

Key affected women and girls include:

- Women and girls living with HIV
- Female sex workers
- Female injecting drug users
- Female spouses/intimate partners of men with high-risk behaviours
- Young women aged 15-24
- Female migrant workers who are vulnerable to HIV due to the conditions by which they migrate

Philippines Country Brief HIV and Key Affected Women and Girls

Percentage of total adults living with HIV who are women:

18%

Estimated number of women living with HIV (aged 15+):

3,500

The rate of new HIV infections increased by more than **25%** between 2001 and 2011 in the Philippines.



About the Country Briefs

➤ These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.

➤ A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:

- Epidemiology
- Modes of transmission
- Social and economic vulnerabilities
- Access to information
- Access to services
- Legal and policy environment
- Current international and regional policy guidelines
- Information gaps
- Recommendations

From the cover page

Percentage of total adults living with HIV who are women: 18%¹

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Estimated number of women living with HIV (aged 15+): 3,500²

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

The rate of new HIV infections increased by more than 25% between 2001 and 2011 in the Philippines.³

3 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

EPIDEMIOLOGY

- The Philippines is one of the few countries worldwide that has reported an increase of 25% or more in new cases during the period 2001-2009, in stark contrast to the general global trend that indicates stabilizing or decreasing numbers of new infections.⁴
- The number of young women aged 15-24 infected with HIV increased from 0.0003% in 2010 to 0.0004% in 2011.⁵
- Freelance female sex workers (FSW) have a HIV prevalence of 0.43%, compared with 0.12% prevalence among registered female sex workers.⁶

MODES OF TRANSMISSION

Sexual transmission

- Unprotected sexual intercourse is the leading mode of transmission.⁷
- Of the total 2,349 reported new HIV-positive cases in 2011, 95% had been infected through sexual contact. Of these, 2,083 were male and 147 were female.⁸
- The Philippines has the lowest reported condom use rate in Asia.⁹
- The likelihood of condom use among registered female sex workers (FSWs) ranged from a high of 88.7% to a low of 6.7%. Lower figures were estimated for freelance FSWs, ranging from 74.8% to almost zero likelihood. Factors that positively influenced condom use by FSWs included clients suggesting condom use, checkups at social hygiene clinics, and receiving free condoms.¹⁰
- In the 2009 Integrated HIV Behavioral and Sentinel Surveillance Surveys (IHBS), a concerning development in risk behaviour related to HIV was documented among female sex workers – the rise in injecting drug use. There was also a reported spike in the number of new cases of HIV among female sex workers in some cities that are regularly monitored for HIV prevalence.¹¹
- The 2005 Integrated HIV Behavioral and Serologic Surveillance reported that 30% of men who have sex with men (MSM) also had a female sex partner in the past 12 months.¹²
- Between 5-6% of men who have sex with men are married to female partners.¹³

Injecting drug use

- The proportion of female injecting drug users is estimated to be between 10% and 15%. This represents a key population at higher risk as many female injecting drug users are also engaged in sex work.¹⁴

Vertical transmission

- Of the 237 estimated HIV-positive pregnant women in the last 12 months, a total of 18 HIV-positive pregnant women received ARV in the last 12 months or 7.59%.¹⁵
- 30.8% of infants born to HIV-positive mothers are infected with HIV.¹⁶
- In 2011, 0.13% of reported HIV cases in 2011 were attributed to mother-to-child transmission.¹⁷

SOCIAL AND ECONOMIC VULNERABILITIES

- The 2008 National Demographic and Health Survey (NDHS) reported that one in five women aged 15 – 49 years experienced physical violence since age 15 and one in ten women had ever experienced sexual violence.¹⁸
- In 2010 the number of violence against women (VAW) cases reported to the Philippine National Police rose by 59.2% from the 2009 report.¹⁹
- Young women experiencing intimate partner violence are at elevated HIV risk, and those with apparent power in relationships are not necessarily protected from HIV.²⁰
- Women routinely experience various forms of discrimination based on their HIV status.²¹
- The reluctance of the police to act on complaints against domestic violence and the inability of women to take legal recourse (primarily the inability to meet legal costs/fees) constituted major deterrents to bringing episodes of abuse to light where HIV is a cause and consequence of violence in the Philippines.²²
- HIV risk behaviours such as non-condom use by Filipino men can be attributed to various sociological and structural factors. These include restricted condom supply, sexual cultural norms that stigmatize condom use in general, the anti-condom stance of the Roman Catholic Church, the lack of a comprehensive school-based sexuality education, and dominant sexual ideologies which may prescribe condom use only in particular sexual contexts like during casual sex but not in committed relationships.²³
- As of December 2011, overseas Filipino workers comprised 21% of all registered HIV cases. Of this number, women comprised 23%.²⁴
- Despite the economic contributions that women migrant workers make, the risks and vulnerabilities they face are numerous. These can range from abuse, and exploitation, to depression and separation anxieties, all of them translating in very high social and psychological costs calling for specific interventions that will mitigate the risks and vulnerabilities they face, including the vulnerability to HIV.²⁵
- The relatively high cost of migration and the need to provide for the needs of their families at home have pushed women migrant workers to engage in economically-beneficial relationships while working abroad, within which their right to safer sex may have been difficult to assert.²⁶

ACCESS TO INFORMATION

- Only 20% of women aged 15-24 surveyed in the 2008 NDHS were able to both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.²⁷
- The Philippines AIDS Prevention and Control Act commits to integrating HIV prevention into education at intermediate, secondary and tertiary levels, but also states that such teaching requires parental approval and must not be used to promote contraception.²⁸
- In practice, many girls and young women report receiving no education on sexual and reproductive health or HIV and AIDS in schools. Where such efforts do exist, the information is sometimes inaccurate and the teachers lack the confidence and skills to go beyond bio-medical approaches.²⁹
- Some NGOs provide youth-focused strategies and take a broad approach to HIV prevention, emphasizing life skills and using peer education but many programmes are generic and do not address the underlying causes of vulnerability, such as gender inequality.³⁰
- Studies indicate that women and girls living with HIV have no comprehensive awareness of their sexual and reproductive rights.³¹
- HIV-positive women whose partners were also positive routinely avoid condom use due to a lack of knowledge about the potential for cross-infection.³²
- The 2011 IHBSS reported that, of those surveyed, only 16% of female sex workers received an HIV test in the previous 12 months and knew their results, compared to 37% of male sex workers.³³
- Only 5.7% of registered female sex workers (FSW) 15-18 years of age had an HIV test in the preceding two months and knew the results, much lower than their peers over 24 years at 30.9%.³⁴
- In interviews with sex workers, there is no clear understanding of what STIs they are screened for. Specifically, they assume that HIV is part of the standard tests they undergo but, since none could remember being asked for their consent to undergo HIV testing, they were likely not tested. Hence many are under the false assumption that they tested negative for HIV when what they were negative for were actually gonorrhoea and syphilis.³⁵
- Under Section 34 of the Philippine AIDS Prevention and Control Act, disclosure to sexual partners is strongly encouraged at the earliest possible time.³⁶

ACCESS TO SERVICES

- There are multiple social, political and financial barriers to girls and young women accessing sexual and reproductive health and HIV prevention services. These include lack of relevant services, especially ones that are youth-friendly; conservative attitudes of staff (e.g., the belief that young people, especially unmarried females, have no right to seek services relating to sex); cultural norms that allow males to control females' access to condoms, testing, etc.; religious and cultural pressures, such as to be 'passive' in sexual relations; costs (for condoms, HIV testing, etc); and stigma linked to HIV and AIDS.³⁷
- Although anti-retroviral therapy (ART) is available free of charge, women living with HIV have reported difficulties in accessing ART and other HIV-related testing and treatment due to economic hardship. Commuting time and distance imposes significant costs, and this has prevented some women from being able to begin ART.³⁸
- According to the 2008 NDHS, only 0.73 % of women and men aged 15-49 who received an HIV test in the preceding 12 months knew the results.³⁹
- 64.7% of registered FSW 15-18 years used a condom with their last client, compared to 73.2% for those over 24 years.⁴⁰
- Social Hygiene Clinics (SHCs) serve as the principal means of the Philippine government to reach sex workers so as to monitor their health status, to provide treatment for those who have been infected with STI, and to deliver STI/HIV prevention programmes for them. SHCs are found in cities and municipalities where there is a large entertainment industry and thus, a presumption of a thriving sex trade. Because sex work is illegal, SHC services tend to be offered only to entertainment-based sex workers who are referred to as "entertainers". Freelance sex workers who have no establishment as a working base are not required to be covered by SHC services. A number of SHCs include freelance sex workers in their programmes, but these are more the exceptions to the rule. Because sex work is a highly stigmatized occupation, the SHCs are also stigmatized venues, thus many sex workers balk at reporting on a regular basis, if at all.⁴¹
- Findings from the 2009 IHBSS show that freelance female sex workers generally suffer from poorer outcomes because of their exclusion from SHC services: they have lower condom use rates, lower attendance in any HIV information seminar, and lower awareness of HIV testing in the SHC.⁴²

- Despite official commitment to providing respectful and gender-sensitive services, there are reports of discriminatory treatment in hospitals.⁴³
- Women living with HIV report that the confidentiality of test results is not always maintained and that there is no systematic provision for post-test counselling.⁴⁴
- Reports from women living with HIV portray a rural/urban divide in terms of access to PMTCT-related information, as women from the national and provincial capitals were found to be more aware than their counterparts from more remote regions. The latter group further indicated that medical personnel in these regions often did not have accurate, up-to-date information; and several women reported having been recommended inappropriate courses of action during pregnancy and in the post-natal period.⁴⁵
- In the context of the Philippines, where a significant proportion of the female labour force migrates for overseas employment, a positive HIV test can be both psychologically and economically devastating. In the absence of significant domestic employment opportunities, women living with HIV report having to rely on welfare schemes and home-based economic activity in order to manage their loss in income and the additional HIV-related expenses of testing and treatment. These women report that the magnitude and scope of economic support available to them is insufficient, and they need better employment opportunities, support for children's education, and better access to credit facilities.⁴⁶
- Where women and girls living with HIV have access to support schemes, often provided by NGOs, these are more accessible in urban areas than in more remote provinces.⁴⁷
- The ongoing political/military conflict in Mindanao has been identified as being responsible for restricting access to treatment for women and girls living with HIV in that region.⁴⁸

LEGAL AND POLICY ENVIRONMENT

- The policy and programmatic anchor of the national response to HIV and AIDS is the Republic Act 8504, known as the Philippine AIDS Prevention and Control Act of 1998.⁴⁹
- The Philippine AIDS Prevention and Control Act contains provisions on confidentiality, non-discrimination of persons, including women and girls, living with HIV, and prohibition of compulsory testing and partner disclosure. The law also spells out the full protection of the human rights and civil liberties of people living with HIV, including women and girls, and the need to address conditions that increase the risk of HIV infection including “but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance”.⁵⁰
- Sex work is illegal, yet common in many areas.⁵¹
- The anti-vagrancy law has been used and abused in the arbitrary arrest of disadvantaged groups, including suspected sex workers. Past efforts of lawmakers to repeal anti-vagrancy laws is a major step in the right direction and deserves support from the development community. There is a need therefore to lobby for the final passage of this law in the current Congress. The passage of this law will benefit many Filipinos, not only freelance sex workers and thus, should not be interpreted as a step toward decriminalizing sex work. Rather, the repeal of the anti-vagrancy law promotes the right against arbitrary arrest of any citizen.⁵²
- Drug use is often treated as a criminal, rather than social or health, issue. There is no legislation supporting harm reduction strategies for injecting drug users.⁵³
- There is a lack of political support for the HIV and AIDS response at national and local levels.⁵⁴
- The national approach to sexual and reproductive health services remains unclear and is not well integrated with the response to HIV and AIDS.⁵⁵
- The passage of a Reproductive Health Bill has been the subject of intense debate for more than a decade. This proposed legislation hopes to ensure provision of reproductive health information, materials, and services, including basic obstetric care, especially to the poor and marginalized sectors. If this bill is passed, HIV and AIDS policies and programmes could be better integrated into broader health issues of reproductive health, adolescent health, and maternal and child health.⁵⁶

- The passage of Republic Act No. 9262, otherwise known as the Anti-Violence Against Women and Their Children Act of 2004 penalizes all forms of abuse and violence within the family and intimate relationships. The Act classifies violence against women and children (VAWC) as a public crime and also mandated the creation of the Inter-Agency Council on Violence Against Women and Their Children (IAC-VAWC).⁵⁷
- There is no specific divorce law in the Philippines. Women whose husbands abuse them can only obtain a divorce under Article 36 of the Family Code on ‘nullity of marriage’, where it must be shown that either or both of the parties are psychologically incapacitated. Psychologists and psychiatrists find it is very difficult to prove psychological illness, and courts have thus denied petitions to nullify marriages despite evidence of physical, emotional and psychological abuses. Without specific divorce legislation, Article 36 allows the continuance of domestic violence and abusive marriages.⁵⁸

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)⁵⁹;
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)⁶⁰;
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)⁶¹;
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)⁶²;
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)⁶³;
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)⁶⁴.

INFORMATION GAPS

- While there are many challenges to the National HIV and AIDS Monitoring and Evaluation System, the most urgent need is to enhance data collection and data quality as well as the institutional arrangements both at the national and local levels.⁶⁵
- There is a need for age and gender disaggregated behavioural surveillance data to be collected and reported systematically and regularly in order to monitor risk activities, particularly around casual sex, associated with transmission.⁶⁶
- Effective data-generation mechanisms are needed to capture the nature and extent of spousal/intimate partner transmission of HIV and its local specificity. Without this much-needed data, it is difficult to address intimate partner transmission of HIV in any policy and programmatic actions.⁶⁷
- At present, the AIDS Registry Form does not include questions that can capture and reflect data on intimate partner transmission of HIV.⁶⁸

RECOMMENDATIONS

- Recognize that more young people are having sex and at an earlier age, often without using any form of protection against pregnancy, HIV or STIs. Based on this, develop a comprehensive sexual and reproductive health programme for youth (both married and unmarried) that addresses their needs in an evidence-based and supportive manner.
- Continue support for gender and age disaggregated reporting in support of more responsive policy and programme development as there is greater challenge in girls' access to information and services.
- Ensure that national HIV prevention efforts provide clear, national guidance and actively facilitate young people's access to services. For example, mandate that individual health facilities cannot 'opt out' of providing contraceptives and that parental consent is not a pre-requisite for using services. Also ensure that health workers receive appropriate training to put youth-friendly, nonjudgmental and non-stigmatising services into practice.
- Develop guidelines on the use of gender-responsive case management (GRCM) as a model/approach to case management in areas such as social welfare and CSO capacity development in advocating for the rights of key affected women and girls.
- Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for sex workers. This includes addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to sex workers, and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so.
- Promote models of HIV prevention that, in particular:
 - Go beyond abstinence-only and expand young peoples' access to a wider range of information and commodities, including male and female condoms;
 - More specifically target girls/young women and boys/young men;
 - Focus on gender relations, including by: promoting positive models of masculinity; building understanding among males about their own sexual and reproductive health and role in supporting HIV prevention for females; and encouraging women and men to take responsibility, for example for having an HIV test.

- Support increased participation of women, especially women living with HIV in policymaking bodies related to women's issues as well as HIV-related issues.
- Strengthen efforts to support female Overseas Filipino Workers (OFWs) and spouses of OFWs, especially those that may be vulnerable to HIV due to the conditions by which they migrate (such as domestic or entertainment workers). Ensure that they receive detailed information about HIV before they travel and, if required to do so, understand what an HIV test involves and what its consequences might be.

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WHO ARE “KEY AFFECTED WOMEN AND GIRLS” IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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The country brief is available to download at www.aidsdatahub.org and www.genderandaids.org.

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