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Awareness on Human Immunodeficiency Virus (HIV) of a Select Village in Cagayan de Oro City, Philippines

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ABSTRACT

Human Immunodeficiency Virus, commonly known as HIV, continues to be a serious health issue globally. The disease is caused by a virus responsible for infecting the cells of the immune system, destroying or impairing their function, which results in progressive deterioration and weakening of the immune system extending up to ten years. Over time, HIV leads to illness and premature death. Aimed to determine the level of awareness among respondents in a select village in Cagayan de Oro City. This will provide the City Health Office and other health organizations with ideas on what area needs extensive health education and the scope of the information to be emphasized and clarified. This study is anchored on Rosenstock and Becker's theory of Health Belief Model. Descriptive-Comparative Research Design was used. Collection of the data is done using a researcher- made questionnaire. For statistical technique, frequencies, percentage, weighted mean, standard deviation, and T-test for the significant difference. Generally, most of the participants are not aware of the manifestations of HIV, but are more knowledgeable about its transmission and prevention. This implies that they are confused and have little knowledge of the signs and symptoms associated with the disease.

Keywords: Human Immunodeficiency Virus, manifestation, transmission, prevention

INTRODUCTION

Cagayan de Oro City is ranked as the sixth city in the Philippines with the highest number of reported HIV cases. It has been reported that the "youngest patient" recorded in the region was a fourteen-year-old male while the oldest was a seventy-year-old man (Orias, 2015). Abrupt increase in the reported cases of HIV within the country is a timely and alarming issue that needs to be addressed. HIV is more than just a health concern – as it affects the political, social, and economic aspects of the country.

Hence, the study aimed to determine the awareness among the participants in a select barangay in Cagayan de Oro City. The results will provide the City Health Office and other health organizations with ideas on what area needs extensive health education and the scope of the information to be emphasized and clarified. According to DOH (2016), the age group with the highest incidence is twenty-six to thirty years, with one hundred eighteen cases, specifically; the lowest would be from thirty-one to thirty-five years old, with five cases. As for the gender, men having sex with men have the highest incidence, with two hundred forty- seven reported cases.

Human Immunodeficiency Virus, commonly known as HIV, continues to be a grave health issue globally. Worldwide, there are approximately 1.8 million new cases, and about 36.7 million people were living with the disease in 2016. Also, an estimated 1 million people died from AIDS-related illnesses in the same year. Considering this immense amount of people with HIV, about 19 million do not know their status; consequently not gaining access to medical management, thus, increasing the risk of developing HIV-AIDS or unknowingly passing the virus on to others (CDC, 2018). Moreover, the HIV/AIDS & ART Registry of the Philippines reported 894 HIV positive individuals with about 31 newly diagnosed cases per day in November 2017. Nationwide, Region 10 is currently in sixth place, with a 3% increase in cases. The disease is caused by a virus responsible for infecting the cells of the immune system, destroying or impairing their function, which results in progressive deterioration and weakening of the immune system extending up to ten years. Over time, HIV leads to illness and premature death (Bradley et al., 2014).

UNICEF (2018) declared millions more had been affected as the disease epidemic continues to be a staggering toll – through a heightened risk of poverty, homelessness, school dropout, discrimination and loss of job opportunities. These hardships include prolonged illness and death. According to Dybul

(2016), HIV is an epidemic sweeping across countries, especially in Southern and Eastern Africa, reminding us about a hard truth in public health: diseases thrive in places where there is lesser awareness due to inequity and lack of opportunity. Having victims worldwide, HIV may term "a global crisis." Awareness of HIV/AIDS must not be limited to the health sector only, but everyone must have adequate information because it is a collective responsibility. The inadequacy of information about the spread of HIV could bring about an adverse effect on economic growth and social sustainability worldwide (Adekunjo et al., 2013).

Furthermore, in the national HIV surveillance of DOH in (2017), mostly diagnosed (96%) were male. Almost half (49%) of the cases were from the 25-34-year age group. However, the absolute number of cases among females has also been increasing over the last few years. Ninety-two percent (3,048) of all female cases were diagnosed during their reproductive age (15-49 years old). Also, in terms of age in both genders, the proportion of cases became younger. The proportion of HIV positive cases in the 15-24-year age group increased incessantly from 25% in 2006-2010 to 29% in 2011-2017. Also, a study in Maulana Azad Medical College in New Delhi reported that married respondents are more aware about HIV-related concepts such as transmission and prevention, compared to those who are unmarried. Specifically, married respondents are more aware of the different modes of transmission of HIV (Bhattar et al., 2014).

In 2017, the National Demographic and Health Survey revealed that the knowledge of HIV prevention increases with education and household wealth, ranging from 24% in women with no education to 73% in women with college, and from 47% of those in the lowest distribution to 71% in the highest. According to a study conducted by Josefina Natividad, Regions 2, 10, and 11 are the top three regions with the highest number of unemployed individuals. Most of them have not finished schooling and therefore are undergraduates, whose level of awareness on HIV is linked to educational attainment.

Also, research conducted in India aimed to examine the level of awareness of preclinical students at college about HIV/AIDS. Results showed that 40 to 60 percent of respondents knew little about the natural history of HIV infection and its clinical manifestations. The relatively low level of awareness scores about HIV/AIDS may be because public health authorities do not promote HIV/AIDS education, even though the national policy is to disseminate anti-HIV/AIDS messages (Indian Journal of Public Health, 2014).

HIV-AIDS awareness amongst 250 Nigerian high school students revealed that only 5% were aware of the disease transmission. Forty-eight percent of

students mentioned about sexual routes and forty-four percent recognized sharing of contaminated needles and syringes. In another study conducted in Mumbai, 50% of the students were able to identify that HIV can be transmitted via sexual routes. There were only a few students who can identify other forms of transmission. Thirty-one percent acknowledge that it is transmitted through blood products and twenty-three percent stated that it could pass from mother to baby. Hence, the sexual route is widely known as the most common mode of transmission of HIV (Mushibwe, 2014).

Philippines AIDS Prevention and Control Act emphasized on the commitment of integrating into intermediate, secondary and tertiary levels, the education regarding HIV prevention. From the study of UN Women (2013), it stated that parental approval is required for such teaching and must not be utilized to promote contraception.

FRAMEWORK

This study is anchored on Rosenstock and Becker's theory of Health Belief Model. The underlying concept of this psychological model is that a person's behavior and attitude are determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence (Tarkang, 2015). According to Kozier and Erb (2015), the aim of this theory, as Rosenstock conceptualized it, is to predict how an individual will respond when introduced to a disease condition. Whether he or she will comply with its prevention and practice health-seeking behaviors, or not. Becker further developed this theory's components by adding individual perception, modifying factors, and the likelihood of action.

Rosenstock stipulated that the general population seeks optimal health and Becker supported Rosenstock's statement by stating that positive health is what drives the person to do this.

The model suggests that an individual's belief in a personal threat of an illness or disease together with an individual's belief in the effectiveness of the recommended health behavior or action will foretell the likelihood that the person will adopt the behavior (LaMorte, 2016). This indicates that higher perceived threat leads to a higher likelihood of engagement in health-promoting behaviors. Furthermore, it is based upon the notion that a person will likely to take action if given the following conditions: feeling that the negative health condition will be avoided; having an expectation that through taking various

actions, the person can avoid the unfavorable health condition; and the belief that he or she can successfully act upon the recommended action. The primary element of this model is to avoid negative health consequence.

There are six concepts noted under this model: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. However, this study focuses solely on perceived susceptibility. It refers to a person's subjective perception and assessment of the risk of acquiring an illness or disease – just like how people believe that they can get HIV or they are unknowingly exposed to it. However, these all depend on one's knowledge about the disease.

This theory is identified as the most commonly used theory in health education, health promotion, and disease prevention, and thus provided the framework for this study.

Age, Gender, Civil Status, Educational Attainment, and Occupation are the identified independent variables to determine the awareness of HIV among the participants.

A study by Hasan et al. (2013), reveals that as a person's age increases, the more the person acquires experience on sexuality and reproduction. Moreover, it also stated that younger people are often ignored when it comes to communicating information regarding sexuality and HIV/AIDS. With this, UNICEF (2013) stated that the younger generation is more involved in technology and is now into socialization, in which they make use of it as a means of interaction, leading to more curiosity and risky behavior among the youth.

According to Mwamwenda (2014), the lack of uniformity on HIV/AIDS awareness between males and females are attributed to various factors, namely: contextual gender roles, lower literacy rates, and lower school enrolment among women, as compared to male participants. Gahagan's (2013) study indicates that there is an increase in the number of women contracting HIV/AIDS. It is then deduced that the rising number of cases indicate a lack of awareness on the disease. This is supported by the study of Biddlecom (2015), which stated that women are more prone to the possibility of contracting HIV/AIDS, which most likely is a result of being contained in the house most of their time.

In 2013, Philippines National Demographic and Health Survey revealed that ninety- five percent of single women who are into sexual intercourse are aware of HIV/AIDS and about eighty-nine percent of single women who never had sexual intercourse are aware of HIV/AIDS. Also, Bhattar et al. (2014) reported that married respondents are more aware of HIV-related concepts such as

transmission and prevention, compared to those who are unmarried. Specifically, married respondents are more aware of the different modes of transmission of HIV. In contrast with this, most of the HIV infected clients in the Philippines are married men, and with that, it shows that one-fourth to one-third of male overseas Filipino workers are reported to have HIV infections every month and some had also infected their wives unknowingly. It also reported that most of these men who have sex with other men practice unsafe sex and are prone to get the HIV infection. Subsequently, it shows to have an increased prevalence on the HIV/AIDS of people who are already married compared to unmarried men (Remoto, 2015). Hence, this implies that due to the lack of awareness of the HIV/AIDS transmission, married men have high prevalence rate on HIV/AIDS since they do not know that they are already infected and lack awareness on how this infection is passed on.

Research shows that each added year of educational attainment could lessen the risk of contracting HIV infections by seventy percent in females (Mushibwe, 2014). By an individual, education places such person in a better position to understand information on HIV/AIDS transmission and prevention; better access to health services, reduced social and economic vulnerability, and a higher level of participation in programmes dealing with HIV/AIDS public education. There is evidence to show that the more education one has, the less vulnerable and the more practice of safer sex (Tuntufye et al., 2014).

Moreover, a study conducted by Hawkes (2014) shows big differences in awareness between different occupational groups. The professionals and office-goers had the highest level of HIV awareness while laborers, farmer, vendors, and housewives had most misconceptions about the disease. According to the Department of Labor and Employment (2016), there are several areas in preventive education on HIV/AIDS and STDs where the workplace population would need clear and up-to-date information. When there is a possibility of exposure to HIV at work, workers should receive education and training on modes of transmission and measures to prevent exposure and infection. Members should take measures to ensure that prevention, safety, and health are in accordance with relevant standards.

The dependent variables identified are the awareness of HIV among the participants based on its clinical manifestations, mode of transmission, and prevention which will depend on the changes of the identified independent variables.

In a national online survey in the United States, researchers assessed awareness

of acute human immunodeficiency virus (HIV) infection manifestation among one thousand seven hundred forty-eight (1748) men who have sex with men (MSM). Most participants did not think acute HIV symptoms occur (48%) and were unsure whether they occur (13%). The minority (39%) who were aware that symptoms might appear after HIV infection asked a series of items, and they were found to have mixed levels of awareness. Over two-thirds correctly identified the period in which symptoms occur (2–4 weeks post-infection), but only one quarter knew how long symptoms usually last (2–4 weeks). Most (71%) underestimated the proportion of infections in which symptoms occur, but each symptom selected correctly by a majority of participants. Three quarters correctly selected fever and fatigue, although detractor items were incorrectly selected on average by 18% (Siegler et al., 2015).

Moreover, Jacobs (2012) emphasized that the main presenting symptom of HIV infection is lymphadenopathy, provided in the four phases of disease progression of HIV. Also, it has been explained by Hadadi et al. (2014) that lymphadenopathy as a common manifestation in a patient with HIV may reflect on the presence of a grave underlying condition, most likely tuberculosis and lymphoma. It was said by Boniphace et al. (2011) that in terms of severity, the manifestations of an infected person depends on one's baseline health status.

An HIV-AIDS awareness amongst two hundred fifty Nigerian high school students revealed that only 5% were aware of HIV and AIDS. Forty-eight percent of students mentioned about sexual routes and 44% recognized sharing of needles and syringes as part of the transmission. In another study conducted in Mumbai, 50% of the students were able to identify that HIV is transmitted via sexual routes. There were only a few students who could identify other forms of transmission. Thirty-one percent acknowledge that it is transmitted through blood products and 23% stated that it passes from mother to baby. Hence, the sexual route is widely known as the most common mode of transmission of HIV (Mushibwe, 2014).

Westergren (2012) also conducted a study based in both the city and the village of India. Results showed that most students know that one can get infected with HIV through multiple sexual contacts. They are also aware that the virus is spread through blood, sharing of infected needles and transmitted from mother to child during pregnancy. These imply that sexual route has always been the top means of transmission of the virus in the eyes of the majority of the population.

The Health Action Information Network (2011) study suggests that the message of abstinence is a relevant method to prevent HIV. Certain researches

also revealed the different perceptions an individual considers in terms of HIV prevention. Agyemang et al. (2013) visited the district of Ghana to assess the awareness of residents on HIV/AIDS. It was clear that with regards to the prevention methods, 78% said the most common way to avoid HIV is to abstain from sexual intercourse. It was followed by not sharing sharp items such as razors and needles with another person by a percentage of sixty-five. Another way in preventing HIV having a percentage of 58.4 was by the use of condoms during sexual intercourse. Forty-one percent of the respondents recognized remaining faithful to one sexual partner as a way of avoiding HIV. The data showed that the respondents were aware of some HIV prevention methods.

There is an estimated 12 million people who inject drugs worldwide, and around 1.6 million (one in seven) are thought to be living with HIV. Furthermore, injecting drug users are more likely to test for HIV late, increasing the chance of untoward HIV transmission. Unfortunately, sterile syringes are not always readily available, especially in countries with no/low roll-out of needle and syringe programs (NSPs). A lack of awareness or education about safe injecting is another considerable reason for sharing needles (AVERT, 2015).

The study aimed to reveal essential information to the general public as HIV cases are alarmingly increasing every year. Proper information dissemination by appropriate organizations will be of great help to educate the community, emphasize facts about the disease process, clarify misconceptions and confusions, and also eliminate the stigma of having the disease.

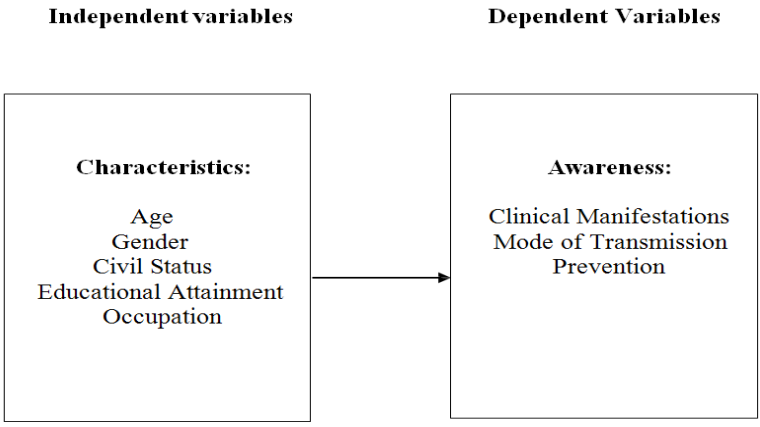

*Figure 1.*Schematic presentation showing the relationship of the variables

OBJECTIVES OF THE STUDY

The study aimed to determine the barangay with the highest incidence of HIV-AIDS cases in the city, to identify the potential and appropriate participants needed. It aimed to gauge the level of awareness of the identified individuals regarding the disease using a questionnaire. Lastly, the study intended to develop recommendations for possible management of the problem – medical, political, social, and economical, with the help of different organizations.

Specifically, the study aimed to: (1) classify the demographic profile of the participants when grouped in terms of Age, Gender, Civil status, Educational attainment, Occupation; (2) determine the awareness of HIV-AIDS among the participants in terms of Clinical manifestations, Mode of transmission, Prevention; and (3) verify the significant difference of the demographic profile of the participants and the awareness on HIV-AIDS.

METHODS

The research setting of this study is Barangay 15 of Cagayan de Oro City. It is 1.2 kilometers away from the city hall via Capistrano Street or 1.8 kilometers away from Liceo de Cagayan University via Burgos and J.R. Borja streets. Commuters can go to the place by riding a jeep or a taxi. It is an urbanized area neighboring the territory of Divisoria with the total land area of 9.7944 hectares. From the census done in the year 2010, the estimated total population of the said barangay will reach 3,725 by the year 2016. This barangay has a total of 790 households.

Geographically, Cagayan de Oro is divided into three groups: urban, suburban and rural. Barangay 15 was chosen as the setting of this study because it belongs to the Poblacion barangays in the city; hence its classification as an urban barangay. With this, the investigator decided to select among the urban barangays since persons living with HIV are more common in the urban areas compared to those living in rural areas. Also, Barangay 15 is near the city's infamous red-light district, which is the center for commercial sex, making the people living in the area and nearby areas vulnerable to HIV. Aside from that, another reason is because of the government's health programs are more concentrated in the urban areas. These programs are said to initiate efforts in discussing preventive measures for different infections and viruses. In line with this, the researcher gauged and evaluated the effectiveness of such programs particularly those that involve increasing the awareness of the people regarding health conditions like HIV-AIDS.

Moreover, Barangay 15 also has the largest population among the 40 (city proper) Poblacion barangays in Cagayan de Oro City. The population size of the barangay, as mentioned above, is not too big nor too small for the investigator to effectively gather data in a limited period. In terms of health concerns, the said barangay has its own Barangay health center which is near the community's basketball court. It is accessible to everyone, and the health care team caters to the needs of the residents. Furthermore, the investigator was able to affirm the participants' availability and the participation in the conduct of the study. The barangay officials have also agreed and shown their willingness to participate and support this study.

This study utilized Descriptive-Comparative Research Design. This type of research is where the investigator considers variables not manipulated and establishes a formal procedure to compare and conclude that one is better than the other. This is considered if a significant difference exists. It also helps analyze the similarities and differences between variables in an attempt to better understand different groups. Comparisons lead to new insights and a better understanding of all the participants involved (Richardson, 2018).

This type of research design is suitable for this study to further provide details as to the level of awareness of HIV among the participants in Barangay 15, Cagayan de Oro City.

Moreover, it allowed the investigator to structure the questions used, measure the effects, coherence, and consistency of the data gathered to determine the acceptance and rejection region in the hypothesis using statistical analysis. Thus, enabling the investigator to gather, interpret, and compare data which ensures accuracy in the interpretations to avoid biases in the study.

The participants of the study are the selected residents of Barangay 15, Cagayan de Oro City. With its latest tallied statistics last 2014; Barangay 15 has a population of 3,452. With this data and according to Slovin's Formula, the investigator chose a total of 358 participants. The inclusion criteria include the following: must be within the ages eighteen up to sixty-five years old, a resident in the selected barangay for at least six months, and can read and write.

As of 2013, the Joint United Nations Programme on HIV-AIDS reported that fewer younger people aged fifteen up to forty-nine years are newly acquiring HIV, which means that people aged fifty and over, are a growing HIV demographic (Shisana, 2013). People within the same age group share the same HIV awareness and risk behaviors seen among younger people (Negin, 2013). In the Philippines, HIV-AIDS and Anti-Retroviral Therapy Registry of the Philippines acquired a

high HIV prevalence rate among the ages of fifteen up to thirty-four years on its latest survey last October 2015.

The investigator utilized a Simple Random Sampling which is to judge and identify representative samples giving an equal probability to include in the study (Polit & Beck, 2009). Moreover, a table of random numbers was used also in order to randomly pick the households included.

Collection of the data was done using a researcher-made questionnaire. The questionnaire was divided into two main sections. It was used as a guide for the investigator to materialize the primary objective which is to establish the level of awareness of the participants. This study tried to examine the extent to which these participants are aware of the topic.

The first section contains the participant's profile, which includes age, gender, civil status, educational attainment, and occupation. The second section contains the level of awareness about HIV regarding their clinical manifestations, mode of transmission, and prevention.

Before the actual data gathering, the instrument was submitted to and examined by experts for validity. A letter addressed to the barangay captain was given, indicating what the investigator is to do, the purpose of the study and the aims of the study. Moreover, consent for the participants' cooperation in the study found in the earlier part of the questionnaire, is also made available for them to fill in. To facilitate the achievement of the goal, they are made to answer a series of questions related to the topic of HIV.

The study specifically utilized a five-point Likert Scale, and each category has its corresponding mean score interval, as presented in the scoring guideline for HIV Awareness:

Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Research Protocol

To ensure the quality and reliability of research findings, the investigator observed the following University Protocol. The investigator sought approval from the adviser after careful assessment and review of the manuscript for the project paper. The Dean of the School of the Graduate Studies approved the schedule for the defense of the project proposal after a thorough assessment and review of the final manuscript. After the proposal defense, the investigator accomplished the Research Ethics Application Form and submitted it to the Office of the Vice President for Research, Publication, and Extension together with the approved research proposal. The Associate Director of the Research and Publication Office reviewed the proposal and Research Ethics Form for completeness and compliance with the University format and guidelines. The research ethics form was then forwarded to the RPO Director and Vice President for Research, Publication, and Extension for further review and approval of the Research Ethics Review Committee. The investigator wrote letters and secured permission from the Medical director, chief Nurse from the Health Center. The investigator also secured the participants' consent to participate in the study. Moreover, the respondents were assured that all their responses would be treated with the utmost confidentiality. Provision of the final manuscript. The investigator provided the adviser the copy or the manuscript for assessment and review of the quality and relevance of the paper before the scheduling of the final research presentation. Once the paper was approved by the adviser, it was forwarded to the Graduate Studies Research Coordinator for further review of the completeness of the paper. The Coordinator then met with the dean for the scheduling of the paper presentation. After the final paper presentation, the investigator incorporated all the corrections and suggestions of the Research Panel. It was then reviewed by the adviser and the panel members. After the paper was approved by the panel, it was then submitted to the Research and Publication Office for Plagiarism and Grammarly Tests. The investigator then forwarded the final paper to their assigned editor. After incorporating all the corrections, the investigator submitted the final paper to the adviser and Research Panel for signature and approval for binding.

The investigator went to the process of requesting letter of consent from the Dean of the Graduate Studies, letter of approval from the Vice President of Research, Publication, and Extension, and to the barangay concern in this study. The questionnaire was the main data collection medium of the investigator. It was conducted personally by the investigator and had thoroughly explained the

purpose of the study to assure the participants for the confidentiality on whatever information or data disclosed in the study.

In the analysis of results, this would involve the usage of percentages, means, standard deviations, and frequencies. In addition, such tests were used in objective 1 constitute the participants' demographic data. On the other hand, non-parametric tests were used to assume a free distribution. These tests were also utilized in making inferences about the population and served as means for drawing conclusions from the given data from a sample. Furthermore, those mentioned were used to test the Problem 3 and the null hypothesis of the study.

The researcher-made questionnaire was tested for reliability by the university's data analyst. After the tool was validated, the conduct of pilot-testing was in one of the zones of Barangay 15, Cagayan de Oro City last trimester. The 15 participants who cooperated in the pilot-study were not among the targeted number of participants in the actual study.

The results of the pilot study subjected to reliability test using Cronbach's Alpha is 0.895 – based on the 30-item questions and had an interpretation of Reliable.

The statistical technique which was used in interpreting the data was the T-test. Descriptive statistics were used to describe and synthesize data (Polit & Beck 2012).

To have a better, reliable, and accurate analysis of the data gathered, and to come up with interpretation that shall best support the conclusion, the following statistical techniques were applied:

For objective 1: To determine the demographic profile of the participants, the statistical approach used were frequency and percentage.

For objective 2: The investigator utilized a quantitative analysis weighted mean and standard deviation that use subjective judgment based on information provided by the participants.

For objective 3: The investigator has employed the T-Test analysis to determine the significant difference between the participants' profile and awareness of HIV.

RESULTS AND DISCUSSION

Objective 1: To classify the demographic profile of the participants when grouped in terms of Age, Gender, Civil Status, and Educational Attainment.

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Table 1

The demographic profile of the participants

Age		Frequency	Percentage
18-28 years old		21	35.00
29-39 years old		14	23.33
40-50 years old		9	15.00
51 years old and above		16	26.67
	Total	60	100.00
Gender		**Frequency**	**Percentage**
Female		30	50.00
Male		30	50.00
	Total	60	100.00
Civil Status		**Frequency**	**Percentage**
Single		22	36.67
Married		22	36.67
Divorced		0	0.00
Separated		1	1.67
Cohabitation		7	11.67
Widowed		8	13.33
	Total	60	100.00
Educational Attainment		**Frequency**	**Percentage**
Elementary Level		0	0.00
Elementary Graduate		7	11.67
High School Level		4	6.67
High School Graduate		9	15.00
College Level		16	26.67
College Graduate		24	40.00
	Total	60	100.00
Occupation		**Frequency**	**Percentage**
Government Employee		19	31.67
Labor		6	10.00
Driver		5	8.33
Self-employed		7	11.67
Housewife		7	11.67
Student		4	6.67
Unemployed		5	8.33
Retired		7	11.67
	Total	60	100.00

Table 1 shows the distribution of the participants according to their age. Out of the 60 participants, most of them (35%) belong to 18-28 years old. According to Erik Erikson, this age group belongs to Early Adulthood. It is at this age that social life and forming intimate, loving relationships with other people are two of the most important things. This group tends to explore their capacity to love and fulfill their emotional needs – hence, sexual curiosity and engagement in such activities.

A study by Hasan et al. (2013) reveals that, as a person's age increases, the more the person acquires experience on sexuality and reproduction. Moreover, it stated that younger people often ignored when it comes to communicating information regarding sexuality and HIV/AIDS. Also, UNICEF (2013) stated that the younger generation is more involved in technology and is now into socialization, in which they make use of it as means of interaction, leading to more curiosity and risky behavior among the youth.

The Table also presents the distribution of the participants according to their gender. This shows that both females and males are equal in frequency (50 percent). According to Mwamwenda (2014), the lack of uniformity on HIV/AIDS awareness between males and females attributed to various factors, namely: contextual gender roles, lower literacy rates, and lower school enrolment among women, as compared to male participants. In emphasis, females are less aware of HIV and AIDS compared to males.

However, women are known to be more concerned about their overall health and well-being and are more receptive to seeking medical care. Traditional gender roles in the Philippines are prominent and today, females described as a stay-at-home mother, and males are considered as the financial provider for the family. Gahagan's study in 2013 indicates that there is an increase in the number of women contracting HIV/AIDS. This deduced that the rising number of cases indicate a lack of awareness on the disease. It is supported by the study of Biddlecom (2015), which stated that women are more prone to the possibility of contracting HIV/AIDS, most likely a result of being contained in the house most of their time.

In the distribution of the participants according to their civil status, Table 1 reveals that single and married (36.67%) both encompasses the majority, while separated participants, being the least, accounted for 1.67 percent. This implies that the participants in Barangay 15 are mostly single since most of them are not yet interested in relationships and are also more focused on their studies and career; while some are married. The single participants also have reported that they are aware of HIV since they are active in social media networks especially

during their free time – which can be a contributing factor for them to have a high level of HIV awareness.

According to the Philippines National Demographic and Health Survey (2013), results reveal that ninety-five percent of single women who are into sexual intercourse are aware of HIV/AIDS and about eighty-nine percent of single women who never had sexual intercourse are aware of HIV/AIDS. Also, Bhattar et al., (2014) reported that married respondents are more aware of HIV-related concepts such as transmission and prevention, compared to those who are unmarried. Specifically, married respondents are more aware of the different modes of transmission of HIV.

In contrast to this, most of the HIV infected clients in the Philippines are married men. This shows that one-fourth to one-third of male overseas Filipino workers are reported to have HIV infections every month and some had also infected their wives unknowingly. It also reported that most of these men who have sex with other men practice unsafe sex and are prone to get the HIV infection. Subsequently, it shows to have an increased prevalence on the HIV/AIDS of people who are already married compared to unmarried men (Remoto, 2015). Hence, this implies that due to the lack of awareness of the HIV/AIDS transmission, married men have high prevalence rate of HIV/AIDS since they do not know that they are already infected and lack awareness on how this infection is passed on.

The results in Table 1 depict that the participants in Barangay 15 are mostly college graduates and only a few have finished elementary (11.67%). Considering that the participants reside in an urban area, the accessibility to education is quite easier than areas located away from civilization. This is one of the apparent factors that contribute to why there are a good number of participants that have obtained a degree.

Research shows that each added year of educational attainment could lessen the risk of contracting HIV infections by seventy percent in females (Mushibwe, 2014). By an individual, education places such person in a better position to understand information on HIV/AIDS transmission and prevention; better access to health services, reduced social and economic vulnerability, and a higher level of participation in programmes dealing with HIV/AIDS public education. There is evidence to show that the more education one has, the less vulnerable and the more practice of safer sex (Tuntufye et al., 2014).

When participants grouped according to their occupation, the Table also shows that most of them are employed and the majority are government employees (31.67%) while the remaining are students (6.67%) and unemployed

or working as drivers (8.33%). This is related to the fact that most of them have obtained a college degree – that is why they have greater opportunities in finding a job.

A study conducted by Hawkes (2014), shows broad differences in awareness between different occupational groups. The professionals and office-goers had the highest level of HIV awareness while laborers, farmer, vendors, and housewives had most misconceptions about the disease. According to the Department of Labor and Employment (2016), there are several areas in preventive education on HIV/AIDS and STDs where the workplace population would need clear and up-to-date information. When there is a possibility of exposure to HIV at work, workers should receive education and training on modes of transmission and measures to prevent exposure and infection. Members should take measures to ensure that prevention, safety, and health provided in accordance with relevant standards.

Objective 2: To determine the awareness of HIV-AIDS among the participants in terms of Clinical manifestations, Mode of transmission, and Prevention.

Table 2

Awareness of HIV-AIDS among participants in terms of clinical manifestations

Clinical Manifestations	Mean	SD	Verbal Description
1. HIV weakens the immune system.	4.12	0.940	Much Aware
2. Symptoms of persons who are infected with HIV has a window period of 3 to 6 months.	2.97	1.414	Moderately Aware
3. A person with HIV commonly experiences recurrent respiratory infections such as pneumonia.	2.95	1.407	Moderately Aware
4. Patients with HIV may experience profound and unexplainable fatigue.	3.30	1.280	Moderately Aware
5. A person with HIV manifests 10% weight loss.	3.05	1.268	Moderately Aware
6. Patients with HIV may have persistent Lymphadenopathy.	2.28	1.415	Less Aware
7. A person with HIV may have skin rash usually in the posterior and upper chest: Kaposi Sarcoma.	2.52	1.408	Moderately Aware
8. Persons with HIV may have oral thrush.	2.43	1.267	Less Aware

Table 2 Continued

9. Patients with HIV are prone in developing infections.	3.88	1.136	Much Aware
10. Symptoms of patients with HIV vary from person to person.	3.12	1.250	Moderately Aware
Overall Mean	**3.06**	**1.278**	**Moderately Aware**

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 2 reveals the awareness of the participants on the clinical manifestations of HIV. Results show that they are moderately aware, with the overall mean score is 3.06. The standard deviation was 1.278.

Considering the indicators shows that participants are much aware that HIV weakens the immune system – mean score of 4.12. This implies that they are knowledgeable that HIV may weaken the immune system and it may cause harm to the body. This correlated with the study by Sax (2015) that the virus will cause a progressive weakening of the immune system if HIV is untreated. Furthermore, it was said by Boniphace et al. (2011) that in terms of severity, the manifestations of an infected person depends on its baseline health status.

Furthermore, the Table specifies that participants are less aware that patients with HIV may have persistent lymphadenopathy. It has a mean of 2.28 and has the least score among the indicators. This indicates that they have limited knowledge based on the manifestations that may cause the disease, specifically on persistent lymphadenopathy, which is its common manifestation.

Jacobs (2012) emphasized that the usual presenting symptom of HIV infection is lymphadenopathy, provided in the four phases of disease progression of HIV. Also, it has been explained by Hadadi et al., (2014) that lymphadenopathy as a common manifestation in a patient with HIV may reflect on the presence of a serious underlying condition, most likely tuberculosis and lymphoma.

Table 3

Awareness on HIV-AIDS among participants in terms of mode of transmission

Mode of Transmission	Mean	SD	Verbal Description
1. HIV is spread when sufficient amount of infected fluid/s gain entry into a host's bloodstream.	3.53	1.268	Much Aware
2. HIV can be transmitted through unprotected or penetrative sex.	4.37	1.008	Much Aware
3. HIV can be transmitted through multiple sexual partners.	4.47	0.892	Much Aware
4. Seminal fluids may be a mode of transport for the virus.	4.07	1.177	Much Aware
5. HIV can be transmitted to babies through vaginal delivery.	2.78	1.379	Moderately Aware
6. An untreated pregnant woman infected with HIV can pass the virus unto her unborn child.	2.98	1.321	Moderately Aware
7. HIV can be transferred to an infant when breast feeding.	2.60	1.304	Moderately Aware
8. HIV can be passed through getting a tattoo, sharing needles during drug use or through getting an ear piercing.	3.78	1.136	Much Aware
9. HIV can be transmitted through blood products.	4.18	0.983	Much Aware
10. A person with HIV who does not manifest symptoms can still pass the virus to others.	3.20	1.412	Moderately Aware
Overall Mean	**3.60**	**1.188**	**Much Aware**

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 3 further shows the distribution of the participants in terms of awareness in HIV transmission. In general, they claimed to be much aware of the transmission of HIV from human to human. As seen in the results, the overall mean score is 3.60, with a standard deviation of 1.188.

Table shows that the indicator that HIV is transmitted through multiple sexual partners has the highest mean of 4.47. This means that the participants acknowledge that having more than one sexual partner is one of the culprits for HIV transmission. Moreover, the results showed that they are also highly aware that aside from having multiple partners, the virus also transmitted through unprotected sex or penetrative sex as evidenced by the mean score of 4.37, the second highest mean among the indicators.

On the other hand, participants have scored the lowest on the fact that HIV can be transferred to an infant while breastfeeding, with a mean of 2.60. Another indicator of HIV transmission to babies through vaginal delivery also has a low mean score of 2.78. These imply that the participants have little knowledge that HIV can be passed through mother to child via pregnancy, giving birth and breastfeeding.

The results are supported by a study before in India, wherein both the city and village, most students know that one can get infected with HIV through multiple sexual contacts. They are also aware that the virus is spread through blood, sharing of infected needles and transmitted from mother to child during pregnancy (Westergren, 2012). These imply that sexual route has always been the top means of transmission of the virus in the eyes of the majority of the population.

Table 4

Awareness of HIV-AIDS among participants in terms of prevention

Prevention	Mean	SD	Verbal Description
1. HIV can be prevented through safe sex.	4.05	1.126	Much Aware
2. HIV transmission can be avoided by remaining faithful to a single partner.	4.15	1.117	Much Aware
3. HIV can be prevented by properly using condom during sexual intercourse.	4.17	0.994	Much Aware
4. Proper handling and disposal of needles and syringes used by infected HIV clients reduces the transmission.	3.53	1.228	Much Aware
5. HIV can be prevented by not injecting drugs.	2.98	1.295	Moderately Aware
6. Through participation in awareness programs, one can learn how to avoid getting HIV.	4.12	1.059	Much Aware

Table 4 Continued

Prevention	Mean	SD	Verbal Description
7. HIV is preventable.	4.15	0.954	Much Aware
8. Pregnant women with HIV should seek treatment to avoid transmission of the virus to the child.	3.42	1.139	Moderately Aware
9. There is an increase chance of preventing HIV if one is aware about it.	4.07	1.103	Much Aware
10. Adhering to safe sexual practices reduces the risk of contracting HIV.	4.18	1.000	Much Aware
Overall Mean	**3.88**	**1.102**	**Much Aware**

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 4 represents the response of the participants considering their awareness on the prevention of the disease. It shows the overall mean score of 3.88, and the standard deviation is 1.102. It appears that they are much aware that adhering to safe sexual practices reduces the risk of contracting HIV (highest mean of 4.18).

A study conducted by the Health Action Information Network (2011) shows that the message of abstinence is a relevant method to prevent HIV. Along with abstinence, being faithful to a partner is also one of the preventive measures explained by the participants, especially in the context of marriage.

The lowest evaluation of HIV prevention is on the indicator where HIV can be prevented by not injecting drugs (mean of 2.98). This reflects that the participants might not be aware that the virus can be transmitted if a needle has been used by an HIV-positive person, infected blood in the needle may inject into the next person who uses that needle. An estimated 12 million people inject drugs worldwide, and around 1.6 million (one in seven) are thought to be living with HIV. Furthermore, injecting drug users are more likely to test for HIV late, increasing the chance of onwards HIV transmission. Unfortunately, sterile syringes are not always readily available, especially in countries with no/low roll-out of needle and syringe programs (NSPs). A lack of awareness or education about safe injecting is another considerable reason for sharing needles (AVERT, 2015).

These results suggest that even though the respondents may be knowledgeable

about some of the HIV preventative measures, the measures may not necessarily be practiced. Moreover, according to the World Health Organization (2010), both men and women who are residing in the urban areas are more likely aware of HIV prevention methods than those who are residing in rural areas. With this, Barangay 15 which is the chosen area is one of the urban barangays of Cagayan de Oro City.

Objective 3: To verify the significant difference of the demographic profile of the participants and the awareness of HIV-AIDS.

Ho1 - There is no significant difference on the awareness on HIV among participants when grouped according to age, gender, civil status, educational attainment, and occupation.

Table 5

The significant difference in the awareness of HIV in termsof age and gender

Awarenss Score/ Age							
Indicator	**18-28 years old**	**29-39 years old**	**40-50 years old**	**51years old and above**	**P-value**	**T-test**	**Interpretation**
Manifestations	3.28 MA	3.21 MA	3.07 MA	2.65 MA	0.111	2.10	Not Significant
Transmission	3.75 MuA	3.80 MuA	3.54 MuA	3.24 MA	0.126	1.99	Not Significant
Prevention	4.06 MuA	3.99 MuA	3.84 MuA	3.58 MuA	0.241	1.44	Not Significant
Overall	**3.70 MuA**	**3.67 MuA**	**3.48 MA**	**3.16 MA**	**0.159**	**1.84**	**Not Significant**

Awareness Score/ Gender					
Indicator	**Female**	**Male**	**P-value**	**T-test**	**Interpretation**
Manifestations	2.92 MA	3.20 MuA	0.181	-1.35	Not Significant
Transmission	3.53 MuA	3.66 MuA	0.512	-0.66	Not Significant
Prevention	3.84 MuA	3.92 MuA	0.669	-0.43	Not Significant
Overall	**3.43 MA**	**3.59 MuA**	**0.454**	**-0.81**	**Not Significant**

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 5 shows the distribution of the participants' awareness of HIV when grouped according to their age. It presents that there is no significant difference in the awareness of the clinical manifestations, mode of transmission, and prevention of HIV when grouped according to age (p=0.111). This means that overall, the null hypothesis is accepted (p=0.159).

However, results show that participants from ages 18-51 years old and above have moderate awareness of manifestations, but are much aware regarding the transmission and prevention of HIV. This may indicate that the majority of the participants have less knowledge of the presenting signs and symptoms associated with the disease. One of the reasons is that the public has little access to this type of information, and these are not widely and elaborately discuss in the media – compared to its mode of transmission and prevention. This is true to the case of 40 up to 51 years old and above since they overall scored moderately aware regarding the manifestations, transmission, and prevention of HIV. Also to be considered is the fact that HIV manifestations may be confusing because the signs and symptoms of the disease vary from person to person.

According to the National Institute on Drug Abuse (2012), even though older people do not believe they are at risk for HIV, younger people are less likely to perceive the dangers of HIV than the older people, since they have not witnessed the high mortality rates of HIV in the past.

A study by Hasan et al. (2013) on HIV awareness illustrated that, as one gets older, one generates more knowledge regarding HIV as they have more experience with sexuality and reproduction. The elderly, although more experience sexually, tends to believe that they are no longer susceptible to the virus. They are prone to misunderstanding some concepts about the disease, such as its modes of transmission. It shows that despite the differences in ages, other possible factors can affect one's perception and awareness regarding such conditions.

Table 5 also shows the distribution of the participants' awareness of HIV when grouped according to gender. It reflects that the null hypothesis is accepted (p=0.454). Overall, results reflect that females are moderately aware of HIV. Males, on the other hand, reveal to be much aware. This can be justified since most of the women are merely housewives and stay mostly in their houses; hence little understanding of the disease process. However, this gender difference on the awareness of HIV is also affected by perception, beliefs, behavior, and practices (Odhiambo, 2012).

Furthermore, in the national HIV surveillance of DOH in (2017), the absolute number of cases among females has been increasing over the last few

years. Ninety-two percent (3,048) of all female cases diagnosed during their reproductive age. According to Biddlecom (2015), women are now the most affected by HIV/AIDS. Women, then have a little to no awareness of this disease condition. This increases the possibility of contracting it because of little to no knowledge about the virus – a result of being contained in the house most of their time.

Table 6

The significant difference in the awareness of HIV in terms of civil status

Indicator	Awareness Score/ Civil Status						P-Value	T-test	Interpretation
	SINGLE	MARRIED	DIVORCED	SEPARATED	COHABITATION	WIDOWED			
Manifestations	3.36 MA	3.11 MA	0	3.50 MuA	2.84 MA	2.36 LA	0.035	2.78	*Significant
Transmission	3.66 MuA	3.62 MuA	0	2.60 MA	3.96 MuA	3.15 MA	0.156	1.73	Not Significant
Prevention	3.86 MuA	3.91 MuA	0	2.60 MA	4.40 MuA	3.58 MuA	0.098	2.07	Not Significant
Overall	**3.63 MuA**	**3.55 MuA**	**0**	**2.90 MA**	**3.73 MuA**	**3.03 MA**	**0.096**	**2.19**	**Not Significant**

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	Has prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 6 is the distribution of the participants' level of awareness on HIV when grouped according to civil status. There is no significant difference in the awareness of transmission and prevention, but there is a significant difference between the participants' level of awareness on HIV manifestations. This is due to the same reason that information dissemination regarding the symptoms of the disease not presented to the general public, as evidence by low mean scores of the participants – especially the widowed.

Most of the widowed are the elderly and at the same time housewives. As women merely stay at home, access to information pertaining to HIV, particularly its manifestations is limited. As Filipinos, women are expected to be conservative and chaste. Thus, sexually- related topics such as HIV/AIDS, are not commonly

discussed openly by families. This result is the opposite of their awareness on transmission and prevention of HIV; they scored higher on these two indicators compared to manifestations. This likely explained by the fact that the elderly have witnessed the high mortality rates of HIV in the past.

Moreover, those separated from their spouses have the lowest overall score of 2.90. According to Anglewicz (2015), being separated may serve as a marker of potential HIV infection to other people since their HIV status is not always publicly known. This type of relationship dynamics is possibly at higher risk especially when a person remarries or engages into having multiple sexual partners.

On the other hand, results show that couples in cohabitation have the highest overall score (3.73) regarding the awareness on HIV. However, this contradicted the study of Omanje et al. (2015). The fact that most cohabitated couples stay with their partners and have sexual relationships without knowing their status put them at higher risk for unknowingly contracting the virus. This ignorance caused by lack of awareness of the risks involved in having sexual relationships with partners not aware of their HIV status. He encouraged that HIV/AIDS awareness and testing campaigns need to be emphasized more on those who live together with their sexual partners since most of the people in this bracket still exhibit lack of knowledge and negative perception about the virus

Table 7

The significant difference in the awareness of HIV in terms of educational attainment

Indicator	Awareness Score/ Educational Attainment						P-Value	T-test	Interpretation
	ELEMENTARY LEVEL	ELEMENTARY GRADUATE	HIGH SCHOOL LEVEL	HIGH SCHOOL GRADUATE	COLLEGE LEVEL	COLLEGE GRADUATE			
Manifestations	0	2.09 LA	2.28 LA	3.22 MA	3.04 MA	3.42 MA	0.00	6.50	*Significant
Transmission	0	2.60 MA	3.15 MA	3.57 MuA	3.60 MuA	3.97 MuA	0.00	7.23	*Significant
Prevention	0	3.31 MuA	3.75 MuA	3.83 MuA	3.81 MuA	4.13 MuA	0.128	1.87	Not Significant
Overall	**0**	**2.67 MA**	**3.06 MA**	**3.54 MuA**	**3.48 MA**	**3.84 MuA**	**0.430**	**5.20**	**Significant**

Table 7 is the distribution of the participants' awareness of HIV when grouped according to educational attainment. It shows that the null hypothesis is rejected (p=0.430). It means that there is a significant difference in the awareness of HIV manifestation, and transmission. Those who graduated college claimed more awareness (3.84) with the three indicators. Those who attained an elementary level of education have the least score (2.67). Although with basic education, increase in better cognizance and comprehension will be achieved through advances in one's knowledge base – especially the level of education. A person's perception of health and healthy behaviors in order to achieve a quality of life depends on an individual's academic achievement (CDC, 2014).

According to a study by Agüero and Bharadwaj (2014), an extra year of education raises the probability of having comprehensive knowledge of HIV by nearly 10% and decreases by seven percentage points the probability of having common misconceptions about HIV. The study of Kayeyi et al. (2009) on HIV prevalence among young women in Zambia supported the findings. It was emphasized that those who failed to receive a high level of education are more prone to HIV infection. This may be due to better awareness of HIV. They also stated that higher educated persons tend to avoid risky sexual behavior compared to lower educated persons. Furthermore, Woolf (2014) said that a good education is detrimental to a good and healthy life. Education provides people with extensive knowledge of various risk factors and preventive measures on diseases.

Based on the Table, an intriguing result is evident, no matter what their educational attainment, participants have high scores regarding prevention of HIV. This might link to the media's constant reminder of preventive ways of contracting the virus, and internet information about the disease is readily accessible anytime.

Table 8

The significant difference in the awareness of HIV in terms of occupation

Indicator	Awareness Score/ Occupation: GOVERNMENT EMPLOYEE	LABOR	DRIVER	SELF EMPLOYED	HOUSEWIFE	STUDENT	UNEMPLOYED	RETIRED	P-value	T-test	Interpretation
Manifestations	3.24 MA	3.35 MA	3.10 MA	3.26 MA	2.34 LA	3.40 MA	3.42 MA	2.37 LA	0.037	6.50	*Significant
Transmission	3.81 MuA	3.75 MuA	3.44 MA	3.70 MuA	3.17 MA	3.80 MuA	3.68 MuA	3.16 MA	0.411	1.05	Not Significant
Prevention	4.22 MuA	3.63 MuA	3.56 MuA	4.04 MuA	3.51 MuA	3.95 MuA	3.88 MuA	3.57 MuA	0.269	1.30	Not Significant
Overall	3.76 MuA	3.49 MA	3.37 MA	3.67 MuA	3.01 MA	3.72 MuA	3.66 MuA	3.03 MA	0.239	2.95	Not Significant

Legend: Score	Scale	Verbal Description	Interpretation
5	4.50-5.00	Very Much Aware	Has total awareness on manifestations, transmission and prevention
4	3.50-4.49	Much Aware	Has prior awareness on manifestations, transmission and prevention
3	2.50-3.49	Moderately Aware	Has prior awareness on manifestations, transmission and prevention but not elaborately understood
2	1.50-2.49	Less Aware	IIas prior awareness on manifestations, transmission and prevention but not understood
1	1.00-1.49	Not Aware	Expresses no prior awareness

Table 8 shows the distribution of the participants' awareness of HIV when grouped according to the occupation. It indicates that there is a significant difference in the awareness of the clinical manifestations of HIV. It suggests that participants have only limited knowledge on this aspect. This low score is consistent in all of the results. Moreover, this calls for attention that a strong need for educating the public about common symptoms of HIV is extremely important. Remien (2009) stated that it is critical to educate populations at risk about the signs and symptoms of acute HIV infection. This is so that they can get diagnosed quickly after infection, and so they can prevent further transmission of HIV during the early stages of infection when transmission risk is high, including the period before diagnosis.

For all indicators of HIV awareness, the participants who are retired and housewives have the lowest scores. Also, the government employees have the highest scores among them (3.76). This is probably due to the nature of their work, where they are directly involved with different medical programs and seminars.

Hence, the type of occupation the participants are exposed can influence their awareness about HIV in one way or another but considering a wide variety of factors. It mentioned that unemployed, retired individuals have not heard about HIV/AIDS, and those who were employed have. Nevertheless, this does not mean that those who have jobs have a high awareness because even professionals have their misconception about HIV/AIDS (Bangladesh Journal of Medical Science, 2014). This implies that not all those who work may have the appropriate information about the disease. They may have heard about it, but there could be instances wherein they are not sure of what they have heard about which can then lead to confusion and unstable knowledge about the condition.

Locally speaking, there is already a Republic Act (8504) stating that HIV/AIDS education must be integrated into the orientation, training, continuing education and other human resource development programs of both the employees and employers working in all government and private offices. Each employer shall develop, implement, evaluate and fund a workplace on HIV/AIDS education and information program for all their workers (Department of Labor and Employment, 2010). Given this, the results of the presented table may be an indication that such Republic Act is being put into action. Despite the limited local studies regarding the relationship between the level of awareness of HIV and occupation, the DOLE in collaboration with the DOH, issued a law. It tackles the need of raising HIV awareness among government and private workplace to ensure that everybody in the country has the right information about the mentioned disease and that the government has done something to promote awareness regarding the issue.

CONCLUSIONS

Generally, most of the participants are not aware of the manifestations of HIV but are more knowledgeable about its transmission and prevention.

Participants are moderately aware of the HIV manifestations; this implies that they are confused and have little knowledge with the signs and symptoms associated with the disease. These issues are due to lack of proper information dissemination to the general public, and certain misconceptions are not pointed out. However, they are much aware of the mode of transmission of HIV – which makes it easier for them to distinguish and recognize risky behaviors like having multiple sexual partners and engaging in unprotected and unsafe sex that will put them at grave risk for contracting the virus unknowingly. Lastly, the

participants are also aware of the ways on how to prevent HIV such as abstinence, being faithful to one's partner, adhering to safe sexual practices, et cetera.

Hence, these results suggest that even though the participants may be knowledgeable on some of the HIV preventative measures, these are not necessarily practiced. Also, even though most of the participants were moderately aware of HIV, some of them were not knowledgeable enough about its clinical manifestations.

RECOMMENDATIONS

Based on the results, the following recommendations are suggested:

1. Persons living with HIV (PLHIV) may practice preventive measures to avoid transmission of the virus, especially to unmarried PLHIV because they may have multiple sexual partners; this decreases new cases and prevents re-infection of their PLHIV partner. They may also continue to update themselves of improvements from time to time, in treatment and other preventive measures, to protect themselves from serious complications;

2. The families and significant others of PLHIV are also highly encouraged to be with them consistently, reminding them that having HIV does not diminish their dignity; make the PLHIV feel loved and accepted. It is but imperative that they be with the person through this difficult time and see through this situation as a family and as support persons of the PLHIV;

3. The Health Care Sector may improve the health teachings in terms of their content and extent is vital to imparting knowledge and increasing awareness among individuals not just in Barangay 15, but in other areas as well. They may also conduct an in-depth evaluation of certain information drives and seminars so they will know what aspects they can further discuss and identify areas that need clarification and improvement (whether it be the manner they deliver information, the content, the setting or a new approach to method of health education) to entice more people to attend and participate;

4. The Barangay 15 Health Center may collaborate with other health care institutions could also help in disseminating health teachings more effectively and efficiently. May explore and make use of various forms of media such as the radio, television, and social media to advertise and impart knowledge and awareness to a broader scope of individuals;

5. The City Health Office and Northern Mindanao Medical Center may emphasize the information dissemination of HIV – whether individuals can seek consult, diagnosis, and treatment in the City;

6. The government of Cagayan de Oro's funding for the health care sector may need revisiting and reconsideration as there is a need to conduct programs and activities that enhance the public's awareness and knowledge of health issues that they may face. Revisiting the National HIV/AIDS Policy and possibly reconsidering the provisions in favor of those who are HIV/AIDS positive and in need of assistance as well as for the public's awareness campaigns.;

7. The general public should be informed that HIV awareness is readily accessible to each one through the internet, media and written accounts or articles about it or through word-of- mouth. The population is encouraged to make use of various resources (technology) to learn more about health issues, especially HIV which is rampant in the city, as knowledge will contribute to better health choices and practices;

8. The academe may consider this study, and the topic can be used during lectures and be a point of discussion among the students during the class. Inputs on the reason why individuals are most aware of HIV transmission can serve as a trigger to generate opinions and views;

9. The clinical instructors and professors may encourage their students to consider this topic in conducting activities and programs in the university or in the community they are exposed to so that they can address issues and concerns on HIV awareness; and

10. Future researchers/investigators may conduct a similar study in the same area, coupled with some efforts of the Local Health Department to help evaluate the effectiveness of the interventions. A comparison of these results from the current one can then provide a new perspective in tackling this issue and lead to new insights.

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