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Long Paper

Transmission and Prevention of HIV/AIDS among LGBTQIA+ Community

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Abstract

Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) education and awareness focusing on its modes of transmission and preventive measures are timely and relevant in the country across all ages and sexual identities. The study aimed to assess the extent of transmission and prevention among the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual and more (LGBTQIA+) community members in eastern parts of Pangasinan including Urdaneta City, Villasis, and Umingan. The self-administered questionnaires that include the HIV/AIDS modes of transmission and preventive measures were distributed to the LGBTQIA+ community members with a total sample of 133. Descriptive statistics were used in the analysis of data. The results revealed that most the members of the LGBTQIA+ community members were moderately knowledgeable on the transmission of HIV/AIDS. In terms of the extent of prevention which is classified into three aspects, namely: physical, behavioral, and social preventive measures. The members strongly agreed to behavioral and social preventive measures however, physical preventive measures got the lowest rating or agrees. Young adults, male, those who finished higher education, and who are highly aware regarding HIV/AIDS

have higher regards on the extent of transmission and prevention as compared to older adults, females, who finished elementary level, and those who are not aware. The nursing intervention *proposed* was to conduct a virtual seminar regarding HIV/AIDS comprehensive education focusing on transmission and prevention. The researcher recommended LGBTQIA+ communities and schools conduct virtual seminars that will widen the knowledge of the community and the youth about HIV/AIDS.

Keywords – HIV, AIDS, transmission, prevention, LGBTQIA+

INTRODUCTION

The future course of the Human Immunodeficiency Virus (HIV)/ acquired immunodeficiency syndrome (AIDS) pandemics lies in the hands of young people. Significantly, we do everything potential to arm them with the knowledge needed to protect themselves and their communities (Bellamy, 2013). Herein, this powerful and echoing message from an HIV specialist is very suitable for one of today's most significant problems in health and a pandemic disease that can infect everyone. Knowledge of disease prevention and transmission can help every individual not acquire HIV/AIDS. The misconceptions and understanding of HIV/AIDS should be emphasized, learned, and valued not only by young people but also by older ones because HIV/AIDS targets every age. The youth should make it necessary to correct beliefs and knowledge on the disease to protect themselves and the whole community.

More so, HIV is a retrovirus that attacks the immune system, infects its cells, and impairing their function. The immune system becomes weaker as the infection progresses, so it will no longer defend the body against diseases. Therefore, the person becomes more susceptible to infections. AIDS is known to be the last stage of HIV infection. It takes ten to fifteen (10-15) years for an HIV-infected person to acquire AIDS. Antiretroviral drugs can slow down the process of developing AIDS. HIV is transmissible through the following; unprotected homosexual or heterosexual intercourse (anal or vaginal) between a mother and her baby during pregnancy and childbirth, transfusion of dirty blood, and sharing of contaminated needles (World Health Organization [WHO], 2015).

Here to add, as of 2020, WHO (2021) reported that Human Immunodeficiency Virus or HIV continues to be a significant public health issue. Currently, there are approximately 37.6 million people infected with HIV. A 0.8 percent of the adult group aged 15 to 49 globally are HIV positive. This epidemic disease varies between countries and regions. The most affected region is Sub-Saharan Africa, with nearly one in every 20 adults contracted with HIV/AIDS. Sixty-nine percent of all persons living with HIV/AIDS are living in this region. Surveys coming from 60 countries show that more than 50% of the younger population aged 15-24 have severe misconceptions about how the virus is transmitted. It indicates that the younger folk are not given access to the correct information. The

population of the young people who are knowledgeable in countries who are at most risk from the virus is as low as 20 percent. Young people lack information about HIV and AIDS. In regions and countries that are HIV epidemics which are Lesotho, Cameroon, Equatorial Guinea, Sierra Leone, and the Republic of Central Africa, more than 80 percent of young women with the age range of 15-24 do not have adequate knowledge about HIV/AIDS. In Ukraine, while 99 percent of the young women had heard about HIV/AIDS, solely 9 percent could identify three ways to prevent infection. According to Peter Piot, Executive Director of UNAIDS, young people lack information and means to protect themselves from HIV.

In the Republic of the Philippines, the Department of Health (2021) reported that a total number of 645 new cases of HIV infections were recorded in May of the year 2021, registered to the HIV/AIDS & ART Registry of the Philippines (HARP), and were accounted to the (86, 617) reported cases since January 1984. Moreover, 16% (104) had clinical manifestations of advanced HIV infection at testing. It translates to approximately 30 patients per day from January to May 2021. Ninety-our percent (607) of the reported patients were male. Of the total male cases, 2% (12) reported their gender identity as female (transgender-women) at the time of testing.

In Region 1, there was a total of 696 HIV, AIDS cases from the year 1984 to 2016. The province of Pangasinan has the highest number with 341 people living with HIV/AIDS, La Union with 130 patients, Ilocos Sur 89, and Ilocos Norte with 50 patients. Top ten municipalities with high number of HIV/AIDS patients are in Pangasinan and two are in La Union: (1) San Fernando City, (2) Dagupan City, (3) Urdaneta City, (4) San Carlos City, (5) Bauang, Laoag, (6) Lingayen, (7) Villasis, (8) San Juan, (9) San Fabian, Bayambang, Binmaley, (10) Vigan.

In addition to that, DOH reveals that 46 percent of the positive patients were from homosexual intercourse, 31 percent bisexual intercourse, 22 percent heterosexual uncontact; other transmission modes are through mother-to-child, blood transfusion, and sharing of needles in injecting of drugs. Moreover, 60 percent of those found positive for HIV/AIDS are 15 to 25 years old.

Knowledge of HIV/AIDS is essential, especially on the transmission and prevention of the disease. Knowledgeable individuals know to prevent themselves from getting HIV; if an individual has a common knowledge, it might lead to acquiring the disease, and this will lead to additional cases of HIV/AIDS. The ability of every individual is very crucial because this increases their awareness of the diseases. Learning is one of the indications why there is an increase in HIV/AIDS in the world.

The Avert HIV and AIDS UK Statistics (2012) reported that despite the increasing number of people infected through sexual transmission within the United Kingdom (UK), the knowledge of the public on HIV and AIDS was lessened. In 2000, 91 percent of people in the UK knowledgeable that HIV is transferrable through unprotected sexual

intercourse. By 2010, this figure dropped to approximately 80 percent. Selected committee into HIV and AIDS in the UK noted that "awareness of HIV and AIDS in Britain has fallen below the pubic radar."

In Thailand, surveys showed that people under the age of 25 have lower levels of HIV knowledge than those over 25 years (Avert Asia, 2015). On the other hand, in the Philippines, knowledge, and beliefs of HIV and AIDS continue to go on despite years of information dissemination and campaigns on the said disease. The National Demographic and Health Survey (NDHS) presents that there are 96% of men and 95% of women have noted AIDS; only a third of them justly rejected two of the most common beliefs or misconceptions about HIV and AIDS. Half of the men and women group (44.7% and 56.2%, respectively) know two appropriate and definite ways to refrain from HIV infections. Between them, lesser women (48%) and 62% of men recognize that condoms can help efficiently help the prevention of sexual contact as the transmission of HIV (United Nations Children's Fund [UNICEF], 2015).

According to Annan (2013), Secretary-General of United Nations, "teaching people how to avoid the disease and giving a treatment of it is a proper strategy of the prevention of infection." It is a fact that proper teaching of preventive measures and transmission modes of HIV and AIDS can help every individual not to acquire the disease. The awareness of everyone about HIV/AIDS can decrease its cases worldwide. Knowledge is a continuous process; it will be passed from one generation to another. So, if an individual is very knowledgeable of a specific aspect of the prevention and transmission of HIV/AIDS, one must be aware and possess a positive attitude towards the disease, and later on, the knowledge which the person had may impart into the future generation.

There are insufficient learnings and wrong beliefs regarding HIV/AIDS in different countries. It might be the cause of the increased number of cases of HIV/AIDS in every region. If there is enough knowledge and correct beliefs, there will be an increase in awareness, which will help not to acquire the disease. It is vital to know the individual's knowledge and beliefs regarding HIV/AIDS. The increased cases of HIV/AIDS in the country pushed the researcher to conduct a study regarding knowledge about *Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome* (HIV/AIDS).

The study utilized two models, the Cognitive Learning Theory and the Health Belief Model. The Cognitive Learning Theory as seen in Figure 1 emphasizes that there is no one way to learn. Throughout life, we encounter different learning experiences, and through these experiences, we gain new knowledge. In connection with this study's ability to prevent and transmission of HIV/AIDS, people's knowledge about this matter depends on their life experiences. Some may have gained their understanding of HIV/AIDS from formal education, from information dissemination, and some may have experienced HIV/AIDS first-hand, in contrast, others may not have any knowledge of this matter at all. Decision-making is based on the knowledge they have, and as they make their decisions, they consider the consequences of their actions.

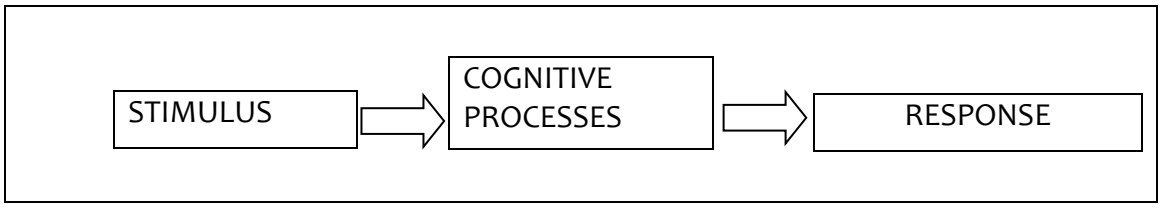

Figure 1. The Cognitive Theory Model

The second model illustrated in Figure 2 is the Health Belief Model (HBM). It is a psychological model that explains and predicts health beliefs. It focuses on the attitude and beliefs of individuals. The theory states that if a person believes that health-related actions are harmful to the health, that person will avoid such conditions and believes that they can successfully take a recommended health action (Janz & Becker, 2002).

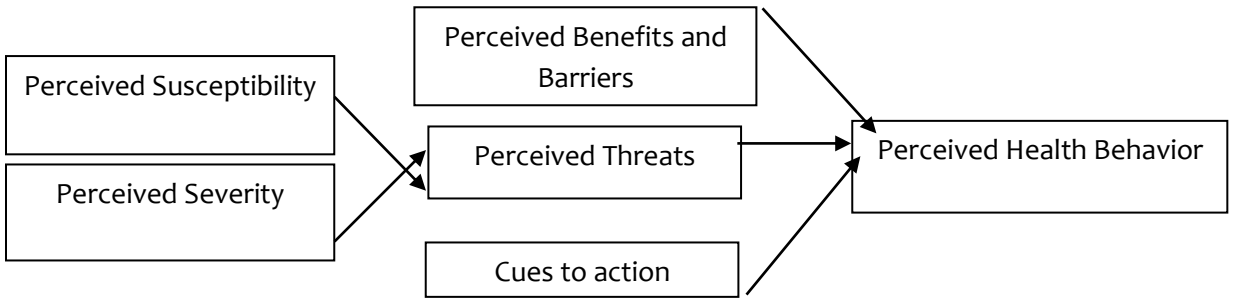

Figure 2. The Health Belief Model

STATEMENT OF THE PROBLEM

This study assessed the extent of transmission and prevention of HIV/AIDS among the LGBTQIA+ community members in Eastern Pangasinan.
Further, this study sought to answer the following sub-questions:

1. What is the profile of the respondents in terms of their
   a) age,
   b) gender identity,
   c) relationship status,
   d) sexual orientation,
   e) highest educational attainment
   f) occupation and,
   g) level of awareness regarding HIV/AIDS?
2. What is the extent of knowledge of the respondents on the transmission of HIV/AIDS among the LGBTQIA+ community members?

3. What is the extent of prevention on HIV/IDS among the LGBTQIA+ community members concerning
   a) Physical preventive measures,
   b) Behavioral preventive measures, and
   c) Social preventive measures?
4. Is there a vital difference between the extent of knowledge on the transmission and the extent of prevention of HIV/AIDS among LGBTQIA+ community members across their profile variables?
5. Is there a significant relationship between the extent of knowledge on the transmission and the extent of prevention of HIV/AIDS among LGBTQIA+ community members across their profile variables?
6. What is the Nursing Intervention Program to enhance the extent of knowledge on the transmission and extent of prevention of HIV/AIDS among the LGBTQIA+ community members?

METHODOLOGY

RESEARCH DESIGN

A Descriptive survey was utilized in this study, this was chosen to describe the basic features of the data in the study. It provides simple summaries about the sample and the measures. The study involved gathering the primary data of the respondents of the research and the Prevention and Transmission of HIV/AIDS among the LGBTQIA+ Community in Eastern Pangasinan.

PARTICIPANTS

The study respondents were the LGBTQIA+ community members of Eastern Pangasinan (Urdaneta City, Villasis, and Umingan). In choosing the study's respondents, the researcher utilized random sampling in identifying the respective respondents based on the available list. The researcher did not cover the total population of the respondents, hence using the following method. Moreover, Urdaneta City has 80 active members of their respective LGBTQIA+ Community, 70 active members in Umingan, and 50 in Villasis. There is a total of 200 active members, using Sloven's Formula the researcher came up with 133 respondents.

DATA COLLECTION TOOLS AND TECHNIQUES

The questionnaire was adapted from the WHO, Avery HIV Organization, Centers for Disease Control and Prevention (CDC). HIV-trained Nurse and Physician validated the checklist. The questionnaire consists of two parts. Part I focused on a profile of the respondents in terms of age, gender identity, relationship status, sexual orientation,

highest educational attainment, and occupation. Part II dealt with the extent of knowledge of the transmission of HIV/AIDS among the LGBTQIA+ community.

For ethical concerns, the questionnaire was reviewed and approved by School Ethics Review Committee members and Research and Development Office. The checklist had a cover letter, which emphasizes the purpose of the study and the confidentiality of the answers collected, also with parental consent for those respondents below 18 years old.

Due to the compliance with the safety protocols of the Inter-Agency Task Force (IATF) in containing the COVID-19 Pandemic, the LGBTQI+ Community Members received questionnaires via Google forms. The researcher provided explicit instructions to the respondents to answer the questions honestly *for* the researcher can gather accurate and complete data significant to the study.

DATA ANALYSIS

The data gathered were tallied, analyzed, and interpreted. To answer the particular issues of the study, the following statistical tools were used. Part I, regarding the profile variable of the respondents, precisely the age, gender identity, relationship status, sexual orientation, occupation, highest educational attainment, and level of awareness, the percentage and frequency count formula were used. For part II, the extent of knowledge on the transmission and extent of prevention of HIV/AIDS among the LGBTQIA+ community. Responses along community members involving the 4-point Likert Scale were interpreted with 4 as moderately knowledgeable through 1 as not knowledgeable. Frequency counts, percentages, and weighted mean are used. Pearson r coefficient of correlation was employed for the relationship of variables.

RESULTS

RESPONDENT'S PROFILE

Age. As shown in Table 1, most of the respondents were in the period bracket of 20-30 with a frequency of 101 or 75.9 percent. Followed by those 31-40 years old with a frequency of 21 or 15.8 percent, below 20 years old with a frequency of 6 or 4.5 percent, and those 41-50 with a frequency of 5 or 3.8 percent. It showed that most of the respondents were young adults.

According to UNAIDS (2021), most of the people who were infected were young adults adding to the 36.0 million adults worldwide. It showed the impact of access to information on youth and young adults. If these adults are educated with HIV, they will be less likely to acquire the dreaded disease.

Gender Identity. The majority of the respondents were male, with a frequency of 108 or 81.2 percent, while the female 25 or 18.8 percent.

Sexual orientation. The majority of the respondents were bisexual with a frequency of 56 or 42.1 percent, gay with a frequency of 45 or 33.8 percent, transgender with a frequency of 13 or 9.8 percent, lesbian with a frequency of 9 or 6.8 percent, queer with a frequency of 8 or 6.0 percent and intersex with a frequency of 2 or 1.5 percent. It showed that the respondents were primarily bisexual.

Relationship status. The majority of the respondents were single with a frequency of 98 or 73.7 percent, in relationship with a frequency of 24 or 18 percent, with a live-in partner with a frequency of 9 or 6.8 percent, and married with a frequency of 2 or 1.5 percent. It showed that the respondents were not into marital relationships.

Highest educational attainment. The table reflects that majority of the respondents finished the bachelor's degree with a frequency of 76 or 57.1 percent, high school level with a frequency of 46 or 34.6 percent, master's degree holder with a frequency of 5 or 3.8 percent, with master's degree units with a frequency of 4 or 3.0 percent and elementary level with a frequency of 2 or 1.5 percent. It showed that majority of them finished their degree courses.

Occupation. The table showed that the majority of the respondents have no present work with a frequency of 72 or 54.1 percent, non-government workers with a frequency of 29 or 21.8 percent, government workers with a frequency of 20 or 15 percent, and business owners with a frequency of 12 or 9 percent. It revealed that the majority of the respondents were not working.

Level of awareness regarding HIV/AIDS. The majority of the respondents were "highly aware" of HIV/AIDS, with a frequency of 114 or 85.7 percent. While those who are "not aware" got a frequency of 19 or 14.3 percent. The respondents had information about the dreaded disease HIV/AIDS.

Table 1. Distribution of the Respondents in terms of their Profile Variables

Profile Variables	Frequency	Percentage
Age (in years)		
Below 20	6	4.5
20 – 30	101	75.9
31 – 40	21	15.8
41 – 50	5	3.8
Gender Identity		
Male	108	81.2
Female	25	18.8
Sexual Orientation		
Lesbian	9	6.8
Gay	45	33.8
Bisexual	56	42.1
Transgender	13	9.8
Queer	8	6.0
Intersex	2	1.5
Asexual	0	0
Relationship Status		
Single	98	73.7
In relationship	24	18.0
Married	2	1.5
With live-in partner	9	6.8
Highest Educational Attainment		
Elementary Level	2	1.5
High School Level	46	34.6
Bachelor's degree	76	57.1
With Master's units	4	3.0
Master's Degree Holder	5	3.8
Occupation		
None	72	54.1
Non-Government	29	21.8
Business Owner	12	9.0
Government Worker	20	15.0
Level of Awareness Regarding HIV/AIDS		
Not Aware	19	14.3
Highly Aware	114	85.7

KNOWLEDGE ON TRANSMISSION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS

The results on Table 2 noted that the highest indicators are item numbers 1, 3, and 4 "HIV is transmissible by sexual intercourse with an infected person," "HIV is transmitted by sharing needle or syringe with an infected person," and "HIV is transmitted by blood transfusion" with a weighted mean of 3.68, 3.42 and 3.52 or "highly knowledgeable." The results show that the respondents knew that the disease is transmitted by sexual contact, sharing syringes, and needles, and by blood transfusion. Similar findings were observed in the study of Gupta et al. (2015) regarding modes of transmission. The Majority of their respondents were young adults who believed that it was through unprotected sex (95.1%), sharing injections and needles (84.3%), and blood transfusion (84.3%). Moreover, in the study of Alhasawi et al. (2019) assessing knowledge, awareness, and attitudes among Senior High School Students in Kuwait, the majority of the students (85.3%) knew that sharing a syringe is a mode of transmission and knew that sexual contact is a means of transmission (93.7).

Table 2. *The extent of Knowledge on Transmission of HIV/AIDS among LGBTQIA+ Community Members*

Indicators	Weighted Mean	Descriptive Equivalent
1. IV is transmitted by sexual intercourse with an infected person	3.68	Highly Knowledgeable
2. IV is transmitted from mother to child during pregnancy.	3.10	Moderately Knowledgeable
3. IV is transmitted by sharing a needle or syringe with the infected person.	3.42	Highly Knowledgeable
4. IV is transmitted by blood transfusion.	3.52	Highly Knowledgeable
5. IV is not transmitted by shaking hands with an infected person.	2.86	Moderately Knowledgeable
6. IV is not transmitted by eating and drinking from the same plate or glass of an HIV-positive person.	2.93	Moderately Knowledgeable
7. IV is not transmitted by wearing the same clothes as an HIV-positive person.	2.98	Moderately Knowledgeable
8. IV is not transmitted by sharing a toilet with an HIV-positive person.	2.94	Moderately Knowledgeable
9. IV is not transmitted through a mosquito bite.	2.84	Moderately Knowledgeable
10. IV is not transmitted through kissing with an infected person.	2.70	Moderately Knowledgeable
Average Weighted Mean	**3.10**	Moderately Knowledgeable

The other indicators of the research were rated with a descriptive equivalent of "Moderately knowledgeable"; however, the lowest items are numbers 9 and 10, "HIV is not transferable through mosquito bite" and "HIV is not transmissible through kissing with an infected person" with a weighted mean of 2.84 and 2.70 respectively. The study made by the Henry J. Kaiser Family Foundation (2021) titled, "HIV/AIDS—an Attitudinal Survey with 2,004 Canadian Respondents over the age 15. The respondents were asked to list ways that HIV can be transmitted. Approximately one of our Canadians believes HIV/AIDS is transferable through kissing and mosquito bites. It indicates a "knowledge gap" in the general public regarding misconception even though these have no scientific basis. Compared with the study of Alhasawi et al. (2019), 82.1% of the respondents did not consider that shaking hands with an affected person could transmit HIV. More than two-fifths (41%) of the students believed kissing could transmit the disease.

Overall, the extent of transmission of HIV/AIDS among the LGBTQIA+ community members got an average weighted mean of 3.10 or "Moderately Knowledgeable" In indicates that the majority of the respondents had a common knowledge of the ways of transmission. Similarly, in the study of Gupta et al. (2010), a significant proportion of their respondents had adequate knowledge of the methods of transmission including unprotected sex and mother-to-child transmission.

THE EXTENT OF PREVENTION ON HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ALONG WITH PHYSICAL PREVENTIVE MEASURES

Table 3 presents the extent of prevention of HIV/AIDS among LGBTQIA+ community members along with physical preventive measures. Results show that respondents "strongly agree" statement numbers 1, 2, 3, and 4 "HIV is prevented by not sharing needle or syringe," "HIV is prevented by properly using a condom during sexual intercourse," "The use of water-based or silicone-based lubricants prevent condoms from breakage or to slip during sex," and "I limit the number of my sexual partners" with a weighted mean of 3.53, 3.68, 3.30 and 3.46 respectively.

According to the Center for Disease Control (2020), condom use provides the best protection against HIV, and the use of water-based or silicone-based lubricants during sex help keep the condom from breaking and tearing. In the study of Shamu et al.; entitled "Knowledge, attitudes, and practices of young adults towards HIV Prevention." They found out that most participants (62.1%) use a condom to prevent acquiring HIV/AIDS. Statement number 4 "There is little to no risk of getting HIV through oral sex." with a weighted mean of 2.40 or 'Strongly Disagree," so most of the respondents don't know that oral sex has little to no risk of getting HIV as according to CDC.

Overall, the extent of prevention on HIV/AIDS among LGBTQI+ community members along with physical preventive measures got an average weighted mean of 3.07 or "Agree." Moreover, in the study of Gupta et al. (2010), regarding the prevention of HIV/AIDS, most of them believe that they can prevent HIV by sex with protection, not using or sharing injection, which got high percentages, 95.1%, and 88.2%, respectively. The study of Dzah et al. (2019); regarding knowledge, attitudes, and practices of HIV/AIDS among Senior High schools in Ghana revealed the majority of students practice preventive measures 50.6% use contraceptives like condoms during their last sexual experience. The majority (93.6%) of respondents were not using injection drugs. This study showed that respondents have average knowledge of physical preventive measures.

Table 3. The extent of Prevention on HIV/AIDS among LGBTQIA+ Community Members Along with Physical Preventive Measures

Indicators	**Weighted Mean**	**Descriptive Equivalent**
HIV is prevented by not sharing a needle or syringe.	3.53	Strongly Agree
HIV is prevented by properly using a condom during sexual intercourse.	3.68	Strongly Agree
The use of water-based or silicone-based lubricants to prevent condoms from breakage or slipping during sex.	3.30	Strongly Agree
There is little to no risk of getting HIV through oral sex.	2.40	Disagree
Circumcised men are less likely to get HIV than uncircumcised men from vaginal sex with a partner who has HIV.	2.23	Disagree
I prefer solo activities including watching porn, phone sex, and solo masturbation.	2.91	Agree
I considered sexual activities that do not involve the exchange o body fluids or between mucous membranes.	3.03	Agree
I limit the number of my sexual partners.	3.46	Strongly Agree
Average Weighted Mean	**3.07**	**Agree**

PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ALONG WITH BEHAVIORAL PREVENTIVE MEASURES

As shown in Table 4, the extent of prevention on HIV/AIDS among LGBTQIA+ community members along behavioral preventive measures got an average weighted mean of 3.34 or "Strongly Agree." Results show that six (6) indicators 1, 4, 5, 6, 7, and 8 were rated "Strongly Agree"; however, the highest are item numbers 4 and 7 "Knowing

HIV status helps in making decisions in preventing the transmission of HIV," and "I adopt positive attitudes and benefits towards safer sex" with a weighted mean of 3.52 and 3.65 respectively. It indicated that most of the respondents knew and strongly agreed in preventing HIV in a behaviorally preventing HIV.

In the study of Dzah et al. (2019) regarding knowledge, attitudes, and practices on HIV/AIDS among Senior High schools in Ghana, the viewpoint of respondents towards HIV and People living with HIV (PLHIV) showed a majority (79.3%) of them willing to adopt positive attitudes on HIV/AIDS and willing to care for their relatives with dreaded infection.

The lowest indicators are item numbers 2 and 3, "There is no vaccine that can prevent HIV," and "PrEP (Pre-exposure Prophylaxis) is an injectable medicine for people at risk for HIV before sex," a weighted mean of 3.03 and 2.95, respectively. Furthermore, there is currently no vaccine available to prevent HIV infection or treat those who have it. However, scientists are working to develop one. National Institutes of Health (NIH) is investing in multiple approaches to prevent HIV. As of now, we only have PrEP (Pre-exposure Prophylaxis), an injectable medicine, for those at risk for HIV infection before sex (CDC, 2020).

Table 4. The extent of Prevention on HIV/AIDS among LGBTQIA+ Community Members Along with Behavioral Preventive Measures

Indicators	**Weighted Mean**	**Descriptive Equivalent**
HIV transmission is avoided by a blood test before marriage.	3.32	Strongly Agree
No vaccine can prevent HIV.	3.03	Agree
PrEP (Pre-exposure Prophylaxis) is an injectable medicine for people at risk for HIV before sex.	2.95	Agree
Knowing HIV status helps in making decisions in preventing the transmission of HIV.	3.52	Strongly Agree
I avoid sex under the influence of an amount of alcohol or drug that would interfere with decision-making on sexual activity.	3.45	Strongly Agree
Get tested or seek consultation on HIV and Sexually Transmitted Infections (STI).	3.35	Strongly Agree
I adopt positive attitudes and benefits towards safer sex.	3.65	Strongly Agree
I will always use a barrier like a condom whenever I have sexual contact with someone I just met.	3.41	Strongly Agree
Average Weighted Mean	**3.34**	**Strongly Agree**

PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ALONG WITH SOCIAL PREVENTIVE MEASURES

Table 5 noted that six (6) of the indicators number 2, 4, 5, 6, 7, and 8 were rated "Strongly Agree"; however, the highest item is number 8 "I will share to my friends and co-LGBTQIA+ members if know on facts and misconceptions about HIV/AIDS." with a weighted mean of 3.61. The results revealed the lowest indicator items were numbers 1 and 3 'I avoid using dating apps and social media apps to meet or to have friends with someone I like" and "I participate in activities that are related to HIV/AIDS, including seminars, counseling, free testing, etc." with a weighted mean of 3.12 and 3.20 respectively.

Overall, the extent of prevention on HIV/AIDS among LGBTQIA+ community members along with social preventive measures got an average weighted mean of 3.38 or "Strongly Agree." According to Byron (2018), social media, social dating apps like "Grindr," "Tinder," and Facebook app influence the users, especially young adults and men who have sex with men (MSM) to do risky sexual activities. It has generated claims that social media users are more likely to engage in sex that puts them at risk of HIV/AIDS transmission.

Table 5. The extent of Prevention on HIV/AIDS among LGBTQIA+ Community Members Along with Social Preventive Measures

Indicators	**Weighted Mean**	**Descriptive Equivalent**
I avoid using dating apps and social media apps to meet or to have friends with someone I like.	3.12	Agree
I refrain from any physical or sexual activity with whom I don't know or I just met in social gatherings or activities.	3.46	Strongly Agree
I participate in activities that are related to HIV/AIDS including seminars, counseling, free testing, etc.	3.20	Agree
I share relevant information about sexual history and HIV status	3.35	Strongly Agree
Become informed about healthy sexuality, safer sex, and HIV through talking with friends and family and speaking with a trusted health professional	3.45	Strongly Agree
I do not participate in transactional sex with the use of social media applications and dating apps.	3.49	Strongly Agree
HIV transmission is avoided by remaining faithful to a single partner who is HIV negative.	3.39	Strongly Agree
I discuss past partners, history of STIs, HIV, and drug use before beginning sexual relations with a new partner.	3.61	Strongly Agree
Average Weighted Mean	**3.38**	**Strongly Agree**

Furthermore, the results above indicated that most of the respondents knew how to prevent HIV socially. In the study of Shamu et al. (year?); there are positive associations between participants who use social media and those with adequate knowledge of HIV/AIDS. Social Media exposure is not only using dating apps but also the advantages of it in positively educating people and changing their negative HIV behaviors.

PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS

Table 6 revealed that among these three (3) variables, the behavioral and social preventive measures got the highest weighted mean of 3.34 and 3.38 or "Strongly Agree" while the lowest is on the physical preventive aspect with a weighted mean of 3.07 or Agree". Furthermore, these three aspects contributed to the comprehensive knowledge on preventing HIV/AIDS. Similar to the study of Nubed et al. (2016), knowledge or extent regarding prevention and control was considered satisfactory. However, misconceptions such as transmission through mosquito bites (23%), non-usage of condoms (14.7%), sharing a meal with an infected person (7.8%). These misconceptions could result in risky preventive measures.

Table 6. *The extent of Prevention on HIV/AIDS among LGBTQIA+ Community Members*

Indicators	**Average Weighted Mean**	**Descriptive Equivalent**
Physical	*3.07*	Agree
Behavioral	*3.34*	Strongly Agree
Social	*3.38*	Strongly Agree

TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ACROSS AGE

Table 7 shows the results of ANOVA on the difference in the extent of transmission and prevention of HIV/AIDS among members of the LGBTQIA+ community across ages. As shown in Table 7, all computed F-values generated significance values lower than the set .05 level of significance. These suggest significant results and lead to the rejection of the null hypothesis. It means that the different age groups of the LGBTQIA+ differ in the extent of transmission and prevention of HIV/AIDS.

Table 7. ANOVA Results on the Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Age

	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Extent of Transmission	Between Groups	5.626	3	1.875	5.190	0.002	Significant
	Within Groups	46.613	129	0.361			
	Total	52.239	132				
Physical Preventive Measures	Between Groups	2.548	3	0.849	4.198	0.007	Significant
	Within Groups	26.097	129	0.202			
	Total	28.645	132				
Behavioral Preventive Measures	Between Groups	3.212	3	1.071	6.616	0.000	Significant
	Within Groups	20.877	129	0.162			
	Total	24.090	132				
Social Preventive Measures	Between Groups	3.204	3	1.068	5.732	0.001	Significant
	Within Groups	24.037	129	0.186			
	Total	27.242	132				
Extent of Prevention	Between Groups	2.678	3	0.893	6.689	0.000	Significant
	Within Groups	17.212	129	0.133			
	Total	19.889	132				

As shown in table 8, the positive mean difference of 1.098 and significance value of .005 indicates that the members who are 31-40 years old have higher regard on the extent of transmission as compared to the 41-50 years old. Similarly, of the extent of prevention of HIV/AIDS, the younger age groups (20-30 and 31-40) have a higher degree of prevention than members who are 41-50 years old. Young adults (10 to 24 years old) and adolescents (10 to 19 years old), especially young people, continue to be unreasonably affected by HIV/AIDS. In 2020, 2.1 million people aged between 10-19 years were living with HIV. The number of adolescents living with HIV/AIDS has risen by 30 percent between 2005 and 2020 (Avert Organization, 2020).

Furthermore, youth with HIV are the least likely of any age group to be aware of their infection. Young adults have more access to the information and tools that are needed to make healthy decisions, knowing their HIV status, reduce their risk for getting HIV/AIDS. It indicates that young adults have higher knowledge than those older adults. (CDC, 2020).

Table 8. Scheffe Test Results on the Significant Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Age

Aspect	Compared Age Groups	Mean Difference	Sig
Extent of Transmission	31-40 vs 41-50	1.098	0.005
Physical Preventive Measures	20-30 vs 41-50	0.704	0.011
	31-40 vs 41-50	0.771	0.010
Behavioral Preventive Measures	20-30 vs 41-50	0.715	0.003
	31-40 vs 41-50	0.795	0.002
Social Preventive Measures	Below 20 vs 31-40	-0.615	0.027
	31-40 vs 41-50	0.719	0.013
Extent of Prevention	20-30 vs 41-50	0.646	0.003
	31-40 vs 41-50	0.763	0.001

TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ACROSS GENDER IDENTITY

Table 9 revealed that the same results were also detected on the degree of prevention, particularly along with physical preventive measures and behavioral preventive measures. The positive mean differences indicate that the male members of the LGBTQIA+ community have a higher regard for the extent of transmission and prevention of HIV/AIDS than their female counterparts.

With the recent statistics of global HIV/AIDS cases, 53 percent of all people living with HIV/AIDS were women and girls, 47 percent were men and boys (UNAIDS, 2021). It indicates that there is an increased rate of women acquiring HIV/AIDS. An analysis done by IndiaSpend (2017) shows men and boys in India are more likely than women and girls to have comprehensive knowledge about HIV/AIDS, yet the disease is more prevalent among men.

Furthermore, the National Family Health Survey (NFHS) from 2015 to 2016 takes comprehensive assessments on Indian states. In 31 to 35 states and union territories (UTs) surveyed, more men showed extensive knowledge about HIV/AIDS than women. (NFHS, 2017).

Table 9. t-test Results on the Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Gender Identity

Aspect	Gender Identity	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Extent of Transmission	Male Female	108 25	3.15 2.87	0.282	0.138	131	2.044	0.043	Significant
Physical Preventive Measures	Male Female	108 25	3.13 2.81	0.316	0.100	131	3.155	0.002	Significant
Behavioral Preventive Measures	Male Female	108 25	3.38 3.18	0.200	0.094	131	2.136	0.035	Significant
Social Preventive Measures	Male Female	108 25	3.41 3.28	0.126	0.101	131	1.257	0.211	Not Significant
Extent of Prevention	Male Female	108 25	3.30 3.09	0.214	0.084	131	2.536	0.012	Significant

TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ACROSS HIGHEST EDUCATIONAL ATTAINMENT

Table 10 showed that significant results are evident on the computed F-values with significance values which are all lower than the set .05 level of significance. This means that the educational background of the respondents causes variation on the extent of transmission and prevention of HIV/AIDS.

Table 10 ANOVA Results on the Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Highest Educational Attainment

	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Extent of Transmission	Between Groups Within Groups *Total*	5.476 46.763 52.239	4 128 132	1.369 0.365	0.347	0.006	Significant
Physical Preventive Measures	Between Groups Within Groups *Total*	3.681 24.963 28.645	4 128 132	0.920 0.195	0.719	0.001	Significant
Behavioral Preventive Measures	Between Groups Within Groups *Total*	1.900 22.190 24.090	4 128 132	0.475 0.173	2.740	0.031	Significant
Social Preventive Measures	Between Groups Within Groups *Total*	2.309 24.933 27.242	4 128 132	0.577 0.195	2.963	0.022	Significant
Extent of Prevention	Between Groups Within Groups *Total*	2.265 17.624 19.889	4 128 132	0.566 0.138	4.113	0.004	Significant

Table 11 shows the results of the Scheffe test on the significant difference in the extent of transmission and prevention of HIV/AIDS among LGBTQIA+ community members across the highest educational attainment. Although significant results are suggested by the computed values as shown in the previous table, the Scheffe test verifies that only physical preventive measures under the extent of prevention have authenticated groups with significant differences. The members who finished elementary level of education have a significantly different degree of prevention along with physical preventive measures on HIV/AIDS compared to those who finished higher education levels.

Blanc (2000) argues that Education promotes both logical and different ways of thinking, which allow better knowledgeable people to take action in protecting their health. De Walque provides a different spin on the same conclusion; a result of their investment in their future, better-educated individuals, have more substantial incentives to protect their health. Furthermore, a Global Campaign for Education report (2004) states that without education, young people are less likely to understand the necessary information regarding HIV/AIDS education provided and less confident in accessing services and openly discussing the HIV/AIDS epidemic.

Table 11. Scheffe Test Results on the Significant Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Highest Educational Attainment

Aspect	Compared Groups	Mean Difference	Sig
Physical Preventive Measures	elementary level vs high school level	-1.055	0.032
	elementary level vs bachelor's degree	-1.192	0.009
	Elementary level vs Master's degree holder	-1.438	0.006

TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS ACROSS LEVELS OF AWARENESS ON HIV/AIDS

Table 12 presents the difference in the knowledge on transmission and prevention of HIV/AIDS among LGBTQIA+ community members across the level of awareness on HIV/AIDS. The t-values showed significant values, which are lower than the set .05 level of significance. The negative mean differences suggest that the respondents with a high level of awareness of HIV/AIDS also have a higher regard for the knowledge on transmission and prevention of HIV/AIDS as compared to those who are 'not aware."

In the study of Zhang et al. (2019) entitled "Awareness of HIV/AIDS and its routes of transmission and access to health knowledge among rural respondents in Western China." The HIV awareness rates were high, with a total of 9274 participants who also indicated a high knowledge level. Similarly, our study with heightened awareness is also with a greater extent of transmission and prevention of HIV/AIDS.

Table 12. t-Test Results on the Difference in the Extent of Transmission and Prevention on HIV/AIDS among LGBTQIA+ Community Members Across Level of Awareness on HIV/AIDS

Aspect	Level of Awareness	N	Mean	Mean Difference	Standard Error Difference	Df	t-value	Sig	Remarks
Extent of Transmission	Not Aware Highly Aware	19 114	2.72 3.16	-0.439	0.152	131	-2.891	0.004	Significant
Physical Preventive Measures	Not Aware Highly Aware	19 114	2.90 3.10	-0.200	0.115	131	-1.744	0.084	Not Significant
Behavioral Preventive Measures	Not Aware Highly Aware	19 114	3.15 3.37	-0.217	0.105	131	-2.077	0.040	Significant
Social Preventive Measures	Not Aware Highly Aware	19 114	3.15 3.42	-0.270	0.111	131	-2.444	0.016	Significant
Extent of Prevention	Not Aware Highly Aware	19 114	3.07 3.30	-0.229	0.094	131	-2.424	0.017	Significant

NURSING INTERVENTION PROGRAM CAN BE PROPOSED TO ENHANCE THE EXTENT THE TRANSMISSION AND PREVENTION OF HIV/AIDS AMONG LGBTQIA+ COMMUNITY MEMBERS

Based on the findings of this study, despite the pandemic, the researcher will conduct a virtual seminar on comprehensive education of transmission and prevention of HIV/AIDS for the different LGBTQIA+ Communities in Pangasinan. It will also be open to youth, students, older adults, or those with little to no access to information regarding knowledge on the dreaded disease.

PROPOSED NURSING INTERVENTION PROGRAM PLAN

Name

- Comprehensive Education and Transmission and Prevention on HIV/AIDS

Target Participants

- LGBTQIA+ Communities, youth, students

Mode of intervention

- Virtual Discussion via "Zoom" or "Google Meet."

Duration

- 2 hours

Materials

- PowerPoint presentation, Desktop

Goal

- To enhance the knowledge of participants on the transmission and prevention of HIV/AIDS.

Objectives:

1. By knowing the modes of transmission of HIV/AIDS, such as sexual intercourse, mother-to-child transmission, blood transfusion.
2. By reducing the participants' misconceptions on the modes of transmission regarding HIV/AIDS, such as the transmission of HIV through kissing and mosquito bite.
3. By emphasizing the knowledge on the prevention of HIV/AIDS especially on the physical preventive measures such as condom usage, HIV testing, proper use of PrEP.
4. By proper using of social media platforms and dating apps such as information dissemination.

Intervention Strategies:

1. Lecture on the prevention and transmission of HIV/AIDS, providing the latest scenarios and examples.
2. Encouraging the participants to ask questions after the discussion will provide a good evaluation.
3. Provide pre-test and post-test to participants. This will help the lecturer assess the participant's knowledge regarding the topic before and after the discussion.

CONCLUSIONS

The study on Transmission and Prevention Among LGBTQIA+ Community concluded that the Majority of the respondents were young adults, male, and bisexual in sexual orientation. Respondents were not into marital relationships, were not working, majority of them finished their degree courses followed by High School level. And most of the respondents were highly aware.

Most of the respondents are 'moderately knowledgeable" on the modes of transmission regarding HIV/AIDS; therefore, they are informed on the ways not to acquire HIV/AIDS but not that high. These include sexual contact, sharing syringes and needles, and blood transfusion. However, the lowest item was "HIV is not transmitted through

kissing and mosquito bites". It indicates that some were not fully aware of these misconceptions.

Preventive measures reduce the transmission of the dreaded disease HIV/AIDS. It has three manners, physical, behavioral, and social. In this study, in terms of behavioral and social preventive measures, respondents rated "strongly agreed" on both aspects; however, they just "agreed" on the physical preventive measures. Meaning they were more likely to do things that prevent themselves from acquiring HIV/AIDS in behavioral and social aspects. However, the physical preventive measure, which is also a vital aspect, got the lowest indicating that the respondents have lesser information regarding physical ways to prevent HIV/AIDS.

When it comes to age group, 31-40 years old have higher regard on the extent of transmission than 41-50 years. Identical with the extent of prevention, 20-30 and 31-40 years old have a greater degree of prevention than members who are 41-50 years old. It revealed that young adults were higher extend o transmission and prevention. Moreover, male members have a substantial regard for the extent of transmission and prevention than their female counterparts. It indicates that male has more information regarding HIV/AIDS than female. In the aspect of educational background, those who finished higher levels of education have a greater extent of transmission and prevention of HIV/AIDS as compared to lower levels of education.

Moreover, a physical preventive measure under the scope of prevention, those who finished elementary school have a lower range of prevention than those who finished high school and college. In terms of the degree of awareness on HIV/AIDS, it revealed that the respondents with a high level of perception of HIV/AIDS also have higher regard on the degree of transmission and prevention than those who are not aware of HIV/AIDS. For occupation, sexual orientation, and relationship status do not cause any variation on the extent of transmission and prevention.

The study revealed that there is a significant correlation between the extent of transmission and prevention and gender identity. Meanwhile, single members have a higher regard for physical and behavioral preventive measures than any other relationship status. Moreover, the higher the educational attainment of the LGBTQIA+ community members, the higher the rating provided on the extent of transmission and prevention of HIV/AIDS. It concluded that the more aware the members of the LGBTQIA+ community, the higher their regard on the extent of transmission and prevention of HIV/AIDS.

Lastly, based on the results of this study, the researcher will conduct a virtual seminar on comprehensive Education on transmission and prevention of HIV/AIDS for the different LGBTQIA+ Communities in Pangasinan. This seminar will be open to youth, students, older adults, or those with little to no access to information.

RECOMMENDATIONS

The LGBTQIA+ community heads must coordinate with different public and private sectors in conducting virtual seminars, free HIV counseling, and testing, group discussion with observed minimum health protocols. LGBTQIA+ community members must attend educational seminars and group discussions regarding HIV/AIDS.

Health institutions, public and private sectors must conduct free virtual educational seminars on HIV/AIDS, free HIV counseling and testing, and group discussions to the LGBTQIA+ communities.

Communities and schools must organize HIV/AIDS awareness educational sessions for youth, students, heterosexual sexes males, and females respectively, and older adults that don't have access to information. It increases their knowledge since these groups have a lower extent to transmission and prevention of HIV/AIDS.

Future researchers should conduct the same study on other LGBTQIA+ communities here in Pangasinan and neighboring provinces, especially with HIV/AIDS patients. Since there was a relationship between the degree of transmission and prevention of HIV/AIDS on the level of awareness, they must conduct a study that will assess respondents' perception regarding HIV/AIDS. It will help in a comprehensive assessment of communities' knowledge
and extent on transmission and prevention of HIV/AIDS. They must conduct the same study with the general public and groups like students and youth. It will assess why there is still an increase of infected individuals in young people.

PRACTICAL IMPLICATIONS

Based on the findings of the study, there was a moderate knowledge of the respondents regarding transmission modes of preventive ways regarding HIV/AIDS. Some of the respondents still believe the misconceptions like kissing, handshaking can transmit HIV/AIDS. Results suggest that there should be reiteration or reinforcement to people regarding transmission modes and preventive measures of HIV/AIDS. Health education is the vital key to addressing this problem, educators must teach scientifically-based facts and convince people to eliminate misconceptions regarding this dreaded disease. Educational seminars and health-related programs may increase the knowledge of different communities they must reiterate that prevention must always be the priority so that will not end in a severe stage of the disease. This study may help different sectors both private and public as their basis for their upcoming programs like addressing where the people most commit a mistake or the misconceptions they still believe with.

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