

Raising HIV and AIDS Awareness: A Health Promotion Program for Accountancy and Business Management Students of Congressional National High School

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Abstract— This research determined the level of awareness and attitude on HIV and AIDS of the accountancy and business management (ABM) students of Congressional National High School before and after the conduct of a health promotion program. This study utilized descriptive research design through the survey method. It was participated by ninety-nine (99) ABM students from Congressional National High School. Significant difference in the level of awareness and attitude of the participants was revealed before and after the health promotion program. This indicates that their level of awareness and attitude on HIV and AIDS increased and became more positive, respectively. The major scope of this study was the level of awareness and attitude of CNHS ABM students on HIV and AIDS. Their awareness and attitude on other sexually transmitted infections (STIs), however, were not further explored in the study. The results of this study could serve as basis in planning for a health promotion program contributory to the prevention of any increase in HIV and AIDS cases.

Keywords— Health, HIV and AIDS, Senior High School, Sexually Transmitted Infection

I. INTRODUCTION

Acute Immune Deficiency Syndrome (AIDS) caused by Human Immunodeficiency Virus has been considered a pandemic disease since its first case appeared in 1981. People infected by the virus are called ‘people living with HIV and AIDS’ or PLWHA. As time progresses, many have been infected by this disease. In fact, this disease has affected economic growth since it majorly infects young adults in the age group of 15-24 years, who are in their most productive ages of life (Singh and Jain, 2009).

The Philippines is never an exception in the spread of this deadly disease. Since its first case was reported in 1984, HIV has been a major public health concern. In fact, the Department of Health has launched several schemes and strategies to circumvent this deliberately enflaming social concern; still, the complete eradication of it has not been realized. In the province of Cavite, in particular, 1,556 cases of HIV and AIDS have been reported by DOH since 1984. Review of data reveals that five AIDS cases and 31 asymptomatic HIV cases have been detected in Cavite in 2016, alone. The major

mode of transmission of the said infection in the province is unsafe sexual contact majorly participated by homosexual people. Homosexuality is the quality or state of being erotically attracted with another of the same sex.

Stigma and discrimination have been found to be one of the significant factors for the increasing number of HIV and AIDS cases. Fear of discrimination was found to influence the use of HIV related prevention and care services (Lau and Tsui, 2003). Lack of knowledge about HIV and its transmission is one reason why people tend to discriminate PLWHA. Hence, schools are an ideal place for young people to be aware about the disease since it is where they learn new information. The study was conducted in Congressional National High School. It is one of the basic education institutions offering secondary education in the city of Dasmariñas with a senior high school department that caters students who would want to specialize in various technical-vocational and academic courses including accountancy and business management (ABM).

When an individual acknowledges risk, but feels powerless to do anything about it, then the person may cope by denial of the risk. Therefore, people do not need to know what to do, they need to know “how” to do and to have the opportunity to practice and feel they are capable of changing. It is hoped that through this research, the target participants will gain full awareness on what HIV and AIDS is. Also, through their learning in the health promotion program devised here, their attitudes towards practicing safe sex and dealing with HIV and AIDS will be more positive so as to reduce stigma and discrimination thus; contributing to the shrinking of HIV and AIDS cases in the province.

Statement of the Problem

This study sought to answer the following questions:

1. What is the demographic profile of the research participants in terms of:
 - a. age;
 - b. sex;
 - c. sexual orientation;
 - d. relationship status;
 - e. monthly income; and
 - f. place of residence?
2. How exposed are the participants to the risk factors of acquiring HIV infection?
3. What is their level of awareness on HIV and AIDS in terms of its:
 - a. mode of transmission;

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- b. disease process; and
- c. prevention and treatment?
4. What is their attitude on HIV and AIDS in terms of:
 - a. practicing safe sex and
 - b. dealing with people living with HIV and AIDS?
5. What health promotion program can be appropriate to raise awareness on HIV and AIDS and reduce stigma on people living with HIV and AIDS?
6. How effective will the health promotion program be in raising the awareness of the research participants on HIV and AIDS?

II. METHODOLOGY

Research Design

This study employed descriptive research design through the survey method. As such, data were gathered from the identified participants through the use of a prepared set of questionnaires. These prepared questionnaires contained questions that were all instrumental in addressing the research problems.

Locale of the Study

The study was conducted in Congressional National High School in the city of Dasmariñas, Cavite.

Participants of the Study

The participants of the study were the accountancy and business management students of CNHS-Senior High School in the Academic Year 2016-2017.

Research Instrument

A prepared questionnaire was used in the study. It was composed of various questions that were categorized into four sections: profile of the participants, their awareness on HIV and AIDS, their attitude towards HIV and AIDS, and preferred health promotion method.

In the first part of the questionnaire, the participants' profile was asked specifically, their age, sex, civil status, monthly income, and place of residence.

The second part of the questionnaire determined the participants' prior knowledge on HIV and AIDS. The participants were asked alternate response questions about the nature and disease process, mode of transmission, and prevention and treatment of HIV and AIDS.

The participants' attitude on HIV and AIDS was the focus of the third part of the questionnaire. In here, the participants were asked of their attitude towards practicing safe sex and dealing with people living with HIV and AIDS (PLWHA).

Sampling Design

Total enumeration was done in identifying the number of the participants of the study. In doing so, all the members of the desired population were automatically the participants of the study provided, however, that they signify their willingness to take part in the study.

Operationalization of the Variables

For the demographic profile of the participants, categorization or clustering was done for their age, sex, civil

status, monthly income, and place of residence. This was as follows:

Age: adolescent if 12-18 years old; young adult if 19-30 years old; and middle aged adult if 31-65 years old;

Sex: male and female;

Sexual orientation: heterosexual, homosexual, bisexual, not sure;

Relationship status: closed relationship, open relationship, single, married

Monthly Income: poor (less than PhP7,890), low income (between PhP 7,890 to PhP 15,780), low middle income (between PhP 15,780 to PhP 31,560), middle class (between PhP 31,560 to PhP 78,900 per month), upper middle income (between PhP78,900 to PhP 118,350 per month), upper income (between PhP 118,350 to PhP 157,800), and rich (at least PhP 157,800);

Place of Residence: within Dasmariñas, if living in Dasmariñas, and outside Dasmariñas, if living outside Dasmariñas.

The participants' level of awareness on HIV and AIDS was determined by asking them to answer 20 alternative response questions about its mode of transmission, disease process, and prevention and treatment. The findings herein were obtained by getting the percentage of the participants who answered each question correctly. The percentage obtained was further categorized into 'high awareness' if the percentage range was 75 percent and above; 'average awareness' if the percentage range was 51-74 percent; and 'low awareness' if the percentage range was 50 percent and below.

The participants' attitude towards HIV and AIDS was determined by asking them to rate their feeling towards the 20 statements presented in the questionnaire. The findings herein was obtained by computing for the mean score in reference to their answers in the prepared 20 statements. Then, the result was further categorized into 'very positive' if the mean range was 3.25-4.00; 'positive' if the mean range was 2.50-3.24; 'slightly positive' if the mean range was 1.75-2.49; and 'not positive' if the mean range was 1.00-1.74.

The method on how the health promotion program would be done was identified by asking the participants to choose utmost three methods from the given list in the questionnaire. The mode among their responses was determined to find out the top three methods to be used in the health promotion program.

Data Gathering Procedure

Before the actual conduct of the study, permission from the Office of the Principal was sought. As soon as the permission for the conduct of the study was granted, an informed consent was secured from the target participants. Before any participant gave his or her informed consent, it was ensured that they had clear and explicit information on all the aspects of the study – the procedure to be followed and the reasons, the exact nature of the participants' role; the risks and benefits involved; psychological stress and embarrassment; and the way in which the data would be handled and reported.

Upon having secured the participants' informed consent, an arrangement with regards to their schedule was done so that the data gathering procedure would not interrupt any classes or any

other school activities. When everything has been set, the questionnaires were administered to the participants for them to accomplish. Each participant was given 15-30 minutes to answer the questionnaire. It was emphasized that their responses are very vital for the study since the result of the study would serve as basis for a health promotion program of the school health services.

After the retrieval of the questionnaires from the participants, a one-one interview with the participants was conducted to validate their answer. The raw data were arranged and then encoded in a prepared database ready for analysis. The analysis and interpretation of data was done through the aid of an appropriate statistical tool. The related literatures collected were also used as bases to describe and validate the participants' responses in the study.

Statistical Analysis

Descriptive statistics such as frequency, mean, and percentage was used to describe the distribution of the respondents according to their profile and responses. T-test was then used in determining the effectiveness of the health promotion program rendered for the participants.

III. RESULTS AND DISCUSSION

Participants' Demographic Profile

The participants' demographic profile was obtained in the first part of the data gathering. This was done to aid in answering the other research questions and, at the same time, provide some information to describe the sample used in the study. Such profile includes the participants' age, sex, sexual orientation, relationship status, family monthly income, and place of residence. The findings herein were summarized in Table 1.

As per school records, there was a total of 126 senior high school students enrolled in the accountancy and business management (ABM) strand of Congressional National High School. Due to various reasons, however, only 99 students (79% of the total population) were able to participate in the study.

Age. Table 1 shows that the age of the participants ranges from 16 to 19 years old. Most of them are 16 years old while the least are 19 years old. The age group of the participants indicate that they are in the adolescent stage. Being in the adolescent stage implies that they are in the process of resolving the crisis between identity and self-diffusion, based on Erikson's Psychosocial Theory. According to Bayley (2003), it is also a stage in life in which sexual behaviors are developing and becoming established. During this stage, both sexual ideation and engagement in a spectrum of sexual behavior increase such as talking about sex, sexual intimacy, solitary masturbation, oral sex, and sexual intercourse (Chi, Yu, & Winter, 2012).

The increasing sexual involvement of individuals in the adolescent stage posed alarming consequences. For instance is premarital sex (PMS) which has had significant impact on public health concerns. Despite efforts by competent authorities to increase awareness and education, the age of initial sexual contact among adolescents remains very low while unplanned pregnancies and exposure to sexually transmitted infections

(STIs) is still high (de Irala, et al., 2009). While these issues have long been recognized in many developed countries, there is still a dearth of literature and empirical data in different Filipino communities. In fact, the DOH (2016) revealed that in Cavite, per se, 403 cases of HIV infection have been reported to be under this age group, exclusively.

TABLE I: DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

CHARACTERISTIC	FREQUENCY n = 99	PERCENT
Age		
16	53	54
17	34	34
18	10	10
19	2	2
Sex		
Male	31	31
Female	68	69
Sexual Orientation		
Heterosexual	80	81
Homosexual	4	4
Bisexual	11	11
No Response	4	4
Relationship Status		
Single	89	90
Closed Relationship	9	9
Open Relationship	1	1
Family Monthly Income		
Less than PhP7,890	27	27
Between PhP7,890 to PhP15,780	25	25
Between PhP15,780 to PhP31,560	39	40
Between PhP31,560 to PhP 78,900	6	6
Between PhP78,900 to PhP118,350	2	2
Place of Residence		
Within Dasmariñas	92	93
Outside Dasmariñas	7	7

Sex. Results of this research show that there are more females (69%) than males (31%) who enrolled in the ABM strand.

Kanoshawa (2008) distinguished males from females with regard to their interest and competencies. He said that males are systemizing and mechanistic while females are mentalistic and empathizing. This means that men are more inclined at analyzing and discovering how things work; thus, their constant desire to invent new things. On the other hand, females tend to focus on their and other people's emotions. They are fond of looking out for others and understanding their behavior so they could relate themselves to them.

The distinct characteristics of the male and female participants of this research may have significant impact on the above stated result. Since a career in management more likely requires communication and negotiation skills, constructive listening, honest and direct dialogue, and being sensitive to what motivates others (skills that are more exhibited by females), it is expected that more females would enroll under this strand.

Sexual orientation. According to Robinson (2016), sexual orientation refers to a person's emotional, romantic, and sexual attraction to individuals of a particular sex (male or female). In this research, sexual orientation was categorized into straight or heterosexual (people attracted to opposite sex), homosexual (people attracted to the same sex as his or hers), and bisexual

(people attracted to both sexes). Results show that majority (81%) of the research participants are straight while the least (4%) are homosexual. Interestingly, 11 percent said that they are bisexual while four percent posted no response.

There are various theories that try to explain why people have varying sexual orientation despite the existence of only two sexes. Most scientists today agree that sexual orientation is the result of a combination of environmental, emotional, hormonal, and biological factors. In other words, there are many factors that contribute to a person's sexual orientation, and the factors may be different for different people (Robinson, 2016).

Relationship status. The research participants were also asked about their relationship status. That is the mutual romantic feeling that exists between two people. Results show that most of the participants (90%) are single (or having no mutual romantic feeling with another person). Some (9%) are engaging themselves in a closed relationship, i.e., having a mutual romantic relationship wherein both individuals mutually agree for a mainstream relationship labelling themselves as boyfriend and girlfriend. A percentage, however, responded to be involved in an open relationship. Being in an open relationship means being involved in a relationship in which two people agree that they want to be together, but cannot exactly promise that they will not see other people too (Lovelorn, 2005). It is basically having a significant other and the freedom to connect with other people.

Family monthly income. The Philippine Statistics Authority, as cited by Albert et al. (2015), classified Filipino families into classes according to their monthly family income upon conducting a family income and expenditure survey (FIES). Based from that classification results, this research shows that a little more than one-third of the participants (39%) came from a low middle income family class (income ranges from PhP15,780 to PhP31,560) while two percent of them are from a high middle income family class (income ranges from PhP78,900 to PhP118,350). It cannot be disregarded, however, that a large group of the research participants fall in the poor (27%) and low income (25%) classes of Filipino families.

Place of residence. Almost all of the participants (93%) live in the city of Dasmariñas. Seven percent of them live in nearby cities and municipalities such as GMA and the cities of General Trias and Imus. Such result is expected since the school itself is situated in the city of Dasmariñas. Furthermore, upon validation of the students' response on this part, they opted to take their senior high school education at Congressional National High School because it is the most accessible senior high school to their place of residence. Likewise, some of them spent their junior high school days in the said institution hence; their preference to continue their senior high school therein.

Exposure to the Risk Factors of HIV

The participants were asked some questions assessing how exposed they have been to risky conditions that would allow HIV transmission. Table 2 shows the result on how exposed they were to the risk factors of HIV.

TABLE II: ASSESSMENT OF THE PARTICIPANTS' EXPOSURE TO HIV AND AIDS RISK FACTORS

RISK FACTORS	FREQUENCY (n = 8)	PERCENTAGE
Having been injected with drugs (including steroids, hormones, or silicone) and shared equipment (or "works," such as needles or syringes) with others	1	12
Diagnosed with or sought treatment for hepatitis or tuberculosis (TB)	3	38
Having had sex with anyone who has any of the risk factors for acquiring HIV or whose medical history is uncertain	4	50

Among the 99 participants in the study, eight confided to be exposed to risk factors that make HIV transmission possible. Majority of them (50%) have had sex with anyone whose medical history is uncertain while there is only one person who said that he has experienced being injected with drugs using the same equipment used by others. Those who confided to have experience in doing sexual intercourse with others are all males (three heterosexuals and one homosexual). Further validation of their answers through a one-on-one interview revealed that those who have had sex with others have done the sexual act while using a protective agent such as condom. Their sexual act is limited to penile-vaginal penetration except for the one who shared that he is already engaging himself in sodomy which is the sexual act that involves anal penetration. Additionally, most of the participants who already have experience in having sexual intercourse with others first tried it when they were 13 years old.

Referring to the guidelines set by the Canadian AIDS Society (2004) on assessing risk for HIV transmission, the research participants' having sex using a protective agent such as condom is considered to be a negligible risk for HIV transmission. Their act involves exchange of bodily fluids in which the amounts, conditions, and media of exchange are inefficient for HIV transmission to occur. On the other hand, the act of injecting drugs using the same equipment used by others by one of the participant is categorized to be high risk for HIV transmission since a lot of studies suggest that this kind of activity is associated with HIV infection while not being conclusive with the mechanism of transmission.

Level of Awareness on HIV and AIDS

In order to determine the level of awareness of the participants on HIV and AIDS, they were asked to answer a set of questions focusing on the mode of transmission, disease process, and prevention and treatment of the virus and disease, respectively. Table 3 summarizes the findings on this part of the study.

TABLE III. PARTICIPANTS' LEVEL OF AWARENESS ON HIV AND AIDS

Question	Percentage of Correct Responses (%)	Interpretation
Disease Process of HIV and AIDS		
1. HIV and AIDS are different things.	16.16	with low awareness
2. HIV stands for human immunodeficiency virus while AIDS stands for acquired immune deficiency syndrome.	34.34	with low awareness
3. HIV can infect humans but not monkeys, and other ape-like species.	72.73	with average awareness
4. AIDS makes a person experience different signs of disease which could be fatal.	25.25	with low awareness
5. HIV is a form of virus.	14.14	with low awareness
6. Having a sexual contact with a person with HIV is risky.	88.89	with high awareness
7. HIV has a window period of at least 6 months before it could be detected in the body.	41.41	with low awareness
8. AIDS does not develop by the time HIV enters the body.	78.79	with high awareness
9. A person starts to experience unexplained persistent fever in the third clinical stage of HIV infection.	83.84	with high awareness
10. Loss of weight is believed to be related to HIV.	42.42	with low awareness
11. Opportunistic infections are what ail people with HIV.	69.70	with average awareness
MEAN PERCENTAGE SCORE	52.13	with average awareness
Mode of Transmission		
1. HIV cannot be transmitted through feces, urine, saliva, and sweat.	35.35	with low awareness
2. It is OK to swim in a swimming pool where a person with HIV is also swimming.	40.40	with low awareness
3. A breastfeeding mother with HIV can transmit the virus to her infant.	88.89	with high awareness
4. It is fine to share food or utensils with a person with HIV.	31.31	with low awareness
MEAN PERCENTAGE SCORE	48.50	with low awareness
Prevention and Treatment		
1. Abstaining from sexual activity can prevent HIV transmission.	75.76	with high awareness
2. HIV because can already be cured.	77.78	with high awareness
3. I can go to the nearest HIV treatment hubs for a free HIV screening.	82.83	with high awareness
4. Proper use of condom can prevent HIV transmission.	73.74	with average awareness
5. I should avoid using and sharing used needles and syringes.	91.92	with high awareness
MEAN PERCENTAGE SCORE	80.40	with high awareness
OVERALL MEAN PERCENTAGE SCORE	60.50	with average awareness

Scale: 75% and above - 'high awareness'
51-74% - 'average awareness'
50% and below - 'low awareness'

The number of participants who had correct answer on each item is shown in the table above. Based from the findings, majority of the participants have an average awareness on what HIV and AIDS is, as shown by the overall mean percentage score of 60.5. Interestingly, further analysis of the results showed that majority of them are highly aware on the prevention and treatment (MPS=80.4) of HIV and AIDS but have minimal awareness on its modes of transmission (MPS=52.13). Only 31.31 percent are aware that they can share their utensils with PLWHA while there are only 35.35 percent of the total participants who know that HIV cannot be transmitted through feces, urine, saliva, and sweat. Also, less than a quarter of the

participants believe that that they can swim in a swimming pool where PLWHA are also swimming without getting infected by the virus.

The participants' minimal awareness on HIV transmission revolves on the misconceptions pertaining to it. Such suggests that their misconceptions be corrected and the four major modes of HIV transmission, which are through sexual contact, through the sharing of contaminated needles among HIV drug users, through the transfusion of contaminated blood products, and from an infected mother to her baby during pregnancy, be subsequently reiterated to them.

Attitude on HIV and AIDS

The participants' attitude towards HIV and AIDS was also determined in the study. According to Squire (2007), while we are entitled to our opinions, it is our moral responsibility to formulate non-prejudicial or non-discriminatory opinions for our fellows; hence, we need to understand the facts relating to a particular issue in order to make fair judgements and decisions. He added that it is easier to judge and condemn a person who is HIV positive or who has AIDS than it is to reach out with understanding and acceptance. This may well be true but he enjoined people not to fall into the trap of becoming self-opinionated and self-righteous but, instead, try to understand the other person from their perspective and their point of view. Only then can people decide on how they would like others to react and how they would like them to treat them.

In this part, the participants were asked to state their level of agreement on the 20 statements (the first 10 statements are about practicing safe sex while the other 10 statements are about dealing with PLWHA) presented to them. Their level of agreement on each statement determines how positive their attitude is towards HIV and AIDS.

As seen on the findings, the mean of 3.25, interpreted as very positive, and 2.56, interpreted as positive, are noted for the statements on practicing safe sex and dealing with PLWHA, respectively. Consequently, those findings yield the overall mean of 2.91, interpreting that the participants have positive attitude towards HIV and AIDS.

The participants generally value the practice of safe sex, a method known to be preventive at transmitting HIV. Interestingly, the participants have high regard with practicing a monogamous relationship as manifested by their 'very positive' attitude towards practicing abstinence until they find the right one to marry, being faithful to their partner, and limiting sexual contact with only one person. Such notion is complemented with another 'very positive' attitude averred by the participants towards immediately seeking medical attention should they find something unusual in their genitals.

TABLE IV. PARTICIPANT'S ATTITUDE TOWARDS HIV AND AIDS

QUESTION	MEAN RESPONSE	INTERPRETATION
On Practicing Safe Sex		
It is OK for me to avoid having sex with others until I find the right person to marry.	3.32	very positive
I should avoid too much and frequent intake of alcoholic beverages.	3.21	positive
I should not engage myself in any form of substance abuse.	3.19	positive
I am willing to undergo HIV screening anytime.	3.22	positive
The proper use of condom is necessary when having sex.	3.22	positive
I should be faithful to my boyfriend/girlfriend.	3.34	very positive
I should not engage in sexual contact with anyone without using any protection.	3.13	positive
I should limit my sexual contact to only one person.	3.32	very positive
I immediately seek medical attention if I found something unusual in my genitals.	3.32	very positive
I avoid sexual contact with a person I have just met.	3.22	positive
MEAN	3.25	very positive
On Dealing with People Living with HIV		
It is OK for a person with HIV to enroll in my school.	2.61	positive
It is OK for a person with HIV to share things with me.	2.15	slightly positive
It is OK for a person for a person with HIV to share the same classroom with me and my classmates.	2.25	slightly positive
It is OK for a person with HIV to have intimate relationship with me.	2.01	slightly positive
It is OK for a person with HIV to be my best friend.	2.61	positive
People with HIV and AIDS should be allowed to improve themselves through education.	2.73	positive
People with HIV and AIDS have a role to play in bringing awareness about the disease in the community.	2.88	positive
People with HIV and AIDS should enjoy the same right enjoyed by everyone.	2.69	positive
People with HIV and AIDS should not be limited from mingling with anyone.	2.67	positive
People with HIV and AIDS deserve to receive the best medical treatment.	3.06	positive
MEAN	2.56	positive
OVERALL MEAN	2.91	positive

Scale: 4 – 3.25 - 'vey positive'
 3.24 – 2.5 - 'positive'
 2.49 – 1.75 - 'slightly positive'
 1.74 – 1 - 'not positive'

While there is a general 'positive' remark from the participants when it comes to dealing with PLWHA, it can be noticed that there is still a sign of apprehension among them when it comes to establishing a direct contact with PLWHA. This is evidenced by their 'slightly positive' remark on sharing resources and establishing an intimate relationship with PLWHA. Negative attitude towards PLWHA consequently leads to stigma and discrimination, which eventually leads to the

increment of HIV cases. The WHO (2011) cited fear of stigma and discrimination as the main reason why people are reluctant to get tested, disclose their HIV status, and take antiretroviral drugs. Stayles et al. (2009) found that participants who reported high levels of stigma were over four times more likely to report poor access to care. This contributes to the expansion of the global HIV epidemic and a higher number of AIDS-related deaths. Unwillingness to take an HIV test means that more people are diagnosed late, when the virus may have already progressed to AIDS. This makes treatment less effective, increasing the likelihood of transmitting HIV to others, and causing early death.

Health Promotion Program on HIV and AIDS

The participants were asked what method of health education and promotion can be appropriate to raise their awareness on HIV and AIDS. As shown in Table 5, the top three methods preferred by the participants are lecture, video presentation, and one-on-one discussion.

TABLE V. PARTICIPANTS' PREFERRED HEALTH PROMOTION PROGRAM

METHOD	FREQUENCY*	RANK
Lecture	91	1
Pamphlets	26	5
Video Presentation	68	2
Poster Making	18	6
One-on-One Discussion	54	3
Role Play	34	4

*multiple response

According to Asperas (2005), the lecture and one-on-one discussion methods are teacher centered presenting strategies while video presentation is a media centered presenting strategy. The former are strategies wherein the teaching performing role is done by the facilitator or group leader. Asperas (2005) added that forum lectures or symposia are included in this kind of strategy. The latter, however, is a known strategy that supports learning among students after the content has been introduced to them. The Zane Education (2016) cited that video presentation is the most effective way of enhancing learning in a lesson, or unit of study. Video should be used as a facet of instruction along with other resource materials available in teaching a particular topic.

The participants may have chosen the lecture and one-on-one discussion because knowing its features and benefits, these methods can greatly supply the information they needed to be aware of what HIV and AIDS is. Such notion is supported by McCarthy (2002) wherein she said that lecture and discussion enables the participants to gain factual information which are presented to them in a logical manner. In here, inspiring experiences can be shared by the speaker and the participants' minds are being stimulated for discussion. Using this method is time efficient since it targets to educate a number of participants. Meanwhile, the participants also chose video presentation as one of the top three methods because it could further provide supplementary and meaningful information about the topic that has been discussed. In fact, Galbraith (2004) mentioned that pairing video presentation with other effective teaching methods facilitates mastery of learning. At the same

time, it enjoins the students to be inspired and engaged in comprehending the topic further (Willmot et al., 2012).

Based from the findings herein, a health promotion program was then conceptualized aiming at raising the awareness of the participants and influencing them to foster a more positive attitude on issues pertaining to HIV and AIDS. An awareness symposium was planned to be conducted for the said purpose. The conduct of a symposium was chosen since this best establishes the use of the top three methods preferred by the participants on raising their awareness on HIV and AIDS.

In the awareness symposium, the topics included were the nature, modes of transmission, and methods of prevention of treatment of HIV infection. Stigma reduction was also included in the symposium to influence the participants in developing a more positive attitude in dealing with issues on HIV and AIDS. The awareness symposium was held on 3 November 2016 and it was participated by the 99 participants of the study. The entire activity lasted for three hours.

Effectiveness of the Health Promotion Program

A post-test was done as soon as all of the topics had been discussed to evaluate whether there have been changes on the participants' level of awareness and attitude towards HIV and AIDS after the symposium conducted. In here, the participants were asked to answer the same questions that they answered in the survey questionnaire they previously accomplished. This was intentionally done to find out if there would be some changes in their previous responses after an intervention has been done. Each participants' post-test score was summarized and then compared to their previous score (pretest) when they were first asked to answer the questionnaire. Statistical comparison of their responses was done subjecting the data to t-test.

TABLE VI. DIFFERENCE ON THE PARTICIPANTS' KNOWLEDGE AND ATTITUDE ON HIV AND AIDS BEFORE AND AFTER THE HEALTH PROMOTION PROGRAM

PARAMETER	PRE-TEST		POST-TEST		t-value	p-value *
	Mean	Interpretation	Mean	Interpretation		
Knowledge	11.79	Average Awareness	16.78	High Awareness	12.676	1**
Attitude	2.91	Positive	2.92	Positive	1.782	0.96*

*df = 98

**significant at 0.05 level

Table 6 shows that the mean score of 16.78 was achieved by the participants in the post-test given to them with regards to their knowledge or level of awareness towards HIV and AIDS. This is interpreted as 'high awareness' which means that after the intervention, the participants achieved high awareness of the topic presented, which is on HIV and AIDS. The mean score in the post-test is evidently higher than the mean score (11.79), interpreted as average awareness, of the participants when they took their pretest. Comparing the two means via t-test further indicated significant difference between each other. This indicates that while the participants already have prior knowledge on what HIV and AIDS is, their awareness was further heightened after the awareness symposium.

With regards to change in attitude, the overall mean of 2.92 is yielded, which indicates that the general attitude of the participants towards HIV and AIDS after the intervention is still 'positive.' While the same interpretation can be seen among the participants' responses in the pre-test and post-test, comparing their mean responses showed significant difference after subjecting these to t-test (p-value = 0.96). Careful analysis of the result revealed that after the awareness symposium, the participants' attitude towards HIV and AIDS somehow changed more positively.

Maphoso (2009) conducted the same intervention to raise the awareness and then positivize his participants' attitude on HIV and AIDS. Just like in his study, the one day awareness symposium was found enough to raise the participants' awareness on HIV and AIDS. Nevertheless, there was no change noted when it comes to his participants' attitude towards HIV and AIDS after conducting his awareness symposium. Despite the apparent change among the study participants' attitude towards HIV and AIDS, a continuous campaign on HIV and AIDS awareness is deemed necessary for them to be somehow reminded of the facts about the virus and the disease and eliminate any misconception about it.

IV. CONCLUSION

Based from the results obtained in the study, the following conclusions were formulated:

Most of the participants were 16 years old, female, heterosexual, and single. Majority of them came from the low middle income family class and are residing within the city of Dasmariñas.

Majority of the participants were not exposed to the risk factors of acquiring HIV. Nevertheless, among the participants who were found to be exposed to the risk factors of HIV transmission, most are at negligible risk while there was one at high risk for HIV transmission.

The participants generally had average awareness on the disease process of HIV and AIDS and low awareness on its mode of transmission. With regards to the prevention and treatment of HIV and AIDS, the participants were found to have high awareness.

The participants manifested very positive attitude towards performing safe sex measures. They likewise showed positive attitude in terms of dealing with PLWHA.

The three most preferred method of health promotion by the participants were lecture, video presentation, and one-on-one discussion.

The health promotion program conducted was found to be effective in raising and positivizing the participants' awareness and attitude, respectively, towards HIV and AIDS.

V. RECOMMENDATION

In light of the limitations and delimitations of the study, the following are hereby recommended:

The level of awareness and attitude towards HIV and AIDS of the students in the other strands of the senior high school should also be explored.

The participants should also be made aware of the other sexually transmitted infections, aside from HIV and AIDS.

Further studies may be done in determining if the participants' profile has significant relationship on their knowledge and attitude towards HIV and AIDs.

The findings of this study may serve as reference for other researchers who are conducting studies pertinent to HIV and AIDs.

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