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Attitudes towards sexual behaviour change communication in Filipino prisons

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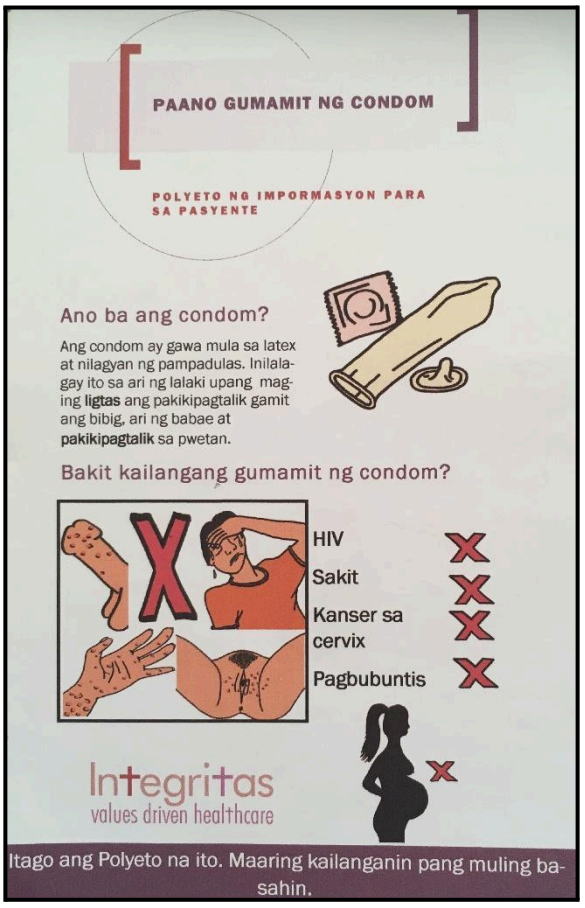

Figure 1. Front page of sexual health information leaflet 2 ‘how to use condom’ in Tagalog, designed as part of data collection tools.

Abstract

Introduction

Filipino prisoners have both a greater risk of sexually-transmitted diseases and limited to no access to healthcare. Behaviour change communication (BCC) entails the use of various mediums to positively influence health behaviours. There are very few studies worldwide on the use of sexual BCC within prisons, particularly in lower-income settings. Effective and acceptable BCC should be culturally-appropriate and suited to the target group.

Aim

To explore the sociocultural context of sex and sexual health in Filipino jails and explore attitudes and opinions about methods of sexual BCC.

Methodology

Sixteen semi-structured interviews were conducted with male and female adult current or ex-prisoners of four remand jails in central Luzon in the Philippines. Interviews were recorded and transcribed and thematic analysis applied to the data.

Findings and discussion

Findings were presented, analysed and discussed with respect to participant context and limited existing literature on the topics. The findings on sociocultural context of sex demonstrate a range of attitudes and norms of Filipino prisoners from conservative to liberal. Most participants had limited exposure to sexual health information before jail, highlighting the need for BCC. Opinions on group sessions were obtained, with salient findings including preferences for single-gender group teaching, and for professional-led sessions. Acceptability of written information was explored, showing the preference for the leaflet with clear, concise but adequate information. Contrary negative opinions and concerns were taken into account when forming recommendations for acceptable BCC as these should be made appropriate for all prisoners.

Conclusion

BCC should be designed with the diverse findings on sexual culture in mind to ensure the content is relevant and culturally-appropriate. Culturally-appropriate and acceptable BCC using multiple methods, such as group sessions and leaflets, should be implemented in a timely manner. These methods are important to ensure information reaches all prisoners.

Contents

List of Acronyms

POCM - Philippines Outreach Christian Ministries

STDs – Sexually-transmitted diseases

HIV - Human immunodeficiency virus

AIDS - Acquired immune deficiency syndrome

LMIC - Low and middle-income countries

BCC - Behaviour change communication

BJMP - The Bureau of Jail Management and Penology

HCW – Healthcare worker

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Group project statement

200828021 and I have worked as a pair during this research project. We were consulted in the planning process of each other’s projects, creating the same participant information sheet and consent form, as part of a joint ethical approval application, that are included in the appendices. However, we developed our question guides and data collection tools independently of each other, to answer our own aims and objectives, which we then compiled to create a singular interview question guide. We conducted our interviews with the same participants at the same time, alternating the roles of interviewer and scribe. We therefore may include the same table displaying our participant demographics. We then transcribed and analysed our respective interview sections. Consequently, our methodology will be similar as we have used the same study design and sampling methods, and have encountered similar limitations. There may also be similarities within the introduction sections of this report, for example, discussing the background of the prison environment, and sexual health in the Philippines. Finally, we may comment on each other’s findings in our findings and discussion sections.

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Acknowledgements

I would like to thank my supervisor Dr Rebecca King for her continued support and advice during my academic year. I would like to thank the Philippines Outreach Christian Ministries (POCM) for aiding me in my research by providing transport, translators and support throughout my fieldwork. Above all I would like to say a huge thank you to my host, Dr Rachael Pickering from Integritas Healthcare, for guiding me through the process of research in Filipino prisons despite many challenging circumstances.

1. Introduction

1.1 Sexual health in prisons

Prison populations have a greater disease burden than the general population due to an array of factors including inadequate access to healthcare and poor living conditions (1). Prison populations carry a greater risk of having sexually-transmitted diseases (STDs), including human immunodeficiency virus (HIV) and human papillomavirus that lead to AIDS and cervical cancer respectively, due to higher incidences of risky behaviours such as unprotected sex, sex work and injecting drug use (2-4). In many low and middle-income countries (LMIC), prisoners acquire STDs through sexual practices in jail that may be more common due to the non-separation of sexes and transactional sex (1, 5).

1.2 The Philippines

The Philippines is a predominantly Catholic lower-middle income country with resultant historically low provision of contraception, including condoms, and scarce sex education in schools due to political opposition (6, 7). In 2017 HIV incidence in the Philippines was the greatest in the Asia-Pacific region, and the country is facing a concentrated epidemic where over 80% of infections are occurring in men and transgender women who have sex with men (8). Other populations mainly affected by HIV in the Philippines include injecting drug users and female sex workers; there is a high prevalence of sex workers in Central Luzon (9). These

factors highlight the vulnerability of Filipino prisoners' sexual health. Improving the sexual health of pre-trail prisoners is a priority for both the individual's health but also imperative for population health as many will be released back into society; in 2017 there were approximately 133,000 remand prisoners in the Philippines (10).

1.3 Behaviour change communication interventions

Behaviour change communication (BCC) can be defined as the use of various mediums to inform a population in order to promote healthy changes in specific behaviours (11, 12). It is recognised that effective BBC must consider local culture, context and perspectives of the target group to be effective (13). A culturally appropriate intervention should reflect the target group's cultural characteristics, including their values, and their attitudes, expectancies and norms towards the targeted behaviour (14, 15). This is especially important in the unique setting of a prison, when considering sexual health, a highly sensitive topic.

1.4 Justification for research

Comprehensive systematic database searches revealed limited existing literature on sexual health interventions or BCC in prisons worldwide. Very few of these studies were in LMIC, highlighting the need to fill the gap in the literature to improve the sexual health of this vulnerable population. A study exploring HIV vulnerability in pre-trail jails in Luzon in 2017 developed recommendations of constant condom provision and educational programs for prisoners (16). Gaining insight into Filipino sociocultural context of sex and exploring prisoner's previous sources of sexual health information and opinions on different methods, will aid designing culturally acceptable and appropriate sexual BCC. The results of this study, alongside a partner study (17) should assist the designing, funding and implementation of suitable interventions.

2. Aims and Objectives

2.1 Aim

To explore the sociocultural context of sex and sexual health in Filipino jails and explore attitudes and opinions about methods of sexual BCC.

2.2 Objectives

- Explore the sociocultural context of sex and sexual health in Filipino jails
- To determine previous sources of information about sexual health both inside and outside of jail
- Investigate the acceptability of different sexual health information leaflets
- Explore the acceptability of group sexual health education sessions

3. Methodology

3.1 Study design

A qualitative approach was used as this allowed thorough exploration of prisoner's previous experiences and opinions. Qualitative methods were particularly suitable for this study as they are useful to shed light on subjects that have limited existing research (18). Semi-structured interviews were aptly used to gain insight from participants on specific and personal topics, whilst maintaining the flexibility to discuss certain responses in greater detail (18). Ethical approval was granted from the University of Leeds, and subsequent changes to the study design were approved by the research host and supervisor.

3.2 Study Location

The research was conducted in Central Luzon (Region III) in the Philippines. The participants were prisoners or ex-prisoners of four remand jails where inmates are awaiting trial: Olongapo District Jail, Iba Provincial Jail, Pampanga Provincial Jail, Angeles District Jail.

Figure 2. Map of Philippines, from (19).

3.3 Sampling

The initial study design entailed sampling between fifteen and twenty male and female adult prisoners. Adults of both genders were included as the whole prison population would benefit from interventions and they may have very different experiences and opinions on sexual BCC methods. This sample size was selected as it should be sufficient to identify emerging themes in the range of participant responses, but also be temporally and financially feasible to perform data collection and in-depth analysis (18, 20). Purposive sampling of lesbian prisoners was performed to gain insight into this group's experiences and attitudes towards various BCC, with the foresight of adapting sexual BCCs to their preferences and needs. This was possible due to their self-identification in their appearance. Due to unforeseen circumstances, we were unable to conduct interviews at Olongapo District Jail, and therefore adapted our inclusion criteria to encompass ex-prisoners too. This ensured that we were able to obtain a large enough sample in the fixed fieldwork timeframe. Consequently our sample consisted of 7 prisoners, including 2 lesbians, and 9 ex-prisoners.

Participants were recruited via gatekeepers using convenience and snowball sampling techniques (18). The charity we worked with, Philippines Outreach Centre Ministries (POCM), acted as a gatekeeper identifying ex-prisoners they were affiliated with, with further ex-prisoners identified using snowballing. Prisoners were recruited using convenience and purposive sampling. Due to scheduled prison activities the prison mayor, who is an inmate with authority, acted as a gatekeeper to identify prisoners who were available. Purposive sampling of lesbians and younger males was used to ensure a range of demographics within our sample.

3.4 Data collection

Sixteen participants were interviewed between 28th May and 8th June using the same interview guide (Appendix 1). Participants were given time to read, or have read to them, the participant information sheet and consent form (Appendix 2-3) in Tagalog, before being given the option to ask questions and participate. An experienced translator from POCM, of the same gender as the participant, was used to directly translate all interviews, apart from with three ex-prisoners who were fluent in English. A co-researcher undertaking a partner study was also present during the interviews. The interviews were recorded using an encrypted audio recorder and scribed by the co-researcher. All participants and translators were briefed on confidentiality and anonymity, and interviews were conducted in locations with privacy. Three participants who travelled out of their neighbourhood for the interview were reimbursed for their travel costs.

3.5 Data analysis

Exact transcriptions were prepared to accurately capture participant's speech in a standardised format (21). Initially priori codes were deductively generated from the question guide and the transcripts were re-read to ensure familiarisation with the data. Then using printed transcripts and coloured pens, new sub-themes were inductively drawn from the data. These themes were refined and organised to create the coding framework that was applied to all transcripts in order to summarise the data and address the research objectives (18, 22). The Framework Method of thematic analysis was used to facilitate comparisons of data within and between cases, whilst retaining the context of each case (22). This was particularly useful given the heterogeneity of the sample, as shown in Table 1. To organise and store the data, Microsoft Excel was used to create the framework matrix (23). The interviews produced rich and extensive data and due to the restricted length of this report, only the salient findings are discussed.

Participant Code	Gender	Age	Relationship	Sexual orientation	Jail	Duration Years (months)	Year released
C	Female	50	Married	Heterosexual	Olongapo	1 (2)	2015
G	Male	58	Married	Heterosexual	Olongapo	4	2010
A	Female	60	Married	Heterosexual	Olongapo	4 (6)	2010
D	Female	49	Partner	Heterosexual	Olongapo	3 (5)	2004
F	Female	37	Partner	Heterosexual	Iba	2 (3)	2007
B	Female	46	Partner	Homosexual	Iba	1 (1)	
J	Female	26	Single	Heterosexual	Iba	(4)	
M	Female	31	Partner	Heterosexual	Iba	1 (2)	
L	Male	31	Married	Heterosexual	Pampanga	8	2015
K	Male	49	Partner	Heterosexual	Pampanga	3 And 2	2008 And 2016
R	Male	26	Single	Heterosexual	Angeles	5 (5)	2017
O	Male	55	Married	Heterosexual	Pampanga And Angeles	16 And 6	2016
H	Male	25	Single	Heterosexual	Iba	(10)	
Q	Female	49	Single	Homosexual	Iba	(9)	
N	Male	20	Single	Heterosexual	Iba	(11)	
P	Male	26	Partner	Heterosexual	Iba	(2)	

Table 1. Participant demographics.

3.6 Limitations

The use of members of POCM, a Christian charity, as gatekeepers and translators may have affected the findings. The ex-prisoners identified through POCM are devout Christians, often with more conservative beliefs, which is likely to affect their responses on the research topic. Consequently opinions may be more skewed than if the sample consisted of randomly selected participants, influencing the accuracy of findings. The use of POCM translators may have introduced some social desirability bias as participants may alter their responses to what that they believe are more favourable to the translators (24).

Incorporating ex-prisoners has produced richer data than previously possible due to sampling from *four* jails, and some ex-prisoners who were incarcerated for *many* years, enabling greater insight into their varying and more extensive prison experiences. However, some ex-prisoners were released from jail as long as 14 years ago, which may introduce some recall bias and render findings outdated (25). Some prisoners interviewed were in jail for as little as 2 months which must also be considered when cautiously analysing and interpreting their responses. The sample is subject to self-selection bias as prisoners who are literate or feel more comfortable discussing sex are more likely to decide to participate (26). For example, the views of one prisoner who decided against participation after reading the information sheet may have been important to consider when designing appropriate BCC.

Although translators were fluent in both languages, the translation of complex conversation may cause responses to be inaccurate, and on occasion translators had to be reminded not to paraphrase as this removes content and context from the data (27). My inexperience as a researcher also caused variable quality of the interviews. My interviewing skills progressed and I was later able to more effectively explore topics or probe using themes identified from previous participant responses.

Generalisability of the sample is not possible for many reasons. Firstly the small sample size of sixteen meant that data saturation was not possible (18). Secondly the use of convenience sampling means that the sample is unlikely to be representative of the prison

population (18). Triangulation or respondent validation were not possible due to logistical reasons, hence validity could not be enhanced by these methods (18).

4 Findings and discussion

This section is structured according to my main categories and themes as shown in Figure 3, and includes description, analysis and discussion of the main findings.

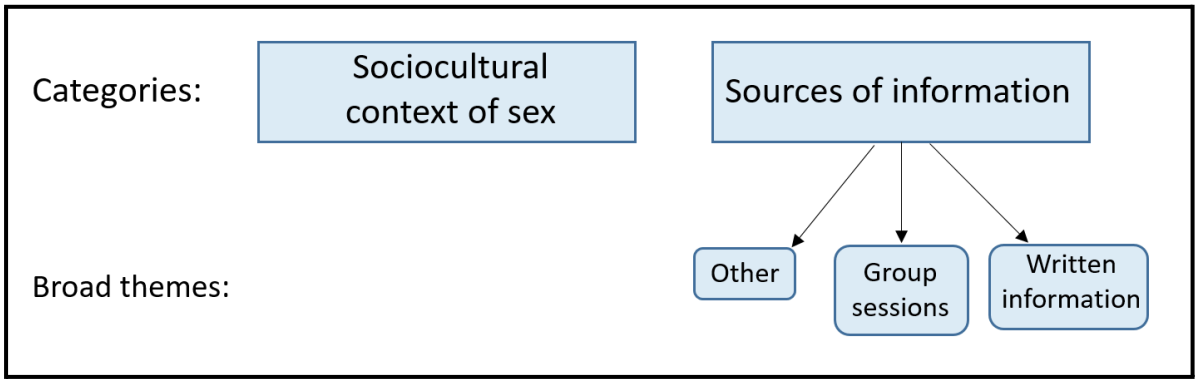

Figure 3. Diagram showing broad organisation of findings.

The first category of 'sociocultural context of sex' addresses the first objective and the second category 'sources of information' addresses the remaining three objectives. Direct quotations from participants are labelled with their participant code and are used to illustrate emerging themes and contradictory findings (28).

4.1 Sociocultural context of sex

Figure 4 displays the hierarchy of themes identified when discussing topics in this section.

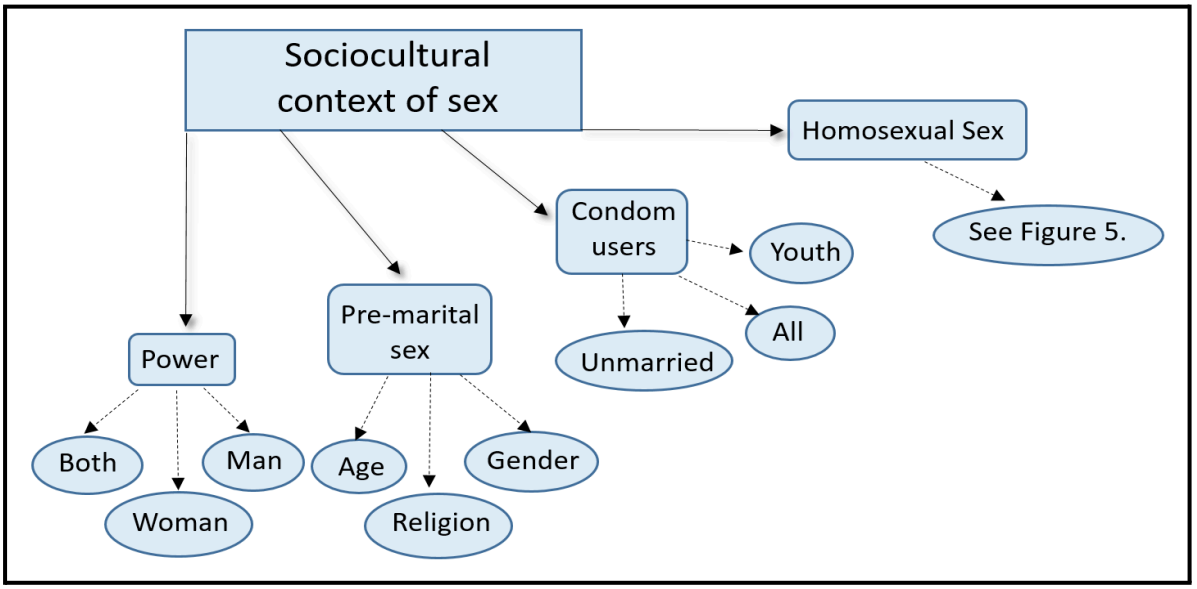

Figure 4. Diagram of 'sociocultural context of sex' themes.

4.1.1 Power

Half of the participants believed that a man has more power than a woman in a relationship, often because they are considered "the head of the family" (Q). Some participants discussed an equal or variable power balance. Three participants stated that the woman often has more power. These were interestingly the youngest male participants interviewed, which may suggest changing norms.

“Most of the time in a relationship the man is the one who’s decision is final, but there are times more recently in this generation where the woman is more dominant.” (G)

4.1.2 Pre-marital sex

Some participants believed that men may be more likely to have pre-marital sex than women, yet the converse belief was not voiced by anyone. Frequent was the perception that nowadays pre-marital sex is common, especially amongst young people. However this was not a practice supported by all Filipinos, particularly the older participants.

“Really in Filipino custom you must marry before you make sex. But as time goes by, generations…not going in our tradition like that.” (K)

Two participants related to POCM strongly opposed it due to their Christian beliefs. This is an instance where the non-representative nature of convenience sampling may have influenced the findings.

4.1.3 Condom users

Many participants did not believe that age or marital status affected condom use, whereas others expressed strong opinions:

“If your wife, why you need to use like that?” (R)

“More of the youth…they are using condoms than the old” (O)

The perceived higher use of condoms amongst youth may be explained by recent increasing sexual health education in schools and provision of family planning due to increasing political will (29).

“Now I think that some schools are advising it” (A)

Participants suggesting that condoms are not used by married couples is aligned with the findings of a previous study- that Filipino culture sees not using condoms as a demonstration of couples’ contentment and desire for a family (16).

4.1.4 Homosexual sex

Homosexual sex was discussed within the context of the Philippines and prison, which generated sub-themes depicted in Figure 5.

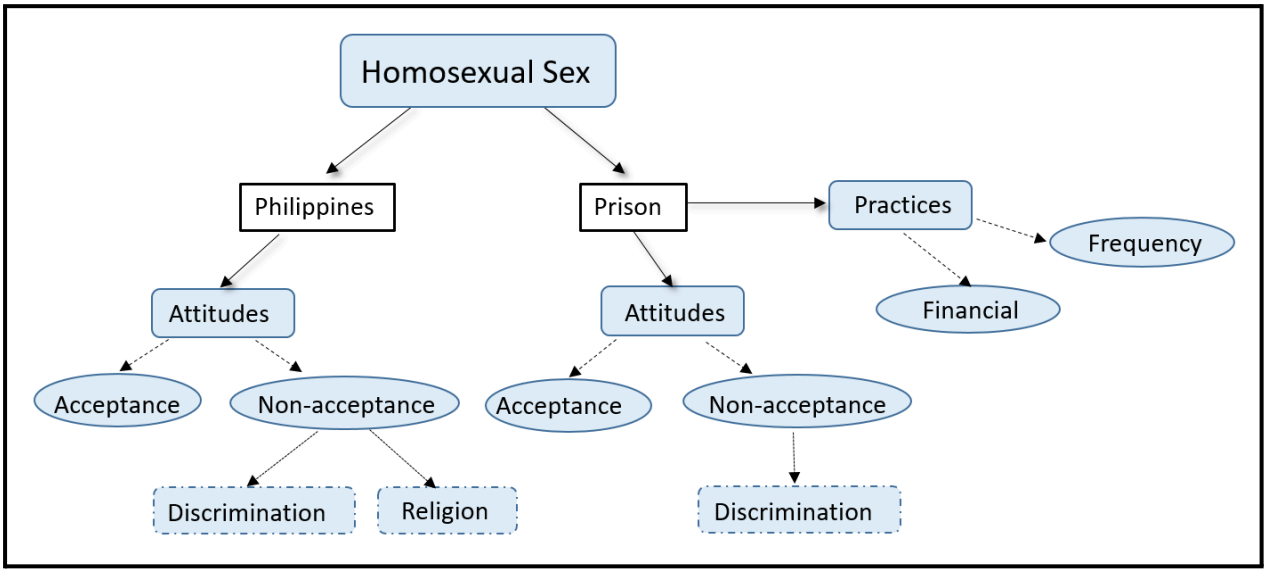

Figure 5. Diagram showing 'homosexual sex' sub-themes.

Philippines

The majority of participants discussed perceived prevalent negative attitudes towards homosexual sex in the Philippines. Sub-themes of religion as a reason for, and discrimination as an effect of, Filipino's widespread non-acceptance were noted. This may be explained by over 81% of Filipinos being Roman Catholics and 11% other Christian denominations (30).

Conversely five participants suggested increasing acceptance of it, suggesting that this may be the prevailing stance.

“Before it is condemned, but now it is like it is accepted within society.” (G)

Prison

Attitudes

Five participants believed that homosexual sex was also not accepted in the prison environment, two mentioning discrimination. Many participants however mentioned acceptance of male homosexual sex by prisoners.

“There are instances that they are being bullied, but most of the guys accepted them” (O)

Practices

Many participants mentioned that homosexual sex is not permitted in jail. Four female ex-prisoners believed it was uncommon, as those caught are separated in a lesbian cell. One female inmate however suggested that lesbian sex was common.

“It’s a lot, even in the girls…it still happens…most of the women now are really interested in having sex with the same sex” (Q)

This may be explained by the four ex-prisoners being detained at the BJMP run Olongapo District Jail that has stricter regulations, contrasted with the other prisoner from the more lax Iba Provincial Jail. Some male prisoners suggested that it was normal or common for single male inmates to have homosexual sex. Two participants suggested that it was for pleasure; two others stated financial reasons.

“A straight guy doesn’t have any visitor, and there is a gay who is interested to him, he will entertain the gay for financial purposes only” (O)

The findings on sociocultural context of sex show a wide range of opinions and norms of sexual behaviour amongst participants. Findings also suggest that beliefs and norms may vary inside and outside of the prison environment. For example, one participant mentioned that many inmates have both a relationship inside and outside of the prison. This has

important implications for designing culturally-appropriate BCC for Filipino prisoners in remand jails.

4.2 Sources of information

4.2.1 Other

Other sources of information about sex and sexual health discussed were parents, school, health centres and co-prisoners.

Parents

Only five participants mentioned parents teaching their children about sex, and none of these entailed messages about contraception or sexual health.

“In my personal opinion, some parents are afraid to teach something about condoms to their children.” (O)

School

Sexual health education including contraception was experienced by eight participants in high school. Some talked of schools progressively introducing sex education, one remarking on opposition from the Catholic Church which is discussed in the press (31). Interestingly some participants as old as fifty-five stated that they had teaching on condoms in school, thus questionable is the level of detail and content of this education.

Health centres

Health centres were identified as sources of information about contraception by only five participants, with two explaining that not every community health centre has teaching on family planning. This reflects the limited and inequitable provision of family planning by government health facilities (32) that has contributed to the high unmet need for family planning (33, 34).

Co-prisoner

Only five prisoners confirmed having informal conversations about sexual health with other inmates. No participants mentioned prisoners with a specific voluntary medical role including advising others on sexual health. This is inconsistent with the findings of a previous study in Filipino jails where sexual health was discussed positively and openly with inmates called 'cell medics' (16).

Nothing

Five prisoners suggested that they had no experience of sexual health education before jail. Participants' limited exposure to sexual health information prior to jail highlights the need for timely BCC targeted at this vulnerable population.

4.2.2 Group sessions

Figure 6 shows the main themes identified when discussing group sessions that are presented in this section.

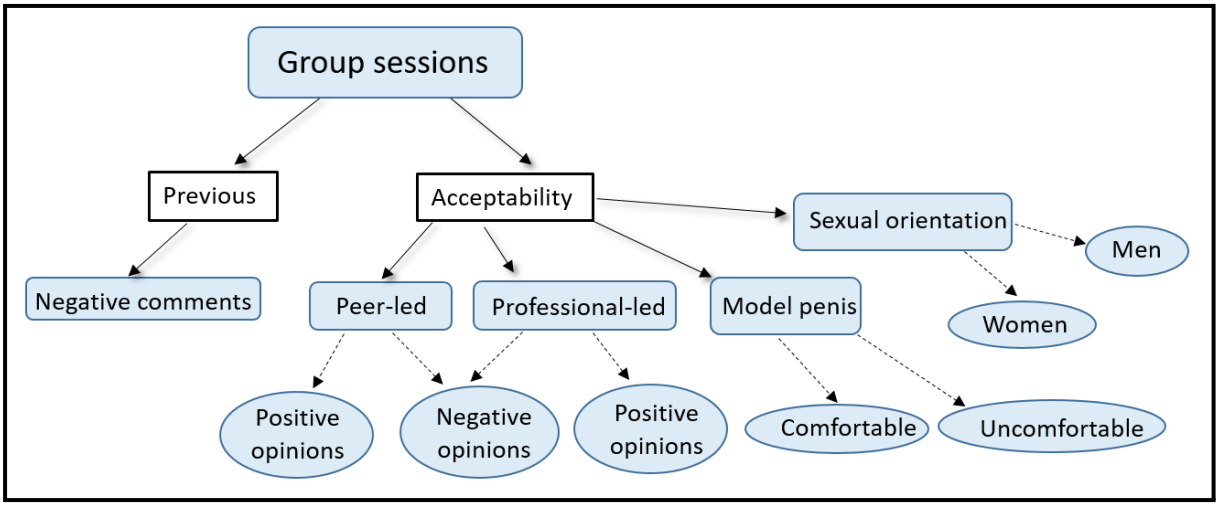

Figure 6. Diagram of 'group sessions' themes

Previous

Eight participants recalled large outdoor seminars run by medically trained staff about sexual health, including condoms and safe sex. Four of these remarked that it was solely about HIV and AIDS; one stating that it was only during prison awareness month. Many participants commented on the irregularity and infrequency of sessions and many had no recollection of any teaching within prison. Recall bias and outdated information are likely to affect the accuracy of findings from ex-prisoners.

Negative comments

Despite many participants believing that prisoners found previous group sessions useful, negative opinions were also highlighted. Negative comments about the sessions included large group sizes of about 200, restriction on who may attend, and limited utility of teaching on condoms as they are rarely used.

“Actually those people who are allowed to listen are being selected by the cell leader... Especially if you are a newcomer, you are not allowed to go outside the cell” (O)

“Even though they allow men do not enjoy to use condom in sex” (K)

This finding corroborates that of a previous study that reported male pleasure as the deciding factor of condom use by female Filipino prisoners (16). Other negative comments centred on the simultaneous teaching of male and female inmates. One female participant felt uncomfortable in a group with men, whilst another discussed disengagement as inmates were only interested in seeing their boyfriend or girlfriend in the session.

Acceptability

Peer-led

A previous study recommended considering peer-education on HIV in Filipino jails to overcome the barrier of limited resources (16). Peer-education on topics including HIV have been trialled, mostly in high-income country prison settings, and often found to be effective and feasible, as well as preferred to professional-led (35, 36). Five participants believed that they would feel comfortable with group sessions run by a prisoner who has been educated

by a healthcare worker (HCW), however only one explicitly expressed a preference for peer-teaching.

“They will be more comfortable because they can ask more questions with the prisoner” (F)

Three participants said that they would feel uncomfortable talking to other prisoners about sexual health. Subthemes of distrusting knowledge, embarrassment and disengagement emerged from responses about peer-education. The majority of participants expressed a strong preference for professional-led sessions due to their greater knowledge of sexual health, some expressing strong concerns about the credibility of peer-educators.

“It is quite hard to believe. Of course they will not listen because they are both in prison” (N)

The trustworthiness of the source of information is known to have a powerful impact on the effectiveness of BCC (37). The prisoners’ perceptions of their peers as being untrustworthy, and their respect of medical mission staff may explain their preference for, and suggest greater effectiveness of HCW-delivered messages.

Professional-led

The majority of participants were positive about HCW-led group sessions, commenting that you can learn a lot by asking questions and sharing ideas. Although one participant explained that she would not attend as she would feel uncomfortable in a group. Some prisoners shared concerns about feeling uncomfortable or inmates being disengaged if the group comprised of male and female prisoners.

Model penis

When discussing the use of a model penis to learn about condoms in group sessions, most participants expressed that they would feel comfortable. Some specified that they would feel uncomfortable if it was in a mixed-gender group, another if the group was large. One participant described this occurring in a previous session, and inmates feeling uncomfortable and disengaged when a volunteer was asked to demonstrate. An older female participant, who was positive about single-sex group sessions, stated that she would not feel comfortable or attend if a model penis was used. However thought it would be acceptable to give inmates the option to leave before any demonstrations.

Sexual orientation

Men

Seven of the male participants stated that they would feel comfortable for homosexual and heterosexual prisoners to attend the same group session about condoms. One man however expressed a preference for them to be taught separately to improve engagement, as some gay and straight men are in a financial relationship.

“When they are together sometimes they are not actually listening seriously, especially when they are secretly related” (O)

Women

Three female participants responded that they would feel comfortable attending a group session with heterosexual and homosexual women, with teaching on both condoms and dental dams. However four others expressed a preference for them to be educated separately as they have different information needs or may feel embarrassment. One prisoner who made the following statement also suggested that some women may not have disclosed their sexual orientation.

“Most of the women now are really interested in having sex with the same sex” (Q)

Tailoring BCC messages to the specific audience maximises the likelihood of their effectiveness (37). By delivering male and female sessions separately, the messages can be targeted at each group, as well as avoiding disengagement and discomfort.

Recommendation 1

That BCC in the form of professional-led group sessions about sexual health, including how to use condoms, be implemented in jails by Integritas Healthcare by 2020. This will require Integritas Healthcare to obtain and allocate additional funding and human resources. These sessions should be delivered to males and females separately, with separate sessions for lesbians about dental dams. A model penis should be used at the end of the session after

allowing inmates to leave if they wish. The session about dental dams should be scheduled following the female session about condoms, allowing women with an interest in learning or relevance to them to stay, without being forced to disclose their sexual preferences.

4.2.3 Written information

Figure 7 depicts the main themes that are discussed within this section.

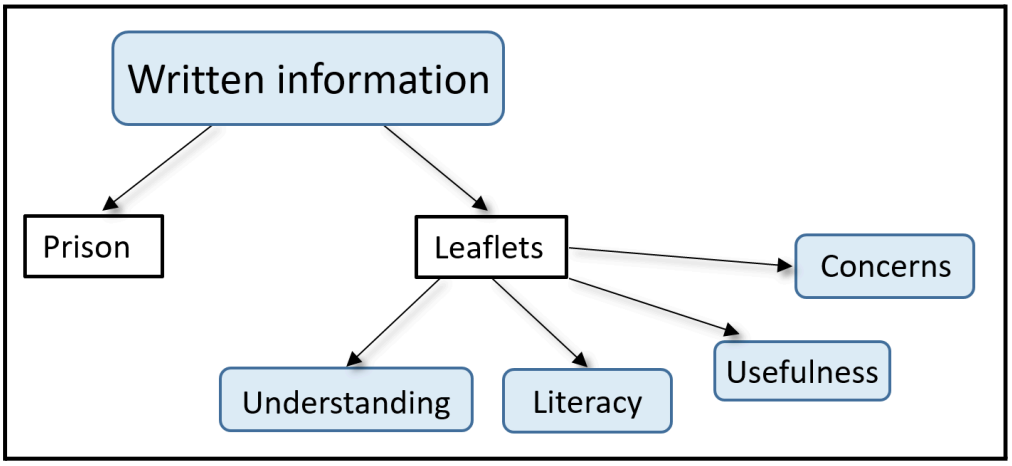

Figure7. Diagram of 'written information' themes.

Prison

Only six participants stated that they had received written information in jail about sexual health or HIV and expressed positive opinions about their usefulness. These prisoners covered all four jails, which when examining the time periods of their imprisonment, suggests that recall bias or misunderstanding may have affected some participant responses.

Leaflets

Three slightly different leaflets in Tagalog about 'how to use a condom' or 'how to make a dental dam' (Appendices 4-9) were presented to fourteen participants. Two participants did not bring their glasses therefore aspects of the leaflets were discussed instead.

Understanding

Eight participants found the second leaflet easiest to understand and so most acceptable; six participants found the first, most detailed, leaflet more preferable. No participants stated a preference for the third basic leaflet due to insufficient information. It was expressed by many that information about the specific diseases being prevented is important, but also that the first leaflet may have too much writing.

'I understand because it talks about HIV, sickness, cancer of cervix' (H)

Participant H, who was unable to read the consent form, preferred leaflet 2 as it clearly lists the things that condoms prevent. Evidence suggests that conveying messages using clear and simple language is both easier and more effective if this is suited to the target audience (37).

Literacy

Discussion around prisoner literacy emerged varying opinions from all prisoners being able to read well through to almost a third being unable to read leaflet 1. Perceived prisoner literacy decreased the acceptability of leaflet 1. When asked whether leaflet 2 had enough information about why one should use a condom, participant M replied:

"No, but people will understand it more, especially those who are not educated."

Although the Philippines has a high adult literacy rate of 95% in 2013 (38), literature suggests that prisoners in general are believed to have poor literacy compared to the general population (39). This suggests that the sample may not be representative of the jail population with respect to literacy.

Usefulness

All participants believed that prisoners would find leaflets like these useful. Participant L emphasised the importance of sexual health BCC for disease prevention due to their lack of access to unaffordable healthcare.

Concerns

Literature on designing health information warns against the use of offensive and culturally unacceptable content, especially if sensitive, such as representations of the body (40). Participant D was alone in expressing disliking of the graphic images on the front of the leaflet. She stated that she would not read it as a consequence, but proposed an acceptable solution for the images to be put inside.

Recommendation 2

Literature shows that multiple methods of BCC are more effective as messages are reinforced (11). Therefore it is also recommended that culturally appropriate leaflets in Tagalog, similar in complexity and content to leaflet 2, about 'how to use a condom' and 'how to make a dental dam' be produced, piloted and distributed by Integritas Healthcare to all prisoners in remand jails by 2020. The leaflets should contain a final section with further information for those prisoners able and keen to read. Any potentially offensive or sensitive images should not be included on the front of the leaflet to improve acceptability.

Recommendation 3

That Integritas Healthcare expand their sexual health service to include regular and sufficient distribution of free condoms to prisoners by 2020, alongside the new BCC interventions. This should facilitate safe sex by removing the barriers of cost and access, that were cited by prisoners in this study.

Recommendation 4

That research to review recommendations 1 to 3 is conducted by 2021 following their implementation. This may ascertain their effectiveness by determining whether the messages were understood and acted upon, as well as gaining feedback from prisoners on

their experience of these new interventions. This research may be feasibly conducted by International Health students and will inform future modifications to the interventions (40).

5. Conclusion

The findings of this study allude some context of sexual culture in Filipino jails relevant to designing culturally-appropriate BCC. Prisoners' limited previous exposure to sexual health education has also been determined, highlighting the need for information provision. Group sessions are necessary to fully inform those inmates that have poor literacy or low motivation to engage with written materials (41). Equally leaflets are important to reach those that may not be permitted, not be well enough or not feel comfortable to attend group sessions. Exploration of acceptability of group sessions and leaflets has informed recommendations for the implementation of appropriate future sexual BCC in Filipino jails.

6. Reflective conclusion

Fieldwork

Working with our host from Integritas Healthcare and POCM was immensely valuable both in gaining insight into Filipino and prison culture and conducting the logistics of fieldwork. This has taught me that working to build a good rapport with local stakeholders facilitates a mutually enjoyable experience and the necessary relationships to overcome challenges and work effectively within a 'hot-climate' culture in a LMIC. The research faced a series of delays including overdue translations of documents, a new warden appointed at the local jail

days before our arrival requesting new permission for research to be sought, and our host having a serious head injury. Consequently, we had to adapt our plans, helping our host organisation and maintaining good relations with POCM translators despite frustrating circumstances. The solution we found was to alter our sample to include ex-prisoners as we were unable to interview prisoners at the local jail, leaving time for only two visits to a farther jail. Delays and changes to intended plans seemed to be a regular occurrence and learning to be patient, flexible and creative with adapting to evolving circumstances will be especially important in any future clinical work or research in LMIC.

Skills

The interviews enabled me to enhance my ability to sensitively discuss personal topics as well as proficiently work with a translator which will be imperative to leading successful medical consultations. In the Philippines I was made aware of upsetting situations that are common for many poor people in LMIC. Discussing these with others helped me to accept and deal with my emotions which I will endeavour to do when I inevitably face similar circumstances in my future career. In the subsequent stages of my project I continued to develop my analytical, organisational and writing skills. I have learned that thematic analysis is an iterative process that requires continuing consideration and strong organisational skills to effectively manage and summarise large amounts of data. Improving my ability to identify and summarise salient findings has also been a difficult but vital part of my project. I thoroughly enjoyed the unique experience of conducting valuable research abroad and the subsequent task of producing my report with the hope of improving prison healthcare services.

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8. Appendices

Appendix 1. Section of interview guide for this study

Warm up/ Demographic questions

How are you?/ How has your day been?

Student ID 200832446

How old are you?

Are you married? Do you have a partner?

Ex-prisoners: Which jail were you in?

How long were you in jail for?

Ex-prisoners: When were you released from jail?

(If ex-prisoner, explain that you would like them to think back to when they were in jail)

Sociocultural context of sex in the Philippines/prison setting

1. How do you think different people feel about sex before marriage?
   (…promts about different types of people by age and sex)
   For example: How do men versus women feel? How do younger versus older people feel?
2. At what age do people consider normal to first have sex in the Philippines?
3. How do you think people feel about homosexual sex?
   How do you think people feel about it in the prison?
4. What are people usually taught about sex as a child, at school or by their parents?
5. How common do you think it is that people are taught how to use condoms in the Philippines?
6. How common is it to use condoms?
   And who do you think uses them?
7. Who do you think has the power in a relationship between a man and a woman?
   Which is the role of the woman?
   Which is the role of the man?

Previous sexual health education and written information

1. How have prisoners learned about sexual health in here?
2. Have prisoners ever been given information about sexual health in the prison?
   Has any of this been in written form?
3. If yes, can you remember what they were?
   Do you think that the prisoners found them useful?
4. Have you ever received sexual health education before you came to jail?
5. If yes, what was it and what was their experience of it ?

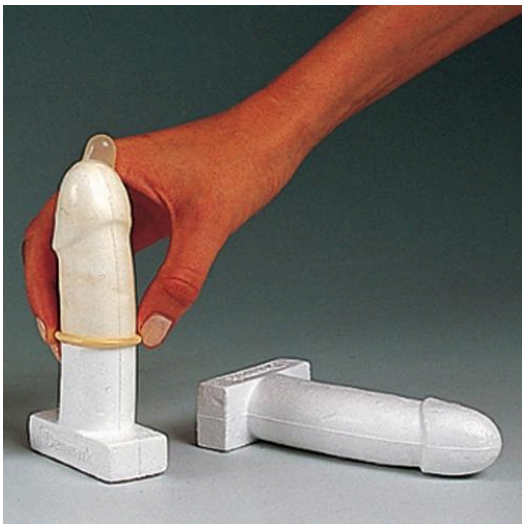
Here are three slightly different patient information leaflets about ‘how to use condoms’/ ‘how to make a dental dam’. Please have a look at them.

6. Which leaflets do you understand?

7. Which leaflet do you find easiest to understand?
8. Which leaflet do you find most acceptable and why?
9. Do you think that you would find these helpful?

Group sessions

1. Do you feel comfortable discussing aspects of sexual health with other inmates?
With healthcare workers?
2. How would you feel about group sessions run by healthcare workers about how to prevent sexually transmitted diseases?
3. Would you prefer group sessions with women that are heterosexual and homosexual, with teaching on both dental dams and condoms, or for them to be delivered separately? /
Would you feel comfortable to be taught with heterosexual and homosexual men in a group, to learn about sexual health?
Why is this?
4. How would you feel about using model penises, like in this photograph, to learn about condoms in group sessions?



5. How would you feel about sexual health education sessions delivered by another inmate?
Would you want these to be separated based on sexual orientation or delivered together?

Appendix 2. Participant information sheet

UNIVERSITY OF LEEDS

Faculty of Medicine and Health, School of Medicine,

Leeds Institute for Health Sciences

Sexual Health in Filipino prisons: knowledge, attitudes, practice and interventions

Participant Information Sheet

Our names are Emily Coyne and Stephanie Tsangarides. As part of our university studies we are carrying out research about prisoner's knowledge and opinions about sexual health and sexual health education. This information sheet will tell you more about the project, and what is involved if you choose to participate. Please read this sheet in full and take some time to consider whether you would like to participate. Thank you.

Background

This research topic was proposed because little is known about the knowledge, attitudes and practices surrounding condom and dental dam use in the Philippines, especially within jails. There is currently no formal sexual health education within jails and gathering detainees opinions on sexual health education would help to create effective and acceptable interventions in the future. This research could help to improve medical care within prisons by helping to design interventions to improve sexual and reproductive health.

Why have you been chosen?

We are inviting you to participate in this research because your current knowledge and opinions are important to help us understand the situation within the prison. Future sexual health interventions may be shaped by the information you provide us with.

Do you have to take part in the study?

Your participation in this study is voluntary, which means that you can freely decide whether you want to participate or not. You may withdraw from the research if you feel too uncomfortable during

or after the interview without giving any reason and without there being any negative consequences. In order to withdraw, please contact us or Dr. Pickering by passing a message to us with your request to withdraw via POC.

What will you be asked to do in the study?

If you agree, you will be asked to participate in an interview with an average duration of one hour. In this interview, you will talk with the interviewers about topics like the Filipino culture of sex, knowledge, opinions and experience of condoms or dental dams, and opinions on sexual health education methods. We are aware that talking about these topics might be embarrassing or difficult, but the interviewers are non-judgmental and will keep any information you share confidential and anonymous. You do not have to answer any questions that you do not feel comfortable doing.

Who will be present during the interview?

During the interview, the two researchers (Emily and Stephanie) and an interpreter will be present. The interpreter will help by translating your answers into English.

Will the interview be recorded?

The interviews will be recorded if you allow us to. This won't be heard by anyone other than the researchers. All the information that you provide will be anonymous, which means that your name won't appear on any report derived from the study. Please be aware that this research does not look at criminal or illegal activities and so these are not part of the interview.

What are the risks of being involved in the study?

This research does not entail a risk to your health but it does contain intimate questions about your knowledge, practice and opinions of sexual health. In case you do not feel like answering a question you have the right to skip it or stop your participation. Please note that if you don't feel well during or after the interview you can always approach someone from the medical team to talk about it.

What are the benefits of taking part in the study?

You will not receive any payment for your participation. However, the benefits of taking part in this study are having a space to talk about topics you would not normally discuss, in a safe and non-judgmental environment; helping us to understand the needs of detainees which will help to improve health services within the prison and helping students to gain knowledge and skills to work as a health researcher.

What will happen to the research results?

Other detainees like you will participate in this study and the information provided by all of you will be analysed in order to summarise the information you have given us. This information will be written in a final report and might be published in a conference or journal paper. It will also be used by Integritas Healthcare to improve the services that they provide. Remember that your name will not appear in any document from this study and you won't be identified.

Will your information be kept confidential?

Your information will only be processed by the researchers, and will be anonymised so that your answers are not identifiable. We will store the information in a secure and private place, and safely discard it once we have finished writing our report.

What should you do next if you want to be involved in the study?

If you are interested in participating in the study or you have further questions, please contact Emily, Stephanie or Dr Pickering.

Thank you for taking the time to read this information sheet.

If you would like to contact the researchers with any questions, please contact Dr. Rachael Pickering from Integritas Healthcare by speaking to POCM.

Appendix 3. Consent form

Consent to take part in: **Sexual Health in Filipino prisons: knowledge, attitudes, practice and interventions**	Add your initials next to the statement if you agree
I confirm that I have read and understand the information sheet dated _____ explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw my participation during the time of data collection, this means during or after the interviews while the research team is still in the Philippines. I do not have to provide any reason and there will not be any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. In the case that I withdraw from the study, I understand that the information that I have provided will not be included in the research.	
I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports that result from the research. I understand that my responses will be kept strictly confidential.	
I agree for the data collected from me to be stored and used in relevant future research in an anonymised form.	
I understand that other genuine researchers will have access to this anonymised data only if they agree to preserve the confidentiality of the information as requested in this form.	
I understand that other researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	

I understand that relevant sections of the data collected during the study, may be looked at by auditors from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this research.	
I agree to take part in the above research project and will inform a lead researcher should my contact details change.	

Name of participant	
Participant's signature	
Date	
Names of lead researchers	
Signature	
Date*	

*To be signed and dated in the presence of the participant.

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project's main documents which must be kept in a secure location.

Appendix 4 – Leaflet 1 about 'how to use a condom' in English

HOW TO USE A CONDOM

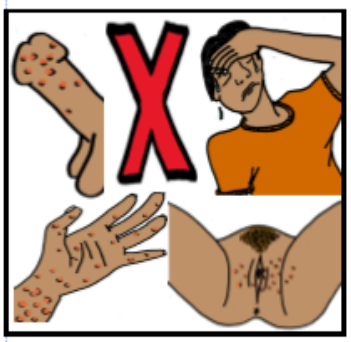
PATIENT INFORMATION LEAFLET

WHAT IS A CONDOM?

A condom is made from latex and is lubricated. It is put on the penis to have **safe** oral, vaginal and anal **sex**.

WHY USE A CONDOM?

Condoms **protect against** sexually-transmitted infections, including **HIV** and **AIDS**, that can lead to infertility, **illness/disease** and death.



Condoms help protect against cervical cancer.

Condoms prevent unintended pregnancy.

Condoms are **easy** to use.

Integritas
values driven healthcare

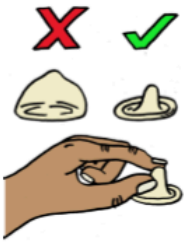
KEEP THIS LEAFLET. YOU MAY NEED TO READ IT AGAIN.

HOW TO USE A CONDOM STEP BY STEP

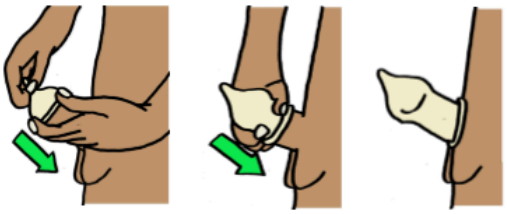
1 Put on a condom before the penis has any contact with vagina or anus. Put on the condom once the **penis is hard**.

2 Open the condom packet. Do **not** tear with teeth or scissors. Take it out.

3 The condom will only unroll one way, ensure it is the correct way round



4 Squeeze air from the tip of the condom and roll down full length of penis.



5 Make sure the condom **stays on** during sex.

If it comes off, throw it away and put on a new condom.

If the condom breaks, withdraw the penis immediately, and put on a new condom before continuing sex

...

6 Remove the penis promptly after sex whilst the penis is still hard by holding the condom at the base

7 Take condom off and dispose after **one use** in a bin. Do not put in a toilet.

- If used properly during **every act** of sexual intercourse, condoms are **very effective**.
- To protect against infections, such as HIV, condoms should be used during penetrative sex, with the vagina or the anus, and during oral sex.

HOW TO USE A CONDOM SAFELY

- **Store** condoms in a **cool** place, out of sunlight to prevent damage

- Only use a condom from a **sealed** packet

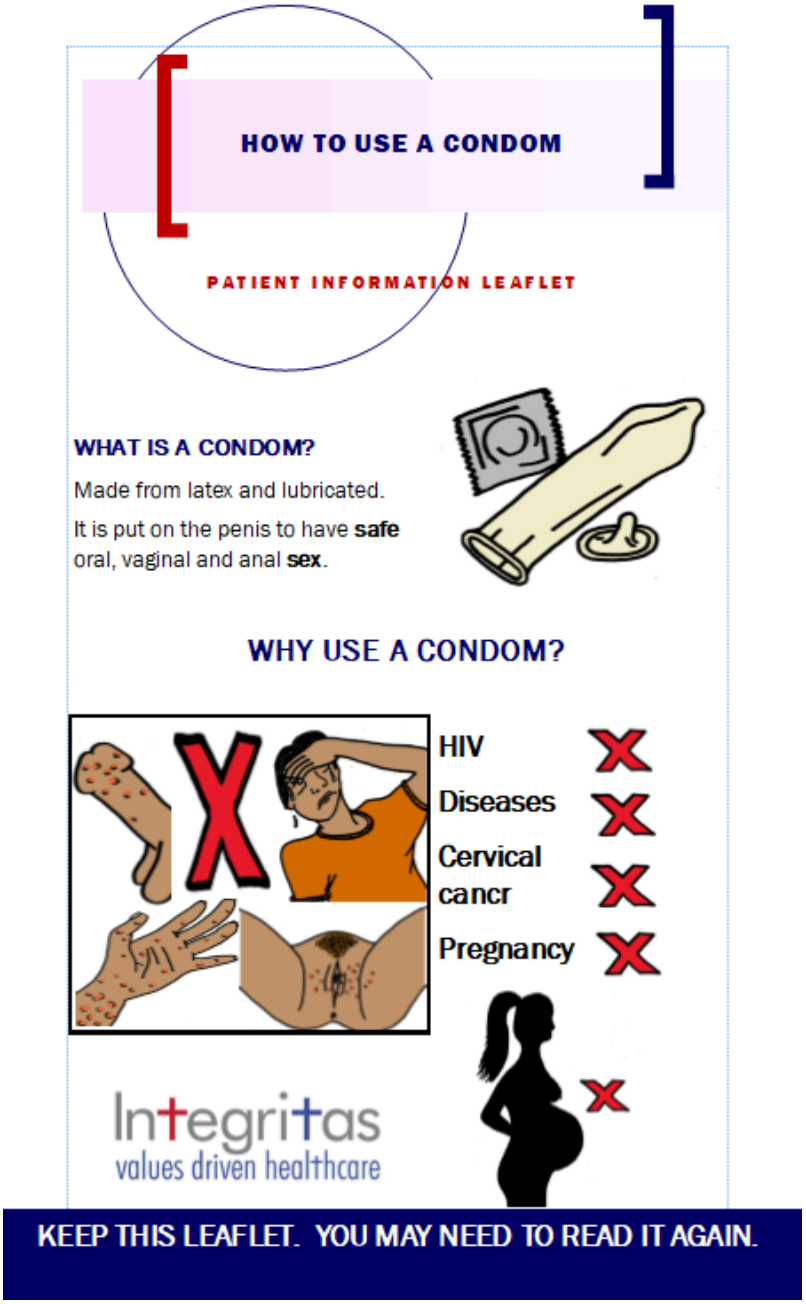
- Check condoms are within their **expiry date**

- Do not use scissors or teeth to open condoms

- Use each condom **once only**

- Use a condom for the **whole** of sexual intercourse

Appendix 5 – Leaflet 2 about 'how to use a condom' in English



HOW TO USE A CONDOM STEP BY STEP

- Put the condom on when the **penis is hard**.

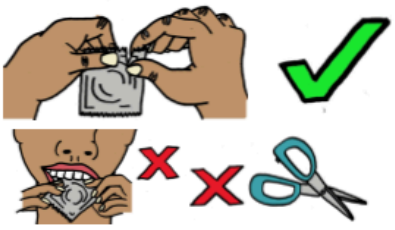
1

Open packet.

No scissors,

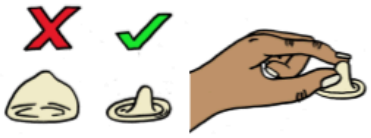
No teeth.

Take it out.

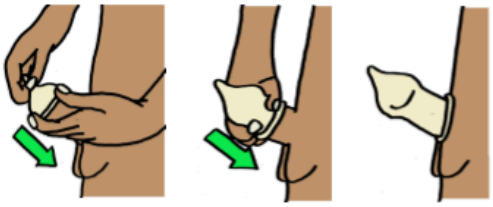


2

Hold condom correct way up



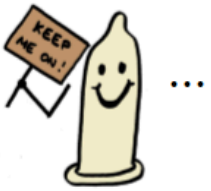
3 Squeeze air from top and roll down penis.



4

Keep on during sex.

Bin and replace with new if it breaks or comes off.



5

Hold penis at base and remove.

6

Put in bin.

Do not put in toilet.

HOW TO USE A CONDOM SAFELY

- Store condoms in a **cool** place, away from the sun.

- Only use a condom from a **sealed** packet.

- Check condom is **in date**

- Use each condom **once** only
- Use condom for **whole** of sex

Appendix 6 – Leaflet 3 about 'how to use a condom' in English

HOW TO USE A CONDOM

PATIENT INFORMATION LEAFLET

WHAT IS A CONDOM?

WHY USE A CONDOM?

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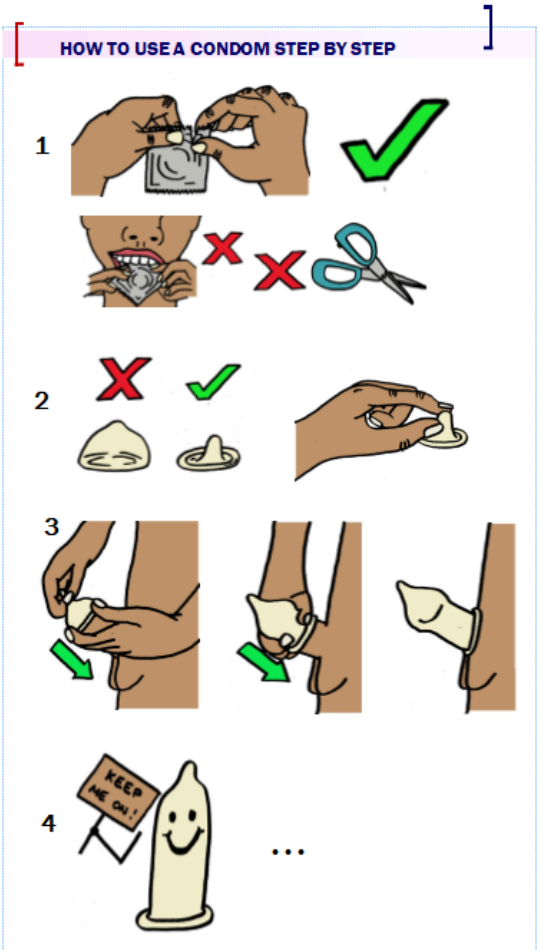
KEEP THIS LEAFLET. YOU MAY NEED TO READ IT AGAIN.

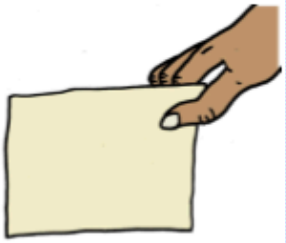

HOW TO USE A CONDOM STEP BY STEP
1
2
3
4
KEEP ME ON!
...


5
6
HOW TO USE A CONDOM SAFELY
EXP 2012-10

Appendix 7 – Leaflet 1 about 'how to make a dental dam' in English

HOW TO MAKE A DENTAL DAM FROM A CONDOM

PATIENT INFORMATION LEAFLET

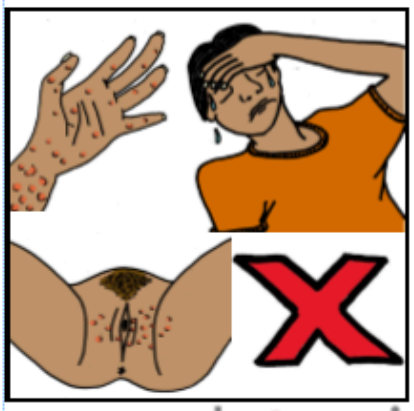


WHAT IS A DENTAL DAM?

Dental dams are latex sheets used between the mouth and vagina or anus during **oral sex**.

WHAT IS A CONDOM?

A male condom is made from latex. It is put on the penis to have safe sex.



WHY USE A DENTAL DAM?

Dental dams **protect** against sexually-transmitted infections that can lead to **illness/disease** and death.

Dental dams help protect against **cervical cancer**

Integritas
values driven healthcare

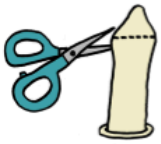
KEEP THIS LEAFLET. YOU MAY NEED TO READ IT AGAIN.

HOW TO MAKE A DENTAL DAM STEP BY STEP

1 Open the condom packet, do not tear with teeth or scissors. Take it out.

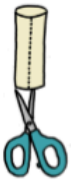
2 Unroll the condom

3 Cut off tip of condom

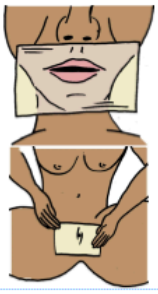


4 Cut off bottom of condom

5 Cut down one side of condom



6 Place sheet flat to cover vaginal opening or anus during oral sex.



7 When finished dispose after one use in a bin. Do not put in a toilet.

HOW TO MAKE AND USE A DENTAL DAM SAFELY

- Store condoms in a **cool** place, out of sunlight to prevent damage

- Only use a condom from a **sealed** packet

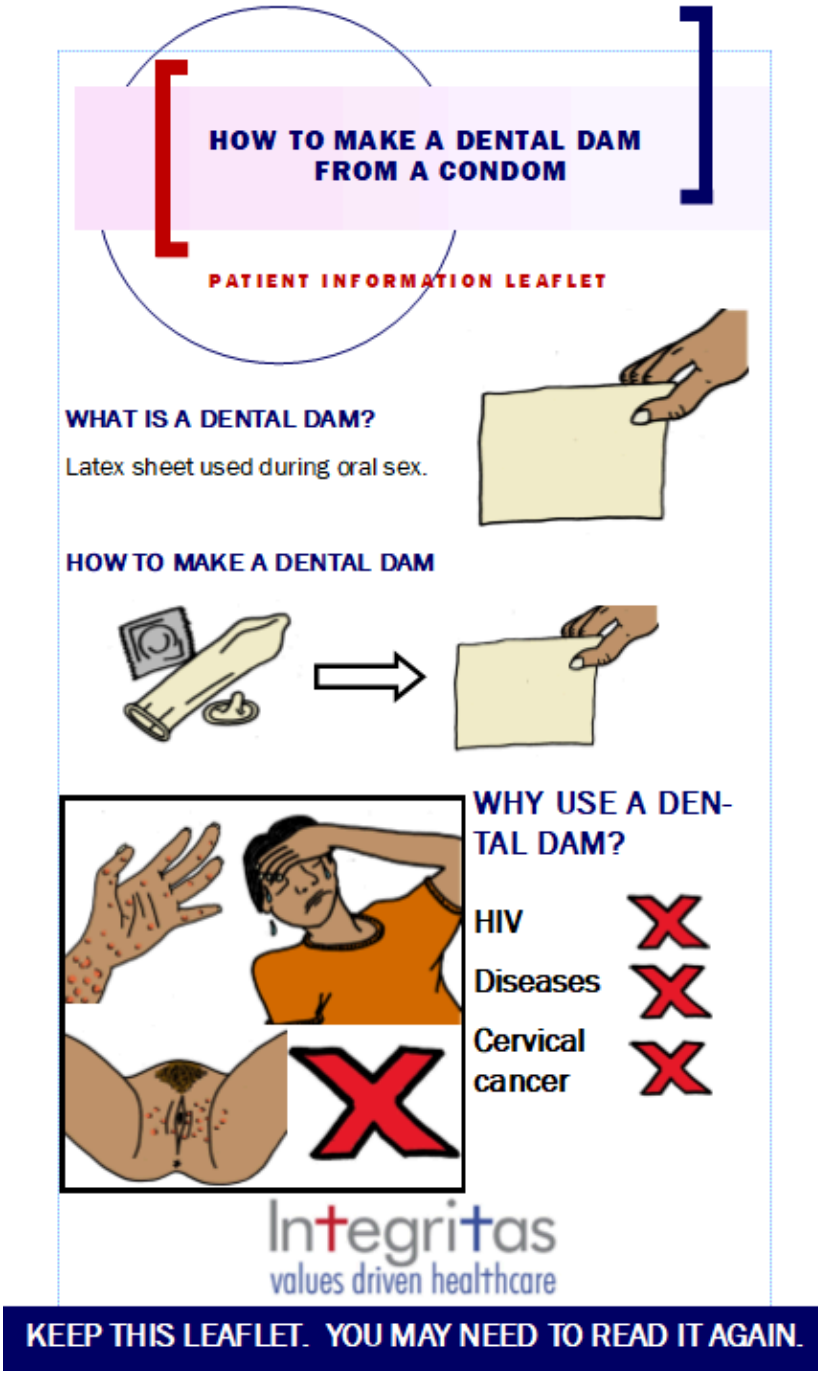
- Check condoms are within their **expiry date**

- Do not use scissors or teeth to open condoms

- Put on before starting oral sex and keep it on until finished/ Use the dental dam for the **whole** of oral sex

- Use each dental dam **once** only

Appendix 8 – Leaflet 2 about 'how to make a dental dam' in English



HOW TO MAKE A DENTAL DAM STEP BY STEP

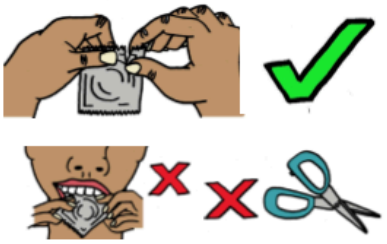
1

Open packet.

No scissors,

No teeth.

Take it out.



2

Unroll

3

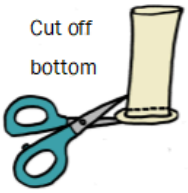
Cut off

top

4

Cut off

bottom

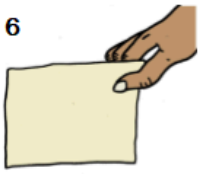


5

Cut down

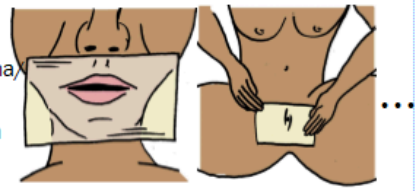
length

6



7

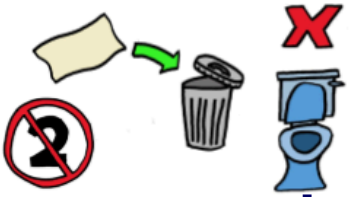
Cover vagina, anus with dental dam during oral sex.



8

Put in bin.

Do not put in toilet.

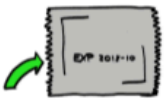


HOW TO MAKE A DENTAL DAM SAFELY

- Store condoms in a **cool** place, away from the sun.

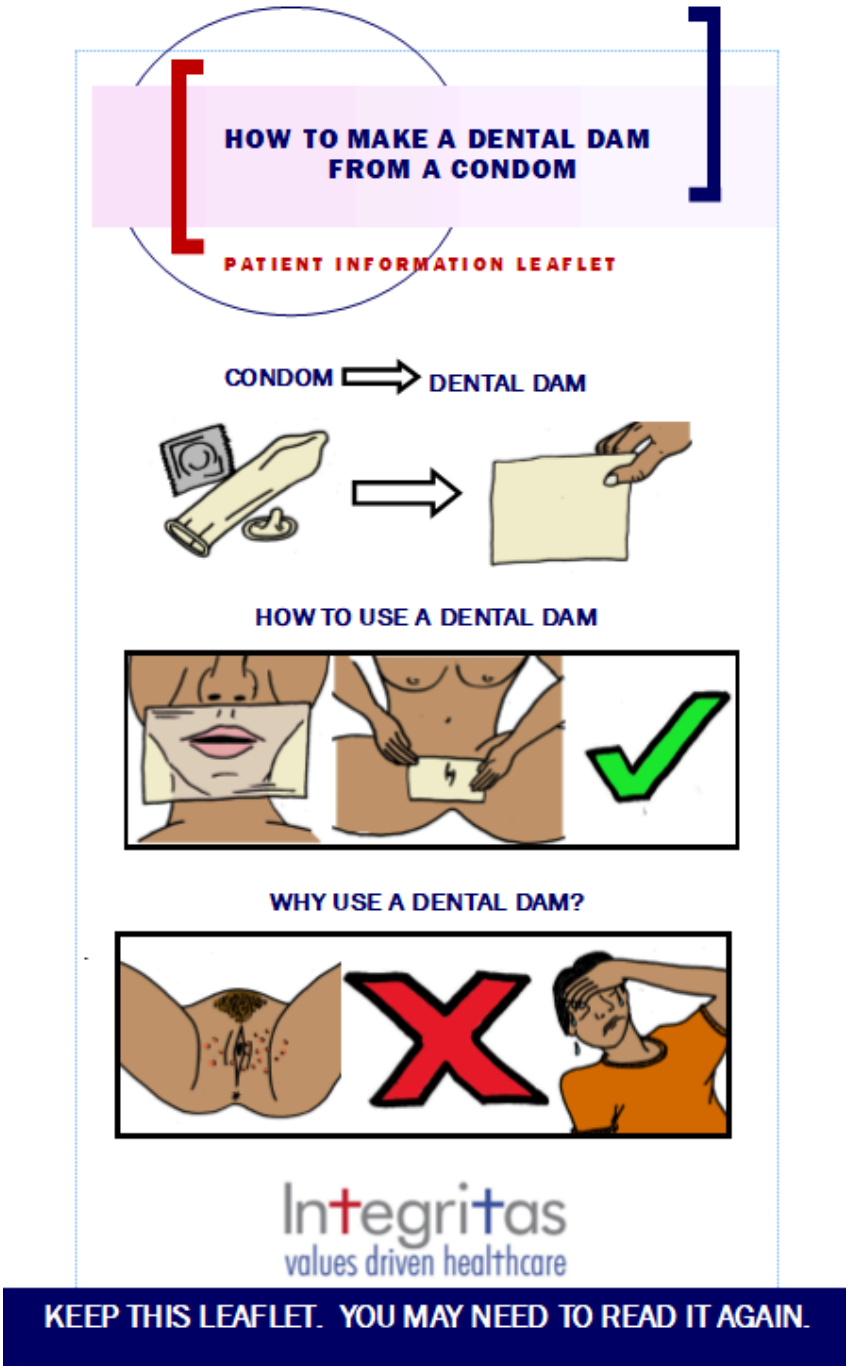
- Only use a condom from a **sealed** packet

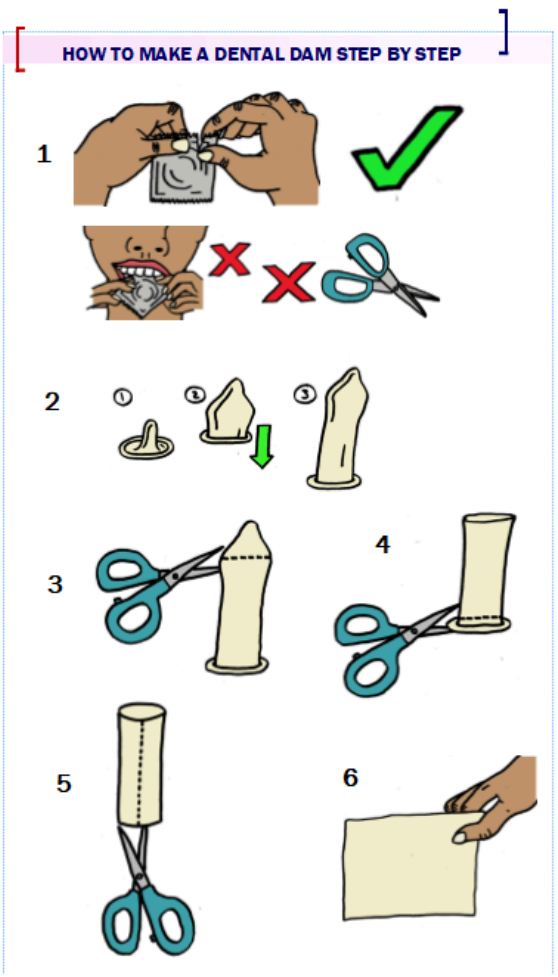
- Check condom is **in date**

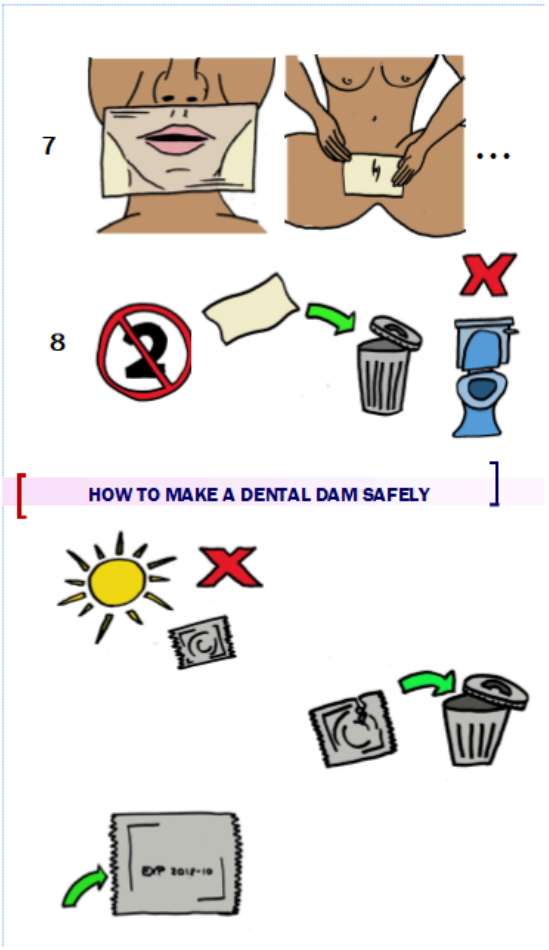


- Use each dental dam **once** only
- Use dental dam for **whole** of oral sex

Appendix 9 – Leaflet 3 about 'how to make a dental dam' in English




HOW TO MAKE A DENTAL DAM STEP BY STEP
1
2
3
4
5
6


7
8
HOW TO MAKE A DENTAL DAM SAFELY