurturing" image of women, female nursing students tended to have more reservations than their male counterparts about attending to a patient with AIDS. These differences are also present among medical students (Table 13.)

The male students tended to perceive AIDS as a greater threat, with gender differences being sharper among the nursing students than with the medical students (Table 14.)

Some gender differences were found in the students' sources of information about AIDS. The female nursing students tended to rely more on family members and school lectures

**Table 12: Gender Differences in Blaming Particular Groups for the Spread of AIDS**

	Nursing		Medical	
	Males	Females	Males	Females
Female Prostitutes	83.6%	92.3%	91.7%	94.1%
Male Prostitutes	81.9%	87.6%	87.6%	91.6%
US servicemen	67.2%	59.9%	85.5%	83.6%
Foreign tourists	62.9%	66.8%	81.7%	73.9%
Homosexuals	81.9%	81.9%	88.0%	89.5%
Bisexuals	67.2%	71.2%	72.6%	76.1%

**Table 13: Gender Differences in Willingness to Attend to a Patient with AIDS**

	Nursing		Medical	
	Males	Females	Males	Females
Willing, without reservations	34.5%	26.6%	29.9%	23.0%
Willing, with some reservations	52.6%	56.9%	59.8%	66.9%
Unwilling	4.3%	7.7%	6.6%	5.4%
Don't Know	8.6%	8.8%	3.7%	4.6%

**Table 14: Gender Differences in Perceptions of AIDS As a Personal Threat**

	Nursing		Medical	
	Males	Females	Males	Females
Very real threat	44.8%	39.0%	43.8%	36.6%
Sometimes worry	44.8%	49.5%	52.1%	56.3%
Could never get AIDS	10.3%	11.5%	4.2%	7.1%

than their male counterparts. The males, on the other hand, cited medical journals and foreign magazines more often than the women.

Among the medical students, the women tended to rely more on family members and friends than their male classmates while figures for other



sources (school lectures, medical journals, books) tended to be similar for both sexes.

These figures would support observations about the socialization patterns in the country, where men seem to be more active in searching for information on sexual matters (to which AIDS and HIV seem to belong) and through public channels rather than family networks. At the same time, it is interesting that among the nursing students, more females (50.8 percent) than males (42.2 percent) had been exposed to the Department of Health's information campaigns on AIDS. Among medical students, the difference was minimal (56.4 percent for males and 57.3 percent for females). Consciousness about mass media messages may be higher among women than men.

Conversely, an information source such as the AIDS Hotline seems to appeal more to males (9.5 percent for nursing students and 10.4 percent for medical students) than to females (6.9 percent for nursing students and 7.9 percent for medical students), perhaps reflecting greater reluctance among women to talk about sex with someone they do not know.

### Year Level

It is significant that age differences did not emerge as being important in differentiating levels of knowledge about AIDS. Year level was instead the significant factor, suggesting that exposure in school to information on HIV

Table 15: Correct Scores By Year Level

Year Level	Medical	Nursing
1	13.80 ± 2.18	11.06 ± 2.64
2	14.47 ± 2.14	11.83 ± 2.31
3	15.14 ± 1.92	13.33 ± 2.01
4	14.76 ± 1.97	13.23 ± 2.87
	p<.0001	p<.0001

Table 16: Percentage of students who know that withdrawal is ineffective in preventing AIDS.

Year Level	Nursing	Medical
1	50.8	72.5
2	74.2	90.8
3	84.2	93.3
4	79.2	90.0

and AIDS does matter. It is also significant that among both medical and nursing students, knowledge levels increased from the first to the third year levels, but dropped among students in the senior year (Table 15). When we presented this data to a group of medical students, their interpretation was that this may have been due to a time lapse in the inclusion of HIV and AIDS in textbooks. Only more recent editions of their school textbooks refer to HIV and AIDS.

The knowledge scores also suggest that major gains in knowledge about AIDS occurs among medical students between their freshmen and sophomore years while with nursing students, this takes place be-

tween their sophomore and junior years. There is a need to introduce AIDS education as early as the first year among nursing students and in the pre-medical curriculum. For instance, among freshmen, only 72.5 percent of medical students and 50.8 percent of nursing students knew that withdrawal was not effective in preventing AIDS infection. Note that the figure for freshmen medical students is lower than that of upperclassmen in nursing schools. Considering that withdrawal is a popular method of contraception for pre-marital sex, the need to discuss its ineffectivity (as contraception and for preventing sexually transmitted diseases) should begin as early as possible. In Tables 16 and 17, we give



their main sources of information. Conversely, those who cited friends or family members as their main sources of information had **lower** scores than those who did not check those categories (Table 22).

Exposure to the DOH information campaign on AIDS also seemed to be significantly correlated with higher knowledge scores. Among the DOH activities, brochures, posters and television plugs seemed to be the most significant.

Among medical students, the data tended to be more inconclusive (Table 23). Significantly higher scores were found only in relation to lectures in school, books and television. Those who cited family members as sources of information had significantly lower knowledge scores than all other categories (according to sources of information). Those citing television as a main source of information also scored lower. Exposure to the DOH campaign did make a significant difference but among the government's materials, only exposure to DOH posters seemed to make a difference.

When we analyzed the data by year levels, we found that the sources of information were not that significant in relation to levels of knowledge about AIDS, at least for those in higher year levels.

Among first year nursing students, exposure to foreign magazines and the DOH campaign (particularly television and brochures) did make a dif-

**Table 21: Percentage of Students Unwilling to Attend to a Patient with AIDS**

Year Level	Medical	Nursing
1	6.7	5.0
2	4.2	7.5
3	3.3	5.8
4	10.0	9.2

**Table 22: Correct Scores Among Nursing Students and Main Sources of Information (Multiple Answers)**

	No	Yes	
Friends	12.71 ± 2.57	11.85 ± 2.70	p=.001
Family members	12.65 ± 2.60	11.75 ± 2.65	p=.005
Lectures in school	11.76 ± 2.55	12.57 ± 2.66	p=.006
Medical journals	11.89 ± 2.72	12.48 ± 2.62	p=.03
Books	11.93 ± 2.50	12.58 ± 2.70	p=.01
Exposure to DOH campaign	11.85 ± 2.73	12.90 ± 2.46	p=.00005
DOH television plugs	11.98 ± 2.67	13.02 ± 2.50	p=.00007
DOH radio plugs	12.25 ± 2.69	13.03 ± 2.28	p=.03
DOH posters	12.09 ± 2.69	13.10 ± 2.41	p=.0001
DOH brochures	12.14 ± 2.69	13.19 ± 2.32	p=.0005

**Table 23: Correct Scores Among Medical Students and Main Sources of Information (Multiple Answers)**

	No	Yes	
Family members	14.64 ± 2.07	13.94 ± 2.29	p=.04
Lectures in school	14.19 ± 2.22	14.61 ± 2.08	p=.05
Books	14.24 ± 2.22	14.69 ± 2.04	p=.03
Television	14.84 ± 2.22	14.33 ± 2.01	p=.003
Exposure to DOH campaign	14.31 ± 2.15	14.71 ± 2.07	p=.04
DOH posters	14.43 ± 2.14	14.82 ± 2.00	p=.05



ference. The DOH campaign seems to be associated with higher knowledge levels among the nursing students up to the third year level, while reliance on family or friends was associated with significantly lower knowledge levels for the upper year levels in nursing schools (Table 24).

Among medical students, the most significant differences were found again among first year level students. In the sophomore and junior years, the effects of media or even school lectures do not seem to be significant, except for the DOH radio plugs for sophomores and, for juniors, exposure to information from television (not DOH television plugs) actually associated with lower scores (Table 25).

The findings suggest that more substantive educational materials (brochures and books) could make a difference in knowledge levels, especially in the lower year levels. At the same time, reliance on family or friends for information seems to be associated with lower knowledge scores, especially among upper year levels. Since many students do rely on these informal channels of information, much more work needs to be done to increase knowledge levels among individuals who could then upgrade the knowledge levels among their friends and family.

**Table 24: Correct Scores Among Nursing Students by Year Level and Main Sources of Information**

	Yes	No	
<b>1st Year</b>			
Foreign magazines	11.43 ± 2.80	10.28 ± 2.10	p=.03
DOH campaign	11.80 ± 2.44	10.43 ± 2.66	p=.004
DOH Television	11.83 ± 2.56	10.66 ± 2.61	p=.02
DOH brochures	12.65 ± 2.67	10.80 ± 2.56	p=.01
<b>2nd Year</b>			
Family	11.35 ± 2.18	12.32 ± 2.35	p=.03
DOH Television	12.33 ± 2.47	11.50 ± 2.14	p=.05
<b>3rd Year</b>			
Friends	12.86 ± 1.83	13.58 ± 2.07	p=.04
Family	12.66 ± 1.93	13.57 ± 1.99	p=.02
DOH campaign	13.66 ± 1.88	12.93 ± 2.10	p=.05
DOH Television	13.94 ± 1.58	12.93 ± 2.16	p=.02
<b>4th Year</b>			
Friends	12.28 ± 3.35	13.91 ± 2.26	p=.01

**Table 25: Correct Scores Among Medical Students by Year Level and Main Sources of Information**

	Yes	No	
<b>1st Year</b>			
Books	14.38 ± 2.01	13.29 ± 2.22	p=.005
Foreign magazines	14.01 ± 2.25	13.04 ± 1.79	p=.02
DOH campaign	14.23 ± 2.31	13.33 ± 1.96	p=.04
DOH brochure	14.62 ± 2.16	13.53 ± 2.14	p=.02
<b>2nd Year</b>			
DOH radio	15.43 ± 1.63	14.26 ± 2.19	p=.03
<b>3rd Year</b>			
Television	14.91 ± 1.87	15.52 ± 1.96	p=.05



### Correlations Between Knowledge and Perceptions/Attitudes

The most significant finding was the relationship between knowledge about HIV/AIDS and the perception that people with AIDS should be kept in isolation. As shown in Table 26, the higher the knowledge scores on AIDS the stronger the tendency to disagree with quarantine of people with AIDS.

On the willingness to attend to a patient with AIDS, correlation with knowledge was found only among medical students (Table 27), although it is clear that those who are unwilling or still undecided generally have lower levels of knowledge about HIV and AIDS.

### Sexual Attitudes and Social and Political Views

While we intend to prepare a longer and more comprehensive report on the survey's findings about sexual attitudes and social and political views, we are including some of the information from those sections of the questionnaire in order to explain the need to improve the learning environment in medical and nursing schools for HIV prevention.

One important finding is the persistence of double standards for the sexes. As an example, we can look at the data on the matter of retaining virginity

**Table 26: Knowledge on AIDS (Correct Scores) and Relationship to Opinions About Isolating People with AIDS**

	Medical	Nursing
Strongly Agree	13.84 ± 2.24	11.78 ± 2.66
Somewhat Agree	14.25 ± 2.24	12.02 ± 2.68
Somewhat Disagree	14.69 ± 1.98	12.69 ± 2.51
Strongly Disagree	15.02 ± 1.96	13.07 ± 2.59
	p=.0006	p=.0006

**Table 27: Knowledge on AIDS (Correct Scores) and Relationship to Willingness to Attend to a Patient with AIDS**

	Medical	Nursing
Willing, without any reservations	14.90 ± 2.05	12.50 ± 2.57
Willing, with some reservations	14.50 ± 2.08	12.45 ± 2.69
Unwilling	14.31 ± 2.44	12.06 ± 2.54
Don't Know	13.20 ± 1.93	11.62 ± 2.66
	p=.004	p=.22 (not significant)

**Table 28: Agreement with the statement that "Men should be virgins at marriage"**

	Males	Females
Medical Students	26.6%	38.9%
Nursing Students	31.9%	44.0%

until marriage. Expectations about avoiding pre-marital sexual intercourse are clearly stronger for women than for men. At the same time, women

surpass men even in these expectations (Tables 28 and 29).

Another area where gender differences are significant is that



of women initiating "first moves" (Table 30).

The dilemma here is similar to that of expectations of virginity at marriage. Women seem to have internalized the norms even more than men and the communications processes, so vital in HIV prevention, can be seriously affected by these differences.

The "madonna/whore syndrome" — an ambivalence in male perceptions of women — also seems to be widespread as reflected in the students' views about rape and prostitution (Tables 31 and 32).

Note that perceptions about rape do not significantly change among males according to course. With women, the changes are more significant.

Unfortunately, the same thing cannot be said about perceptions of prostitution. While fewer women agree that most prostitutes are in the business because they enjoy doing sex work, the views tend to be constant among both medical and nursing students.

Age (using medical versus nursing students) does not seem to be significant either in changing perceptions about homosexuality as a disease despite the fact that homosexuality has been struck off the list of disorders by the American Psychiatric Association since 1973 (Table 33).

**Table 29: Agreement with the statement that "Women should be virgins at marriage."**

	Males	Females
Medical Students	65.1%	71.1%
Nursing Students	77.6%	81.3%

**Table 30: Agreement with the statement that "It is all right for a woman to make the first move if she is interested in a man."**

	Males	Females
Medical Students	70.1%	41.8%
Nursing Students	47.4%	27.7%

**Table 31: Agreement with the statement that "Most rape cases are provoked by the behavior of the woman."**

	Males	Females
Medical Students	22.8%	7.9%
Nursing Students	25.0%	14.6%
	p=.65	p=.01

**Table 32: Agreement with the statement that "Most prostitutes are in the business because they enjoy doing sex work."**

	Males	Females
Medical Students	8.3%	5.0%
Nursing Students	9.5%	5.2%
	p=.71	p=.91



Homophobic tendencies, particularly among the males, should be considered in HIV prevention programs. It is difficult to expect individuals who look at homosexuality as a disease, and who blame homosexuals for the spread of AIDS, to work objectively and effectively in HIV prevention programs.

As mentioned earlier, other gathered data will be presented in a longer report. The purpose of this presentation is to help in identifying needs in the medical and nursing school, particularly in relation to HIV prevention and control. Beyond the biomedical questions, the gaps in the information about psychosocial issues (especially gender issues) must be addressed.

One last bit of information that we found significant was the response to the statement, "The death penalty should be restored in the Philippines", with 77.8 percent of nursing and 75.8 percent of medical students agreeing. Differences were not significant for the sexes, or for year levels.

Like many other young adults, the medical and nursing students seem to be cynical and disappointed with the current state of affairs: graft and corruption, distorted government priorities and deteriorating peace and order (see Special Feature III).

In the survey, one third of the medical students and a fifth of nursing students had no one yet in mind for the country's

Table 33: Agreement with the statement that "Homosexuality is a disease."

	Males	Females
Medical Students	36.5%	22.6%
Nursing Students	33.6%	22.5%
	p=.59	p=.98

president. Others gave tongue-in-cheek answers that included "Batman", "my-self" and "my dad". At the same time, 32 percent of medical students and 50 percent of nursing students said they would vote for Miriam Defensor Santiago for president. Santiago is running on a tough law-and-order platform and has vowed to build more jails if elected president. Her appeal to

young adults is understandable, but also reveals the seriousness of the crisis in the Philippine society, one where people are searching for solutions that may often be too simplistic. The implications for the future of national policy on HIV and AIDS may yet become even more conservative unless alternative humanist approaches are implemented. □

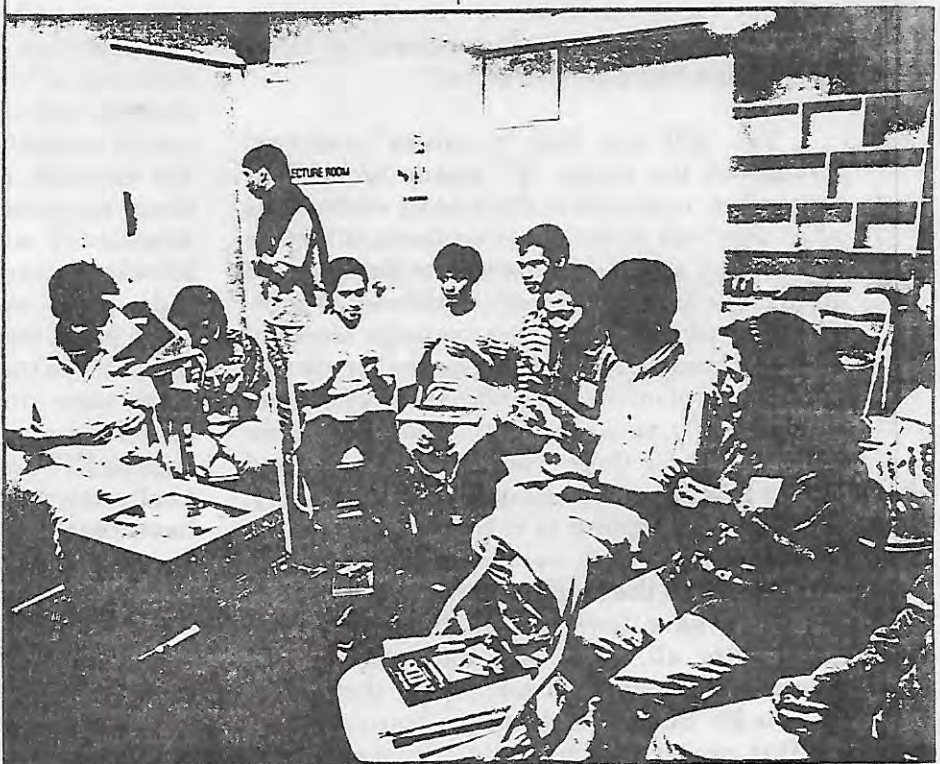


Photo by: EMC/HAIN



## Understanding Statistics

For readers not familiar with the jargon of statisticians, we have prepared some brief explanations:

A mean value is the average for a particular sample or population.

Usually, we give the standard deviation together with the mean value. The standard deviation helps us to determine, with more accuracy, the range of values obtained in the survey for a particular variable. Statisticians have shown that at least 75 percent of values will fall within plus-and-minus 2 standard deviations from the mean. For example, when we say that the mean score on the knowledge test for medical students was  $14.54 \pm 2.11$ , this means that at least 75 percent of the medical students had scores of  $[14.54 + 2(2.11)]$  and  $[14.54 - 2(2.11)]$  or a range of 10.32 to 18.76. This gives us a better picture of the knowledge levels of the medical students, i.e. it would be rare to expect scores below 10 and above 19. (In fact, none of the medical students had a perfect score.)

You will also find "p values" scattered throughout the report. "P" means probability. Quite often, researchers make hasty conclusions when they look at the statistics because they do not conduct statistical analysis to determine if differences in the values are significant. For instance, if we compare the knowledge scores of senior nursing students who cite the family as a main source of information with those who do not cite the family, we would get the following scores:  $12.45 \pm 3.66$  for those who cite the family and  $13.48 \pm 2.54$  for those who do not cite the family. It would be tempting to conclude that the difference is significant, i.e. those senior students who depend on the family as a main source of information have lower scores than those who don't. After all, there is a difference of 1.03 points, quite high for a test where the perfect score is 20. But by conducting a statistical test (in this project, we used the Kruskal-Wallis test), we obtained a p value of 0.19. What does

this mean? Yes, there is a difference, but we can only be 81 percent sure that the difference is significant. That is not good enough for scientific research. Drug companies and political parties, among others, are notorious for this kind of statistical manipulation: simply citing differences in numbers and saying that our drug, or our candidate, is better than others. In this research project, our cut-off point was a p value of 0.05, which means we have to be at least 95 percent sure that the difference is indeed significant.

Some readers may be surprised with our use of these statistical methods, given HAIN's emphasis on qualitative research. But we do feel it is time that we start using some of these statistical methods to improve the quality of research. Sweeping statements such as "most people think" or "many people think" are no longer credible without statistics to back you up. This is not to say that all surveys are reliable...remember that numbers are still numbers and that they can be manipulated. Remember that even a "significant difference" must be explained, and sometimes this involves more research including the use of qualitative methods. For example, among sophomore medical students, exposure to DOH radio plugs seemed to be associated with significant differences in knowledge scores. But, we still have to probe why radio plugs would make a difference. Do the radio plugs really increase knowledge levels, or is it possible that students who did hear the radio plugs were already at a level where they were concerned enough to be alert to any kind of message on HIV and AIDS? In this report, our statistical analysis was still fairly simple; it would have been better to look for clusters (e.g. exposure to radio and television versus exposure to radio alone).

Ultimately, the quality of research depends on a long tedious process that starts with the design of the "instruments", the data collection methods, and finally, data analysis and interpretation. □



# Defining Risk

## What is risk?

We zeroed in on the questionnaires of four male students who reported more than two sexual partners in the last six months. Two were medical students (out of 240 male respondents) and two were nursing students (out of 116 male respondents). The students came from three different universities. Three self-identify as heterosexuals and one as a bisexual. All four are Roman Catholic and come from families that have monthly incomes above P10,000.

All four students reported having had sex in the last six months with a steady, with a casual acquaintance(s) and with a woman sex worker(s). One student reports regular use of condoms while three said they use condoms "sometimes". None of the students used condoms during their first sexual encounter. Three of the four students report frequent use of alcohol.

## What creates situations of risk?

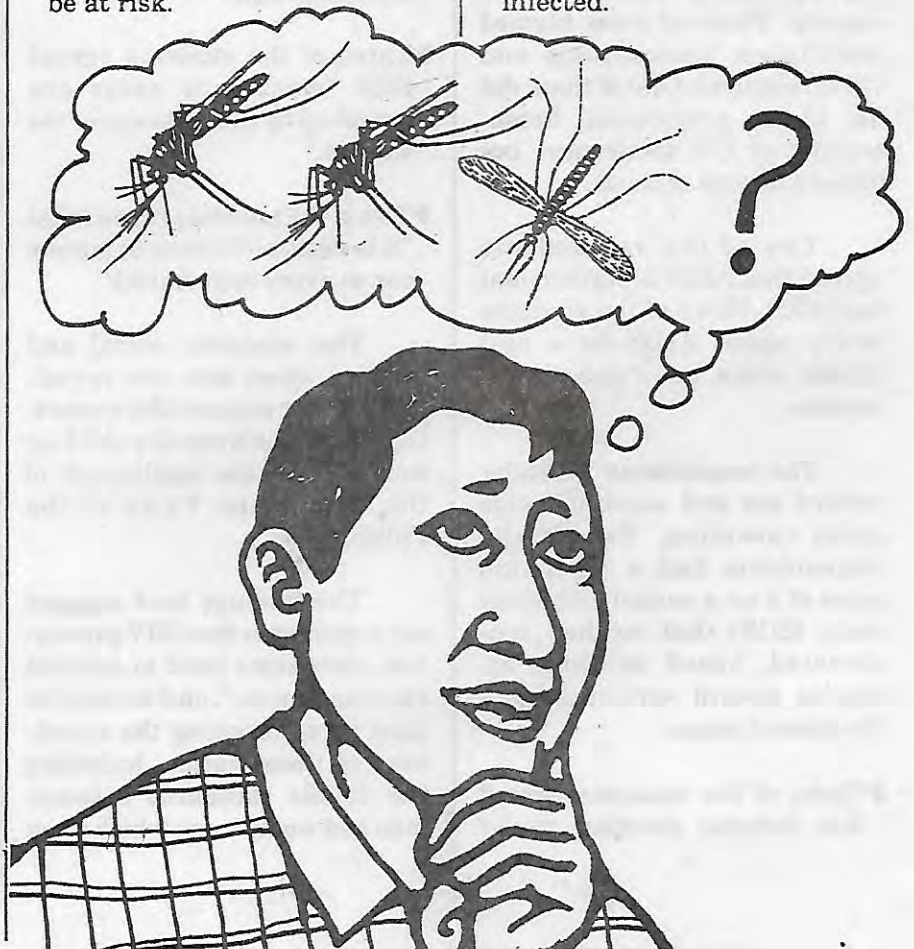
Only one of the students had been exposed to the government's information campaign on AIDS. Moreover:

❖ Three students believed that female to male transmission occurs more frequently than male to female transmission.

❖ Two students were not aware that in anal intercourse, the active partner (insertor) may also be at risk.

❖ One student agreed that coughing spreads AIDS, and one student believed mosquitoes could transmit AIDS.

❖ Two students did not know that a negative HIV test can occur even for people who have been infected.





None of the students knew the present number of reported HIV infections in the country.

Asked to compare the virulence of Human Immunodeficiency Virus (HIV) with Hepatitis B Virus (HBV), one student thought HIV was more infectious than HBV while the other three checked "don't know".

Reliance on knowledge scores is clearly inadequate. We looked at the four students' responses to other sections of the questionnaire and came up with other significant findings:

Like the majority of medical and nursing students, all four had specific groups to blame for the spread of AIDS in the country. Three of them blamed prostitutes, homosexuals and US servicemen. One of them did not blame prostitutes, homosexuals or US servicemen but blamed foreign tourists.

Two of the respondents agreed that AIDS is punishment from God. Three of the students worry about AIDS as a real threat while one "sometimes" worries.

The respondents' attitudes toward sex and sexuality were quite revealing. Two of the respondents had a maximum score of 4 on a sexual orthodoxy scale (SOS) that we had constructed, based on their attitudes toward various sexuality-related issues:

Three of the students agreed that induced abortion, under

any circumstance, is wrong.

All agreed that having sex with someone of the same sex is a sin. Two agreed with the statement that "homosexuality is a disease".

All agree that married partners should be monogamous.

But this orthodoxy has its contradictions:

All agree that prostitutes are in the business because they enjoy their work.

All disagreed that men should remain virgins until marriage but three of them agreed that women should remain virgins until marriage.

Three of the students agreed that "most rape cases are provoked by the behavior of the woman."

Two of the students agreed that "it is natural for men to pursue sex at every opportunity".

The students' social and political views are also revealing. All four support the restoration of the death penalty. All four were against the legalization of the Communist Party of the Philippines.

The findings lend support our arguments that HIV prevention campaigns need to address existing "norms", and we need to start by questioning the soundness of these norms, including the double standards between men and women, one which often

translates into a dualistic view of women either as sacred or as harlots. Philippine culture is marked by superficial adherence to superficial values that do not necessarily translate into action...what Father Jaime Bulatao, a Jesuit psychologist, once described as "split-level Christianity".

Note, for instance, that three of the four respondents had their first sexual experience with a sex worker. (In another round of data processing, we found that out of 20 other male respondents who had gone to female sex workers in the last six months, 16 had sex workers as their partners during their first sexual encounter.)

Returning to our four respondents, two of them had their "coital debut" at the age of 13 and one at the age of 14, obviously too early an age for them to have sought out the sex workers on their own.

What is risk? Who is at risk? The students, or the sex workers, or their other partners? How do we handle the problem?

One student, in his "Comments Page" attached to the survey, sums up a dilemma many young adults face today: "In this world, there are things that are contradictory to what you believe in, in what you do, and in what your motives are. I just hope and pray to God that in reaching for perfection, all these three will meet in the right path." □



# Students Speak Out on AIDS

**S**URVEYS can be tedious, both for those who administer the forms and for the respondents. Our survey forms included a blank sheet where students could put their comments and suggestions and we have not regretted the decision to include that sheet. Out of 960 respondents, 122 took extra time, after going through seven pages of questions, to voice out their views.

Going through their comments provided us with much-needed relief from the numbers and statistics. The students' comments also gave us more insights into their perceptions of, and attitudes toward HIV, AIDS...and a whole lot of other related issues.

Several students thanked us for conducting the survey and said they were "honored" to be part of it. This is an important point: we had included a cover sheet explaining that the survey was to help us to formulate an information campaign on HIV/AIDS. Specifically, one student said the survey "has been a very

good way of letting the young generations of today to express their opinion on different matters ranging from AIDS to sex." In a way, the survey has helped (we hope) to create a more participatory approach for the campaign. Some students in fact wrote down that they hoped to be able to help or to join our seminars.



Others commented on the survey, with several asking why we had included social and political views in an AIDS survey. Other seemed to enjoy doing the other seemingly AIDS-unrelated questions. On the statement "Roman Catholic priests should be allowed to marry", one student ad-libbed: "Why should

they, I think they already have the experience."

One perceptive student suggested that in the section on contraception (including use of condoms), we should have different tables for steadies, casual acquaintances and sex workers...a good point.

Some students felt they had to qualify their answers, such as their response to the item on the risks involved in donating blood ("only if the needle is dirty"). Several remarked about deep kissing (sample: All I know is it's about one gallon...how deep is deep kissing?). One medical freshman explained his willingness to attend to a patient with AIDS: "only if the one who is infected is not wild or if he's in good mental health".

Persistent questions about transmission...and the source of the continuing confusion, cropped up in the comments sheet. One medical senior student writes: "About AIDS being transmitted by mosquito bite,



there was a lecture at SLH (San Lazaro Hospital or St Luke's Hospital?) during our junior internship stay for two weeks that there is a minimal chance that AIDS can be spread by mosquito bites. Its possibility cannot be totally ruled out...I hope they could come out with a definite figure (%) of its transmission." A classmate of that student seems to verify the confusion: "As far as I know there has been recent studies that AIDS could be transmitted by mosquitoes..."

Many students used the comments page to appeal to government (and a few, to schools) to do something, and to do it "now" (several underlined, several with exclamation points). An example: "Massive dissemination of information is needed. I am a medical student but still my knowledge is nil so what more with other people?" Another student suggested that universities organize "medical clubs pertaining to AIDS".

We have compiled other comments and suggestions to reflect the wide range of views that the students have. All statements are presented here unedited.

**Medical freshman, 22, male**

I have not come to a point in which I get much interested in this disease. That is because I have not had sexual practices. And plans only to do so on the date of my honeymoon...AIDS, I believe, concerns only a small portion of the populace...AIDS, I think is a problem on morality and self control, incidence or accidence.

**Nursing sophomore, 29, female, married**

My comment about AIDS is that you cannot get it if you stay on only one partner and don't make sex to someone else except your husband. Be responsible on all moves you will take and always with the guidance of our Lord...



**Medical junior, 22, male**

...I propose that we should put up an office or Special Department under DOH dealing extensively with the promotion of good sex habits, manner and transmission of AIDS, routine screening programs for the sex workers.

**Medical freshman, 21, male**

We should adopt: (1) safe sex; (2) male/female virginity; (3) a Christian living. Foreign imperialism and US intervention — out now!

**Medical junior, 23, female**

I think the government should really go on a hard-driving campaign for the prevention of AIDS — document all the AIDS cases in the Philippines in order to isolate them and prevent wide-spread infection.

**Nursing junior, 17, female**

I think that the foreigners in the US military bases are the

primary carriers of the HIV/AIDS virus in the Philippines but it is already too late even if they are eradicated to stop the invasion of the AIDS population in the Philippines.

**Nursing sophomore, 21, female**

AIDS is not that big yet here, but it can spread very easily, that should be emphasized. Also, it would have come despite the bases, perhaps but not so soon but eventually.

**Medical junior, 23, male**

You know, firstly as a Christian and as a medical student, I would volunteer myself as one of the servants who will help our countrymen in keeping a Christian way of life. First and foremost, these signs that we are perceiving and experiencing (volcanic eruptions, AIDS spread, floods, famine, earthquakes) surely tell us that God is coming soon. All these things can be avoided just by the Christian way of approach...

**Nursing junior, 21, female**

...I consider the disease condition (AIDS) as both a very serious threat to mankind and in a way, a blessing. The disease pinpoints the errors of man and is shaking man to be aware of the seriousness of their actions...Magic Johnson is now campaigning for "safe sex". This is as if sex weren't safe. Sex is a very beautiful capacity to man to give life, which man took for granted and lowered it to the level of irrational animals...

**Medical senior, 25, male**

I strongly believe that the Filipina (prostitutes) work in



this business doesn't like it. It's only a need for something else. Well if the monkeys in the government stop with their monkey business and do what they should have done perhaps this country of ours will be safe and progressive enough. The people in the government that were corrupt and nothing else but corrupt, they should let themselves burn in the cremator and satisfy the sensational welcome of Satan. Thank you.



**Medical senior, 25, male**  
Prostitutes should never be blamed for the spread of AIDS as what is the perception of the "common tao" because they are just victims of this unjust and inhuman society.

**Nursing sophomore, 18, female**  
We need to know more about AIDS...We need more information...before judging people with it. They (with AIDS) should have more understanding and care for that's the time when they need it most.

**Nursing sophomore, 18, male**  
HIV is like the plague that hit Europe during the 16th-17th century. It is not shameful to have such; in fact what victims need is love and affection specially in such crisis. No one is to

blame since this is a natural phenomenon.

**Medical senior, 23, female**  
...this campaign (AIDS prevention) should be televised and be extended by lectures even to high school students, just make it a point that it would be explained to them at their level.

**Nursing junior, 18, female**  
If the government or DOH would really want the people to know facts about HIV/AIDS they should do the campaign spontaneously and not only because it is the "talk of the town". And they should do it in a way that everybody could really understand it to avoid MISINTERPRETATION mostly those who don't know medical terms...

**Nursing freshman, 17, female**  
...There should be sex education as early as intermediate level for students to be able to understand more complex problems on sex, sex life...

**Nursing freshman, 16, female**  
Our government must seriously campaign in preventing the spread of AIDS in our country and they should not allow teenagers to make love that early because it may be harmful to them and they may be the one to spread the disease or can be a carrier.

**Nursing junior, 19, female**  
AIDS by this time increases its rate. And I did not hear any support coming from our government...If possible fumigate all those clubs, beerhouses and think of other jobs which these people can have...

**Nursing freshman, 16, female**  
...I'm happy to know that the present regime is doing good actions (AIDS survey) but I hope it is not for the reason that there will be an election next year!

I want to suggest that you people in D. of Health should look at the serious problems about health, problems that are more serious than AIDS coz preservation of life is important especially for the young ones:

**Nursing freshman, 17, female**  
The program should and must reach the lowest privileged people in our society. Poor families should be reached and taught the bad effects of the consequences of having a relationship at young age and the value of marriage. Please keep up the good work in informing the students; I just hope you should inform all kinds of students other than medical or nursing students.

**Nursing sophomore, 18, female**  
If I'm going to be a nurse, I shouldn't choose my patients. I should try to help my patients equally and as long as I do the necessary precautions then I can be somewhat safe from getting AIDS. □





## Medicare Benefits Increased



President Corazon Aquino has approved the expansion of the coverage and benefits of Medicare under both the Social Security System (SSS) and the Government Service Insurance System (GSIS).

Under Executive Order No 500, the Medicare program has been expanded to cover SSS members who are "unemployed partial disability pensioners" and their dependents without any additional contribution. Under Executive Order 501, a 20 percent across-the-board increase on all items of hospitalization covered by Medicare has been granted.

[Reprinted from Philippines Newsday, January 4, 1992.]

The Medicare benefits for GSIS and SSS beneficiaries are increased as follows:

### Hospital Charges

- for hospital room and board not exceeding 45 days per year for each member of program 1 and another 45 days per year to be shared by all the beneficiary's dependents — P55/day for secondary hospitals, and P120/day for tertiary hospitals;
- for medical expenses — for ordinary cases, P720 (primary), P1,090 (secondary), and

P1,375 (tertiary); intensive cases, P1,395 (primary), P2,040 (secondary), and P3,480 (tertiary); catastrophic cases, P4,390 (secondary), and P6,689 (tertiary).

- for operating room fees (based on the Commissions Relative Unit Value or RUV Scheme) — for RUV 5 and below, P140 (primary), P245 (secondary), and P300 (tertiary); RUV 5.1 to 10, P420 (secondary), and P500 (tertiary); and for RUV 10.1 and above, P960 (secondary), and P1,290 (tertiary).

### Professional Fees

- Medical/Dental Practitioners fee, per day of P55 for general practitioners and P80 for specialists, not to exceed per single period of confinement, P300 for general practitioner and P450 for specialist in ordinary cases; and P450 for general practitioner and P750 for specialist in intensive care/catastrophic cases.
- Surgeon's fee in accordance with the RUV Scheme prescribed by the commission not to exceed P7,080.
- Anesthesiologists fee (30 percent of the allowed surgeon's fee) not to exceed P2,125.
- Fees for surgical family planning procedure as may be determined by the commission.

These increases are being financed by the Health Insurance Fund administered by the SSS.

References: The Philippine Star, January 4, 1992 and Philippine Daily Inquirer, January 4, 1992

## Magna Carta for Disabled Persons Okayed

The Magna Carta for Disabled Persons was approved by the House of Representatives and the Senate. The approved measure ensures the political and civil rights of disabled Filipinos and provides them opportunities to become productive



members of society. It seeks to eliminate discrimination against disabled persons in employment, transportation, housing and education.

It also seeks to enhance their access to basic services, commercial establishments, and buildings for public use such as hotels, lodging places, moviehouses, restaurants, shopping centers, etc.

The bill requires the Department of Health to establish medical rehabilitation centers in government hospitals in order to enhance the rehabilitation of disabled persons. The DOH must also include in its annual budget the needed funds to operate such centers. □

Reference: The Philippine Star, January 18, 1992

## Campaign for Better Vaccines On

In an earlier issue of *Health Alert* (October 1991), we mentioned "super vaccines" that protect children against multiple diseases with just a single shot. In a recent development, officials of the World Health Organization (WHO) said that representatives of more than 100 government, business and voluntary organizations have launched a campaign to develop new and better vaccines to protect children around the world against deadly diseases.

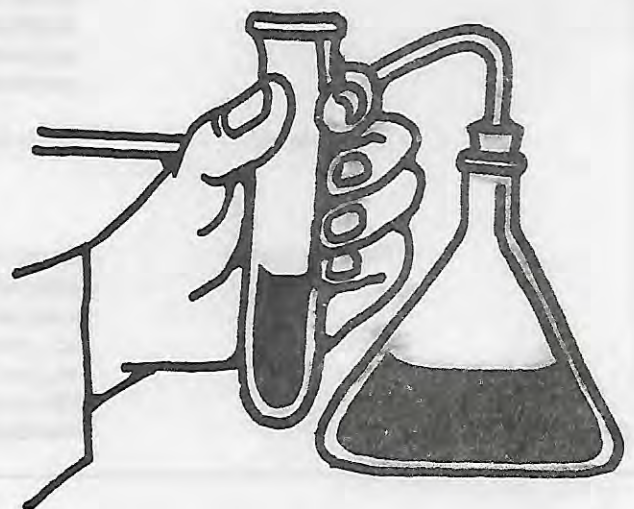
The campaign targets diseases that cause one billion illnesses to children each year. At present, 80 percent of the world's children are protected against six major diseases: polio, measles, tuberculosis, diphtheria, pertussis and tetanus. The campaign has three immediate concerns which include the creation of:

- a tetanus vaccine that can provide long-lasting protection through a single dose;
- an oral polio vaccine that is "heat stable" so that it won't require constant refrigeration until it is administered; and
- an improved measles vaccine that can be administered early in life.

According to Dr Ralph Henderson, assistant director-general of WHO, the long-term goal of the campaign is the creation of "super vaccines" which require "fewer doses, which are more heat-stable, which do not require injection and which can be combined so that many diseases are prevented with same vaccine". Frank Hartvelt, an official of the United Nations Development Program, said that such vaccines would reduce the number of immunization visits that a child should make to a health professional from 10 to three to five times only. WHO officials said that they are developing vaccines against diseases such as hepatitis A which until now has no vaccine available. They are also looking into developing new ways of protection against polio, tetanus and measles.

New technologies that are currently being explored consist of microencapsulation and live-vaccine carriers. Microencapsulation puts minute amounts of vaccine into tiny "magic bullets" that can be injected at one time but which dissolve in the body at different times so that they act like repeated injections. Live vaccine carriers on the other hand consist of vaccines that can "piggy back" on the other vaccine so that both may be administered at once. Developing new vaccines based on these technologies costs much thus official organizations involved in the campaign are working with businesses to finance research so that immunization can still be provided at cost in the hope that this translates into successful immunization programs of individual governments. □

Reference: The Manila Times, December 20, 1991





## It Need Not be a Lousy Life

In the previous issues of *Health Alert*, we had featured a series on the insects which are a threat to public health. The source of these articles is a manual published by the World Health Organization, in collaboration with the United Nations Environment Program, entitled *Insect and Rodent Control Through Environmental Management*. We started off with an article on bedbugs, followed by one on cockroaches, and in our previous issue, we discussed the common housefly. We now move on to yet another pest, which is the louse.

There are two kinds of lice, namely the body louse and the head louse, both of which occur throughout the world, usually in crowded conditions where personal hygiene is not strictly observed. Head lice are not known to transmit any disease, but their bite, like that of body lice, can cause intense irritation and scratching, which may lead to skin infections. Body lice are vectors of diseases, such as lice-borne typhus, relapsing fever, and trench fever. The symptoms of louse bite, and the symptoms and modes of transmission of louse-borne diseases, are shown in the table below.

To treat bites of head lice, the following steps are recommended: Treat scalp with a mixture of one part vegetable oil and one part kerosene. Wrap hair in a towel for one hour, then wash hair with

**Symptoms of louse bite and mode of transmission and symptoms of louse-borne diseases**

Louse	Disease/Problem	Mode of Transmission	Symptoms
Head louse	Bite	—	Itching
Body louse	Bite	—	Itching with development of skin rash
	Louse-borne typhus	Germs are picked up by the body louse while biting and subsequently appear in its faeces. Infection occurs by exposure of wounds or the conjunctiva and mucous membranes to the faeces	High fever, great weakness and prostration; development of macular rash on trunk and limbs which is characteristically haemorrhagic
	Trench fever	As for louse-borne typhus	Similar to those of typhus; spleen is enlarged and there may be haemorrhage
	Relapsing fever	Germs are picked by the infected person by the body louse while biting. Infection occurs only if infected lice are crushed and germs are released into wounds or the mucous membranes	Fever and chills with relapses; headache and jaundice



soap and water, then comb out to remove dead lice and nits. This procedure should be done for all members of the family, and personal articles such as hats, caps, combs and brushes should also be treated.

For body lice bites, the following are recommended:

- Clean bites with any of the following: alcohol or alcoholic liquor; soap and water or salt water; providone-iodine or vinegar.
- In case of fever, a doctor should be consulted. Lower the fever of the patient by giving paracetamol or plenty of liquids, or by taking tepid baths. **The patient should not be given aspirin.**

### Biology and behavior

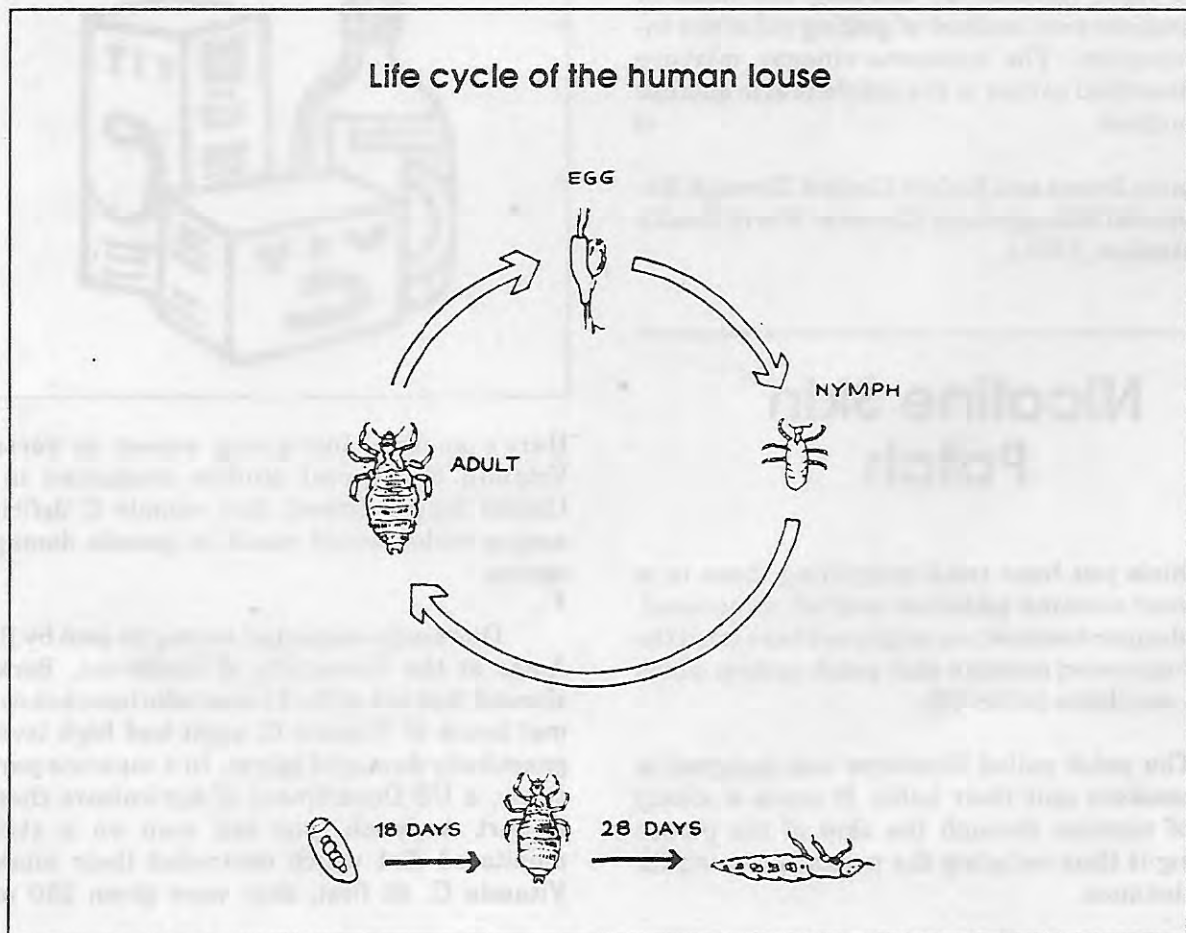
Human lice are grayish, wingless blood-sucking insects. Its hairy legs terminate in a single sharp claw which is used for grasping the host's hair or clothing. The body louse (2-4 mm long) is typically

larger than the head louse (1-2 mm long). Although the differences between the two are slight, their habitats is very different.

The head louse lives among the hair on the scalp and glues its nits to the hair. Head lice generally attack girls and young women because of their long hair; young children are more often infested than adults. The body louse lives in clothing, where it also attaches its eggs, and moves only to the skin to feed.

Human lice most commonly infest people living under crowded conditions where the insects can be transmitted by regular close contact with an infested person. Body lice can also be acquired by sharing beddings and clothes.

The three stages of the life cycle of the human louse are: egg, nymph, and adult. The eggs, commonly known as nits, usually hatch within a week into nymphs, which begin feeding on blood at once.





Nymphs continue to feed several times a day for the next 1 - 4 weeks, growing and molting three times before they become adults. The adult lives for about one month or longer. The female lays an average of 8 to 10 eggs a day, until a total of 50 to 100 eggs have been laid by the head louse and 100 to 200 eggs by the body louse.

### Environmental control

Measures aimed at eliminating the infestation essentially require good personal and household hygiene. These measures include:

- Bathe regularly and change into clean clothing;
- Do not share clothes, beddings, caps, hats, combs, and brushes;
- Washing clothes with soap and water may not be enough to get rid of infestations — clothing may thus be boiled in soap and water.
- Head lice can be removed by using fine combs which cripple and ultimately kill the insects. A close haircut, or shaving the head is another sure method of getting rid of the infestation. The kerosene-vinegar mixture described earlier in the article is also another method. □

Reference: Insect and Rodent Control Through Environmental Management (Geneva: World Health Organization, 1991).

## Nicotine Skin Patch

You think you have tried everything there is to curb your nicotine addiction and all to no avail. Don't despair because you might not have tried the newly-approved nicotine skin patch system which is now available in the US.

The patch called Nicoderm was designed to help smokers quit their habit. It emits a steady dose of nicotine through the skin of the person wearing it thus reducing the person's craving for the substance.

David Thompson, spokesperson for Marion Merrell Dow Inc of Kansas City, Mo, which markets the patch, said that the patch was designed to wean a smoker from nicotine for over 10 weeks. The system consists of three patches, each of which contains a different dose of nicotine. The patch is made by ALZA Corp of Palo Alto, California. □

Reference: Malaya, January 3, 1992

## Vitamin C Deficiency Results in Sperm Damage



Here's another intriguing aspect to versatile Vitamin C. Several studies conducted in the United States showed that vitamin C deficiency among males would result in genetic damage of sperm.

One study conducted among 24 men by Bruce Ames at the University of California, Berkeley showed that out of the 15 men who have below normal levels of Vitamin C, eight had high levels of genetically damaged sperm. In a separate parallel study, a US Department of Agriculture chemist, Robert A Jacob, put ten men on a strictly monitored diet which controlled their intake of Vitamin C. At first, they were given 250 mg of



Vitamin C daily for two weeks, then a decreased amount of 5 mg daily for a month followed by 10 mg daily on the third month.

Sperm samples were taken from the men while they received reduced amount of Vitamin C. Analysis showed that the genetic damage of the sperms was twice as high as when the men were on 250 mg dose of Vitamin C.

Ames said that the level of damage in the sperm would not affect fertility and that the damage would be repaired naturally after conception. However, he said that any genetic damage in the sperm increases the risk that these natural genetic repairs would fail and that a child conceived of such sperm would have a birth defect.

In another study, a University of California, Berkeley epidemiologist, Gladys Block, surveyed Vitamin C blood levels in men and found that 25 percent of black males were found to be within the range where genetic damage to sperm is possible.

The amount of damage found in the sperm is determined by testing for the level of oxidized guanine, an organic compound which is one of the four bases in deoxyribonucleic acid, or DNA, the substance which carries the human genetic code. The level of vitamin C, on the other hand, is determined by measuring the ascorbic acid in seminal fluid, an ejaculatory product which concentrates the vitamin.

Oxidants, which are products of metabolism destroy chemical compounds within the genes. Vitamin C or ascorbic acid, which is a primary antioxidant, prevents the damage from oxidants.

The US Department of Agriculture set the recommended daily allowance for Vitamin C at 60 milligrams but Ames said that this is barely enough for most people especially for smokers. He said that chemicals in cigarette smoke destroy some benefits of Vitamin

C, as a result of which smokers need to consume more amounts of ascorbic acid to maintain health. Ames said that a single orange a day satisfies the recommended daily requirement of Vitamin C which can also be obtained in many other fruits and vegetables.

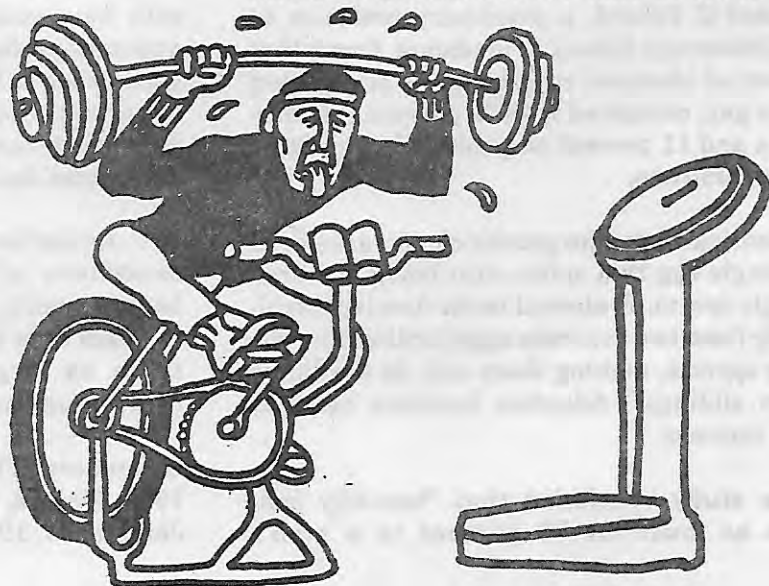
### Overexercise results in lower testosterone level

While exercise is generally viewed as beneficial to health, a new study on exercise concludes that overexercise can lead to physical and mental problems particularly among men.

Gary Wheeler, a physiologist who is with a University of Alberta research center, found in his research that men who overexercise have lower testosterone levels. A similar study conducted earlier among women found that those who exercised heavily have lower levels of oestrogen. Wheeler and his team wanted to know if the same conditions applied to men.

In his study, Wheeler and his team compared the hormone levels of men who ran more than 60 miles (96 km) a week with those who jogged 33 miles (53 km) a week over a six-month period. They found that the higher the mileage the lower the testosterone levels.

Wheeler said that this has serious implications because testosterone is responsible for muscle development and bone regrowth. People who overexercise tend to take in fewer calories





which prevents the body from regenerating itself. In their study, Wheeler found that runners in the high-mileage group take in 1,800 calories a day compared to 2,000 calories consumed by those who ran less.

Wheeler however said that there is no proof that overexercise affects reproductive ability. □

Reference: The Manila Times, January 3, 1992; Asiaweek, January 10, 1992 and Philippine Star, December 20, 1991

## One for the Genes

Nature versus nurture debates on homosexuality have a long chaotic history. Results of a new study on twins add color to this by suggesting that (male) homosexuality has a genetic or biological basis. The latest study which appeared in the December issue of the *Archives of General Psychiatry*, involved 56 identical twins, 54 fraternal twins and 57 adoptive brothers. The subjects were recruited through ads in homosexual publications in Chicago, other Midwestern cities and Southwestern cities.

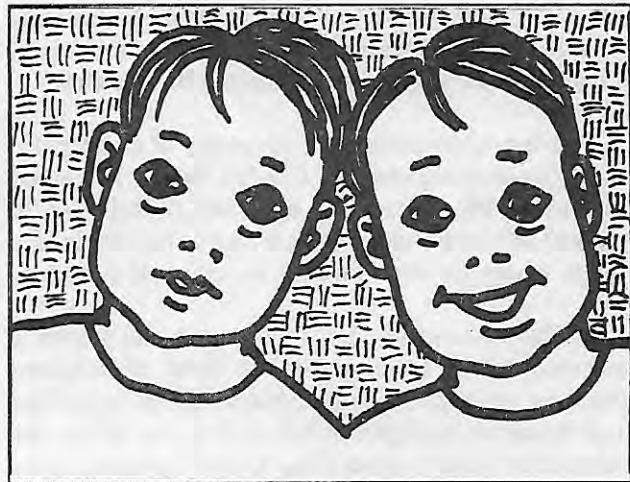
J Michael Bailey, assistant professor of psychology at Northwestern University in Evanston, who conducted the study together with Dr Richard C Pillard, a psychiatry professor at Boston University School of Medicine, found that 52 percent of identical twin brothers of gay men were also gay, compared with 22 percent of fraternal twins and 11 percent of genetically unrelated (adoptive) brothers.

"Identical twins are genetic clones, developed from a single egg that splits after being fertilized by a single sperm. Fraternal twins develop simultaneously from two separate eggs fertilized by two separate sperms, making them only as similar as non-twin siblings." Adoptive brothers have no genes in common.

The study concluded that "heredity contributes as much as 70 percent to a man's

homosexuality", depending on what percentage of men in the general population are homosexual. Critics wanted to know where the remaining 30 percent of homosexuality originate "if social conditions aren't the final arbiter" in bringing out inherited homosexuality. The researcher replied that studies are being conducted to look into the role of the environment.

Critics of the study also pointed out that "closely related brothers share similar backgrounds and common experiences," which could be partly responsible in determining their sexuality.



It is important to remember in genetic studies such as these that people only inherit predispositions to behavior. It does not mean that because we have such kind of gene, we automatically have such trait or behavior. Gregory Carey, assistant professor of psychology at the University of Colorado at Boulder who called the study "a very important research" said that "social conditioning still may be very important" and that 'nurture' still has a great deal to do with people's actual behavior.

An earlier study conducted by California researchers also gave credit to biology for homosexuality. The study revealed that a cluster of brain cells that may guide men's sex drive is twice as large in heterosexual males as in homosexual males. □

References: The Philippine Star, December 26, 1991; Malaya, December 20, 1991 and Asiaweek, January 17, 1992



## DOH Priorities for 1992

**A**T THE START of the new year, the Department of Health bared its plans for 1992. Topping their priorities is the Expanded Immunization Program which seeks to eradicate polio and neonatal tetanus and to provide immunization against Hepatitis B. The immunization program is the most successful program of the department for the last five years. It involves vaccine distribution, vaccination rounds, public education and community mobilization.

The Philippines, and other member nations of the World Health Organization are expected to have eradicated the polio virus by the year 2000.

Another priority is the expansion of the information campaign and surveillance of Acquired Immune Deficiency Syndrome (AIDS) among groups

such as sex workers, homosexuals, overseas contract workers, potential blood donors, and pregnant mothers.

Moreover, 12 additional monitoring sites for diseases in strategic areas all over the country will be operational at the start of the year. This will help keep the health authorities updated on trends on disease incidence in the provinces.

The DOH has 40 programs in different stages of implementation and Sec Bengzon has assured the public that these would not be adversely affected by the impending changes in the country's political scene this year. □

References: The Philippine Star, January 3, 1992 and The Manila Times, December 31, 1991

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## DOH to Tackle IDD

**T**HE PHILIPPINES has more than two million Filipino children and about 70,000 pregnant women suffering from iodine deficiency disorders (IDD), making it the worst stricken country in Southeast Asia. This is the reason why Health Secretary Alfredo Bengzon is declaring war on IDD. He is calling on all sectors to help in the efforts in eradicating iodine deficiency disorders in the country.

The solution to this problem is a simple one — salt iodization. Salt can be treated with iodine through a cheap and simple process, thus enabling the people from the farthest regions to meet their minimum requirement of iodine. Regions like the Cordillera are the most prone to IDD.

The Department of Health together with the World Health Organization (WHO) and the United Nations Children's Fund (Unicef), are thus push-

ing for the establishment of salt iodization plants in the Cordillera and Cavite, and for laws requiring all salt-makers to iodize their products.

The human body needs iodine to make thyroid hormones. Lack of iodine results in various disorders such as goiter, hypothyroidism, endemic cretinism, reproductive failure and maternal and child mortality.

Pregnant women who lack iodine are likely to give birth to children who would be retarded, crippled, deaf, mute, stunted in growth or suffering from muscular disorders and delayed motor development. And when these babies become parents themselves, they will in turn pass these disorders to their own children. □

References: Manila Bulletin, January 20, 1992 and Philippine Daily Inquirer, January 23, 1992



## Soya-Rich Diet Protects Against Breast Cancer?

**R**ESULTS OF A STUDY conducted in Singapore suggest that a diet rich in soya protein, polyunsaturated fat and vegetables and low in red meat may be associated with lower risk of breast cancer. The protective effect is only for younger premenopausal women.

Researchers at the National University of Singapore compared the dietary intake of Singaporean Chinese women — 200 with breast cancer and 420 without the disease.

In premenopausal women with diets comprising a high proportion of red meat and animal protein, there was a significantly increased risk of breast cancer. Lower risks were found among the

women having high intake of soya protein, polyunsaturated fatty acids and beta-carotene (from vegetables).

The researchers speculate that soya proteins may have chemicals which are converted by bacteria in the gastro-intestinal tract to become inhibitors of estrogen activity. High levels of estrogen have been associated with breast cancer. Professor H P Lee, head of the research team, suggests that the protective effect of a diet high in soya proteins may partly explain low rates of breast cancer in China and Japan. □

Reference: The Lancet, Vol 337, No 8751, May 18, 1991

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## The Women's Health Action Foundation

**T**HE WEMOS International Project on Women and Pharmaceuticals in Amsterdam became a specialized organization called, the Women's Health Action Foundation (WHAF) on December 1991. The WHAF will host projects on a range of subjects concerning women and health. It will soon start a new project on women and pharmaceutical use.

The emphasis of work lies in Third World countries in close cooperation with women's health activists and scientists from the North and the South. One of the first publications of the WHAF will be the AIDS Handbook for Women. By February three publications will be ready:

- "Guidelines for the distribution and use of fertility regulation methods" WEMOS, December 1991;
- "A question of control" Report of an international meeting on women's views on con-

- traceptive use, WEMOS HAI, January 1992;
- "Norplant, case histories" different views on a much discussed contraceptive, WEMOS, February 1992; and
- "International Women's AIDS Handbook", WHAF, 1992.

More information on the new foundation can be obtained from:

Janita Janssen, chairperson of the WHAF board – Tel: 31.20.6682405; Anita Hardon, scientist – Tel: 31.23.318759 and Jannemieke Hanhart, researcher – Tel: 31.71.766526

You may write the foundation at this address:  
Women's Health Action Foundation  
Postbus 4263, 1009 AG Amsterdam  
The Netherlands □

Reference: Women's Health Action Foundation  
Press Release



## More Theories About *Bangungot*

**M**EDICAL RESEARCHERS continue to probe into the possible causes of sudden unexplained nocturnal death (SUND), which is described by different terms in different societies — *bangungot* in the Philippines, *lai tai* in Thailand.

Last year (*Health Alert*, January 1991), we featured several studies concentrating on deaths among Thai construction workers in Singapore. Among the proposed explanations were thiamine deficiency and even possible bacterial infections.

Two more studies have appeared in *The Lancet*, a British journal, with new explanations.

One study conducted by Thai physicians suggests that SUND may be associated with potassium deficiency or hypokalemia. The researchers noted that *lai tai* occurs in the same population and area where there are many reports of hypokalemic periodic paralysis (HPP), endemic distal renal tubular acidosis (EdRTA) and renal stones. These kidney disorders are associated with potassium deficiency. The researchers note that one popular explanation for SUND is that it is precipitated by a large meal of glutinous rice or carbohydrates on the night of death, and physical and mental stress. These factors could lower serum potassium and trigger off the chain of events leading to SUND. Lowered potassium levels are known to affect the way the muscular system functions. This would include muscles in the heart and thus explain arryth-

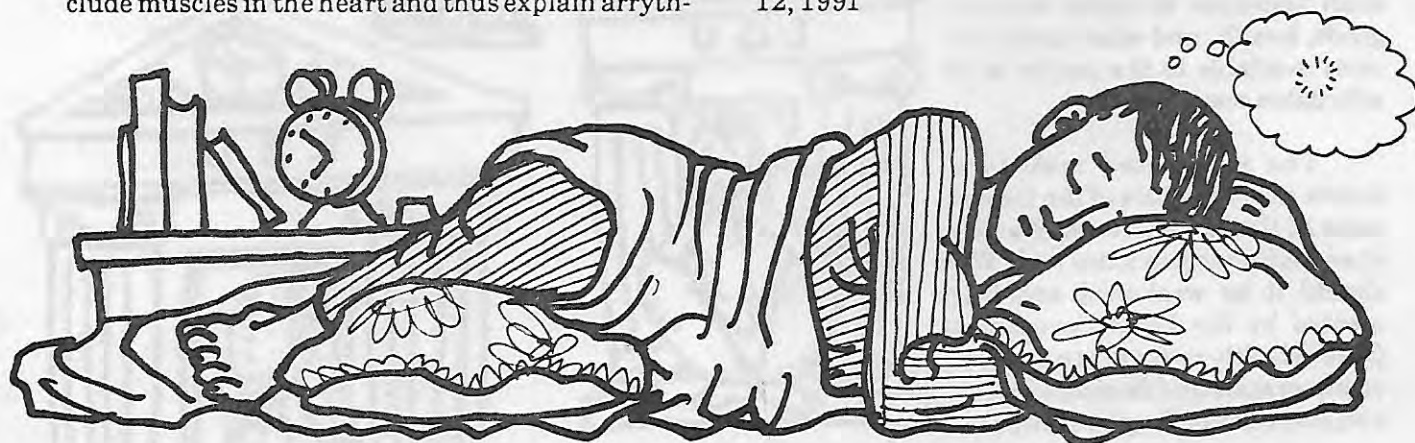
mias (irregular heartbeats) and tachycardia (rapid heart beat) in SUND victims.

Another group of researchers looked at Laotian refugees in Thailand and found additional support for the explanation that SUND is associated with thiamine deficiency or beri-beri. The researchers found prolonged QT intervals in the electrocardiographs of persons at risk. The prolonged QT interval may be associated with the seizure-like episodes during sleep. This cardiac anomaly was found in patients with thiamine deficiency but does not seem to be associated with potassium deficiency.

The researchers admit that isolated thiamine deficiency alone is rare and other dietary factors may be important. Consumption of raw, dried and fermented fish, common among Southeast Asians, could lead to a deficiency since these products contain potent anti-thiamine compounds.

SUND continues to be an elusive, mysterious disease but bits and pieces of the puzzle seem to be coming into place. It is possible that all the researchers may be partially right and that SUND is actually a complex reaction resulting from various nutritional deficiencies that become potentially lethal given other genetic and environmental factors. □

References: *The Lancet*, August 3, 1991; October 12, 1991





## Letters from AHW

**F**ROM THE ALLIANCE of Health Workers, we received two letters, which we are reprinting below. The first one which was sent out in December is a critique of the Local Government Code. The second letter is in support of the health workers of the National Center for Mental Health.

### On the Local Government Code

After the earthquake, Pinatubo eruptions and typhoon crises have claimed thousands of lives, the nation is once more besieged by a man-made calamity. This calamity which is about to come on January 1, 1992 is a health crisis that will claim not only thousands but millions of Filipino lives once the Local Government Code is implemented.

The spirit of the law, true to its intention and within the concept of the constitution, grants the local government units a genuine and meaningful autonomy. However, some of the provisions have far-reaching implications for the quality and efficiency of health service delivery in the country. Likewise, the mention of decentralizing the health services was regarded as a political or ideological one and not a technical imperative. The law did not consider the constitutional mandate of Art XIII, Sec II, to wit:

“The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to the people at an affordable cost...”

The integrated multilevel health care structure of the Department of Health is already effectively and efficiently in place now. Why should it be weakened and fragmented by the Local Government Code? Health workers are insisting on integration and decentralization, and are resisting fragmentation and

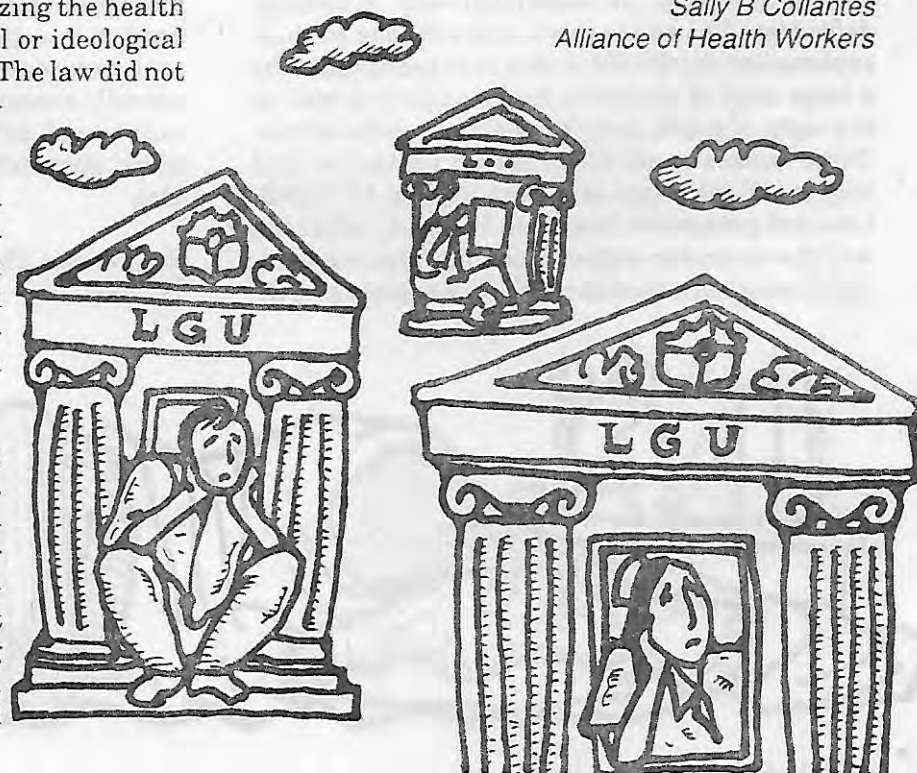
isolation (of personnel, programs, and services). Fragmentation will only bring about devastation of health programs.

This we warn our legislators and the Oversight Committee, tasked to formulate the implementing rules and regulations, of the nation's health crisis by 1992. The disintegration will mean the spread of diseases and the rise in mortality rate if health personnel as well as health programs are placed under the mismanagement and supervision of local chief executives.

We appeal to the Executive branch of government to avert the possible crisis by learning from the mistakes of other countries. Sudden devolution of health services in a country like Papua New Guinea failed and deteriorated because of politics.

Although the Local Government Code is already a law, it should be contemplated that “an ounce of prevention is worth a pound of cure.”

Sally B Collantes  
Alliance of Health Workers





### On the NCMH Case

The Alliance of Health Workers (AHW), which is a member of the Sisa Movement for Justice, laud the decision of Ombudsman Conrado Vasquez putting on three months preventive suspension the Chief of Hospital of the National Center for Mental Health (NCMH), together with four other officials, pending investigation of the graft and administrative charges filed against them by the National Center for Mental Health Nurses Association, Catholic Nurses Guild (NCMH chapter) and the Psychiatric Aides Association.

The AHW is an advocate not only for the improvement in the quality of working conditions of health workers but also the quality of health care for the people. Hence, one of our tasks is to undertake efforts that would ensure that patients are not deprived of adequate machines, supplies and facilities on account of misdirected priorities and anomalous practice of officials, as in the case of the National Center for Mental Health.

With the passage of the Magna Carta for Public Health Workers, we expect that more and more health workers would commit themselves as advocates of the patients' rights to more quality services. This they can do by restoring the caring aspect and by working for structural or institutional policies and programs directed towards judicious use of limited resources for the benefit of the patients.

The struggle of the hospital workers of NCMH should therefore be encouraged and supported by national government officials, the general public, and other health organizations claiming to be interested in improving the quality of health care in our country.

We urge for a just and speedy disposition of the graft and administrative charges filed against the concerned officials.

We congratulate and support the NCMH health workers in their continuing struggle for justice in behalf of the helpless and powerless mentally-ill patients of the institution despite harassment and intimidation of the power holders.

*Alliance of Health Workers*



## A Loss to the Health Community

Dr Trinidad Conchu-de la Paz of the Institute of Primary Health Care – Davao Medical School Foundation passed away last December 25, 1991.

Dr Trining, together with her late husband Dr Jesus de la Paz, was one of the pioneers of the community health programs having put up the Katiwala Health Program in Davao in the late '60s. She is well loved and remembered for her pioneering efforts in training *katiwalas* as her local health workers are called.

Dr Trining's death is indeed a loss to community-based health programs in the Philippines.



## Filipino Siamese Twins Separated

Chen Yi-wei and Chen Yi-teh, a pair of Philippine born male Siamese twins have been successfully separated by doctors and specialists in Taiwan.

The Siamese twins were joined from the waist down, sharing three legs, one of which is deformed, one set of large intestines and one set of reproductive organs. The operation left the two boys with one leg each and one of them without sexual organs which would be provided through artificial means.

Doctors declared that the twins have very high chances of survival.

The operation of Chen Yi-wei and Chen Yi-teh who are born to ethnic Chinese parents is the ninth successful operation of Siamese twins in the world.

Reference: The Manila Times, January 7, 1992

## Chewing Gum Not for Sale in Singapore

Singapore, living up to its reputation as a "city of fines" because of its government's penchant to fine citizens caught violating its rules and regulations, is banning the sale of chewing gum.

Environmental concerns and the gumming up of the city's Mass Rapid Transit (MRT) system and other public ways were cited as the reasons for the ban.

The Environment Ministry noted that the gum-sealed doors of MRT had caused severe disruptions in their service and that chewing gums are sometimes stuck on elevator buttons in public



housing estates where 80 percent of the Singaporeans live.

Sellers of chewing gum will be fined up to S\$2,000 or US\$1,600, while importers face a fine of S\$10,000, a jail term of up to one year or both for the first offense. Second time offenders are liable for a S\$20,000 fine or a jail term of up to two years or both.

However, consumption or possession of chewing gum would not be considered an offense. Tourists were also warned not to sneak in a few packs otherwise the Singapore customs will have to confiscate them.

Expected to be hurt by this new ruling are American companies manufacturing and exporting chewing gums to Singapore.

Curiously, this ban was enforced even as US President George Bush planned to visit Singapore as part of his Asia-Pacific tour in which one of the objectives is to open up markets for US products. □

Reference: Far Eastern Economic Review, January 16, 1992



## Half a Million Condoms Stolen

In Colombia, seven armed men entered a warehouse, locked the staff in the bathroom, and stole half a million condoms. The condoms, which were packed in 130 boxes, were worth about US\$57,000. Also stolen were a computer, typewriters, and telephones.

Aureliano James, manager of the condom import and distribution company, said the robbery had forced the company to close down, with the 10 staff members losing their jobs.

The robbery came in the midst of a raging controversy, similar to the one in the Philippines, over government promotion of the condoms in its anti-AIDS program. The Catholic Church had opposed the plan, saying the distribution of condoms would encourage promiscuity.

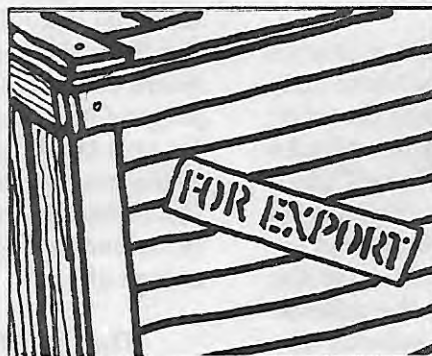
Police have found no trace of the rubbers, or the robbers, for that matter. □

Reference: Philippine Daily Globe, January 25, 1992

## Japan to Export Condoms

For so many years now, Japan has been known as one of the largest condom manufacturers in the world. It is also the largest user, averaging some 600 million condoms yearly as opposed to an estimated 450 million used by both the United States and Canada.

One factor that contributes to the popularity of condoms in



Japan is that condoms are the most commonly used contraceptive accounting for about 80 percent of contraceptive sales in Japan. No other contraceptive device is available over the counter. Not even the pill.

The local Japanese market is being monopolized by Japanese condom manufacturers. Foreign brands have a hard time infiltrating the market because of the existing Japan Industrial Standard T-9111 which consists of a series of tests set by the Health and Welfare Ministry to screen potential condom imports.

According to Teruyoshi Okubo, spokesperson for Okamoto Industries which is one of the largest condom manufacturers in the world, condoms for use in Japan should pass certain standards such as ageing and elasticity as well as the "pinhole test" which subject condoms to a specified electric current. Other factors to contend with include size wherein European brands average about 20 cm (8 inches) long while domestic brands average about 18 cm (7 inches) and a complex distribution system which discouraged potential importers.

Since the Japanese market is already saturated, local industries are building efforts to increase Japanese exports of condoms. Manufacturers are turning their attention to the AIDS-conscious export market. They are encouraged by the many public information campaigns around the world which exhort people to practice "safe sex" by using a condom.

The Japanese public itself knew little about AIDS as evidenced by a government survey which showed that some 60 percent of the people believed they could get AIDS from a mosquito bite. Officially, there are 415 people who have full-blown AIDS in Japan and some 1,898 carriers of the AIDS virus. However, homosexual rights activists believed that the figures could be ten times higher. There could be underreporting as what happened in the Philippines.

References: The Manila Times and Philippine Daily Globe, January 21, 1992



## Prelude to Most Barbaric War

By Ed Aurelio Reyes

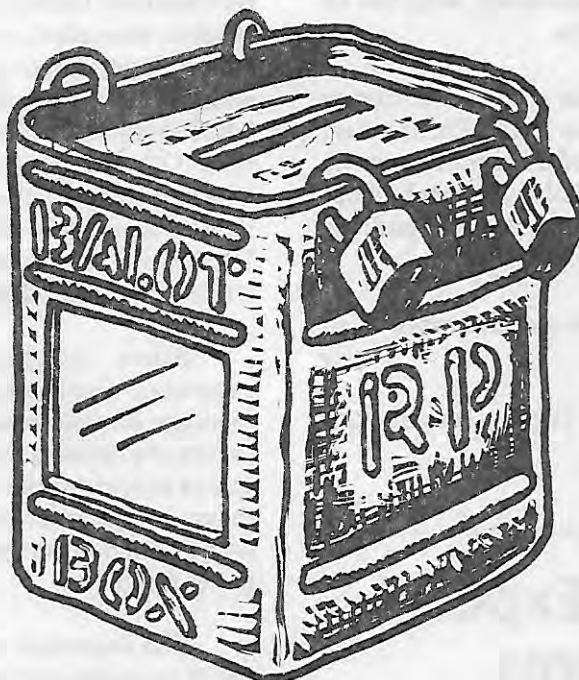
**T**HE POST-CHRISTMAS developments in the Philippine political scene have borne all the markings of a prelude to a fierce war. Judging from the maneuverings and dirty tricks already being played by the principal actors in the political arena, including the political acrobatics and somersaults undertaken by presidential and vice-presidential aspirants to produce those pairings by convenience, the electorate is being treated to a preview on how readily platforms, principles and considerations of history are thrown away to the winds.

How else to describe the tandems where Marcos opponents of years gone by now run all-smiles under the ambit of influence, and of course resources, of one of Marcos' closest cronies? Or the act of one erstwhile non-politician who has agreed to run with a one of the presidentiables he had earlier listed on top of his slogan "None of the Above"? Or the much-delayed anointment of the housewife-turned-president of her late husband's jailer instead of her late husband's cellmate?

We are not to forget, of course, the military's warning that if the election campaign turns dirty and there is much political tension and disorder, the soldiers would be "forced" to step in and take over to restore order. They would be "forced" gladly, if we might add. Talks of a coup being hatched before the election, or before the election can actually take place and get dirty, have refused to die, and they even have a code name for the scheme: NOEL, short for "no elections." The recently discovered and promptly denounced plan of the

Philippine National Police to list down and tail journalists critical of the police and the government in general, dubbed "Oplan Malunggay" for some reason, does not help any in assuring the citizenry.

The forthcoming polls apparently offer nothing basically new, although the number of serious presidential contenders, and the possible potent play of the "people's power factor," namely the NGO-PO community, were absent from the scene in earlier national polls. So are the much-vaunted gun ban and the prohibition of political advertising are also new attempts worth noting down.



Central Intelligence Agency was making sure the presidency would go to their "Guy" for the job, Ramon Magsaysay. At that time politicians would all claim to be the Americans' fair-haired boy and the likes of super-statesman Claro M Recto were heard but ignored, even maligned. At least now, judging from the eloquent nationalist rhetoric of the anti-treaty senators last September in contrast to the lame apologies of their probases colleagues, Uncle Sam's candidates would have to rely mainly on covert support. Not that it's something to sneeze at.

That the US government would intervene is a foregone conclusion. The stakes are high, after



all, involving the fate of the last major American military base in the country and involving the continuity of policy of Philippine executive subservience to dictations from the International Monetary Fund.

Much political excitement and tension, even bloodshed, can be expected in the coming months, whether or not the elections do take place. Developments seem to head for an explosive war of ballots and bullets and a highly-inflationary flood of campaign funds.

But unless a fullscale US invasion of our country gets repeated, what we are about to witness, and suffer, would definitely pale in comparison to the most barbaric war fought in our land a little more than ninety years ago. It was the war of forcible pacification and colonization of the Philippines by that "Mighty and Humane North American nation."

### First Republic in Asia

Despite its being largely ignored by the officialdom, the ordinary folk and even the politically active and conscious sections of our population, January 23 is a very important date in our people's long history of struggle for national liberation. It was on that date in 1899 that the Philippine Republic was inaugurated in Malolos (this is why it has also been called the Malolos Republic), specifically at that church pictured in our ten-peso bills, Barasoain Church.

It was Prof Renato Constantino who brought the significance of the birth of the Malolos Republic to the attention of this writer, who is also the overall coordinator of a nationwide campaign called *Kampanya para sa Kamalayan sa Kasaysayan* (Kamalaysayan — Campaign for A Sense of History). Ka Tato said in his column in the *Daily Globe* about half a year ago that the event is a lot more important than the "Proclamation of Independence" on June 12, 1898.

That proclamation in Kawit was devalued by its essence — it was a proclamation to the effect that the Philippines was already independent from Spain and was now becoming a protectorate of the United States of America. In General Emilio

Aguinaldo's words, "under the protection of the Mighty and Humane North American Nation." It was both a declaration of independence and a negation of independence.

The US government, apparently recognized that independence at least from Spain as won in battle by the Filipino revolutionaries (American officers recognized that Filipino troops were the ones that defeated the Spanish forces and even extended protection to US troops). Still, by concluding the Treaty of Paris on December 10, 1898, Washington bought the Philippines and the victorious and independent Filipino people from Madrid for a sum of US\$20 million. That was just like buying the Thirteen Colonies from the British after July 4, 1776!

### A "Teletype" From the Past

After that infamous day in Paris, practically the whole month of January and the first week of February in 1899 witnessed the tit-for-tat build-up of conflict between the Filipinos and the US government, as can be gleaned from this "teletype" from almost a hundred years past:

- January 2, 1899 – Aguinaldo proclaimed a Cabinet for the first Republic of the Philippines headed by Apolinario Mabini.
- January 4, 1889 – Gen Elwell Otis proclaimed American sovereignty over the Philippines, in line with the provisions of the Treaty of Paris.
- January 5, 1899 – Aguinaldo protested American infringement upon Philippine sovereignty.
- January 11, 1899 – Filipino diplomat Felipe Agoncillo, acting in the name of the Philippine revolutionary government (pre-republic), wrote a memorandum to the US Secretary of State asserting Filipino sovereignty over the islands.
- January 20, 1899 – Schurman Commission was created to become the first American governing commission for the Philippines.
- January 21, 1899 – The Constitution of the Republic of the Philippines was ratified at Malolos (which is the reason why it has also come to be known as the Malolos Constitution), creating the Republic of the Philippines. The drafting of this charter not only



showed the capability to master a wide geographical representation base for such undertaking but also a showcase of the Filipinos' political maturity and capability, that early, for self government, long before Sun Yat Sen's time in China.

- January 23, 1899 – The Republic of the Philippines was inaugurated at the Barasoain Church in Malolos, Bulacan. It was the first republic inaugurated in the whole of Asia. China had hers, the second one in Asia, on October 10 (Double-Ten), 1912.
- January 24, 1899 – Felipe Agoncillo sent a second memorandum to the US State Secretary with basically the same message as the first one.
- February 4, 1899 – A Filipino soldier was shot dead by an American sentry at the San Juan Bridge. Aguinaldo protested but told American officials that any firing from the Filipino side could only have been done against his orders. Aguinaldo up to that point was reluctant to escalate the conflict to the level of a full-blown war, but the American side was hell-bent on having a war situation in the country.
- February 5, 1899 – President Aguinaldo finally declared war on the United States, a signal awaited by American officials to pursue and succeed in getting a US Senate ratification of the Treaty of Paris.

Those tense moments, days, actually, were the prelude to one of the most barbaric wars of conquest and aggression the world has ever known. The population of the Philippines, estimated by Jose Rizal to be roughly six million during his time (just a decade earlier, in writing his essays for *La Solidaridad*), was reduced by about 600,000, or 10 percent. Putting entire villages to the torch, employing the most barbaric torture like water cure and hanging upside down, this was done by the "GI Joes" in the Philippines more than half a century before the "Green Berets" and other expletive-spewing storm troopers did it in Vietnam.

Readers of *Health Alert* will see more about this war in the next issue. We are going through a review because aside from being a most barbaric war, this also became a forgotten war.

## Other Wars and Massacres Past

And while we are in the business of recalling some historic dates of January, it might be good to remember that January this year was the fiftieth anniversary of that horrible and heart-sinking "Banzai!" event that was the Japanese occupation of Manila.

Manila and the entire Philippine archipelago easily fell to the conquerors from the Land of the Rising Sun because the much-vaunted protection by the "Mighty and Humane North American Nation" simply did not work. There was the Clark fiasco simultaneous with the Pearl Harbor Bombing a month before, and there was the overall ineptness of military tactics employed by one over-rated hero of an American general named Douglas MacArthur. We'll discuss this more at length come April, the fiftieth anniversary of the Fall of Bataan.

January also became the anniversary month of two massacres in Mendiola that were 17 years apart.

On the evening and throughout the night of January 30-31, 1970, crack troops from the Philippine Constabulary Metropolitan Command (Metrocom) forcibly dispersed and chased student demonstrators from Gate 4 of Malacañang where Mendiola street ends all across the main streets of





central Manila. Four students were killed and scores were seriously injured, and public condemnation of this display of brutality by Marcos' police and military was wide and resounding. It signaled the start of the historic series of protest actions dubbed the "First Quarter Storm of 1970," referring to a period that actually lasted until the September 1972 proclamation of martial law.

On January 22, 1987, military and police phalanxes opened fire on a peaceful march of unarmed peasants and their supporters at the Mendiola bridge on the opposite end of that street. At least 11 were killed (15 by some estimates) and scores were injured, with this writer (on the scene to cover the march for *Dispatch* magazine) almost joining the ranks of the dead or wounded. There was some indignation too, but not as wide and as disturbing as that which followed the death of the four students 17 years before. The Aquino government went on to punish the victims, perhaps for pushing too hard for the promised land reform to be implemented, and charged the march leaders with sedition.

Neither one of the two massacres at Mendiola is defensible. But comparisons may be in order here in retrospect. In the 1970 incident, the "fascists," as they were unpopularly called those days, charged after the student demonstrators had actually breached Malacañang's Gate 4, using a com-

mandeered firetruck as a battering ram, and set fire to one of the victims within the Palace grounds.

In the 1987 incident, this writer saw the marchers in peaceful columns and heard the jeep-mounted sound system blaring out a plea for passage across the Mendiola Bridge hundreds of meters away from Mendiola's other end at Gate 4, and saw the armalite-wielding soldiers rush forward in port-arms position and opened fire, leaving 11 dead after the clouds had cleared. (This writer lay prostrate on the pavement and saw the one to his right hit by a bullet and carried away unconscious and bleeding.)

Talk about the post-EDSA restoration of pre-martial law democracy! And the public indignation was rather tame, even as the media's overextended honeymoon with President Aquino was to last until the middle of the following year.

The government has named the same bloodied bridge after a staunch human rights activist, Don Chino Roces. They have also called it "*Tulay ng Kalayaan*" or "Freedom Bridge." However, activists in the Aquino period have found it prudent not to attempt to duplicate what was achieved and allowed by Marcos' police officers earlier — that demonstrators occupy at least half of that bridge. Times have indeed changed after the "EDSA Miracle"! □

## Doctors in Revolutionary History

By Enrico Azicate

[*This is the second installment of "Doctors, Revolution and War: Preliminary Notes" written by UP Faculty member Enrico Azicate and first published in Diliman Review.*]

**T**HE COMING OF AGE of the ilustrado doctor was in the Revolutionary period. However, since the initiative for a violent solution came from the Katipunan, majority of the doctors and pharmacists were essentially excluded by choice or by circumstance from the planning and premature execution of the armed conflict. (This is not to say

that the doctor was not present in the Katipunan. One very prominent Katipunan leader in the highest levels of the organization was Dr Pio Valenzuela.)

The doctors had given their unwitting contribution to the Revolution in terms of political agitation, the propaganda, and the development of a political, if not ideologic, foundation for the emerging nationalism. Yet for many the idea of secession was a hypothetical and improbable alternative. The umbilical cord that bound them to





Spain was their Western and scientific orientation. Besides, the notion of a mass-based and led revolutionary movement had been hard to swallow for a group consistently struggling for the rule of reason and competence. Considering the aversion the ilustrados had for violent secession — a long period of preparation in terms of organization, civic education for the masses, and the organization of sufficiently led and equipped military force — it is indeed hard to imagine whether they would have immediately cast their lot with the Katipunan.

The first of the contradictions emerged quickly. Though the ilustrado and the non-ilustrado were in agreement that essential reforms had to be undertaken, and that the dominance of the friars and the conservatism of the colonial government were the key obstacles in their aspirations, they did not agree on the means. And the eventual parting of ways took place: the doctors lost their sectoral form and dissolved into the initial cauldron of struggle as individuals, whose contributions were made as doctors heeding the call of their Hippocratic oath. And many, like Rizal, would pay the ultimate price for their beliefs and their hopes for a reasonable resolution.

The Revolution did more than erode the sectoral nature of doctors; it actually caused their eclipse as members of the colonial bureaucracy. With the outbreak of fighting, the already tenuous state of the public works and services of the colonial government practically collapsed, either due to the withdrawal of elements of Spanish government into the safer colonial stronghold of Manila or the withholding of state resources from areas considered to be taken over by revolutionaries.

This was a difficult time for the doctors especially from the individual's point of view. First, with the withdrawal of other government elements, the remaining Filipino adjuncts could no longer function

as they did before. Also, lack of funds and resources halted their activities. For many, the result was the deterioration of the health situation in their immediate areas of responsibilities. This displacement of people as a result of the conflict meant the creation in some areas of a potential for epidemics. The collapse of the fledgling health services added to this dangerous situation. Epidemics did break out; the toll of this added more casualties from the violence of the war, making a study of the human costs of the Revolution difficult to accurately ascertain.

By this time the fortunes of the doctor had plummeted, whether he was for the Revolution or not. For those who had denied or withdrawn from Katipunan, their arrest and detention was tempered by their stature as ilustrados. Exile served as their severest punishment. For those who case their fortune with the Revolution, the initial success at Cavite turned, with the arrival of Spanish reinforcements, into a nightmarish series of reverses that ultimately led to the retreat to Biak-na-Bato and the armistice of 1897s. The negotiated settlement at least insured a comfortable exile for the leadership. □