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UNDERSTANDING THE MEANING OF PRE-EXPOSURE PROPHYLAXIS USE AMONG TRANSGENDER WOMEN SEX WORKERS IN CEBU CITY

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28 September 2023

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MICHAEL DAVID DELA CRUZ TAN | 28 September 2023

Acceptance Page:

This paper prepared by **MICHAEL DAVID DELA CRUZ TAN** with the title: **"Understanding the Meaning of Pre-exposure Prophylaxis Use Among Transgender Women Sex Workers in Cebu City"** is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree Program.

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Biographical Sketch

After completing his BA (Communication Studies) from the University of Newcastle in New South Wales, Australia in 2000, Michael David "Mick" dela Cruz Tan returned to the Philippines to eventually establish *Outrage Magazine* in 2007. Even now, it remains as the only publication for LGBTQIA people in the Philippines. But as a publication, it does not only report on LGBTQIA issues; instead, it also conducts researches on LGBTQIA-related issues, conducts HIV testing, and gives SOGIESC and HIV workshops, with Mick helming these efforts. Particular focus has always been given to minority sectors within the already minority LGBTQIA community – e.g. persons with disability, PLHIVs, seniors, Indigenous Peoples, *et cetera*.

Mick authored "Being LGBT in Asia: Philippines Country Report" for UNDP in 2014; the only journalistic stylebook to guide local media practitioners when reporting on LGBTQIA issues in the Philippines (in 2017); and #PreventionNOTCondemnation, which looked at the responses to HIV of Protestant and Evangelical churches in the Philippines (in 2019). He also authored "Red Lives", a collection of stories from the HIV community, published by Bahaghari Center.

For his work as a journalist, Mick won the Catholic Mass Media Awards (Best Investigative Journalism) in 2006; and as a journalist specifically highlighting the issues of LGBTQIA Filipinos, the Art that Matters for Literature award from Amnesty International-Philippines in 2020.

Acknowledgement

In December 2019, when COVID-19 lockdowns started getting implemented, the opportunity to pursue postgraduate study presented itself. And choosing to enroll in the University of the Philippines Open University's (UPOU) Master of Development Communication (MDC) program made good sense because I am already a community journalist, and learning newer approaches to reach grassroots communities is essential.

One thing also particularly became commonplace during the pandemic, what with people relying on technology – i.e. the popularity of transactional sex involving younger Filipino men and women. My Facebook account, as an example, received messages from younger men I do not personally know after they created sexual contents and then tried to sell access to the same for ₱100 to ₱500. For those who wanted to go "further" and physically met up with them, those prices increased to ₱1,000 to ₱3,000.

Due to my work in the HIV community, chats with these people almost always led to asking them about their sexual practices. Sadly, except for condoms and lubricants (if used at all), it was rare to encounter someone who knew about pre-exposure prophylaxis (PrEP) or even post-exposure prophylaxis (PEP), approaches that are now widely used particularly in Western countries to stop the spread of HIV.

Sadly, none – even in the HIV advocacy in the Philippines, the LGBTQIA movement here, or even those involved in the sex industry – extensively discuss this. And this led to the eventual selection of the topic of this research, though this time, focusing specifically on transgender women who do sex work in Cebu City.

Various people helped make this research happen.

To start, Alvaro Nagpala Calara, Associate Professor at the University of the Philippines Los Baños, and Aaron Moises Cerico Bonete, Managing Editor at *Outrage Magazine*, the only LGBTQIA publication in the Philippines, provided the recommendations that helped make me become part of MDC.

Data gathering was helped by six transgender women from Cebu, namely:

1. Maria Eda Catabas from the Cebu United Rainbow LGBT Sector Inc. (CURLS), a staunch advocate of sex workers' rights, who provided the initial contacts who eventually gathered the participants for this research.
2. Magdalena Robinson, also of CURLS, similarly provided a contact, who then gathered other sex workers interviewed for this research.
3. Binibining Barbara of LoveYourself Cebu, who contacted the first batch of interviewees, and then also provided a venue to conduct the interviews.
4. Monndy Brett Flores Jackson, who gathered six of the participants and accompanied me in visits to sites frequented by transgender women who do sex work in Cebu City.
5. Jela Mae Santos, who gathered seven of the participants, and introduced me to some of the sex workers in Mango Square, where I heard some of the issues they encountered while working.
6. Jamaika Cosep, who gathered seven other participants, and accompanied me in locations where sex workers "let their hair down" in Cebu City.

From MDC, three development communication experts particularly deserve to be acknowledged. Prof. Benjamina Paula González-Flor, PhD., the chairperson of

my thesis advisory committee, who shared her expertise to make this entire process challenging and yet still fun. Meanwhile, Prof. Grace J. Alfonso, PhD. and Prof. Melinda F. Lumanta, PhD., members of my thesis advisory committee, helped keep this research grounded (e.g. helping me realize that grand intentions are better if they are actually time-bound thus implementable). Considering their continuing impacts on the advancement of development communication, I am beyond grateful to have been advised by these giants in this field.

Lastly, considering the apprehensions of sex workers to share their stories due to the discrimination encountered by those in the sex industry, I am moved by the willingness of the sex workers who agreed to be interviewed for this research. Having been a journalist for over 20 years now, one of the things I learned is the relevance of telling the stories of those from grassroots communities. However, the owners of these stories – the members of these grassroots communities – need to be convinced to willingly tell their stories first. And when they do, then writers such as myself become obliged to not just tell these stories, but do so in ways that could – hopefully – help better the lives of those still at the fringes of society. Hopefully this research could help particularly transgender people who do sex work in Cebu City become seen as the key population that they are, and be able to finally access PrEP as a lifesaving tool that will allow them to continue doing what they do sans the fear of getting infected with HIV.

The first draft of this research was actually completed in four libraries in Australia – i.e. Darling Square Library in Sydney, Victoria State Library in Melbourne, Auchmuty Library in the University of Newcastle in Newcastle, and the State Library of New South Wales in Sydney. C completed my undergraduate degree (BA Communication Studies) at the University of Newcastle, it almost felt like coming full

circle for me. But even while studying in Australia, I already did volunteer work to help people living with HIV, while similarly engaging with other key populations (e.g. sex workers, men who have sex with men, injecting drug users). Even then I realized that those who can, must help. And for communications people, this help starts with starting the discussions on issues, keeping these conversations going, and then providing know-how on how changes can be made to better people's lives. Without me knowing it then, this was actually already leaning towards development communication. And so thank you, too, to UPOU's MDC for keeping this way of thinking alive – i.e. that communication can, and should, make people's lives better.

Dedication

This research is dedicated to Ewww, who reintroduced me to the world of sex workers by tackling it with pragmatic awareness. Those practical life lessons continue to be sources of newfound wisdom.

And to sex workers in the Philippines, including – if not particularly – transgender women who are in the sex industry either by choice, or because their circumstances led them there. You are valid. And all your stories should be told, and should be heard

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Abstract

Understanding the Meaning of Pre-exposure Prophylaxis Use Among Transgender Women Sex Workers in Cebu City

With over 30% of transgender women selling sex in Cebu City, introducing PrEP to them makes sense as it cuts the risk of HIV infection by 99%. Unfortunately, they are neglected in PrEP-related efforts. Using a phenomenological framework, this research attempted to get a clearer picture on their lived experiences related to sources of PrEP information and supplies. Data was gathered in January 2023, with in-depth interviews done involving 20 transgender women who do sex work in Cebu City.

On their PrEP understanding, three themes surfaced: participants had no understanding of PrEP, confused PrEP with ARV or non-HIV medication, and only had basic PrEP knowledge. Meanwhile, both for their sources of PrEP information and PrEP supplies, two themes surfaced: these came from formal, or from informal sources. The former was criticized for not knowing about PrEP, and for not being transgender friendly, while the latter was preferred for being readily available, and for providing more comprehensible and transgender-friendly information.

This research recommends empowering informal sources, including training them to provide both PrEP information and supplies; and amending existing PrEP messaging by incorporating transgender-specific concerns and using languages used by the transgender community.

Keywords: transgender women, sex work, HIV, pre-exposure prophylaxis, PrEP, Cebu City

Chapter I

INTRODUCTION

Background of the Study

Decades after the first case of the Human Immunodeficiency Virus (HIV) was reported, it continues to be a global issue. To date, it is estimated that approximately 37.7 million people live with HIV, with 1.5 million to two million new HIV cases reported in 2020 alone, and with 4,000 new HIV infections occurring every day (UNAIDS, 2021a).

The continuing severity of HIV pushed the UN in 2015 to commit to end the AIDS epidemic as a public health threat by 2030, even explicitly stating this in the 2030 Agenda for Sustainable Development (WHO, 2016). This move was also seen as necessary because while HIV (which causes AIDS) may appear as a medical issue, its effects are linked to other social problems. For instance, poverty can increase vulnerability to HIV infection since unequal socioeconomic status forces people to engage in behaviors that put them at risk for HIV infection; and those affected by HIV are also more vulnerable to falling into and remaining in poverty, so that people living with HIV (PLHIV) are unable to live healthy lives, or afford expenses related to health care that contribute to “later treatment initiation, lower treatment adherence and higher rates of AIDS-related mortality” (UNAIDS, 2021b). Sadly, by the end of 2020, only eight countries achieved the HIV-related SDG targets (UNAIDS, 2021c).

The Philippines is also gravely affected by HIV, with the country reporting 34 new HIV cases per day in 2021 (DOH, 2021a). In fact, between 2010 and 2018,

there were 203% increases in annual new HIV infections here, so that country has the fastest-growing HIV epidemic in the Asia Pacific region (WHO, 2019a).

Majority of new HIV infections actually affect minority sectors, many of them marginalized – and even criminalized – because of their sexual orientation, gender identities, livelihoods or dependencies (Guterres, 2021). In most settings, these key populations (KPs) include transgender women, and sex workers and their clients (Guterres, 2021).

These two populations – i.e. transgender women, and those doing sex work – actually continue to be under-researched, thus not fully understood.

On one hand, transgender women used to be considered as a sub-population of men who have sex with men (MSM), identified as such because of their sex assigned at birth and not their gender identity. In the Philippines, for example, the DOH only started reporting on the gender identity of people newly infected with HIV in January 2018. As such, it is now hard to ascertain exactly how many transgender women were infected with HIV from 1984 to 2018. But from January 2018 to December 2021, 1,131 transgender women were infected with HIV (DOH, 2021a).

It is, nonetheless, acknowledged that 44% of transgender women engage in high-risk behaviors (Herbst, *et al*, 2008; Qiaoqin, Ono-Kihara, Cong, *et al*, 2009). In the Philippines, these behaviors include: early sexual initiation; use of illicit drugs, with 43.2% having sex while they were under the influence of drugs; and foregoing the use of condom (UNAIDS, 2021a), with only 43.2% using a condom during their last sexual intercourse while high on drugs (DOH, 2017).

On the other hand, sex workers (SWs) are often criminalized, with their criminalization increasing the rates of HIV infection (Rekart, 2005; Platt, Rhodes, Judd, *et al*, 2007; Lyons, Schwartz, Murray, *et al*, 2020; and Glick, Lim, Beckham, *et*

al, 2020). As the WHO (2005) noted, harassment of law enforcement authorities could reduce SW access to prevention information and services; SWs may experience violence at the hands of clients and intimate partners, preventing them from negotiating safer sex; and SWs may not use HIV/AIDS services due to hostility and abuse by health care providers. This forced invisibility also forces SWs to not be counted in HIV-related efforts – e.g. again in the Philippines, the DOH only started reporting on people who engage in transactional sex (including sex workers) in December 2012 (DOH, 2021a); and sadly, the DOH still does not distinguish the gender identity of those engaging in transactional sex.

The lack of focus on transgender women who do sex work may also be seen in the responses of other agencies.

Here, it is worth mentioning that Cebu City has long been considered as a "sex tourist area" (The Freeman, 2017). However, focus has, so far, been given on trafficked minors. The Department of Social Welfare and Development (DSWD) reported that from 2010 to 2014, there were out of 1,002 people who were trafficked, with 61 of them children aged 14 or below, and 123 teenagers aged 15 to 17 years old. Also, of the 1,002 trafficked people, 41.32% (414) of the children were used for prostitution, and 36.62% (387) of them used for sexual exploitation (The Freeman, 2017).

It is this that led to the formation of the Cebu Against Sex Tourism (CAST), a network of LGUs, government agencies, and other stakeholders eyeing to eradicate human trafficking in the entire Cebu Province; as well as the Cebu Court Appointed Special Advocate or Guardian Ad Litem (CASAGAL) Volunteers Association, which eyes to help children rescued from trafficking, as well as their families.

Nonetheless, no DSWD data is available on the sexual orientation, gender identity and expression, and sex characteristics of the trafficked people in Cebu City, which – more than anything – highlights non-focus on this population.

The DOH has data on the involvement of transgender women in the sex industry in Cebu City, estimating that over 30% of transgender women there sold sex for cash or kind in the past year (DOH, 2021a). Unlike the DSWD, however, the health agency failed to identify efforts to assist these transgender women sex workers, which may be taken to highlight – again – the non-prioritization of this population.

All the same, some studies already considered the link between the two – i.e. being transgender, and doing sex work. This is because many transgender women experience discriminatory practices including in the workplace, so that many of them see sex work as a feasible option to make a living (Nadal, Davidoff & Fujii-Doe, 2014). It is estimated that from 24% to 75% of transgender women participate in sex work (Herbst, *et al*, 2008). In the Philippines, a study done in 2013 found that 31.8% of transgender women sold sex for cash or kind in the past year in Cebu City, which was twice as many compared to Angeles City (14.7%) (DOH, 2021a). Particularly in Cebu City, transgender women become sex workers for economic reasons, superseding perceived occupational risks (i.e. health, abuse, legal) (Cortes, 2011).

There actually exist newer tools in the fight against HIV. Oral Pre-Exposure Prophylaxis (PrEP), for instance, is able to cut the risk of HIV transmission by 99% when taken daily (CDC, 2020; Grant, 2010; and Nicol, Adams & Kashuba, 2013). However, by the end of 2020, the total number of people using PrEP was just 28% of the target of three million in low- and middle-income countries, sadly representing

only 8% of the global 2025 target (UNAIDS, 2021a). PrEP use is particularly low among key populations (KPs) like transgender women who do sex work.

In the Philippines, PrEP was approved by the Food and Drug Administration (FDA) in 2019 around the time of the holding of a 24-month demonstration study that examined community-based delivery of PrEP for men who have sex with men and transgender women at higher risk for HIV infection (DOH, 2021b). The DOH itself applied for the FDA clearance of PrEP.

The PrEP formulation approved by the FDA is a combination of Tenofovir and Emtricitabine, and works "by blocking HIV enzymes, preventing the virus from establishing an infection" (LoveYourself.ph, n.d.; Gangcuangco & Eustaquio, 2023). As per FDA, the recommended dosage range from 100 mg Emtricitabine and 150 mg Tenofovir tablet,s up to 200 mg Emtricitabine and 300 mg Tenofovir tablets, with the difference "depending on the age and body weight of the client" (LoveYourself.ph, n.d.).

In the timeline of the DOH, the roll-out of PrEP was supposed to follow three phases. For the first year, PrEP should have already been widely distributed in the National Capital Region, Central Visayas, Central Luzon, and select GF and US-PEPFAR Category A sites. Also, PrEP was supposed to also be distributed in facilities in other regions that have the capacity and interest to deliver PrEP services. Roll-out was to continue until PrEP is made nationally available by the third year (DOH, 2021b).

Unfortunately, this is only a guideline to be followed, particularly since the DOH has been lacking in resources to fight HIV. In its report to the United Nations General Assembly Special Session (UNGASS) in 2009, the Philippine National AIDS Council (PNAC) noted that majority of HIV-related financing is sourced externally

(e.g. Global Fund), but while 60% of HIV expenditures are supposed to be allocated for prevention programs, only 18% of the money went to actual interventions and 82% went to “others” (such as support for DOH central office programs) (PNAC, 2010; Tenorio, 2012).

PrEP is currently not available from pharmacies. Instead, those who may want to use PrEP have to enroll as clients of health care facilities, particularly NGOs and publicly-run health care facilities such as Social Hygiene Clinics (SHCs). There, PrEP is available for free or for a fee. PrEP-related tests are also provided for free or for a fee.

Majority of the PrEP supplies in these NGO and public health care facilities mainly – though not exclusively – come from two sources[1].

On one hand, there are development partners dispensing PrEP for free (particularly to NGOs, though also to public health care facilities). These PrEP supplies particularly come from the Global Fund (GF) through the Pilipinas Shell Foundation, Inc. (PSFI), and the US Agency for International Development (USAID) through its Meeting Targets and Maintaining Epidemic Control (EpiC) project that is funded by the US President's Emergency Plan for AIDS Relief (US-PEPFAR).

On the other hand, the DOH also makes its own procurement, with the supplies then given to local government units (LGUs) for release in their SHCs, though also to community-based organizations in localities.

At the time of the writing of this research, procuring supplies for health care facilities was described as “currently not centralized”[2]. This is because NGOs and LGUs can request PrEP supplies from both the development partners and from the

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[1] The process for PrEP supply acquisition as entailed in this research was provided by Ico Rodulfo Johnson, executive director of The Project Red Ribbon Inc., which runs My Hub Cares, a Metro Manila-based HIV treatment hub that provides PrEP for free.

[2] According to Johnson, executive director of The Project Red Ribbon Inc.

DOH. These health care facilities are only required to report back to the PrEP sources for monitoring and evaluation.

To add, there are NGOs and private health care facilities (e.g. hospitals) that procure PrEP on their own, and then sell the same to those who can afford to pay for PrEP. And so there have been so-called conflicts of interest in PrEP supply distribution. For instance, The LoveYourself (TLY) – the NGO that helms LoveYourself Cebu – provides PrEP for free, but also sells PrEP. TLY, however, does not publicly share its actual PrEP distribution processes, which surfaced the reproach.

The current PrEP distribution model is also dependent on three things. For one, having connections with the development partners and the DOH is important because health care facilities wanting to get PrEP to dispense need to request from these agencies. But also linked to this is the need for the DOH to recognize the health care facilities as having "the capacity" and not just the interest to deliver PrEP services (DOH, 2021b). And lastly, particularly for public health care facilities, focusing on HIV prevention is dependent on the priorities of the LGUs that often has "non-existent financial support… for SHC-based HIV prevention programs" (Tenorio, 2012).

Not surprisingly, only a few health care facilities currently dispense PrEP in the Philippines. And in Cebu City, only LoveYourself Cebu was able to connect with the development partners to get supplies, while also having the capacity (based on DOH's criteria) and the interest to deliver PrEP there.

And so it goes without saying that all these factors obviously continue to affect PrEP distribution, and thus use, in the Philippines, even if it was already approved for use by the FDA years ago.

There are numerous barriers to PrEP use particulalry by transgender women who do sex work. These hindrances include: focus of PrEP messaging and marketing on MSM (Bass, Kelly, Brajuha, *et al*, 2022); classification of transgender women as MSM so that their unique HIV-related needs are ignored (UNDP, 2012; Auerbach, Kinsky, Brown & Charles, 2015; Bass, Kelly, Brajuha, *et al*, 2022); limited funding allocated to projects for transgender women (UNAIDS, 2012a), including the promotion of PrEP use among transgender sex workers (Scamell, 2019); and absence of friendly health care providers (de Carvalho, Mendicino, Cândido, Alecrim & de Pádua, 2019; Nieto, *et al*, 2020).

There also exist various PrEP-related perceptions that impact PrEP use among transgender women sex workers. These include apprehensions emerging from lack of information about the side effects of PrEP (Rice, Stringer, Sohail, *et al*, 2019); lack of information on the interaction between feminizing hormones and the ingredients of PrEP (Marquez & Cahill, 2015; Chakrapani, Shunmugam, Rawat, Baruah, Nelson & Newman, 2020; Bass, Kelly, Brajuha, *et al*, 2022); the belief that PrEP promotes promiscuity (Calabrese & Underhill, 2015); and the perception that PrEP is not readily available (Watson, Pasipanodya, Savin, *et al*, 2020), or if available, could be costly (Casal, 2019; Sullivan & Siegler, 2018).

But at the same time, there are promising developments. For instance, among all of transgender people familiar with PrEP, 72% regarded its use favorably (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020). In the Philippines, Restar, Adia, Cu-Uvin and Operario (2020) noted that there is interest in using PrEP among Filipino transgender women in general, with almost all (93%) expressing interest in taking PrEP once learning about it. Communicating PrEP has also been evolving to reach neglected KPs, with some service providers using various media channels to

share PrEP-related information, WhatsApp, Facebook, Instagram, Twitter, short message service (SMS), Manjam, Tinder, and Grindr (Durosinmi-Etti, Nwala, Oki, *et al*, 2021).

It is worth stressing, nonetheless, that PrEP is a relatively new introduction in the fight against HIV. In the Philippines, the DOH only approved its inclusion in the Philippine National Formulary (PNF) to reduce the risk of acquiring sexually transmitted HIV infection on January 18, 2022 (DOH, 2022a). This, thereby, stresses that this issue – particularly in the Philippines – is still under-studied, particularly on how KPs like transgender women who do sex work may benefit from it, and yet ignored by existing efforts.

To help prevent over 28 million new HIV infections and 21 million deaths due to AIDS by 2030, the WHO issued in 2015 new guidelines that specifically mentioned the need to start promoting the use of PrEP.

> *"Following further evidence of the effectiveness and acceptability of PrEP, WHO has now broadened this recommendation to support the offer of PrEP to other population groups at significant HIV risk"* (UN, 2015a).

But by 2021, UNAIDS lamented that PrEP use has not grown fast enough, particularly among KPs like transgender women who do sex work. This may be exemplified in the Philippines, where the burden of HIV on this population continues to be under-studied. The DOH, for one, only started including transgender women in national HIV surveillance systems in the 2013 Integrated HIV Behavioral and Serologic Surveillance (IHBSS); started reporting on HIV infection among those who do transactional sex (e.g. transgender women who do sex work) in December 2012; and started reporting on the gender identity of Filipinos newly-infected with HIV in January 2018 (DOH, 2021a).

It is necessary to understand this population better to help reach them in HIV-related efforts, including PrEP rollout. As it is, this population was actually already studied overseas. In the US, for example, a 2020 study found that only 3.2% of transgender women who are at high risk of HIV infection currently take PrEP (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020). Sadly, no such study exists in the Philippines.

It is also worth noting that more than half (53%) of all transgender women here – including those who do sex work – are still unfamiliar with PrEP, even if over 90% of those who were informed about PrEP expressed interest to use the same (Restar, Adia, Cu-Uvin & Operario, 2020).

It is, therefore, imperative to examine this population, and the hindrances and facilitators in their use of HIV PrEP. With over 31% of transgender women selling sex for cash or kind in Cebu City alone (DOH, 2021a), the implications of knowing these hindrances and facilitators to the messaging and communication of PrEP use among KPs are monumental. This is a sure way for this population not to continue being left behind as PrEP is finally being made widely available.

Statement of the Problem

Before this research, no study was done to specifically look at PrEP use among transgender women involved in sex work in the Philippines. This research, therefore, eyed to explore the meaning attached to HIV PrEP use by transgender women who do sex work in Cebu City, and how this meaning shaped their actions towards preventing risky behaviors.

Even if PrEP is known to cut the risk of HIV transmission by 99% when taken daily, the number of people using it remains small, particularly among members of

key populations (KPs). Transgender women who do sex work are among the KPs, traversing multiple identities that put them at higher risk for HIV infection.

As transgender women, they are already exposed to high-risk behaviors, with 44% of them initiated to sex early, 43.2% engaging in sex under the influence of illicit drugs, and only 43.2% using condoms (UNAIDS, 2021a; DOH, 2017).

Incidentally, the DOH (2021) estimated that over 31% of transgender women sell sex for cash or kind in Cebu City alone, adding to their risk for HIV infection. This is because sex workers (SWs) are often criminalized, and criminalization increases the rates of HIV infection (Rekart, 2005; Platt, Rhodes, Judd, *et al*, 2007; Lyons, Schwartz, Murray, *et al*, 2020; and Glick, Lim, Beckham, *et al*, 2020); they have limited access to prevention information and services; they may be unable to negotiate safer sex; and they may not use HIV/AIDS services due to hostility of health care providers.

Unfortunately, more than half (53%) of all transgender women are still unfamiliar with PrEP, even if over 90% of those who were informed about PrEP expressed interest to use the same (Restar, Adia, Cu-Uvin & Operario, 2020).

In general, this study sought to answer the research question: What does pre-exposure prophylaxis use mean among transgender women sex workers in Cebu City?

Specifically, this research attempted to seek answers to the following questions:

1. How do transgender women sex workers define PrEP, and what are the implications of their definitions to PrEP use?
2. What are their experiences in sourcing PrEP information, and do these affect their decision to use PrEP?

3. What are their experiences in sourcing PrEP, and do these have implications with their decision to use/not use PrEP?

Objectives of the Study

This research hoped to:

1. Ascertain if transgender women who do sex work in Cebu City were aware of PrEP; and how they described the same.
2. Identify the sources of PrEP information of transgender women who do sex work in Cebu City; and describe their experiences in accessing PrEP information.
3. For those who use PrEP, describe their experiences in accessing, using, and/or adhering to using PrEP, particularly vis-à-vis PrEP supply sources.

Significance of the Study

On one hand, this research hoped to add to the body of knowledge on transgender women, particularly those who engage in sex work, considering that they are among the KPs identified by the UN for their higher risk for HIV infection (Guterres, 2021).

This population continues to be under-researched particularly in a country like the Philippines, with the DOH only including them in HIV-related reports in 2013 (DOH, 2017). As it is, the DOH already estimated that the prevalence of HIV among transgender women who do sex work in Cebu is at 3.7% (DOH, 2017), and yet they have been considered under the MSM category, so that their unique needs have been ignored. Information gathered by this research can, therefore, provide elucidation on the specific HIV (and PrEP) issues encountered by transgender women sex workers.

On the other hand, this research intended to inform the country's health communication strategies to ensure that the same includes transgender women sex workers.

At least based on studies done overseas, this population continues to hold perceptions that impact PrEP use, from the lack of information on the side effects of PrEP (Rice, Stringer, Sohail, *et al*, 2019); to the lack of information on the interaction between feminizing hormones and the ingredients of PrEP (Marquez & Cahill, 2015; Chakrapani, Shunmugam, Rawat, Baruah, Nelson & Newman, 2020; Bass, Kelly, Brajuha, *et al*, 2022); to the belief that PrEP promotes promiscuity (Calabrese & Underhill, 2015); and to the perception that PrEP is not readily available (Watson, Pasipanodya, Savin, *et al*, 2020), or if available, could be costly (Casal, 2019; Sullivan & Siegler, 2018). Unfortunately, no similar studies were done in the Philippines. This localized research, therefore, ensures that HIV-related messaging and communication of health care services providers become more contextually relevant.

Scope and Limitations of the Study

Even as this research hoped to extensively look at the experiences of transgender women sex workers in Cebu City vis-à-vis PrEP, its scope is still limited.

To start, this research only included the shared narratives of: 1) transgender women; 2) who engage in sex work; and 3) are from, or worked in Cebu City.

Related to this, and due to the sensitive nature of their line of work, the participants were only those referred by initial contacts.

This research touched on the possible risk for HIV infection of transgender women who do sex work, so while it specifically dealt with their lived experiences

related to PrEP, it also touched on other tools used to prevent HIV infection/transmission, particularly condoms and lubricants.

Also, data was gathered through in-depth interviews. While the approach provided glimpses at the lived experiences of transgender women sex workers in Cebu City related to PrEP, the results do not necessarily represent the entire population.

Operational Definition of Terminologies

As used in this research, **transgender women** are those who were assigned male at birth but self-identify as the opposite gender (APA, 2015). They may identify as heterosexual, homosexual, bisexual, or none of the above (CDC, 2021). They may or may have not transitioned – i.e. started processes to shift toward the gender role different from that assigned at birth – including social transition like using new names, pronouns and clothing, and medical transition like taking feminizing hormones or undergoing surgery/body modification (APA, 2018).

Sex workers are people who provide sexual services for money or its equivalent (Harcourt & Donovan, 2005). Of particular interest to this research are transgender women who do sex work, which could involve “direct” and “indirect” sexual activities - i.e. those whose work-related practices involve genital contact (direct sex work), or little or no genital contact (indirect sex work) (Harcourt & Donovan, 2005).

Social structures include any group’s “norms and roles and the status, attraction, and communication relations that link one member to another” (APA, 2022a). Here, this then refers to the various contexts of the transgender women sex

workers in Cebu City – e.g. where they geographically live, the organizations they belong to, and so on.

The American Psychological Association (2022b) defines **social interactions** as “any process that involves reciprocal stimulation or response between two or more individuals.” This is the same definition used in this research, as these are similarly seen to lead to the formation of social relationships.

Referring to the concept of health information-seeking behavior, which focuses on how people obtain information (strategies/actions) (Cutilli, 2010), the **sources of PrEP information** – as used here – basically refer to where the participants obtain information on PrEP.

Facilitators in PrEP use refer to factors identified by the participants as persuading them to use PrEP (Golub, *et al*, 2013; Ojikutu, Bogart, Higgins-Biddle, *et al*, 2018; Jackson-Gibson, Ezema, Orero, *et al*, 2021).

Hindrances in PrEP use refer to factors identified by the participants as preventing them from using PrEP (Golub, *et al*, 2013; Ojikutu, Bogart, Higgins-Biddle, *et al*, 2018; Jackson-Gibson, Ezema, Orero, *et al*, 2021).

Responses to hindrances and facilitators in PrEP use are the eventual reactions related to PrEP of transgender women sex workers in Cebu City – e.g. use or non-use, promotion or non-promotion to others in their community, and so on.

Chapter II

REVIEW OF RELATED LITERATURE

First reported in the 1980s, the Human Immunodeficiency Virus (HIV) continues to be a global health issue. At the end of 2020, United Nations (UN) reported that there were 4,000 new HIV infections occurring every day (UNAIDS, 2021a), with majority of the newly infected belonging to minority sectors that continue to be marginalized – and even criminalized – because of their sexual orientation, gender identities, livelihoods or dependencies (Guterres, 2021). For the UN, in most settings, these key populations (KPs) include men who have sex with men (MSM), transgender[3] people, people who inject drugs, and sex workers and their clients (Guterres, 2021).

There actually exist newer tools in the fight against HIV. Oral Pre-Exposure Prophylaxis (PrEP), for instance, is able to cut the risk of HIV transmission by 99% when taken daily (CDC, 2020).

Unfortunately, even the use of PrEP is marred by inequality, also affecting the aforementioned KPs. This is because while some of the KPs benefit more from PrEP, there are others, such as transgender women who also engage in sex work, who are left behind. This disparity is apparent in PrEP messaging and marketing that focused on MSM (Bass, Kelly, Brajuha, *et al*, 2022), ignoring that other KPs exist and are also in need of attention.

It is, therefore, necessary to closely look at this disparity to ensure that life-saving approaches in the fight against HIV becomes more inclusive.

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[3] As used here, *transgender* refers to people whose gender identity or expression differs from their assigned sex at birth (Coleman, Bockting, Botz, *et al*, 2012).

HIV: A Global Scourge

HIV in numbers

How HIV affects the body is widely accepted. The virus targets the immune system, thereby weakening a person's defense against infections. As HIV destroys and impairs the function of immune cells, people with HIV gradually become immunodeficient, with the lowering of their CD4 cell count. Immunodeficiency results in susceptibility to a range of infections, cancers and other diseases that people with healthy immune systems are able to fight off. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS) (WHO, 2020).

HIV-related figures from the Joint United Nations Programme on HIV/AIDS (UNAIDS) are daunting. In UNAIDS Data 2021, the agency reported that there were an estimated 1.5 million to two million new HIV cases reported in 2020 alone, bringing the total number of people living with HIV (PLHIV) to approximately 37.7 million. For the UNAIDS, the exact figures could actually be as high as 45.1 million, but about 4.1 million do not know their HIV-positive status. Among those who *do* know their HIV-positive status, around 10.2 million were not on HIV treatment, with 6.1 million unable to access treatment (UNAIDS, 2021a).

HIV is actually already considered a "manageable chronic health condition", thanks to the availability of "effective HIV prevention, diagnosis, treatment and care including for opportunistic infections" (WHO, 2020). Also, antiretroviral medicines (ARVs) that were once considered "too expensive and too complicated" particularly by low-resource settings are already widely available, so that by end-2020, an estimated 27.5 million PLHIV were in antiretroviral therapy (ART) (UNAIDS, 2021a).

However, it is also accepted that treatment – on its own – will not prevent the continuing increase in HIV infections, or even deaths among PLHIV. Still for 2020, the UNAIDS (2021a) estimated around 680,000 deaths from AIDS-related causes. This stressed Nicol, Adams and Kashuba's (2013) position that "effective prevention strategies must be implemented to reduce morbidity and mortality."

HIV as a development issue

In 2015, the United Nations General Assembly committed to end the AIDS epidemic as a public health threat by 2030. This was explicitly stated in the 2030 Agenda for Sustainable Development (WHO, 2016). This move from the UN was actually expected since there are 10 Sustainable Development Goals (SDGs) particularly relevant to HIV and AIDS.

As enumerated by UNAIDS (2021b), these SDGs are:

- Goal 1: end poverty
- Goal 2: end hunger
- Goal 3: ensure healthy lives
- Goal 4: provide quality education
- Goal 5: achieve gender equality
- Goal 8: promote economic growth
- Goal 10: reduce inequality
- Goal 11: make cities safe and resilient
- Goal 16: promote peaceful and inclusive societies
- Goal 17: strengthen means of implementation

Some of these SDGs may not appear connected, but with HIV, they all become interrelated. This is because while HIV may – at first glance - appear as a medical issue, its effects are linked to other social problems.

For instance, in stressing how HIV affects Goal 1 (i.e. end poverty) of the SDGs, UNAIDS (2021b) stated that "poverty can increase vulnerability to HIV infection" since "unequal socioeconomic status… affects (the) ability to prevent or mitigate the effects of HIV." Women are particularly at risk here, with Guterres (2021) adding that poverty and food insecurity can be linked with increased risk behaviors among women - e.g. going into sex work. Besides, households affected by HIV are more vulnerable to falling into and remaining in poverty. This, inadvertently, affects the ability of PLHIV to live healthy, or to afford transport and other expenses related to health care. This, too, contributes to "later treatment initiation, lower treatment adherence and higher rates of AIDS-related mortality" (UNAIDS, 2021b).

HIV is also linked with Goal 4 (i.e. ensure quality education), with UNAIDS (2021b) stating that "majority of adolescents and young people globally do not have accurate and comprehensive knowledge about HIV. HIV-related illnesses impede learner attendance and education outcomes, as does stigma and discrimination in school settings. Teachers and education staff are also impacted."

Meanwhile, HIV is linked with Goal 5 (i.e. achieve gender equality) because "HIV is the leading cause of death among women of reproductive age (15–44 years old). Women living with HIV often face increased violence. Stigma and discrimination against women who inject drugs, as well as gender-based violence and abuse, increases their risk of contracting HIV…" (UNAIDS, 2021b). As Guterres (2021) stressed, "gender inequality, underpinned by harmful gender norms, gives license to gender-based violence and limits the decision-making power of women and girls.

The resulting lack of agency undermines the ability of women and girls to refuse unwanted sex, negotiate safer sex, mitigate HIV risk and access HIV and sexual and reproductive health services."

In 2016, the UN General Assembly's Political Declaration on Ending AIDS pushed countries to attain what it called as the "90–90–90 targets". These targets eyed to ensure that "90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads" (UNAIDS, 2020a).

By the end of 2020, however, only eight countries achieved the targets since "too many countries have failed to put in place the combination of structural, behavioral and biomedical approaches to HIV prevention focused on those at greatest risk that experience shows has the maximum impact" (UNAIDS, 2021c).

Again, HIV has become not just a medical issue, but a social issue with interconnecting impacts.

HIV in the Philippines

The Philippines was not spared by HIV.

Reporting on HIV was started in the country in January 1984, and from then until December 2021, the Department of Health (DOH) reported a total of 94,337 HIV cases here (DOH, 2021a). While the number may seem small, it is actually continuously growing. In 2011, the DOH reported only six new HIV cases per day, but this grew to 25 new HIV cases per day in 2016, then to 34 new HIV cases per day in 2021 (DOH, 2021a). This further ballooned to 41 new HIV cases per day by the end of December 2022 (DOH, 2022b). In fact, between 2010 and 2018, there were 203% increases in annual new HIV infections in the country, making the

Philippines the country with the "fastest-growing HIV epidemic in the Asia Pacific region" (WHO, 2019a).

Closely looking at the HIV data of the DOH, there are some points worth highlighting.

For one, most of the HIV cases were reported only in five regions - i.e. National Capital Region (NCR) with 34,329 (36%) of all cases from January 1984 to December 2021; Region 4A with 14,932 (16%) cases; Region 3 with 9,566 (10%) cases; Region 7 with 7,920 (9%) cases; and Region 6 with 5,384 (6%) cases (DOH, 2021a). In December 2021 alone, 6% of the new HIV cases were reported from Region 7, which is where Cebu City – the location of interest to this study – is located.

Secondly, sexual contact remained the predominant mode of transmission (MOT). Although from 1984 to 2006 the most common MOT was male-female sex (62% of all cases), this changed starting 2007, when sexual contact among men who have sex with men (MSM) became the predominant MOT. This trend has continued to the present, with 98% of the December 2021 new HIV cases infected through sex (DOH, 2021a).

Thirdly, the DOH only started reporting the gender identity of the newly-infected in January 2018. Meaning, from 1984 to 2018, transgender women were categorized according to their sex at birth (i.e. male), and were lumped under the MSM category. While it is now hard to distinguish exactly how many transgender women were infected with HIV from 1984 to 2018, DOH reported that from January 2018 to December 2021, 1,131 transgender women were infected with HIV (DOH, 2021a). With the median age of diagnosis at 28 years old (age range: 15 to 63 years

old), almost all (99%) of the cases acquired HIV through sexual contact (DOH, 2021a).

And lastly, the DOH also only belatedly reported on people who engage in transactional sex[4] (including sex workers) from December 2012. In December 2021, 11% (106) of the newly diagnosed HIV cases engaged in transactional sex, 99% (105) of them male. Almost half (43%, 45) of the males reported paying for sex only, 37% (39) reported accepting payment for sex only, and 20% (21) engaged in both (DOH, 2021a). The DOH, unfortunately, does not distinguish the gender identity of those engaging in transactional sex.

PrEP in focus

One of the newer approaches to stop the spread of HIV infection is through the use of oral Pre-Exposure Prophylaxis (PrEP).

As defined by the Centers for Disease Control and Prevention or CDC (2020), PrEP is an approach that HIV-negative people can use to prevent getting infected with HIV by taking a pill. This pill has two components, tenofovir and emtricitabine, that are used to treat HIV, keeping the virus from "establishing a permanent infection" when someone is exposed to it through sex or injection drug use (IDU) (CDC, 2020).

The US Food and Drug Administration (FDA) first approved the use of PrEP in 2012, though initially only for adults (Tanner, *et al*, 2020). But this was expanded in

[4] For the DOH, people who engage in transactional sex are “those who reported that they either pay for sex, regularly accept payment for sex, or do both” (DOH, 2021a).

2018 so that adolescents may already use PrEP as long as they weigh at least 77 lbs. (35 kg) (Tanner, *et al*, 2020).

There are two ways to take PrEP - i.e. one pill may be taken every day; or a pill may be taken on-demand via the “2+1+1 regimen” (i.e. two pills taken two to 24 hours before sexual activity, plus one pill 24 hours after taking the first two, plus another pill 24 hours after" (Casal, 2019).

PrEP as new tool to fight HIV

The UN recognizes the triple prevention benefits afforded by condoms (i.e. it prevents the spread of HIV, though also preventing sexually transmitted infections and unwanted pregnancy). However, “key populations and their sexual partners need access to multiple HIV prevention options that address their changing needs” (Guterres, 2021). And here, PrEP is being recommended as "a critical additional HIV prevention option when key populations and their sexual partners are unable to negotiate consistent condom use” (Guterres, 2021).

Various studies have already looked at how effective PrEP is (for instance, Grant, 2010; and Nicol, Adams and Kashuba, 2013), with the risk of getting HIV from sex reduced by about 99% when taken daily, and among those who inject drugs by 74%, also when taken daily (CDC, 2020).

This is why international agencies – from the World Health Organization (WHO) to the CDC to the UNAIDS – now recommend the use of PrEP, particularly among "serodiscordant heterosexual couples (where one partner is infected and the other is not), men who have sex with men (MSM), transgender women, high-risk heterosexual couples, people who inject drugs, and HIV-negative women who are pregnant or breastfeeding” (WHO, 2020).

For transgender women who use feminizing hormone pills, colloquially called "Pilar" in the local LGBTQIA community, PrEP could become an additional must-have medication.

In 2015, WHO issued new guidelines to help prevent over 28 million new HIV infections and 21 million deaths due to AIDS by 2030 (UN, 2015a). The new guidelines actually specifically mention the need to start promoting the use of PrEP. As the UN stated:

> *"Following further evidence of the effectiveness and acceptability of PrEP, WHO has now broadened this recommendation to support the offer of PrEP to other population groups at significant HIV risk"* (UN, 2015a).

Nonetheless, by 2021, UNAIDS acknowledged that after more than a decade since PrEP was introduced, recognizing its value as "an additional option for people who are at higher risk of acquiring HIV" (UNAIDS, 2021a), the uptake has not grown fast enough.

By the end of 2020, approximately 845,000 people in at least 54 countries received PrEP, which is 43% higher than 2019, and 182% higher than 2018. Unfortunately, PrEP scale-up is concentrated in a few countries, including the United States and in Africa (particularly Kenya and South Africa, which accounted for 19% of the total number of people who received PrEP at least once in the region in 2020) (UNAIDS, 2021a).

UNAIDS (2021a) lamented that by end-2020, the total number of people using PrEP was just 28% of the target of three million in low- and middle-income countries, sadly representing only 8% of the new global 2025 target. Access is particularly poor in other parts of Africa, Asia and the Pacific, and 20 of 48 countries in Europe. Also, even in countries where PrEP is readily available – e.g. US – UNAIDS noted

inequalities depending on race, ethnicity, socioeconomic status, geographic location, age and self-identity of would-be beneficiaries (UNAIDS, 2021a)

PrEP in the Philippines

In the Philippines, government health institutions are the primary providers of HIV prevention and treatment services. However, they often lack resources, so that “the limitations and challenges are often augmented by public-NGO/community partnerships” (HAIN, 2013).

Locally, HIV prevention strategies continue to revolve around the "ABC's of safer sex", where the safer sex lessons focus on abstinence, faithfulness to a partner, and correct and consistent condom use. In its website, the DOH (n.d.) itself stresses that "if you choose to have sex, latex condoms give you good protection because they are barriers – something that keeps you away from your partner's sexual fluids. Other birth control methods only protect you from unwanted pregnancy. Using a condom is NOT 100% protection against pregnancy or STIs – only abstinence is – but a condom offers the best protection from STIs and pretty good protection from pregnancy if you do have sex. The best protection is to use birth control pills or other reliable forms of birth control to prevent pregnancy AND a new latex condom with each sexual encounter to protect against STIs.”

But even the UNAIDS (2021e) recognizes the limitations of condoms, in particular, to promote safer sex. It admitted that condom impacted the global AIDS pandemic, with condom use averting an estimated 117 million new HIV infections since 1990. Nonetheless, “consistent condom use… has proved difficult to achieve among all populations” (UNAIDS, 2021e). For example, women in some countries may not have the agency and support to negotiate consistent condom use – e.g.

when they have sex with their husbands, or when sex workers have sex with clients. And so “condoms alone… are not sufficient to control HIV epidemics” (UNAIDS, 2021e).

Unfortunately, even if there are other HIV prevention strategies already promoted and used in Western countries, these are still not widely available in the Philippines. An example here is "Treatment as Prevention" (TasP), where PLHIVs are made to take ARV medication to reduce the amount of virus in their blood to undetectable levels. When this happens, "there is effectively no risk of transmission of HIV" (WHO, 2015). As of the end of December 2021, however, only more than half (56,385) of the 94,337 reported PLHIV in the Philippines were on ART (DOH, 2021a). This is even if the government provides ARV medication for free in 160 government and private treatment facilities situated around the country (DOH, 2020).

Similar to TasP, the use of PrEP is another strategy still not widely available in the Philippines. And here, non-government organizations (NGOs) took the lead in bringing this to the country, and even in promoting its use now.

PrEP was introduced in the Philippines in 2016 through "PrEP Pilipinas", a project done by the Research Institute of Tropical Medicine (RITM), WHO and amfAR. Lasting two years, this project provided free PrEP to 250 MSM and transgender women. Eighty-eight percent (88%) of the participants reported taking the drugs daily, and 99% reported to take at least four out of seven pills per week, with no severe side effects reported among the participants. By the end of the project, it was reported that there were no seroconversions among the 250 project beneficiaries (meaning, no one who enrolled and stayed in the project became infected with HIV); and there was no significant increase in the diagnosis of sexually transmitted infections (STIs) (WHO, 2019b).

With the "PrEP Pilipinas" project considered a success, offering PrEP was institutionalized by select NGOs like LoveYourself and The Red Ribbon Project. At least in 2020, PrEP was being provided by the facilities of these NGOs, aside from some private doctors (Webbline.com, 2020).

Although there are two medications approved for PrEP in Western countries – i.e. Truvada and Descovy – the version widely available in the Philippines is the unbranded form (or generic drug). As of 2019, only one FDA-approved generic brand was readily available in the country (Casal, 2019).

The DOH only approved the recommendation to include PrEP in the Philippine National Formulary (PNF) to reduce the risk of acquiring sexually transmitted HIV infection on January 18, 2022. It is worth noting that while the DOH's approval was premised on the safety and efficacy of PrEP in the transmission of HIV, this decision was also anchored on the fact that PrEP distribution "will not incur immediate budget impact to the government" (DOH, 2022a). Similarly, even if the DOH hopes to integrate PrEP initiatives as part of existing health system processes, it also stressed the need to determine the cost effectiveness of PrEP distribution (DOH, 2022a).

Since PrEP is still not widely provided for free by the DOH, those who may want to use this need to pay at least ₱1,500 for a bottle lasting 30 days (Casal, 2019). NGOs like LoveYourself have a PrEP program for "anyone willing to pay a ₱2,000 fee inclusive of a month's worth of pills, consultations, and diagnostic tests" (Casal, 2019).

By the end of 2019, 500 people were enrolled in LoveYourself's PrEP program. These clients were persuaded through social media cards with influencers marketing PrEP use. On top of the 500 LoveYourself clients, at least 450 other

Filipinos are believed to be enrolled in other PrEP programs (WHO, 2019b). But exactly how many Filipinos use PrEP is hard to determine since there is still no readily available and/or widely circulated report documenting their actual numbers. PrEP Watch (2022), for its part, estimated that the cumulative number of Filipinos initiated into PrEP range from 1,500-2,000 as of January 14, 2022. This is based on numbers gathered from “demonstration projects, PEPFAR dashboard and program/country reports where available” (PrEP Watch, 2022).

Transgender women traversing multiple minority identities

The UNDP (2012) noted the continuing limited information about transgender people in Asia and the Pacific. For instance, even now, the exact number of transgender people is unknown. And so service providers, including UNDP, only work with estimates. And matching community estimates for numbers of transgender women in India, Thailand and Malaysia, the UNDP estimated that the proportion of the population aged 15 and above who are transgender may be around 0.3%. This means a prevalence rate of 1:300, with the total region-wide population reaching to nine million to 9.5 million (UNDP, 2012). In the Philippines, UNAIDS (2021a) estimated the number of transgender Filipinos to reach 203,300 (or 0.35% of the adult population aged 15-49 years old).

Incidentally, key populations, along with their sexual partners, accounted for 65% of all new HIV infections worldwide in 2020 (UNAIDS, 2021a). This should not come as a surprise since, as an example, transgender women are at 34 times greater risk of acquiring HIV, and female sex workers are at 26 times greater risk of acquiring HIV (UNAIDS, 2021a).

So for the UNAIDS (2021a), there is a need to use “an inequalities lens” to accelerate HIV-related progress. This means dealing with the interconnected issues of KPs that “continue to be marginalized and criminalized for their gender identities and expression, sexual orientation and livelihoods”.

Part of this need to focus on minority sectors is to give attention to those involved in the sex industry, particularly transgender women.

Transgender women and sex work

Even if it has long been considered as the “oldest profession in the world” (Robinson, 1929; Wickman, 2012), the actual number of people engaged in sex work is still difficult to ascertain. There are, nonetheless, some rough estimates. Among others, Fondation Scelles and Charpenel (2016) and the UN (2015b) estimated that there are 40 million to 42 million people in the sex industry. At least three quarters of them are between 13 and 25 years old, and approximately 80% of them are female.

Similar to global discourses on the sex industry, sex work in the Philippines “remains a fairly obscure and unknown activity to the general public, academia and helping professions” (Aguilar, 2019). But there are estimates existing, from 500,000 as of end-2013 (Women Hookers Organizing for Their Rights and Empowerment, as cited by Dumlao, 2013) to 800,000 by end-2016 (Fondation Scelles & Charpenel, 2016). The UNAIDS (2021a) has a more conservative figure, pegging the number of SWs in the country at 227,400.

No matter the actual number, engaging in sex work puts one at higher risk for HIV infection. As the UNAIDS (2021a) noted:

> *"In many countries, laws, policies, discriminatory practices, and stigmatizing social attitudes drive sex work underground, impeding efforts to reach sex*

workers and their clients with HIV prevention, treatment, care and support program. Sex workers frequently have insufficient access to adequate health services; male and female condoms and water-based lubricants; post-exposure prophylaxis following unprotected sex and rape; management of sexually transmitted infections, drug treatment and other harm reduction services" (p. 5).

The engagement of a big number of transgender women in sex work has been noted. Herbst, *et al* (2008), for instance, estimated that from 24% to 75% of transgender women participate in sex work, and as many as 44% of them engage in high-risk behaviors (e.g. unprotected anal sex).

In the Philippines, the DOH admitted in 2017 that the burden of HIV on transgender women in the Philippines is under-studied, with their inclusion in national HIV surveillance systems only starting in the 2013 Integrated HIV Behavioral and Serologic Surveillance (IHBSS), and the DOH only starting to report on the gender identity of the Filipinos newly-infected with HIV in January 2018 (DOH, 2021a). But according to the 2013 IHBSS, which studied the plight of transgender women in Cebu City and Angeles City, 31.8% of transgender women sold sex for cash or kind in the past year in Cebu City, which was twice as many compared to Angeles City (14.7%) (DOH, 2021a).

At least one study looked at the plight of transgender sex workers specifically in Cebu City. In 2011, Ryan Raul N. Cortes looked at the reasons for entering into sex work of this population, ascertaining that many became sex workers for economic reasons that supersede perceived occupational risks (i.e. health, abuse, legal). Done before PrEP was introduced in the Philippines, Cortes did not look at the participants' perceptions on, or use of the same.

It is estimated that 8% of all HIV cases are among SWs (UNAIDS, 2021d), with numerous studies already looking at how SWs may be at higher risk for HIV infection, among the STIs. For instance, in 2016, Szwarcwald and colleagues (2018) collected data from 4,245 female sex workers in 12 Brazilian cities. They found that HIV prevalence was estimated as 5.3% (4.4%–6.2%), with socio-demographic and sex work characteristics, low educational level, street as the main work venue, low price per sexual encounter, and longer exposure time as a sex worker found to be associated with HIV infection. They similarly found that – among sexual behavior indicators – the use of illicit drugs at least once a week, as well as not using condoms in some circumstances were significantly associated with HIV infection.

In the Philippines, in particular, the UNAIDS (2021a) estimate that only 66.6% of the country's estimated 227,400 SWs undergo HIV testing or know of their HIV status, even if – at least – 85.3% use condoms, and 71.8% are covered by HIV prevention programs.

This risk for HIV infection of SWs is not helped by criminalization of sex work.

In many countries, sex work remains illegal, forcing SWs to render their services secretly. In the Philippines in particular, Republic Act (R.A.) No. 9710 (or the Magna Carta of Women) considers prostitution – which is part of sex work – as an act of violence against women. R.A. No. 9208 ("Anti-Trafficking in Persons Act", as amended by R.A. No. 10364) penalizes the use of trafficked persons for prostitution (Section 11), while giving legal protection to prostituted persons (Section 17). Meanwhile, R.A. No. 10158 ("An Act Decriminalizing Vagrancy") repealed portions of Article 202 of the Revised Penal Code that pertained to vagrancy but still penalizes prostituted women.

Numerous studies also already noted how the criminalization and enforcement-based approaches towards sex work can increase the risk of SWs to STIs (as cited, for instance, by Rekart, 2005; Platt, Rhodes, Judd, *et al*, 2007; Lyons, Schwartz, Murray, *et al*, 2020; and Glick, Lim, Beckham, *et al*, 2020). The WHO (2005) noted that harassment of law enforcement authorities could reduce SW access to prevention information and services; SWs may experience violence at the hands of clients and intimate partners, preventing them from negotiating safer sex; and SWs may not use HIV/AIDS services due to hostility and abuse by health care providers.

The WHO (2015), meanwhile, stressed that criminalization of sex work heightens SWs' vulnerability to HIV. This is because "in situations where sex workers do not have access to condoms, HIV prevention information and sexual health services, or are prevented from protecting their health and using condoms for any reason, they are at increased risk of contracting HIV."

As such, Shannon and colleagues (2015) stated that decriminalizing sex work would greatly affect the course of HIV epidemics in all settings as it could avert 33% to 46% of HIV infections in the next decade.

Transgender women and HIV

Data on the impact of HIV among transgender women continue to be scarce. But the limited available evidence suggests that transgender women are not only at higher risk for HIV infection, but are also more likely to already live with HIV (as noted, for example, by Operario, *et al*, 2008; UNAIDS, 2012b; and Baral, Poteat, Strömdahl, *et al*, 2013).

On one hand, studies pinpoint that this population has a "disproportionate risk for HIV compared with natal male and female sex workers" due to "unique structural, interpersonal, and individual vulnerabilities that contribute to risk for HIV" (Poteat, *et al*, 2015; Stutterheim, van Dijk, Wang & Jonas, 2021).

Transgender women in the Philippines, in particular, also engage in behaviors that put them at higher risk for HIV infection. In the 2013 IHBSS, for example, the DOH (2017) reported that nearly two-thirds of transgender women from Cebu City (or 64.6%) and over half from Angeles City (53.0%) had their first sexual experience before the age of 15 years old. Qiaoqin, Ono-Kihara, Cong, *et al* (2009) earlier noted that early initiation of sexual activity is a risk factor for STIs, including HIV. It has also been estimated that only 26.3% of transgender women in the Philippines undergo HIV testing or know their HIV status, only 40.6% use condoms, and only 37.6% are covered by HIV prevention programs (UNAIDS, 2021a).

Additionally, 11.8% of transgender women from Cebu used illicit drugs in the past year, with 43.2% having sex while they were under the influence of drugs, and of those, only 43.2% used a condom during their last sexual intercourse while high on drugs (DOH, 2017). It is worth noting that even non-injecting drug users are predisposed to HIV infection. In their study of 1,367 persons who use drugs, Tuot, Mburu, Mun, *et al* (2019) found that the prevalence of HIV among people who use non-injecting drugs was more than 10 times higher than the prevalence in the general adult population.

Also, because transgender women experience discriminatory practices including in the workplace, many of them inadvertently view sex work as a feasible option to make a living (Nadal, Davidoff & Fujii-Doe, 2014). And based on a systematic review and meta-analysis by Operario, *et al* (2008), HIV infection rates

among transgender women who do sex work are higher compared to cisgender sex workers and transgender women who do not engage in sex work. Comparatively, HIV prevalence was 27.3% in transgender women who do sex work, and only 14.7% in transgender women who did not engage in sex work (Operario, *et al*, 2008). Even when compared to others also doing sex work, transgender women in the sex industry are still more at risk for HIV infection, with estimated HIV prevalence among male sex workers only 15.1%, and among female sex workers only 4.5% (Operario, *et al*, 2008).

On the other hand, it is estimated that from 19.1% of transgender women already live with HIV, though the median HIV prevalence may differ depending on where the transgender women are located – e.g. it is lower in low and middle-income countries, at 17.7%, and higher in more developed countries like the US, at 21.6% (Baral, Poteat, Strömdahl, *et al*, 2013). All the same, the rate of HIV infection among transgender women is, in fact, higher than other key populations like MSM, people who inject drugs, and sex workers (UNAIDS, 2012b; Stutterheim, van Dijk, Wang & Jonas, 2021).

In the Philippines, based on the limited data from the DOH, the prevalence of HIV among transgender women in Cebu is at 11.8%, and 0.6% in Angeles (DOH, 2017).

Particularly among transgender sex workers, HIV prevalence particularly in Cebu City is 3.7% (DOH, 2017). Moreover, among transgender women who do sex work, 58.7% of those in Cebu and 64.2% in Angeles sold sex to more than one client in the past 12 months (meaning, they had multiple sex partners); approximately half of all of the participants from both cities had sex while drunk in the past 12 months; and only 36.1% of transgender sex workers in Cebu and 18.9% of those in Angeles

used a condom during their last sexual intercourse while under the influence of alcohol (DOH, 2017).

Transgender women and PrEP

Even if it was already established that using PrEP is effective in preventing the spread of HIV (Grant, 2010; and Nicol, Adams and Kashuba, 2013), cutting the risk of getting HIV from sex by about 99% when taken daily (CDC, 2020), its use among transgender women continues to be low. In a study done involving transgender people in the US in 2020, it was found that only 3% of transgender people who are at high risk of HIV infection currently take PrEP, with the figure slightly higher among transgender women (3.2%) than transgender men (2.3%) (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020). The same study found that those who regularly tested for HIV, and those who experienced affirmation of their gender identity were more likely to use PrEP (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020).

Not surprisingly, familiarity with PrEP was still low, particularly among transgender women. Although 58% of sexually active transgender men were familiar with PrEP, only 35% of transgender women were familiar with PrEP. Fortunately, among all of the transgender people familiar with PrEP, 72% regarded its use favorably (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020).

The exact number of transgender people, particularly transgender women, who use PrEP in the Philippines is still unknown. But at least one study already looked at their awareness on, and interest to use PrEP. Restar, Adia, Cu-Uvin and Operario (2020) found that 53% of Filipino transgender women were unaware of PrEP. Those who have good relationships with health care providers of HIV services,

those with higher HIV knowledge, and those who discuss PrEP with their transgender friends were more aware of PrEP. Meanwhile, those who were unemployed and engaged in sex work due to this were less aware of PrEP (Restar, Adia, Cu-Uvin & Operario, 2020).

Restar, Adia, Cu-Uvin and Operario (2020), nonetheless, noted that there is interest in using PrEP among Filipino transgender women in general, with almost all (93%) expressing interest in taking PrEP once learning about it.

Unfortunately, and again because transgender-related data continue to be limited including in the Philippines, whether the findings of Restar, Adia, Cu-Uvin and Operario can be said to also reflect the experience of transgender women who are in the sex industry is – for now – impossible to ascertain. This, therefore, requires to be studied more.

Challenges related to PrEP use of transgender women

The neglect of transgender women in general in HIV-related efforts has been extensively analyzed (for instance, by Nadal, Davidoff & Fujii-Doe, 2014; Operario, *et al*, 2008; and CDC, 2020). This neglect may be seen in the exclusion of transgender women in PrEP use to stop HIV infection, and here, there are numerous impediments that may fall under any of three umbrella classifications, i.e. 1) lack of attention to the HIV-related needs of transgender people (amfAR: The Foundation for AIDS Research, 2014); 2) transgender-related communication barriers (DOH, 2017; Dettinger, Pintye, Dollah, *et al*, 2021); and 3) PrEP-related perceptions of transgender women (Calabrese & Underhill, 2015; Marquez & Cahill, 2015; Brooks, Landrian, Nieto & Fehrenbacher, 2019; Bass, Kelly, Brajuha, *et al*, 2022)

Lack of attention to HIV-related needs of transgender women

The lack of attention given to transgender women, including those who do sex work, can be seen in various ways, with this neglect having numerous interconnected effects.

To start, the classification of transgender women under the umbrella MSM category was already repeatedly criticized. In the Philippines, for example, the DOH only included them in national HIV surveillance systems from 2013, the gender identity of the Filipinos newly infected with HIV was only reported starting 2018 (DOH, 2021a). This approach does not only deny transgender women their gender identity, but also limits the attention given to their unique HIV-related needs (UNDP, 2012; Auerbach, Kinsky, Brown & Charles, 2015).

Second, and related to the point above, when transgender women are considered as MSM, their unique needs may not be properly given attention (Bass, Kelly, Brajuha, *et al*, 2022). The "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" stated that transgender patients require services specific to their gender identity and individual needs. These needs include access to hormones, surgical transition, voice and communication therapy, mental health support, and substance abuse services (WPATH, 2012; Coleman, Bockting, Botzer, *et al*, 2012).

Sadly (and the third point here), the funding allocated to transgender women continues to be minimal, with most transgender-related programs highly dependent on international donors. In 2021, Sherwood, *et al* looked at national strategic plans (NSPs) for HIV/AIDS of 60 countries, and they found that transgender people were more commonly mentioned in background/narratives (61.7%) but rarely included in

NSP activities (38.3%), monitoring and evaluation (M&E) indicators and targets (23.7%), epidemiological data (20.0%), and in NSP budgets (13.3%). Also unfortunately, funding for transgender-specific efforts – including the promotion of PrEP use among transgender sex workers – remain limited. Citing figures from "The State of Trans Organizing", Scamell (2019) noted that by end-2016, only 10% of transgender organizations received support from an embassy, and 6% received direct support from a donor government. And among 15 government and multilateral donors that submitted data to the "Global Resources Report", only seven grants were recorded to have been granted to transgender organizations, with total funding totaling only $794,100, which accounted for only 0.62% of all funding from funders outside US.

Lastly, another factor affecting transgender women's access to HIV-related services, such as availing of PrEP, is the absence of friendly health care providers (de Carvalho, Mendicino, Cândido, Alecrim & de Pádua, 2019; Nieto, *et al*, 2020). Reported discriminatory practices include the non-recognition of their gender identity, with health care providers using improper pronouns when addressing them (Stevens, 2012), to unpreparedness to address the unique health needs of transgender women (OSF, 2013), to outright denial of health services entirely (Stevens, 2012; OSF, 2013). As Matacotta, Rosales-Perez and Carrillo (2020) stressed, the quality of relationship of transgender people with their health care service providers "can facilitate or hinder HIV prevention."

Even among transgender women living with HIV, the perception that health care providers are hostile affects self-reported ART adherence. In a study involving 35 HIV-positive transgender women, Sevelius, Carrico and Johnson (2010) found a correlation of nonadherence patient perceptions of interactions with their providers,

so that “transgender women on ART were less likely to report 90% adherence rates or higher and reported less confidence in their abilities to integrate treatment regimens into their daily lives.” In fact, they recommended for better training of health care providers to better reach transgender women. To wit:

> *“Training for health care providers to increase cultural competency to work with transgender patients, increase patient trust, and promote positive interactions between patients and providers may help to cultivate an atmosphere that is more conducive to fostering greater adherence self-efficacy and medication adherence among transgender women living with HIV”* (Sevelius, Carrico & Johnson, 2010).

Unfortunately, the same observation was made by transgender women in the Philippines. Echoing Matacotta, Rosales-Perez and Carrillo (2020), who reported that the quality of the relationship that transgender women have with their health care providers can facilitate or hinder HIV prevention, Guigayoma and colleagues (2021) found that those without responsive health care provider “had lower adjusted odds of recent HIV medical service engagement than those who did”. If transgender women do not know the PrEP providers, who are often in health care service facilities, then this affects their use of the same (Senn, Wilton, Sharma, Fowler & Tan, 2013; Mullins, Lally, Zimet & Kahn, 2015; Rice, Stringer, Sohail, *et al*, 2019). As such, “increasing access to responsive providers in the Philippines could bolster recent engagement with HIV medical services” (Guigayoma, Bermudez, Palatino, *et al*, 2021).

Communication issues

The low uptake of PrEP particularly among transgender women, including those engaged in the sex industry, may also be because of communication-related problems.

To start, PrEP communication continues to be focused on MSM, neglecting other KPs such as transgender SWs. This aggregation with MSM does not take into consideration the "unique positions within sociocultural contexts" of transgender women. As such, there is a need to "underscore the importance of disaggregating transgender women from MSM in HIV prevention strategies to mitigate disparate risk among this highly vulnerable population" (Sevelius, Keately, Calma & Arnold, 2016).

Hawkins, Kreuter, Resnicow, Fishbein and Dijkstra (2008) recommend tailoring of messages to ensure very specific populations are reached.

> *"'Tailoring' means creating communications in which information about a given individual is used to determine what specific content he or she will receive, the contexts or frames surrounding the content, by whom it will be presented and even through which channels it will be delivered. Overall, tailoring aims to enhance the relevance of the information presented and thus to produce greater desired changes in response to the communications"* (p. 454).

On this, Bass, Kelly, Brajuha, *et al* (2022) added that "targeted interventions must acknowledge and address the specific barriers to PrEP use in trans women that use language, images and content that are grounded in the community, and that include understanding of stigma and discrimination."

Another communication-related issue is the centralization of PrEP information on a few health care service providers. While health care service providers are

recognized as "important gatekeepers for biomedical HIV prevention efforts in clinical settings" (Saberi, Berrean, Thomas, Gandhi & Scott, 2018), there are two issues related to them that are worth stressing, i.e. there may be health care service providers unwilling to prescribe PrEP (Saberi, Berrean, Thomas, Gandhi & Scott, 2018), and they may not be the main sources of information of KPs (as deduced, for instance, by DOH, 2017).

On the latter point, various studies already looked at the negative implications of sourcing PrEP information from non-medical people, including family members, friends and other PrEP users. For example, in 2021, Dettinger, Pintye, Dollah, *et al* looked at PrEP delivery to adolescent girls and young women (AGYW) in sub-Saharan African countries. Understanding how AGYW learn about PrEP is needed to inform programs seeking to reach AGYW with HIV prevention tools. They found that among the ways the participants learned about PrEP was through communicating with family members and friends. Unfortunately, even if they were highly enthusiastic about PrEP, the accuracy and completeness of PrEP knowledge varied, with most inaccuracies noted in cost, dosing, and who benefits from PrEP (Dettinger, Pintye, Dollah, *et al*, 2021).

In the Philippines, many transgender women do not visit health care facilities for HIV-related information. Instead, they get information from other sources, including family members and friends. Related to this, DOH reported in 2017 that transgender women in Cebu City and Angeles City did not always visit the health facilities of their local government units (LGUs), called Social Hygiene Clinics (SHC), when getting tested for HIV. In Cebu, only 87% knew that their local SHC offers HIV test; in Angeles, only 61.2% knew where to get a confidential HIV test. Instead, transgender women in both cities obtained HIV information from other sources. In

Cebu, key sources included television (81.8%), friends and family (53.2%), the internet (40.5%), radio (39.2%) and print media (32.3%). In Angeles, key sources included television (53.4%), internet (32.4%), and friends and family (29.3%) (DOH, 2017).

Additionally, Durosinmi-Etti, Nwala, Oki, *et al* (2021) found that KPs explored various media channels for PrEP-related information. These channels included WhatsApp, Facebook, Instagram, Twitter, and short message service (SMS). Others even used channels exclusively used by KPs, including Manjam, Tinder, and Grindr.

Those in HIV advocacy, including those who promote the use of PrEP, are already being encouraged to use non-traditional forms of communication to help not only increase the numbers of PrEP users, but also ensure that existing users actually adhere to PrEP use. This is because of the success of efforts that do this. Reback, Clark, Rünger and Fehrenbacher (2019), for instance, reported that participants who received adherence support text messages were more likely to continue taking PrEP medication than those who did not receive such text messages (85.7% vs. 61.4%).

Surprisingly, even if participatory and localized communication approaches may be able to help in the fight against HIV, research into this remains limited (Tesfaye, 2013; Nelson & Bigala, 2016). All the same, as stressed by Lettenmaier, Kraft, Raisanen and Serlemitsos (2014), designing, implementing and studying HIV communication is “most effective at shaping social norms and encouraging individual and community practices to prevent and mitigate HIV/AIDS when the process is locally owned and driven, when it adheres to well-accepted principals of design and implementation, and when tailored to local realities.”

Here, this approach already touches on development communication, defined by the UNICEF as "a two-way process for sharing ideas and knowledge using a

range of communication tools and approaches that empower individuals and communities to take actions to improve their lives" (UNICEF, n.d.).

PrEP-related perceptions of transgender women

There also exist various PrEP-related perceptions that impact PrEP use among transgender women, including those involved in sex work.

For one, questions have been raised about the side effects (Rice, Stringer, Sohail, *et al*, 2019), and the interaction between feminizing hormones and the ingredients of PrEP (e.g. emtricitabine and tenofovir disoproxil fumarate) (Marquez & Cahill, 2015; Chakrapani, Shunmugam, Rawat, Baruah, Nelson & Newman, 2020; Bass, Kelly, Brajuha, *et al*, 2022). There are actually studies that suggested that feminizing hormone therapy may potentially affect PrEP efficacy among transgender women (for instance, Shen, Fahey, Bodwell, *et al*, 2013; Hiransuthikul, Janamnuaysook, Himmad, *et al*, 2019; and Yagger & Anderson, 2020).

Nonetheless, even if additional studies may still be needed to determine the clinical implications of the findings of these studies, use of PrEP among transgender women, particularly those who engage in sex work, is still being recommended at least “while additional research is planned or pending” (Anderson, Reirden & Castillo-Mancilla, 2016). All the same, despite high acceptability of PrEP as a prevention tool, concerns about safety are a consistent barrier for its use (Rice, Stringer, Sohail, *et al*, 2019).

Second, there are also studies that documented people who think PrEP promotes promiscuity (Calabrese & Underhill, 2015). PrEP is said to prevent HIV “without penalizing sexual pleasure, and may even enhance pleasure (e.g. by reducing HIV-related anxiety)”, but there are concerns about sexual risk behavior

increasing with PrEP use. The "Truvada whore" stereotype, in fact, was developed by this perception. Unfortunately, the corresponding stereotypes of promiscuity may “undermine PrEP's preventive potential” (Calabrese & Underhill, 2015).

This was similarly noted by Brooks, Landrian, Nieto and Fehrenbacher (2019) who analyzed the experiences with PrEP use of 29 Latino MSM. In their findings, they noted that PrEP use could expose users to experiences of PrEP-related stigma, including the perception that PrEP users engage in risky sexual behaviors, and that PrEP users are HIV-positive. As such, the social consequences associated with using PrEP may deter uptake and persistence, at least among Latino MSM (Brooks, Landrian, Nieto & Fehrenbacher, 2019). The same perception was also noted among Black and white men and transgender women who have sex with men in one southeastern US city, where PrEP was believed to be for people who are promiscuous, affecting lack of interest in using the same (Eaton, Kalichman, Price, *et al*, 2017).

Third, some transgender women worry about the availability of PrEP (Watson, Pasipanodya, Savin, *et al*, 2020). In the Philippines, as an example, PrEP was only approved to be included among the tools to prevent the spread of HIV in the country in January 2022 (DOH, 2022a). As such, full rollout of PrEP even in government health care service facilities has yet to happen.

Fourth, and related to the availability of PrEP, there also exist a perception that PrEP is costly. In the Philippines, those using PrEP have to spend up to ₱2,000 to cover a month's worth of pills, consultations, and diagnostic tests (Casal, 2019). Here, Sullivan and Siegler (2018) were right in stressing that the cost of PrEP could be substantial. To wit:

“The cost of seeking PrEP, which can include cash out-of-pocket and time expended seeking care, is often substantial. The prescription for TDF/FTC is often costly, and generic options are not available in many countries. Laboratory and clinician visit costs can also be expensive: PrEP guidelines from WHO and CDC call for four visits annually to allow for HIV testing, behavioral surveillance, and testing for sexually transmitted infections (STI) and creatinine levels” (Sullivan & Siegler, 2018).

Lastly, there is also a perception that PrEP only prevents the spread of HIV, but not other STIs (Eakle, Bourne, Mbogua, Mutanha & Rees, 2018). This was noted, for instance, among sex workers in South Africa, where condom use was still preferred because it does not only stop the spread of HIV, but also other STIs and even pregnancy among female sex workers. And so for them, PrEP should only be used as “useful backup when condoms failed, rather than being seen as the primary prevention strategy” (Eakle, Bourne, Mbogua, Mutanha & Rees, 2018).

Truly, even if PrEP is now widely accepted as an important tool that could help prevent the spread of HIV particularly among KPs like transgender women involved in sex work, it is plagued by numerous challenges that hinder its wider use. And these barriers need to be tackled for PrEP’s potential to be truly maximized.

Theoretical framework

Phenomenology

This research used a phenomenological framework to examine the PrEP-related experiences of transgender women who do sex work in Cebu City.

Simply put, phenomenology rests on the basic assumption that studying people's lived experiences of the world – particularly *what* was experienced and *how* it was experienced – will yield meanings that may affect the understanding of these experiences (Manen, 1997; Teherani, Martimianakis, Stenfors-Hayes, Wadhwa & Varpio, 2015; Neubauer, Witkop & Varpio, 2019; Moustakas, 1994; Laverty, 2003).

Phenomenology has philosophical underpinnings, as it studies "phenomena", or what Smith (2013) described as "appearances of things, or things as they appear in our experience, or the ways we experience things, thus the meanings things have in our experience." It is, however, Edmund Husserl who is considered as the father of phenomenology in the twentieth century (Vandenberg, 1997), as he rejected the focus on objective observations of external reality, arguing that the individual's perception of any phenomena should be the object of scientific study (Groenewald, 2004; Neubauer, Witkop & Varpio, 2019).

For Husserl, "subjective and objective knowledge are intimately intertwined. To understand the reality of a phenomenon is to understand the phenomenon as it is lived by a person" (Neubauer, Witkop & Varpio, 2019).

There are many approaches to phenomenology (Creswell, 2007), but no matter their differences, all phenomenological inquiries are done to clarify the nuanced essence of people's lived experiences of a phenomenon (Bliss, 2016). Among these variations is hermeneutic phenomenology, which is used for this research.

Originating from the work of Martin Heidegger, hermeneutic phenomenology (also known as interpretive phenomenology) is "interested in human beings as actors in the world and so focuses on the relationship between an individual and his/her lifeworld" (Neubauer, Witkop & Varpio, 2019). Lifeworld here refers to the notion that

people’s realities are influenced by the world where they live (Lopez & Willis, 2004; Neubauer, Witkop & Varpio, 2019).

In a way, hermeneutic phenomenology deviates from transcendental phenomenology, which was conceived by Husserl himself. Also considered as the descriptive approach (Smith, 2013), with transcendental phenomenology, researchers are expected to suspend their preconceived views to avoid influencing the object of study, informing the descriptions provided by the participants, and affecting the overall process of finding empirical data (Smith, 2013; Neubauer, Witkop & Varpio, 2019). With this, transcendental phenomenology focuses more on descriptions of experiences of participants and less on the interpretations of researchers (Moustakas, 1994).

Therefore here, as Neubauer, Witkop and Varpio (2019) noted:

> "*This requires the researcher to suspend his/her own attitudes, beliefs, and suppositions in order to focus on the participants’ experience of the phenomenon and identify the essences of the phenomenon* (Neubauer, Witkop & Varpio, 2019)."

However, hermeneutic phenomenology is not only a descriptive but an interpretive process where the researcher makes the interpretation of the meaning of the lived experiences (van Manen, 1990; Creswell. 2007). This stresses that researchers cannot be separated from their personal presuppositions, and they should not pretend otherwise (Hammersley, 2000).

> “*As such, the hermeneutic tradition pushes beyond a descriptive understanding. Hermeneutic phenomenology is rooted in interpretation — interpreting experiences and phenomena via the individual’s lifeworld… If all human experience is informed by the individual’s lifeworld, and if all*

experiences must be interpreted through that background, hermeneutic phenomenology must go beyond description of the phenomenon, to the interpretation of the phenomenon (Neubauer, Witkop & Varpio, 2019)."

Hermeneutic phenomenology is apt for this research in three ways.

First, the framework eyes to closely look at *what* people experience, and *how* they experience this. Since this research intends to get at the essence of what transgender women who do sex work actually experienced while getting PrEP information and supplies in Cebu City, then hearing directly from them is only right.

Second, hermeneutic phenomenology is considered more applicable in investigating "everyday communication" among people who may not be transmitting accurate information, but messages that may be freely interpreted due to various factors like the intent of the participants in conversations (Linde, 2020, citing Garfinkel, 1967). For Linde (2020), an "accurate methodology cannot investigate such communication, and phenomenology is more applicable."

Related literature pointed out the preference of the population being researched for informal sources of information, and so hermeneutic phenomenology could provide further elucidation on what communication strategies they used, and what communication methods could eventually work for them in PrEP messaging.

Lastly, hermeneutic phenomenology recognizes the relevance of researchers particularly in making sense of the lived experiences shared by the participants. This approach helped in providing contexts to the given responses, and so a more holistic picture of these lived experiences was surfaced.

Synthesis

The Human Immunodeficiency Virus (HIV) continues to be a global health issue, with 4,000 new HIV infections occurring every day (UNAIDS, 2021a), majority of the newly infected belonging to minority sectors that continue to be marginalized because of their sexual orientation, gender identities, livelihoods or dependencies (Guterres, 2021). For the UN, in most settings, these key populations (KPs) include transgender people, and sex workers and their clients (Guterres, 2021). To date, there are approximately 37.7 million people living with HIV.

Not surprisingly, the UN sees HIV not just as a medical issue but a social issue. In 2015, the UN General Assembly committed to end the AIDS epidemic as a public health threat by 2030, explicitly stating this in the 2030 Agenda for Sustainable Development (WHO, 2016). This is because for the UN, 10 of the 17 Sustainable Development Goals (SDGs) are impacted by HIV, namely: Goal 1: end poverty; Goal 2: end hunger; Goal 3: ensure healthy lives; Goal 4: provide quality education; Goal 5: achieve gender equality; Goal 8: promote economic growth; Goal 10: reduce inequality; Goal 11: make cities safe and resilient; Goal 16: promote peaceful and inclusive societies; and Goal 17: strengthen means of implementation.

HIV's impacts are intersectional. For instance, poverty can increase vulnerability to HIV infection, just as unequal socioeconomic status affects one's ability to prevent or mitigate the effects of HIV (UNAIDS, 2021b). Poverty, which causes food insecurity, can also increase risk behaviors - e.g. going into sex work (Guterres, 2021).

HIV has, indeed, become not just a medical issue, but a social issue with interconnecting impacts.

The Philippines is also gravely affected by HIV. From January 1984, when the first case was reported in the country, until December 2021, the Department of Health (DOH) reported a total of 94,337 HIV cases here (DOH, 2021a). The number of HIV infections happening in the country has been growing, from only six new HIV cases per day in 2011, to 25 new HIV cases per day in 2016, and then to 34 new HIV cases per day in 2021 (DOH, 2021a). Between 2010 and 2018, there were 203% increases in annual new HIV infections in the country, making the Philippines the country with the "fastest-growing HIV epidemic in the Asia Pacific region" (WHO, 2019a).

Most of the HIV cases in the country are found in only five regions - i.e. National Capital Region (NCR), Region 4A, Region 3, Region 7, and Region 6. In December 2021 alone, 6% of the new HIV cases were reported from Region 7, where Cebu City – the location of interest to this study – is located.

Sexual contact remained the predominant mode of transmission (MOT), particularly among men who have sex with men (MSM) (DOH, 2021a). On this, it is worth noting that the DOH only started reporting the gender identity of the newly-infected in January 2018. Meaning, from 1984 to 2018, transgender women were categorized according to their sex at birth (i.e. male), and were lumped under the MSM category. It is, therefore, difficult to identify the exact number of transgender women infected with HIV from 1984 to 2018. All the same, from January 2018 to December 2021, 1,131 transgender women were infected with HIV (DOH, 2021a), with almost all (99%) of the cases acquiring HIV through sexual contact (DOH, 2021a).

Similarly, the DOH also only started reporting on people who engage in transactional sex (including sex workers) in December 2012. In December 2021, 11% of the newly diagnosed HIV cases engaged in transactional sex (DOH, 2021a).

To deal with HIV, there actually exist newer tools – e.g. oral Pre-Exposure Prophylaxis (PrEP), which can cut the risk of HIV transmission by 99% when taken daily (CDC, 2020; Grant, 2010; and Nicol, Adams and Kashuba, 2013). First approved by the US Food and Drug Administration (FDA) in 2012, PrEP can be taken in two ways - i.e. one pill may be taken every day; or a pill may be taken on-demand via the “2+1+1 regimen” (two pills taken two to 24 hours before sexual activity, plus one pill 24 hours after taking the first two, plus another pill 24 hours after" (Casal, 2019).

International agencies – from the World Health Organization (WHO) to the CDC to the UNAIDS – now recommend the use of PrEP, particularly among people at higher risk for HIV infection. These key populations (KPs) include: serodiscordant heterosexual couples (where one partner is infected and the other is not), men who have sex with men (MSM), transgender women, high-risk heterosexual couples, people who inject drugs, HIV-negative women who are pregnant or breastfeeding (WHO, 2020), and those engaging in sex work.

Unfortunately, PrEP distribution is marred by inequality. By the end of 2020, UNAIDS (2021a) reported that the total number of people using PrEP was just 28% of the target of three million in low- and middle-income countries, sadly representing only 8% of the new global 2025 target. Also, even in countries where PrEP is readily available – e.g. US – UNAIDS noted inequalities depending on race, ethnicity, socioeconomic status, geographic location, age and self-identity of would-be beneficiaries (UNAIDS, 2021a).

Indeed, some KPs benefit more from PrEP, while others are left behind. This disparity is apparent in PrEP messaging and marketing that focuses on MSM (Bass, Kelly, Brajuha, *et al*, 2022), ignoring that other KPs exist and are also in need of attention.

In the Philippines, government health institutions are the primary providers of HIV prevention and treatment services. Sadly, they often lack resources, so that public-NGO/community partnerships fill the gaps (HAIN, 2013). The same is true with PrEP introduction here.

PrEP was introduced in the Philippines in 2016 through "PrEP Pilipinas", a project done by the Research Institute of Tropical Medicine (RITM), WHO and amfAR. Lasting two years, this project provided free PrEP to 250 MSM and transgender women. By the end of the project, it was reported that there were no seroconversions among the project beneficiaries (meaning, no one who enrolled and stayed in the project became infected with HIV); and there was no significant increase in the diagnosis of STIs (WHO, 2019b).

Offering PrEP was eventually institutionalized by select NGOs like LoveYourself and The Red Ribbon Project; though some private doctors also offer PrEP (Webbline.com, 2020).

In January 2022, the DOH finally approved the recommendation to include PrEP in the Philippine National Formulary (PNF) to reduce the risk of acquiring sexually transmitted HIV infection. But the DOH has yet to rollout PrEP distribution as it continues to determine the cost effectiveness of PrEP distribution (DOH, 2022a). And since PrEP is still not widely provided for free by the DOH, those who may want to use this need to pay from ₱1,500 to cover a month's worth of pills, consultations, and diagnostic tests (Casal, 2019).

Exactly how many Filipinos now use PrEP is hard to determine due to lack of collated data. But PrEP Watch (2022) estimated the cumulative number of Filipinos initiated into PrEP to range from 1,500-2,000 as of January 14, 2022 (PrEP Watch, 2022).

For the UNAIDS (2021a), there is a need to use "an inequalities lens" to accelerate HIV-related progress. This means dealing with the interconnected issues of KPs that "continue to be marginalized and criminalized for their gender identities and expression, sexual orientation and livelihoods". Part of this is the need to focus on the needs of transgender women in the sex industry.

Engaging in sex work puts one at risk for HIV infection. This is because "laws, policies, discriminatory practices, and stigmatizing social attitudes drive sex work underground, impeding efforts to reach sex workers and their clients with HIV prevention, treatment, care and support program" (UNAIDS, 2012a). It is estimated that 8% of all HIV cases are among SWs (UNAIDS, 2021d), with numerous studies already looking at how SWs may be at higher risk for HIV infection, among the STIs.

Unfortunately, it is estimated that from 24% to 75% of transgender women participate in sex work (Herbst, *et al*, 2008). Particular to the Philippines, the DOH reported in 2013 that 31.8% of transgender women sold sex for cash or kind in the past year in Cebu City, which was twice as many compared to Angeles City (14.7%) (DOH, 2021a). This is because discrimination could force transgender women to view sex work as a feasible option to make a living (Nadal, Davidoff & Fujii-Doe, 2014).

Transgender women – whether engaged in sex work or not – also engage in behaviors that put them at higher risk for HIV infection. For instance, in 2017, the DOH reported that nearly two-thirds of transgender women from Cebu City (or

64.6%) and over half from Angeles City (53.0%) had their first sexual experience before the age of 15 years old. Early initiation to sex is a risk factor to HIV infection (Qiaoqin, Ono-Kihara, Cong, *et al*, 2009). Also, only 26.3% of transgender women in the Philippines undergo HIV testing or know their HIV status, only 40.6% use condoms, and only 37.6% are covered by HIV prevention programs (UNAIDS, 2021a). Additionally, 11.8% of transgender women from Cebu used illicit drugs in the past year, with 43.2% having sex while they were under the influence of drugs, and of those, only 43.2% used a condom during their last sexual intercourse while high on drugs (DOH, 2017). Drug use also puts one at higher risk for HIV infection (Tuot, Mburu, Mun, *et al*, 2019).

Based on a systematic review and meta-analysis by Operario, *et al* (2008), HIV infection rates among transgender women who do sex work are higher compared to cisgender sex workers and transgender women who do not engage in sex work. HIV prevalence was 27.3% in transgender women who do sex work, and only 14.7% in transgender women who did not engage in sex work (Operario, *et al*, 2008).

In the Philippines, based on the limited data of the DOH, the prevalence of HIV among transgender women in Cebu is at 11.8%, and 0.6% in Angeles (DOH, 2017).

This is why PrEP is being pushed to be used by transgender women.

Sadly, uptake of PrEP among transgender women continues to remain low. A study done involving transgender people in the US in 2020 found that only 3% of transgender people who are at high risk of HIV infection currently take PrEP, with the figure slightly higher among transgender women (3.2%) than transgender men (2.3%) (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020).

This may be because familiarity with PrEP was still low, particularly among transgender women. Although 58% of sexually active transgender men were familiar with PrEP, only 35% of transgender women were familiar with PrEP (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020).

Though the exact number of transgender women who use PrEP in the Philippines is unknown, at least one study looked at their awareness on, and interest to use PrEP. Restar, Adia, Cu-Uvin and Operario (2020) found that 53% of Filipino transgender women were unaware of PrEP. Those with good relationships with health care providers of HIV services, those with higher HIV knowledge, and those who discuss PrEP with their transgender friends were more aware of PrEP. Meanwhile, those who were unemployed and engaged in sex work were less aware of PrEP (Restar, Adia, Cu-Uvin & Operario, 2020). The interest to use PrEP was, however, high (93%) (Restar, Adia, Cu-Uvin & Operario, 2020).

In their use of PrEP, transgender women face very particular challenges that fall under one of three umbrella classifications, i.e. 1) lack of attention to the HIV-related needs of transgender people (amfAR: The Foundation for AIDS Research, 2014); 2) transgender-related communication barriers (DOH, 2017; Dettinger, Pintye, Dollah, et al, 2021); and 3) PrEP-related perceptions of transgender women (Calabrese & Underhill, 2015; Marquez & Cahill, 2015; Brooks, Landrian, Nieto & Fehrenbacher, 2019; Bass, Kelly, Brajuha, et al, 2022).

First, the lack of attention given to transgender women, including those who do sex work, can be seen in the following:

1. Inclusion of transgender women under the umbrella MSM category, which denies transgender women's gender identity, and also limits the attention

given to their unique HIV-related needs (UNDP, 2012; Auerbach, Kinsky, Brown & Charles, 2015).

2. When transgender women are considered as MSM, their unique needs are ignored. Aside from HIV-related needs, these also include access to hormones, surgical transition, voice and communication therapy, mental health support, and substance abuse services (WPATH, 2012; Coleman, Bockting, Botzer, *et al*, 2012).
3. Minimal funding allocated to transgender women and their needs. For instance, in 2012, only 43% of countries included transgender people in their national strategic HIV plans (UNAIDS, 2012).
4. Absence of friendly health care providers (de Carvalho, Mendicino, Cândido, Alecrim & de Pádua, 2019; Nieto, *et al*, 2020), with discriminatory practices including the non-recognition of their gender identity (Stevens, 2012), unpreparedness to address the unique health needs of transgender women (OSF, 2013), and outright denial of health services entirely (Stevens, 2012; OSF, 2013).

Second, the low uptake of PrEP particularly among transgender women, including those engaged in the sex industry, may also be because of communication-related problems. For instance, PrEP communication continues to be focused on MSM, neglecting other KPs such as transgender sex workers (Sevelius, Keately, Calma & Arnold, 2016). This is not helped by the centralization of PrEP information on a few health care service providers health care service providers may be unwilling to prescribe PrEP (Saberi, Berrean, Thomas, Gandhi & Scott, 2018), and they may not be the main sources of information of transgender women (as deduced, for instance, by DOH, 2017).

To expound on the second point, studies already noted that many KPs source PrEP information from non-medical people, including family members, friends and other PrEP users (Dettinger, Pintye, Dollah, *et al*, 2021). This is also true among transgender women in the Philippines who do not visit health care facilities for HIV-related information. Instead, they get information from other sources, including family members and friends (DOH, 2017). Still others use other media channels for PrEP-related information, such as WhatsApp, Facebook, Instagram, Twitter, short message service (SMS), Manjam, Tinder, and Grindr (Durosinmi-Etti, Nwala, Oki, *et al*, 2021).

And lastly, there are also PrEP-related perceptions that impact on the use of PrEP of transgender women, including those involved in sex work. These perceptions include:

1. Questions have been raised about the side effects (Rice, Stringer, Sohail, *et al*, 2019), and the interaction between feminizing hormones and the ingredients of PrEP (e.g. emtricitabine and tenofovir disoproxil fumarate) (Marquez & Cahill, 2015; Chakrapani, Shunmugam, Rawat, Baruah, Nelson & Newman, 2020; Bass, Kelly, Brajuha, *et al*, 2022).
2. That PrEP promotes promiscuity (Calabrese & Underhill, 2015). The "Truvada whore" stereotype was, in fact, developed by this perception (Calabrese & Underhill, 2015).
3. Availability of PrEP (Watson, Pasipanodya, Savin, *et al*, 2020). In the Philippines, as an example, PrEP was only approved to be included among the tools to prevent the spread of HIV in the country in January 2022 (DOH, 2022a), and its rollout has yet to happen.

4. Negative perception about the cost of PrEP. This is because “the cost of seeking PrEP, which can include cash out-of-pocket and time expended seeking care, is often substantial. The prescription for TDF/FTC is often costly, and generic options are not available in many countries. Laboratory and clinician visit costs can also be expensive: PrEP guidelines from WHO and CDC call for four visits annually to allow for HIV testing, behavioral surveillance, and testing for sexually transmitted infections (STI) and creatinine levels” (Sullivan & Siegler, 2018).
5. Perception that PrEP only prevents the spread of HIV, but not other STIs (Eakle, Bourne, Mbogua, Mutanha & Rees, 2018).

Indeed, even if PrEP is now widely promoted as a tool to stop the spread of HIV, it is facing numerous challenges. These barriers need to be tackled for PrEP’s potential to be truly maximized, particularly among KPs like transgender women involved in sex work.

Chapter III

METHODOLOGY

This chapter describes the research methodology that was used to examine the barriers and facilitators affecting HIV pre-exposure prophylaxis use of transgender women sex workers in Cebu City. Specifically, it includes the research design, participants of the study, procedures for sample recruitment, data collection procedure, instrument used in the data collection, and the data analysis procedure.

Research Design

This qualitative research was exploratory in nature, considering that the population studied – i.e. transgender women who do sex work – continues to be under-researched, thus still not fully understood (Herbst, *et al*, 2008; Qiaoqin, Ono-Kihara, Cong, *et al*, 2009; Guterres, 2021; DOH, 2021a).

Hermeneutic phenomenology (also known as interpretive phenomenology) was used in this research to construct themes depicting the PrEP-related experiences of transgender women who do sex work in Cebu City.

For researchers doing phenomenological research, one of the biggest challenges is the lack of template for how to conduct it (Bliss, 2016). According to Moustakas (1994), the methods are “open ended”, and so “there are not definitive or exclusive requirements” since “each research project holds its own integrity and establishes its own methods and procedures to facilitate the flow of the investigation”.

However, there are methods more commonly used in phenomenology – e.g. interview (Ferrucci & Tandoc, 2015), which is usually used as the main method of

gathering data as it helps to attain “phenomenology’s goal of uncovering the essence of an experience” (Creswell, 2007). And so here, in-depth interviews were done, and field notes were taken by the researcher containing the observations made during the interviews.

Participants of the Study

The participants of this study were transgender women who did sex work in Cebu City. This population was chosen particularly because it is estimated that from 24% to 75% of transgender women participate in sex work (Herbst, *et al*, 2008), and yet many of them engage in high-risk behaviors that put them at higher risk for HIV infection (Herbst, *et al*, 2008; Qiaoqin, Ono-Kihara, Cong, *et al*, 2009).

Cebu City was chosen for the following reasons:

1. Region 7, where Cebu City is located, is one of the five regions in the Philippines with the highest number of reported HIV infections (DOH, 2021a).
2. In a 2013 study done by the DOH, it was ascertained that 31.8% of transgender women sold sex for cash or kind in the past year in Cebu City (DOH, 2021a). These transgender women become sex workers for economic reasons, superseding perceived occupational risks (i.e. health, abuse, legal) (Cortes, 2011).

Initially, only five transgender women who do sex work in Cebu City were planned to be engaged for this research. Following Patton’s (2002) suggestion, the number was eventually increased to 20 to reach redundancy.

Procedures for Sample Recruitment

The samples were recruited by purposeful sampling, particularly since the research eyed to provide elucidation on an issue affecting a very specific population – i.e. transgender women sex workers in Cebu City.

Eligible persons included:

1. Those who were 18 years of age or older at the time of the data gathering. In the Philippines, HIV risk is already being reported among Filipinos from the age of 15 (DOH, 2021a), and they are already legally allowed to undergo HIV testing even sans the approval of their parents and/or guardians. However, since the legal age of consent in the country is 18, only those 18 or over were included in this study.
2. Those who were assigned male at birth, but who now identify as the opposite gender. These identifications may be as a woman, transgender woman, transsexual, transfeminine, she-male, ladyboy, *binabaye*, or through other local terms that emerged during the interviews.
3. Those who could speak and understand English, Filipino and/or *Bisaya*.
4. Those who used or did not use PrEP.
5. Those who engaged in sex work, whether online of offline; the number of years they engaged in the sex industry was not considered.

Due to the sampling, where the characteristics of the participants are "defined for a purpose that is relevant to the study," the findings of this study can then "only be generalized to the (sub)population from which the sample is drawn and not to the entire population" (Andrade, 2021).

Data Collection Procedure

All participants were asked to complete a written consent form in every stage of the data gathering that they were involved in.

Key informant interviews were then done in Cebu City from January 28 to 30, 2023.

The interviews, though in-depth, were "topical" (Delve, Ho & Limpaecher, 2020). Meaning, these interviews focused on the experiences as sex workers, and the safer sexual practices including use or non-use of PrEP of the transgender women sex workers in Cebu City, and did not encompass the entirety of the participants' lives.

Field notes were also taken during the data collection process. This was to gather observations (e.g. body language or environment) that helped provide contexts to the answers given by the participants.

Research Instrument

Considering that this research made use of narrative inquiry, the participants were asked to extensively discuss their lived experiences related to their lives as sex workers, including their safer sex practices that included their use/non-use of PrEP. To guide the in-depth interviews, general questions were asked to generate the responses. These questions included the following:

1. What is your understanding of PrEP?

   How would you define and/or describe it?

2. How do you access information on PrEP in Cebu City?

   Can you describe these sources, and the processes you go through to get PrEP information?

What were your experiences in accessing PrEP information?

How have these experiences affected your decision to use/not use the same?

3. How do you access PrEP supplies in Cebu City?

What were your experiences in accessing PrEP supplies?

Can you describe these sources, and the processes you go through to get PrEP?

How would you describe your experience in availing PrEP?

How has this affected your decision to use or stay using, or to not use the same?

Data Analysis Procedure

The steps followed in the analysis of phenomenological data are generally similar for all phenomenologists (Moustakas, 1994). As cited by Creswell (2007), these steps – also followed in this research – include:

1. Horizontalization (Moustakas, 1994), which involves going through gathered data to highlight "significant statements" to get an understanding of how the participants experienced the phenomenon.
2. Development of clusters of meaning from the abovementioned statements, grouping these into themes.
3. Using these statements and themes, writing of description of what the participants experienced (textural description), and how these were experienced (imaginative variation or structural description). Here, researcher notes were also included as descriptive passages.

Ethical Considerations

To ensure that the research remained ethical, the research designs and practices were guided by the four fundamental principles of ethics cited by Beauchamp and Childress (1989), and elaborated by Riis (2019), and Avasthi, Ghosh, Sarkar and Grover (2013), namely: autonomy, non-maleficence, beneficence, and justice.

Autonomy

Respecting autonomy means allowing the participants to "act intentionally after being given sufficient information and time to understand the information" (Avasthi, Ghosh, Sarkar & Grover, 2013). As such, in this research:

1. Only those of legal age (adults 18 years old or over) were included as participants.
2. The participants had no responsibility aside from providing personal answers to the questions related to the research. Their participation in this research was completely voluntary.
3. Participants were given the choice to opt in or out of the study at any point in time. For participants who opted to withdraw from the research at any time, none were asked to justify the reason for withdrawal.
4. Declining to participate in the research did not affect in any way their access to current or subsequent HIV-related care, including accessing PrEP in Cebu City.
5. For those who may have found some of the questions as sensitive or could potentially cause embarrassment, they were given the choice to answer or not

to answer the same. If participants opted not to answer, the interviewer simply moved on to the next question.

6. Even if/when an interview was already completed, participants were still given the prerogative to request for the information they provided to be excluded from the research.
7. Consent was acquired with this research using two distinct stages in the consent acquiring process, to wit:
   Stage 1: Providing of information to the participants about the purpose, benefits, risks, and funding (if there are wny) behind the research. They were under no pressure to respond to the researcher immediately, and were given time to reflect on the information given to them.
   Stage 2: Obtaining consent from the participants who were made to sign informed consent form prior to the start of their involvement in the research.
8. The participants, or their legal representatives, were immediately informed of any information that became available if this had impact on their willingness to continue to participate in this research.

Non-maleficence

Avasthi, Ghosh, Sarkar and Grover (2013) stated that non-maleficence “implies first do no harm”, and this “can be achieved by careful decision making and having adequate training.”

In this research, the participants were informed that by participating, they may face risks including possible inconvenience, discomfort or fear. As such, steps were taken to minimize any possible risks. For convenience, for instance, venues of interviews were: community centers frequented by transgender women sex workers

in Cebu City, or those identified by participants as readily accessible to them. Meanwhile, to ensure there was no discomfort or fear related to their participation in this research, participants were not mandated to answer any question or take part in the interview if they felt that the question(s) were too personal or if talking about them made them uncomfortable.

Confidentiality was strictly upheld. While the participants may be known to the researcher, personal information/details were hidden from others with the removal of personally identifiable data.

As part of confidentiality, only the researcher had access to the raw data (e.g. audio of interviews, transcript of interviews, and memos). As needed, the thesis adviser, and regulatory authorities may be given access to the same, though only for the purpose of verification of procedures and data.

Research records will be retained for at least three years after the completion of the research, following international practice. These will be kept in an encrypted external hard drive kept in the custody of the researcher.

Also, as part of the requirements of the UP Open University Institutional Research Ethics Committee (UPOU IREC), the researcher underwent trainings related to (health) research ethics, namely:

- *Introduction to Health Research Ethics* from the University Malaya (three weeks; three hours per week via FutureLearn)
- *Introduction to Research Ethics: Working with People* from University of Leeds (two weeks; four hours per week via FutureLearn)
- *People Studying People: Research Ethics in Society* from University of Leicester (three weeks; two hours per week via FutureLearn)

Benificence

The principle of beneficence refers to acting in a way that benefit others by limiting harm, and promoting their welfare and safety (Beauchamp, 1990; Varkey, 2021).

In this research, to ensure that all possible harm was mitigated, and to promote the welfare and security of the participants, the following steps were taken:

1. Participants were informed about all possible risks of harm for participating – e.g. mental anguish that may be encountered while discussing a sensitive topic. A link to a health service provider for transgender people in Cebu City was provided, accessible to the participants as needed.
2. Participants were given the prerogative to only answer questions they were comfortable with. If participants opted not to answer specific questions, the interviewer simply moved on to the next question.
3. Since the interviews took the participants away from their work, and to reimburse expenses incurred as a result of their participation, they were compensated with P1,500 for their time and effort. Discontinued participation did not affect this renumeration.
4. Confidentiality was strictly upheld with personal information hidden to ensure anonymity. Also as part of confidentiality, only the researcher had access to the raw data (e.g. audio of interviews, transcript of interviews, and memos). As needed, the thesis adviser, and regulatory authorities may be given access to the same, though only for the purpose of verification of procedures and data. Still as part of confidentiality, research records will be retained for at least three years after the completion of the research, kept in an encrypted external hard drive kept in the custody of the researcher.

It is unknown if, or to which extent the participants in this research will eventually directly benefit from the results of this research. Nonetheless, it is still hoped that – generally – this research will benefit members of the transgender community, particularly those involved in the sex industry, by:

- Adding to the still-lacking knowledge on the PrEP-related experiences of transgender women, particularly sex workers in Cebu City.
- Describing communication structures that help or hinder this population as far as PrEP use is concerned; and
- Informing policies developed to better practices related to PrEP use of transgender women as a whole.

Justice

Justice refers to the obligation to treat participants fairly and equitably, ensuring that they are not exposed to situations that could put them at a disadvantage (Avasthi, Ghosh, Sarkar & Grover, 2013). For this research, therefore, participation was completely voluntary, and the participants were renumerated for their time and effort (P1,500) to cover loss earnings from work, and to reimburse expenses incurred as a result of their participation. Discontinued participation in the research did not affect this renumeration.

All steps were also taken to ensure that the final work is free of plagiarism or research misconduct, and the results are accurately represented.

Chapter IV

RESULTS AND DISCUSSION

With 31.8% of transgender women selling sex for cash or kind in the past year in Cebu City (DOH, 2021a), they are exposed to practices that put them at higher risk for HIV infection (Qiaoqin, Ono-Kihara, Cong, *et al*, 2009; UNAIDS, 2021a; Tuot, Mburu, Mun, *et al*, 2019). As such, transgender women, including those who do sex work, are actually considered as key populations (KPs) (Guterres, 2021) in need of being prioritized in HIV-related efforts, including PrEP use.

Sadly, PREP use continues to remain low among transgender women who do sex work (Sevelius, Poteat, Luhur, Reisner & Meyer, 2020). This is true, too, in the Philippines where PrEP interest may be high (93%) among transgender women as a whole (Restar, Adia, Cu-Uvin & Operario, 2020), but actual PrEP use remains unknown and not even well-researched.

Using a phenomenological framework, this qualitative research delves into the lived PrEP-related experiences of transgender women who do sex work in Cebu City.

Twenty transgender women – aged 18 to 28 at the time of the interviews – who do sex work in Cebu City were interviewed for this research.

For this research, three overarching questions were asked to the participants, focusing on their understanding of PrEP, their experiences related to sources and sourcing of PrEP information, and their experiences related to sources and sourcing of PrEP supplies. Follow-up questions were asked to encourage the participants to elaborate.

In their understanding of PrEP, three categories emerged – i.e. basic understanding of PrEP, confused understanding of PrEP, and no understanding of PrEP.

For sources of PrEP information, two categories emerged, though both had two sub-groupings. Particularly, the participants accessed either formal sources (particularly health facilities, and traditional media) or informal sources (particularly people in their immediate circles as PrEP educators, and online).

Meanwhile, two categories also emerged in their discussion of their sources of PrEP information and supplies, with two sub-groupings noted under each theme. Specifically, the participants notably accessed PrEP supplies from formal sources (particularly health facilities, or community-based organizations) or informal sources (particularly their peers, and informal medical suppliers).

In tabular form, the themes, categories and their definitions are contained in Table 1.

Table 1.

Categories and their definitions derived from the responses of the research participants to the research questions.

RESEARCH QUESTIONS	CATEGORIES	SUB-GROUPINGS	DEFINITIONS	EXAMPLES FROM TRANSCRIPTS
Understanding of PrEP	Basic understanding of PrEP		Definitions provided by participants who have some understanding of PrEP, e.g. what it is, what it is for, who it is for. This understanding may not be extensive, e.g. lack of information on side effects, drug composition, *et cetera.*	*"PrEP is... something you take for life so you don't get infected with HIV or AIDS... So it's like maintenance medication that you take whenever you have sex with people without protection, so you don't get infected (Participant 2)."*
	Confused understanding of PrEP		Definitions provided by participants who believe they have some understanding of PrEP, but erroneously identify this as something else.	*"Based on the word prophylaxis, it seems like it's... for dental hygiene (Respondent 9)?"* *"My understanding, what entered my mind, it's to help people become slim... I'd like to try this. Perhaps I'd become*

				slimmer, be beautiful (Respondent 8)?"
	No understanding of PrEP		Responses given by participants who have no inkling about PrEP, and who only heard about PrEP during their interviews.	*"I really don't have any idea about PrEP. But when people mention it with LGBT, and about being a sex worker, I think it's to avoid the... diseases, and to be safe when it comes to that work, or this job, sex worker. That's what enters my mind (Respondent 7)."*
Sources of PrEP information	Formal sources	Health facilities as PrEP information sources	Experiences of the participants when accessing health facilities for PrEP information.	***"****It's not difficult to search for information on PrEP if you just approach a clinic like this one, LoveYourself Cebu. You just need to go to them (Participant 5)."*
		Traditional media as PrEP information sources	Experiences of the participants when accessing trimedia for PrEP information.	*"I read about this at the lobby of LoveYourself Cebu. I asked because I was curious, 'What's PrEP?' 'It's a*

				medicine that when you take the medicine you'll be protected sa HIV.' I saw that tarpaulin beside the TV set (Participant 20)."
	Informal sources	People in their immediate circles as PrEP educators	Experiences of the participants when accessing family members, as well as friends (including other sex workers) for PrEP information.	*"The head of our LGBT group, she taught us... Sometimes she teaches us, once we gather (Participant 5)."*
		Online learning of PrEP	Experiences of the participants when accessing online sources for PrEP information.	*"I use TikTok every night before going to sleep. Mostly... I'm into cooking, so I follow content creators who cook. That video on PrEP just came out in my For You Page (a page with recommended content in this app) (Participant 9)."*
Sources of PrEP supplies	Formal sources	Health facilities as PrEP suppliers	Experiences of the participants when accessing health	*"If it can be found in the city health, in a hospital... a*

			facilities for PrEP supplies.	*pharmacy? If ever, for me, I want to see it in a pharmacy as it's more convenient (Participant 11)."*
		Community-based organizations as possible sources of PrEP	Experiences of the participants when accessing community-based organizations for PrEP supplies.	*"For people without contacts, for me in my opinion, they really have difficulty to access this PrEP. Especially if they're also not vocal. Because you won't get it if you don't ask (Participant 15)."*
	Informal sources	Peers as PrEP sources	Experiences of the participants when accessing PrEP supplies through their peers.	*"I asked from a friend. She also made me try it. 'Okay, try it! See if you're okay with it, so then we can ask for your supply' (Respondent 2)."*
		Informal medical suppliers as possible sources of PrEP	Experiences of the participants when accessing PrEP supplies through informal medical suppliers that they also tap for their other	*"I get the supplies of my feminizing hormones from ADA… it's like a salon at Plaza Mandaue… Initially I was scared. But I want to be*

			transgender-specific health needs.	*feminine. So I don't care (Participant 19)."*

Understanding of PrEP

PrEP is the approach used by HIV-negative people to prevent getting infected with HIV by taking a pill containing two components, tenofovir and emtricitabine, that are used to treat HIV. This pill keeps the virus from "establishing a permanent infection" when someone is exposed to it through sex or injection drug use (CDC, 2020).

With PrEP, the risk of getting HIV from sex is reduced by about 99% when taken daily, and by 74%, also when taken daily, by those who inject drugs (CDC, 2020; Grant, 2010; and Nicol, Adams and Kashuba, 2013). This is why various agencies – including the World Health Organization (WHO), CDC, and the UNAIDS – recommend its use, particularly among people at higher risk for HIV infection. These key populations (KPs) include transgender women, as well as those engaging in sex work.

Interestingly, only six of the 20 participants claimed to know about PrEP. Specifically, two knew about it after using it (with one of these two only taking one tablet to try it); another one knew about it from a post in Twitter, with the information elaborated by her contact in HIV advocacy; another saw a tarpaulin about it at the venue of the interview; and two claimed to have seen some information about it online (particularly YouTube and TikTok).

The ability to take action against HIV is affected by the lack of understanding of PrEP. It is estimated that 53% of Filipino transgender women remain unaware of PrEP, with the unemployed and those engaging in sex work even more less aware of PrEP (Restar, Adia, Cu-Uvin & Operario, 2020). It is, therefore, essential to increase

awareness about PrEP to increase this specific population's ability to use it to take action against HIV.

With none of the 20 participants currently using PrEP, including the six who claimed to know about it, their understanding of PrEP may be one of the reasons why this uptake is non-existent. Closely looking at their understanding of PrEP, three categories emerged – basic understanding of PrEP, confused understanding of PrEP, and no understanding of PrEP. Any of these may affect PrEP uptake.

"Dili igo nga pagsabot":

Basic understanding of PrEP

Three participants – i.e. two who have taken PrEP, and one who was informed about PrEP by a person working for a non-government organization (NGO) – defined PrEP as a newly-released lifelong medication used to avoid HIV infection.

> *"Yung* PrEP *is ano… habambuhay siyang iinumin para ikaw ay hindi mahawaan ng* HIV or AIDS*. Yan yung alam ko po…* So *para siyang* maintenance *na iinumin para kahit makipag*-sex *ka ng sinoman na walang* protection*,* is *hindi ka mahawaan* (Participant 2)*." "*Like*, kuwan siya,* pill for protection *sa mga… sa* HIV, and when *i*-take*. Ana na. Adto jud ko na*-introduce *sa* Thailand*.* Since under *man kog* organization *sa* Thailand. For me PrEP is to avoid HIV (Participant 15)." "PrEP or pre-exposure prophylaxis *mao ni siya ang bag-ong gi*-release *pang-kontra sa* HIV. As far as I know *kay… gina*-take *ni nimo siya* every day before *ka makigsabak sa giyera*. Every day *para makaiwas ka sa makakuha ka sa* HIV (Participant 16)."

> "PrEP is... something you take for life so you don't get infected with HIV or AIDS. That's what I know. That's what I understood. So it's like maintenance medication that you take whenever you have sex with people without protection, so you don't get infected (Participant 2)." "Like... it's a pill for protection against HIV, and when you take it. That's it. I was introduced to this in Thailand. Since I was under an organization in Thailand. For me, PrEP is to avoid HIV (Participant 15)." "PrEP or pre-exposure prophylaxis is a medication that was newly released to fight HIV. As far as I know... you take this every day before you go to war/you have sex. Every day so you avoid being infected with HIV (Participant 16)."

It was noticeable that their understanding of PrEP was limited only on PrEP as a medication that can prevent HIV when taken daily by those who have unprotected sexual contact. For these three participants, none knew of other details related to PrEP, including what it is made of, how it actually works, other ways it could be taken, its side effects, and the contraindications with other medicines (including feminizing hormones) they are already taking, among others.

Not surprising, this understanding of PrEP was paired with doubt. Participant 2, in particular, questioned whether what she was taught about PrEP was true, considering that its effects can not be seen by the naked eye.

> *"Hindi ko naiintindihan. Katulad ng* pills *kasi,* it's like*, may nakikita ka na lumalaki ang* boobs*. Eh paano naman kami ma-su-*sure *kung sa pagsasalita lang? Wala naman sila* proof *na ganyan, di ba, na gumagana ang* PrEP (Participant 2)."

> "I don't fully understand. With pills, it's like you see when a person's breast broadens. Now how can we be sure if all we have are verbal lessons? There's no physical proof that PrEP works (Participant 2)."

Three factors may have affected the understanding of PrEP of these three participants.

Firstly, there was a noticeable lack of interest in using PrEP, with the disinterest affecting efforts to get more information about PrEP. Participant 15, as an example, only used PrEP for three months while doing sex work in Chiang Mai in Thailand, and only to comply with the requirement imposed by her Thai agent. Upon her return to Cebu City, she stopped using PrEP. As such, she only considered PrEP as relevant when she was required to use the same.

It may be worth pointing out that this seeming disinterest to use PrEP may not necessarily be because of the distaste of this participant to PrEP itself. Instead, it may be because – to start – her knowledge about it remained limited, with no local health care service provider elaborating on what she already knew about PrEP, based on what was taught her overseas. Worse, this participant lived and worked away from the PrEP-dispensing health care service facility, so access was also an issue for her.

Secondly, sourcing information from friends affected the understanding of PrEP mainly because of the limitations of what their friends also knew. As an example, what Participant 2 knew about PrEP came from a fellow transgender woman sex worker who was taking PrEP for at least a year already. This friend only knew of one way to take PrEP – i.e. once every day – even if there are now other ways to do so – e.g. with “event-driven” PrEP use, the “2-1-1” schedule is followed, meaning taking two pills two to 24 hours before sex, one pill 24 hours after the first

dose, and one pill 24 hours after the second dose (CDC, 2022). In fact, the other two participants did not also know this, highlighting the still-limited understanding of PrEP, and in this case in particular, on how it is to be taken.

And lastly, the lack of PrEP understanding of the people who taught them. Participant 16, as an example, initially saw PrEP-related information from TikTok, with what she saw elaborated by a former co-worker who is still affiliated with one of the HIV treatment hubs in Cebu City. But what the friend knew was also limited – e.g. this person only knew that PrEP can prevent HIV infection, and yet not much else, including where PrEP is available, the process to get supplies, and the costs associated with PrEP use. And so both now have only the most basic understanding of PrEP.

It is worth noting that having a limited understanding of PreP can actually be detrimental to some. Participant 2, as an example, believed that PrEP will now allow her to practice unsafe/condomless sex.

> "*Kung iinom ako ng* PrEP*, siyempre* safe *na* safe *ako. Alam naman natin na tayo, gusto talaga natin ng balat sa balat* (Participant 2)."
>
> "If I take PrEP, of course I'd be very safe. You know us, we prefer unprotected sex/bareback sex (Participant 2)."

Her assumption was not new, with past studies citing that PrEP supposedly removes the penalty for sexual pleasure, and may even enhance pleasure (e.g. by reducing HIV-related anxiety) (Calabrese & Underhill, 2015) so that people who use it forego other forms of protection. The liberating effect of PrEP was also noted in past studies (for instance, by Grace, Jollimore, MacPherson, Strang & Tan, 2018; and Haire, Murphy, Maher, *et al*, 2021) as it was considered as a tool that allows a "return to normalcy" by allowing gratifying sex without relying on condom. However,

this is also worrisome because PrEP offers limited protection, and it does not protect against other sexually transmitted infections (STIs). Solely focusing on PrEP could pose an issue if – in the long run – participants started seeing other STIs as just a minor annoyance (Watson, Pasipanodya, Savin, *et al*, 2020), particularly considering that PrEP only prevents the spread of HIV, and not other STIs (Eakle, Bourne, Mbogua, Mutanha & Rees, 2018). This similarly needs to be highlighted in the PrEP messaging targeting this population to better their understanding of what PrEP can and can not do.

At this juncture, it is good to point out that the understanding of PrEP of the participants may also be linked to their understanding of HIV itself. After all, PrEP can not be segregated from HIV since the former only exists because of the latter.

All of the participants in this research actually knew of HIV, and that – because of their line of work – they were susceptible to HIV infection, could die from it, and using condoms and lubricants could prevent possible infection.

Two things need to be stressed here.

On one hand, the understanding of HIV of the participants was akin to the understanding of PrEP of the aforementioned three participants, which was basic. Again, all of the participants knew HIV to be an illness that they may be infected with if they had unsafe sexual encounters. And yet none could elaborate on modes of transmission, safer sex pratices aside from using condoms and lubricants, and treatment of HIV, among others. Not surprisingly, misconceptions abounded, with HIV almost always seen negatively.

> "*Kuwan siya… kanang hugaw ba. Kanang magpa*-sex *ka na kuwan ba… walay* condom (Participant 1)." "*Pasabot sa* HIV? Ku*wan siya… kuwan siya nga sakit, makatakod, makamatay jud siya nga sakit…* (Participant

4)." "*Akong nasabtan kay ing-ana lang. Kanang hugaw ba. Hugaw gud sa babaye, tapos ma-kuwan pud namo* (Participant 8)." "*Sakit nga walay tambal. Kana. Makuha sa kanang pakipaghilawas* (Participant 6)."
"It is... muck. If you have sex without condom (Participant 1)." "My understanding of HIV? It's like... it's an illness, it's contagious, and it can kill (Participant 4)." "My understanding is just like this. It's filth. It's dirt coming from a woman, and which we could also get (Participant 8)." "It's an illness without a cure. Something like that. You get from sex (Participant 6)."

The stigmatization of HIV, of course, affects PrEP uptake because this induces fear so that people stop seeking knowledge particularly on transmission and risk level (Matacotta, Rosales-Perez & Carrillo, 2020). In this research, this was seen in the aforementioned disinterest to use PrEP even if the participants already knew of its benefits considering their behaviors that put them at higher risk for HIV infection.

On the other hand, the lessons about HIV that were given to the participants focused only on using condoms and lubricants to avoid getting infected with HIV. They, therefore, had no understanding of other options to prevent HIV infection, such as using PrEP. This limitation affected their understanding of PrEP, particularly since their networks and personal relationships with health care service providers failing to help them acquire PrEP information and supplies (Durosinmi-Etti, Nwala, Oki, *et al*, 2021; Shamu, Shamu, Khupakonke, *et al*, 2021; Bass, Kelly, Brajuha, *et al*, 2022).

“Sayop nga pagtuo”:

Confused understanding of PrEP

There were other participants who claimed to know about PrEP, but their understanding of it were muddled. Here, misperceptions were noted, namely: considering PrEP as antiretroviral medicine (ARV), the combination drug given to people living with HIV as treatment for their medical condition; and considering PrEP as medicine for other health concerns aside from HIV.

Three participants, for example, mistook the information they received on antiretroviral medicines (ARV), the combination drug given to people living with HIV as treatment for their medical condition, as related to PrEP.

> “*Kanang murag… bale… tambal siya nga kuwan, magpataas pang kinabuhi sa nay sakit nga* HIV (Participant 6).” “*Gitagaan man ko ato’g tambal (sa bayot nga ga-trabaho sa* health center*). Gisuwayan nako. Pag-ingon sa akong amiga, ‘Ayaw sa uy, kay wala pa man kay kuwan. Pa*-HIV *sa daan.’ Unya pa*-HIV *nako, wala man, perfect man, wala may kagaw… Kadtong tambal, unsa ni uy… sa kagaw ba, sa* HIV*. Mao nang tambal* (Participant 3).” “Medicine *gyud siya para sa kuwan… murag, like, if* positive *ka, murag ana bitaw siya. Mura siyag kadtong* capsule *na i*-take nimo if positive, or same *mura na siyag ing-ana siguro.* Prolong *pa siguro ang* life (Participant 10).”
>
> "It's like… a medicine to increase the life span of those living with HIV (Participant 6)." "I was given a medicine by the gay guy working at the health center. I tried it. The friend told me, ‘Don't take that yet, you're not sick yet. Get HIV testing first.' Then I underwent HIV testing, and nothing was there, I was perfect, I didn't have virus. That medicine... that's for the

virus, for HIV. That's the treatment (Participant 3)." "It's a medicine for, like, if you're HIV positive, something similar to that. It's like a capsule that you take when you're positive, or similar to that. To prolong life (Participant 10)."

In these instances, the lack of PrEP understanding of the health care service providers themselves was apparent, ditto some questionable practices in health care service facilities. One participant (Participant 3), as an example, received ARV from a health care service provider who informed her to take it to deal with HIV. This participant, apparently, had yet to get tested for HIV, and so was unaware of her HIV status. This was only clarified to her after a friend, a fellow sex worker, informed her what ARV is for, and when she was supposed to take it (i.e. after being diagnosed to have HIV). In this particular instance, it is worrying that an untrained sex worker seemed more informed about the use of ARV than a professional medical practitioner; though this may also explain why this participant trusted her friends more when sourcing HIV-related information.

What was also apparent among these three participants was their inclusion of their claim to know about PrEP only later in their respective interviews. In a way, this may be considered as an attempt to save face – i.e. to not appear ignorant about PrEP. As such, it may be surmised that even if they may have appeared to have confused PrEP with ARV, they may actually still have no inkling about what PrEP really is.

All the same, this was still troubling because erroneously identifying PrEP as similar to ARVs has been shown to harm the promotion of PrEP use. Particularly, when little to no distinction is made between the two medications, sex workers end up not trusting health workers. This is because when others suspect them to be

taking ARVs instead of PrEP, they may be accused of lying about their HIV status, or deceiving their partners to engage in unprotected sex with them even if they are assumed to have HIV (Makhakhe, Sliep & Meyer-Weitz, 2022).

There were also participants who thought of PrEP as medicine, but not at all related to HIV.

> *“Akong pagkasabot, sa akong huna-huna, maka-*slim *man tingali na* (Participant 8)?” “*Sa* word prophylaxis, *murag*… dental hygiene? I’m not sure. *Kay naa man miy murag* dental hygiene, *unya* prophylaxis, prophylaxis *ba ang* term *ana*? *Murag* cleaning *sa* teeth. Or maybe… *for* preparation *man for iwas-bokya or unsa* (Participant 9).”
>
> "My understanding, in my mind, it's to help people become slim (Participant 8)?" "Based on the word prophylaxis, it seems like it's... for dental hygiene? I'm not sure. Because there's a tool for dental hygiene, and prophylaxis is the term used for it? It's like to clean the teeth. Or maybe... preparation to avoid being messy during sex or something like that (Participant 9)."

Again, these participants’ answers may have been given for them to not appear unknowledgeable about the topic (i.e. PrEP). And yet again, these answers highlighted complete lack of understanding of PrEP, mainly because these participants have yet to receive PrEP information.

“Wala kahibalo”:

No understanding of PrEP

The other participants (14) actually only heard about PrEP during the interviews done with them for this research. As such, when PrEP was mentioned to

them, they only made connections – e.g. that since the topic was raised to sex workers from the LGBTQIA community, then it must automatically be related to HIV. As one participant (Participant 7) stated:

> *“Wala talaga ako idea ng* PrEP*. Pero pag sinabi niya na about* LGBT*, tapos* being sex worker*, napunta sa isip ko* is to avoid the *ano,* the diseases, and to be safe when it comes to that work, or this job, sex worker (Participant 7).”
>
> "I really don't have any idea about PrEP. But when people mention it with LGBT, and about being a sex worker, I think it's to avoid the... diseases, and to be safe when it comes to that work, or this job, sex worker (Participant 7)."

If anything, this showed the continuing limited discourses encountered by these participants. Even during the interviews, 17 of the 20 participants frequented *barangay* and city health care service providers, and there, they only really received information on using condoms and lubricants to curb the spread of HIV.

Sadly, people’s expectations of PrEP efficacy will always be shaped by the messages that they receive, such as when discussing PrEP with health care professionals (Underhill, Morrow, Colleran, *et al*, 2016). Obviously when such information is not received at all, then no change in the understanding will happen. As the gatekeepers of biomedical HIV prevention efforts like PrEP (Saberi, Berrean, Thomas, Gandhi & Scott, 2018), these health care service providers are in the best position to influence transgender people to know more about PrEP and to actually start using PrEP (Restar, Adia, Cu-Uvin & Operario, 2020). Bettering the understanding of these health care service providers could eventually also better the understanding of their target populations.

As it stands, however, due to the lack of understanding of PrEP, there was also this sense of complacency among some participants. For them, since condoms and lubricants were generally readily available already, then they may no longer need to use PrEP to prevent HIV infection.

> "*Kay ngano pa man mag*-PrEP *nga naa na may* condom*? Pero kung naay* PrEP *ug naay* condom*, puwede ra gud duha, para sure gyud. Pero ang* condom is free *ra man* (Respondent 19)."
>
> "Why do we need to use PrEP when there's already condom? If there's PrEP and there's condom, we can use both, just to be really sure. But condom is free (Respondent 19)."

This response was obviously anchored on the availability of PrEP, particularly if it will be handed out for free to the participants. In truth, those who may want to use PrEP may have to pay from ₱1,500 to cover a month's worth of pills, consultations, and diagnostic tests (Casal, 2019). However, none of the participants knew of the possible costs related to PrEP use at the time of the interviews. So providing this information could discourage those who have issues with paying for PrEP, which could strengthen their position not to use PrEP and just stick to condoms and lubricants to protect themselves from HIV infection.

It is worth pointing out that condoms alone are not sufficient to control HIV epidemics because consistent condom use is implausible (UNAIDS, 2021e). Some participants actually openly stated their inconsistent use of condoms, often due to condom use affecting pleasure, non-availability of condoms at the time of sexual engagement, and misconceptions related to HIV infection (i.e. that HIV has physical manifestations, so that some choose sexual partners based on looks).

> "*Sa sugod, nag*-condom. Safe sex. *Pero naa say* part *nga wala sad jud, nga wala nag*-condom. *Naay wala na-condoman. Dili ganahan sila ug* condom. *Laban* (Respondent 6)." "*Sa uban kung wala, magpa-kuwan lang gihapon ko nila. Kanang ma-kuwan na gud, mahudtan na ug* condom. *Mao na magpa-kuwan na*… (Respondent 2)." *"Usahay kanang ana-ana, dili ka mag*-use *anang* condom *kay wa kunoy lami. Usahay akong mga amigo kay… miluon ug mga guwapo ilang mga kuwan… Char lang! Kung bati gani, pagamiton na lang nag* condom *uy* (Respondent 5)."
> "In the beginning, I used condoms. But there were times when I didn't. There were clients who didn't use condoms. They didn't like using condoms. I agree (Respondent 6)." "For some, if there are no condoms, I still let them have sex with me. That would be when I run out of condoms. So I just let them have sex with me (Respondent 2)." "At times you don't use condoms because clients say it doesn't feel good. At times my friends who are choosy, particularly if their clients are good-looking, they agree. If they're ugly, they use condoms (Respondent 5)."

While it may be ideal for PrEP to be used with condoms, not using either increases the risk for HIV infection of the participants. Meaning, if participants forego using condoms, then using PrEP should at least afford them the protection they need, and even if PrEP may still have its limitations.

Nonetheless, since condoms and lubricants were what were promoted by the health care facilities that most of the participants frequented, and since PrEP is still not discussed even by supposed health experts working in these facilities, then the participants were made more interested on what could be readily provided to them,

and not drawn to a tool that may be able to prevent HIV but remains abstract to them.

When looking at the lack of understanding of PrEP of the participants, some factors came into play, including some of their sociodemographic characteristics, which influence the interest in, and actual use of PrEP (Jones, Jensen, Scherr, *et al*, 2015; Washburn, n.d.; Li, Zihan, Wilson, *et al*, 2021; and Kota, Mansergh, Stephenson, *et al*, 2021).

First, particularly for the participants in Cebu City, their ages played a part in the level of their understanding of PrEP. This is because in the Philippines, prior to December 2018, only adults – or those 18 and over – were legally allowed to access HIV-related services in the country (based on Republic Act 8504). Minors – or those under 18 years old – first had to get permission from their parents/guardians, or be accompanied by a social worker if they wanted to access these services.

The participants in this research were all adults at the time of the interview, with their ages ranging from 18 to 28 years old (See Table 2).

Table 2.

Segregation of the participants per age

Age	Number of participants
18	3
19	1
20	3
21	2
22	2
23	5
25	1
28	3
TOTAL	**20**

However, only six of the 20 participants started doing sex work as an adult, and the rest did before they turned 18 (See Table 3 for the age of the participants at their introduction to sex work). Thirteen of the participants started when they were

aged 15 to 17, before they reached the legal age of 18. Six of the participants started sex work at the age of, or after they turned 18. And only one participant started sex work at a later point in her life, when she was already 26.

Table 3.

Age at introduction to sex work

Age range when introduced to sex work	Number of participants
7 or 8 years old	1
15	4
16	5
17	4
18	2
19	1
20	1
21	1
26	1
TOTAL	**20**

This means that before adulthood, most of the participants were already susceptible to HIV infection due to their age at the time of entering the sex industry. As minors, they had no access to HIV-related services, including PrEP information and supplies. Also, with no parents or guardians supporting their engagement in the sex industry, it could be surmised that permission was also not given so that the participants were denied the opportunity to access HIV-related information and services.

PrEP materials as well as PrEP itself are also not accessible to people belonging to these ages. A 2017 study, for instance, noted that while adolescents and young adults account for a growing number of new HIV infections, multiple trials looking at the effectivity of PrEP excluded adolescents under the age of 18 years old, and only few participants were under 25 years old (Allen, Gordon, Krakower & Hsud, 2017). As such, those who had their first sex at younger ages are automatically excluded even if there is actual interest in using PrEP.

The old law (RA 8504) was changed with the signing into law of the Republic Act 11166 (or the Philippine HIV and AIDS Policy Act) in 2018, which recognizes the need to include those under 18 years old – and at least those aged 15 and over – in the country's HIV-related responses. And yet there were participants who were already doing sex work as minors prior to 2018, so that they were already at risk for HIV infection, and yet had no access to HIV-related information and services.

Second, the low educational level of SWs impacted not only their HIV susceptibility (Szwarcwald, Damacena, de Souza-Júnio, *et al*, 2018), but also their understanding about using PrEP to avoid getting infected. The educational level of beneficiaries affects PrEP use, with higher educational attainment found to be linked with higher interest in, better understanding of, and actual use of PrEP. For example, Li, Zihan, Wilson, *et al* (2021), and Ssuna, Katahoire, Armstrong-Hough, *et al* (2022) noted that PrEP awareness was associated with a university degree or above, or at least tertiary education.

Unfortunately, only one of the 20 participants completed college (See Table 4). The others did not complete their education, including: two participants who reached college level but failed to get a degree; four who completed Senior High School (SHS); and one who pursued Alternative Learning System (ALS), which is offered to out-of-school youth and adult learners to develop basic literacy skills. The others only studied primary school.

Table 4.

Educational attainment of participants

Highest level of education	Number of participants
Bachelor's degree	1
College level	2
Senior High School	4
Primary school	12
Alternative Learning System (ALS)	1
TOTAL	**20**

Emphasizing the impact of the lack of education in the understanding of the participants of PrEP, one participant (Participant 2) admitted that she had difficulty understanding both Filipino and English, which are often the languages used in HIV-related messaging, including in promoting PrEP.

> "Out-of-school youth *kasi ako.* So *ang hirap talaga intindihin. Yung mga* seminar *mo*, Tagalog, *ganun*, English, *so mahirap talaga* (Participant 2)."
>
> "I'm an out-of-school youth. So it's hard for me to understand. Those seminars are in Tagalog or English, so it's hard (Participant 2)."

Assuming that others also encountered this difficulty, she advocated for the use of video when promoting PrEP as this may be better understood.

> "*Dapat kung makukuha talaga lalo na sa karaniwang kabataan natin ngayon, dapat may* video *sila kung… para maintindihan talaga lahat. Lalo na sa aming* out of school youth*. Kasi lahat naman* mostly *sa mga* sex worker *mga ganun, mga walang alam-alam* (Participant 2)."
>
> "If we really want to tap the young these days, there should be video so they understand everything. Particularly for us out-of-school youth. Because almost all of the sex workers are like that, we don't know much. All about beautification but no intelligence (Participant 2)."

The focus on visuals, and removal of written words in promoting PrEP may also be needed considering that the participants were uncomfortable using Tagalog, Filipino and English. It was similarly noticeable that the participants also did not necessarily speak Cebuano, the main language used in that part of the Philippines. Instead, their communicating was peppered with colloquial terms developed by the local LGBTQIA community, and may only be familiar to those in that context.

Two things are worth pointing out here.

On one hand, there are words that do not have direct translation in Filipino and Cebuano, including some concepts related to PrEP. For instance, "*tambal*" is the local word used to refer to both "treatment" and "cure". This was confusing to the participants since HIV can only be treated and not cured, and so when health care service providers tell them there is "*tambal*" for HIV, they do not necessarily comprehend what this means.

On the other hand, and as mentioned, colloquial terms developed by the local LGBTQIA community were frequently used by the participants. "*AIDS*", as an example, was often referred to as "*Aida*", and the word "*dead*" in English, used to refer to those gravely affected by AIDS, was replaced not by "*patay*", its Filipino counterpart, but by "*yatap*", a play at the Filipino word.

Noticeably, all of the PrEP materials seen in Cebu City at the time of the data gathering used English. This immediately limited the understanding of those who saw these materials, particularly those who were not conversant or even comfortable using English. In the end, PrEP information should not only be comprehensive, but should also be comprehensible. Because in the development of messaging about PrEP, it is important to recognize that "one size fits all" approach will not work (Bass, Kelly, Brajuha, *et al*, 2022). Instead, one that uses languages that they use could guarantee increasing interest on, and actual use of PrEP.

And third, the impoverished state of the participants affected their access to tools that could have bettered their understanding of PrEP. While none of the participants discussed their current financial standing, they nonetheless stressed that fiscal destitution caused them to stop pursuing education, to enter the sex industry, and the inability to negotiate with their sexual partners.

Already discussed is the impact of lack of education in not properly understanding PrEP (e.g. not understanding available materials that may be text-based, or are written in English or Filipino, as noted by Participant 2), but the reason for discontinuing education similarly needs to be mentioned. This is because 17 of the 20 participants attributed the termination of their educational pursuit to financial difficulties.

> "*Wala na nag-eskuwela. Kay wala man nag-kuwan nako. Nag-undang ko*. Grade 4 (Participant 3)." "High school (*akong nahuman*), but I took first year in college. *Katungod sa kadaghan (mag-igsoon), dili na ka*-support *akong* parents (Participant 20)." "Senior High School *nahuman. Wala na lang ko ni*-pursue *kay way kuwarta akong* parents (Participant 12)." "Graduate *ko sa* high school *pero niundang ko karon. Kay syempre motabang ko sa akong pamilya ba*. Grade 10 *akong nahuman, pero wala ko ka-kuwan sa* senior *jud* (Participant 8)."
>
> "I don't go to school anymore. No one supports me. I stopped. Grade 4 (Participant 3)." "I finished high school, and then took first year in college. But because there are a lot of us, our parents couldn't support us all (Participant 20)." "I completed senior high school. I didn't pursue my education because my parents didn't have money (Participant 12)." "I graduated from high school, but I stopped now. Of course I have to help my family. I finished Grade 10 but I didn't continue to Senior High School (Participant 8)."

Again, the implication of this can not be stressed enough since poverty may have inadvertently affected the development of the participants' capacity to

understand safer sex materials, including PrEP information, that are currently available only in English.

In the end, to better the understanding of PrEP of the transgender women sex workers in Cebu City, and hopefully to encourage them to eventually use the same, all these factors need to be tackled. These are interconnected issues, so piecemeal responses will not suffice.

Sources of PrEP information

Their understanding and eventual use or non-use of PrEP of the participants were, obviously, affected by their sources of PrEP information. And here, generally speaking, the sources of PrEP information of the participants may be divided into formal and informal sources. At times, the classifications actually overlapped. For instance, one participant (Participant 16) first came across information on PrEP from Twitter (i.e. an informal source of information), but this information was validated by a friend who worked in the HIV advocacy through one of the NGOs providing PrEP in Cebu City (i.e. a formal source).

> "*Una ko nakakuha ug* info *sa* Twitter. Then *naa pud koy* friends *nga* until now *naa gihapon sa* Kalinga field, which *is mag-istoryahanay mi inig kita. So mu*-share *sila… So mao na iyang gi*-mention, about PrEP, *kadtong* pre-exposure prophylaxis (Participant 16)."
>
> "I got information from Twitter. I still have friends in the Kalinga field, and we chat when we see each other. They share information to me. That's what was mentioned, about PrEP, about pre-exposure prophylaxis (Participant 16)."

The sources of PrEP information of the participants were further segregated into specific sources actually accessed and/or preferred by the participants. Closely looking at these provided elucidation on where the participants sourced their PrEP information, and their experiences while accessing these sources.

Formal sources of PrEP information

To start, it is worth highlighting that in Cebu City, PrEP information and supplies were centralized in select health care service facilities within the city – i.e. Visayas Community Medical Center, LINK2CARE, and LoveYourself Cebu. Unfortunately, only one of these three actually actively promoted PrEP-related services (i.e. LoveYourself Cebu).

With only one facility actively offering PrEP information and supplies in Cebu City, the current number of PrEP-providing facilities there may not be sufficient to meet the actual demands. Notably, only one of the 20 participants frequented this specific facility for HIV-related needs (particularly to get condoms and lubricants, and to get tested for HIV); none of the 20 participants received information or PrEP supplies from this same facility.

“Dili igo nga serbisyo”:

Health facilities as inadequate PrEP information sources

The health facilities accessed by the participants for PrEP information may be divided into two types: those helmed by non-government organizations (NGOs, such as LoveYourself Cebu), and those operated by the national and local government units or LGUs, including *barangay* and city health care service facilities called Social Hygiene Clinics (SHCs).

As the only PrEP-dispensing NGO in Cebu City, LoveYourself Cebu was actually in a prime position to educate transgender women who do sex work in Cebu City about PrEP, and then provide them with supplies if they require the same. This validated the role of health care service providers as "important gatekeepers for biomedical HIV prevention efforts in clinical settings" (Saberi, Berrean, Thomas, Gandhi & Scott, 2018).

One participant (Participant 20) received PrEP information from this NGO. Unfortunately, the engagement with the NGO was accidental – i.e. she did not actively seek out this NGO; instead, while waiting for her turn to be interviewed for this research, she saw a tarpaulin in the lobby and it contained basic information about PrEP. This made her curious, so she asked for a health care service provider working in that NGO to explain what she saw.

> "*Akong gibasa sa gawas* (at the lobby of LoveYourself Cebu). *Nangutana ko, kay* curious *ko, 'Unsa ang* PrEP?' 'It's a medicine that when you take the medicine you'll be protected *sa* HIV.' *Nakalagay ang* PrEP, be protected from AIDS and HIV. *Walay* explanation; *nangutana ra ko nila. Kadtoy ingon nila nga* medicine *nga* you will take *daw*. Satisfied *naman sa* explanation (Participant 20)."
>
> "I read about this at the lobby of LoveYourself Cebu. I asked because I was curious, 'What's PrEP?' 'It's a medicine that when you take the medicine you'll be protected sa HIV.' It was written there, 'PrEP, be protected from AIDS and HIV.' No explanation; this is why I asked them. That's what they told me that it's a medicine that you take. I was satisfied with the explanation (Participant 20)."

This participant considered that tarpaulin to be “propaganda”, and it worked for her to an extent since it made her curious enough to ask more questions about PrEP. She also expressed satisfaction with the explanation given to her. Nonetheless, she found the tarpaulin problematic for two reasons, namely: the insufficient information it contained, and where it was placed.

> “*Dili gibutang tanan like unsang* side effects, *ana*. Like I know *nga ma-*protected *ta sa* HIV but they didn’t place *unsay* side effect, *unsay dapat buhaton, ang* dos and don’ts… *mao na ang mga kulang nga* information… (Also) *ang* visibility *sa* flyer, *tago kaayo siya. Mas* better *siya nga makita jud sa daghang tawo para ma-*aware *nga naay ingon ana* (Participant 20).”
>
> "Not all information was there, like the side effects, things like that. Like I know it protects us from HIV but they didn't place the side effects, what can be done, the do's and don'ts... these were lacking in the information. Also the visibility of the flyer, as it was hidden. It would have been better if more people could see it so they can be aware that this exists (Participant 20)."

In the Philippines, government-helmed health facilities are supposed to be the primary providers of HIV-related services. But due to the limited resources, NGOs have been augmenting the former’s limitations (HAIN, 2013). And yet these NGOs also have issues, particularly the non-prioritization of transgender women, including those who do sex work, as a target population in PrEP efforts (Bass, Kelly, Brajuha, *et al*, 2022; and Scamell, 2019), with men who have sex with men (MSM) remaining the focus of PrEP efforts (Bass, Kelly, Brajuha, *et al*, 2022).

In Cebu City, the experience of Participant 20 was a good example on this. But the experience of another participant (Participant 10) backed this, considering that she first heard about PrEP from a bisexual brother who may already be using PrEP, which he received from LoveYourself Cebu.

> "*Kadungog ko sa akoang igsoon nga bi – maya-maya ba.* Like *wala jud niya na-story. Kadungog lang ko ba, gihisgutan niya, ana… So mao ra to akong na-familiarian na* word*. Pero wa pa ko kabawo unsa to siya* (Participant 10)."
>
> "I heard about this from a bisexual brother – a closeted person. But he didn't expound on it. I just heard him mentioning it… That's why I'm familiar with the term. But I don't know what it is (Participant 10)."

It may also be worth highlighting that one of the participants (Participant 2) volunteered for the PrEP-dispensing NGO in Cebu City. And yet this participant did not receive PrEP information from this NGO; instead, a fellow transgender woman sex worker provided her information about PrEP, and then provided her one pill to try and to ascertain how it would affect her. At the conclusion of the data gathering, this particular participant still volunteered for the PrEP-dispensing NGO, and yet she still did not get PrEP information and supplies from the same NGO, pointing to the seeming lack of trust of this facility at least as far as PrEP-related services is concerned.

Yet another participant (Participant 15) received information on PrEP from another NGO, albeit not in Cebu City, but in Chiang Mai, Thailand, where this participant engaged in sex work for a few months.

> "*Adto jud ko na*-introduce *sa* Thailand. Since *under man kog* organization *sa* Thailand (Participant 15)."

"This was really introduced to me in Thailand. Since I was under an organization in Thailand (Participant 15)."

Upon her return to Cebu City, she claimed she had access to PrEP information and supplies from the only PrEP-dispensing NGO there. However, she has yet to access this NGO for her PrEP-related needs; in fact, she stopped taking PrEP altogether.

The current PrEP-dispensing NGO in Cebu City may be in the best position to teach about PrEP to hopefully increase the number of PrEP users there. But its current practices excluded transgender women who do sex work. There is, therefore, a need to train the NGO's health care service providers "to increase cultural competency to work with transgender patients, increase patient trust, and promote positive interactions between patients and providers" (Sevelius, Carrico & Johnson, 2010). Only by developing efforts particularly targeting this population will make NGOs help in increasing PrEP awareness and uptake.

Another source of PrEP-related information accessed by the participants were those owned by the government, particularly LGU-helmed *barangay* and city health care service facilities, and the tertiary hospital Vicente Sotto Memorial Medical Center (VSMMC).

These facilities were particularly cited since these were manned by professionals in medical fields who may be familiar with PrEP.

"When healthcare practitioners promote, for sure since *kuwan sad sila, naa sad sila* knowledge when it comes *sa* medical something, *makatabang pud siya. Kay* big impact… (Participant 15)." "For me *lang no*, the (ideal *mutudlo* on PrEP) is *si* DOH Region 7. *Kay kining mga* community-based organization, *kining mga* hub, *kay mag-base gihapon,*

mag-agad gihapon sila sa DOH. So *kung si* DOH *maong mu*-discuss about *sa* PrEP, then *diha, mas maka-ingon jud ko nga* okay, *mogamit ko ani* (Participant 16)."

"When healthcare practitioners promote, for sure it's okay since they also have knowledge when it comes to medical things, so they can also help. This can have a big impact… (Participant 15)." "For me, the ideal organization to teach on PrEP is the DOH Region 7. Because these community-based organizations, these hubs, they still base what they know from DOH. So if DOH discusses PrEP, then there, you can really say okay, I'll use this (Participant 16)."

Nonetheless, the aforementioned three participants who had confused understanding of PrEP actually received their PrEP information from *barangay* and city health care service facilities. As was already discussed, the information they received may have actually been referring to ARV, the medication given to people living with HIV, and not to PrEP, which is what HIV-negative people take to avoid HIV infection. Here, the *barangay* and city health care service providers may have intended to teach the participants about PrEP, but their own lack of PrEP understanding proved detrimental to the participants.

This was also unfortunate since 17 of the 20 participants regularly visited *barangay* and city health care service facilities for their HIV-related needs, including supplies of condoms and lubricants, and getting tested for HIV. As the most frequently accessed facilities, they were in a position to reach almost all of the participants. And yet their current over-emphasis on only using condoms and lubricants to stop the spread of HIV limited the participants' options by preventing them from accessing a newer tool that could save their lives as sex workers.

The seemingly exclusive focus of public health care facilities on condoms and lubricants may highlight the priority of the LGU as far as promoting sexual health is concerned in Cebu City.

While Cebu City – as one of the more developed LGUs in the Philippines – receives from the national government billions of pesos to allocate for health-related efforts, its priorities may not be on the sexual health of its constituents. In 2021, for example, the P4.5 trillion General Appropriations Act for 2021 allocated P2.5 billion for the operations of Department of Health-run hospitals in Cebu, and an additional P196 million to further modernize their facilities (Palaubsanon, 2020; Luci-Atienza, 2020). The budget from the DOH's Health Facilities Enhancement Program (HFEP) was, specifically, allocated for the construction, upgrading, and expansion of these health care facilities, as well as the purchase of hospital equipment (Palaubsanon, 2020; Luci-Atienza, 2020).

This focus on the modernization of the facilities continues in 2022, with P335 million allocated for the expansion and upgrade of Cebu's DOH-run facilities in the 2022 (Manalastas, 2021).

While the modernization may be necessary, its prioritization may impact the LGU's HIV-related efforts.

This is perhaps most apparent in the advertised mandate of the City Health Department of Cebu City, where it stated that this agency of the LGU eyed to "promote health, prevent the occurrence of illnesses and control the spread of communicable diseases by providing the highest standard of quality health services to its constituents especially to the underserved populace by mobilizing communities, empowering people and saving lives through the years" (Cebu City Health

Department, n.d.). But at the time of the writing of this research, to control communicable diseases, the City Health Department of Cebu City only mentioned in its official online portal two HIV-related priorities (HIV/AIDS screening, and counseling of STD/HIV/AIDS clients), and another two priority actions for SWs (social hygiene clinic, and issuance/updating of health cards to commercial SWs) (Cebu City Health Department, n.d.).

That PrEP is not mentioned even once by the City Health Department of Cebu City in its vision and mission is worth stressing, which could be taken to signify that this is not a priority for the LGU. And this may be seen in the non-distribution of PrEP in all of the SHCs run by the City Health Department of Cebu City, or even the educating of those who work in these SHCs, so that – based on the encounteres of the participants there – the health care service providers also did not know about PrEP.

But the exclusion of unregistered (usually freelance) sex workers (or those who are engaged in sex work but are not affiliated with any legally-registered establishments) is also apparent. In the context of this study, all of the transgender women who do sex work in Cebu City may be classified as unregistered freelance SWs. As such, they may be part of the sex industry as commercial sex workers, but there is no way to regulate them and their practices (e.g. by requiring them – as all registered commercial SWs are required – to get regular STI and HIV tests before they are given health cards that they can use to be allowed to work).

Here, therefore, it can be said that in the LGU in Cebu City is currently focused on expanding and/or upgrading the health care service facilities there. As such, budget for actual services are limited. And this may be particulary seen in the HIV-related efforts that continue to focus on already-established services (such as

testing), and currenlty omit newer anti-HIV tools, such as PrEP. Ths could explain why PrEP distibution is currently only done by LoveYourself Cebu, a non-government entity.

Also, certain groups – which may be globally considered as key populations in the fight against HIV – are also not targeted, including transgender women and those who do sex work. And so with this, the participants – and others like them – are currently left out in the LGU's current HIV responses.

In any case, yet another participant (Participant 16) accessed PrEP-related information via a treatment hub/facility in Cebu City, the government-owned tertiary hospital Vicente Sotto Memorial Medical Center (VSMMC). For this participant, a former colleague provided her with information on the current attempts of the Department of Health (DOH) to distribute PrEP in Cebu City.

> "*Karon naa ko sa Sotto sa Kaambag*. *Kay kaila man nako ang naa dira. Ako ra i-kontak ako kaila didto, which is dugay na nakong* friend *didto* (Participant 16)."
>
> "Now I go to Sotto at Kaambag. I know people there. I just contact the people I know there; they're my friends for a long time already (Participant 16)."

Since this participant and her friend used to work for the same NGO (called Bisdak Pride, Inc.), what they knew about PrEP was the same, and was similarly limited to PrEP preventing HIV infection. Neither knew about other transgender-specific PrEP-related concerns, such as contraindications of PrEP with the feminizing hormones they currently take, *et cetera*.

There were some issues noted by the participants when they accessed health facilities for PrEP information.

To start, there was limited information on PrEP in health facilities, particularly those operated by the national and local governments. This may be exemplified by the confused understanding of the three participants whose sources of PrEP information were said to be *barangay* and city health care service facilities.

Second, these health facilities often relied on networks, underlining the need to first network and form personal relationships before being able to acquire PrEP information (Durosinmi-Etti, Nwala, Oki, *et al*, 2021; Shamu, S., Shamu, P., Khupakonke, S., *et al*, 2021; Bass, S.B., Kelly, P.J., Brajuha, J., *et al*, 2022).

> "*Dili man (lisod mangita impormasyon tungod sa* PrEP) *kung muduol lang gyud ka sa kanang* clinic *like ing-ani ba*. *Sa* LoveYourself Cebu. *Basta muduol lang gyud ka* (Participant 5)."
>
> "It's not difficult to search for information on PrEP if you just approach a clinic like this one, LoveYourself Cebu. You just need to go to them (Participant 5)."

In getting condoms and lubricants from health facilities, the participants criticized this approach of the health care service providers because services rendered varied not on actual needs of people, but on who these people know.

> "Then *inig kuha sa* result, *tagaan ka nilag* free *nga* condoms. *Bale 12 ka buok. Depende man sa bantay, kay naay* time *nga manghatag silag usa ka* box (Respondent 14)."
>
> "After you get the result, they give you free condoms. Twelve pieces. But it depends on the person working there because there are times when they give you one box (Respondent 14)."

Not just with getting condoms and lubricants, but also when getting PrEP information, this approach was obviously disadvantageous to those who did not

personally know health care service providers. This biased treatment may have discouraged the participants from accessing these health care service facilities since the quality of the relationship of transgender women who do sex work with their health care service providers is always linked to their actual engagement with the same (Matacotta, Rosales-Perez & Carrillo, 2020; Guigayoma, *et al*, 2021).

Third, there is HIV-related stigma linked with PrEP, and so those who visit PrEP-dispensing facilities may be assumed to have HIV (Bass, Kelly, Brajuha, *et al*, 2022; Restar, Kuhns, Reisner, Ogunbajo, Garofalo & Mimiaga, 2018). In Cebu City, only three participants knew that LoveYourself Cebu dispensesd PrEP, while the other 17 did not even visit the NGO, which some erroneously thought solely served people living with HIV (PLHIV). This showed that services in health facilities may not be accessed simply because they existed, and so alternative approaches may be worth considering when promoting PrEP, such as taking PrEP-related services straight to the target populations through outreach activities (Downing, Yee & Sevelius, 2021).

And last, no matter the type of health facility used by the participants to access PrEP information and even supplies, a major issue cited by the participants was their proximity to these facilities. After all, inaccessibility creates disinterest to take PrEP since the inability to get much-needed lifesaving medication like PrEP may sour the patient experience at health care service facilities (Skolnik, Bokhour, Gifford, *et al*, 2020). As such, the domicile of the participants was a factor affecting access to these facilities.

All of the participants did, and still do sex work within Cebu City, including in Mango Square (near Fuente Osmeña), in Ayala Center, and in IT Park. Supposedly, they should have had access to PrEP-dispensing NGOs within Cebu City. However,

the participants did not all live in Cebu City at the time of the interviews. Six lived in nearby Mandaue City, while 14 lived in different *barangays* in Cebu City, including in Mabolo, Panagdait and Kasambagan (See Table 5).

Table 5.

Domicile of participants

Location	Number of participants
Mandaue City	6
Cebu City	10
Barangay Kasambagan, Cebu City	1
Barangay Mabolo, Cebu City	2
Barangay Panagdait, Cebu City	1
TOTAL	**20**

Since their residences were far from PrEP-dispensing NGOs within Cebu City, none of them accessed any of these health care facilities for PrEP information and supplies, or for other HIV-related needs, for that matter. Instead, they preferred health care facilities closer to where they lived, stressing that the geographical location of PrEP-dispensing facilities as important in facilitating PrEP use (Muwonge, Nsubuga, Brown, *et al*, 2020; Kim, Chaix, Chen, *et al*, 2021; Li, Berg, Kramer, *et al*, 2019; and Ojikutu, Bogart, Mayer, *et al*, 2019).

This already impacted the very understanding of PrEP of the participants, since they only accessed health facilities manned by people who – themselves – did not know about PrEP. Here, PrEP-dispensing health facilities needed to bring their PrEP-related services closer to the participants. Otherwise, if this is not possible, then training those in preferred health facilities closer to the residences of the participants could better PrEP information dissemination and uptake. In both instances, transgender women sex workers should be prioritized as a key population in PrEP efforts.

"Tuohan ang media… kung makit-an":

Traditional media as limited PrEP information sources

The DOH earlier reported that in the Philippines, transgender women actually obtained HIV information mainly from television (81.8%), though also from radio (39.2%) and print media (32.3%) (DOH, 2017). Whether this is true when specifically talking about PrEP information sourcing in the Philippines is another issue altogether, considering that no such study was done by DOH yet on this.

All the same, outside of the Philippines, traditional media, particularly broadcast (i.e. television and radio) and print (e.g. newspapers and magazine, and flyers/brochures/handouts) were noted to be major sources of PrEP information, particularly since these were often used as tools by PrEP-dispensing facilities. Not surprisingly, for many PrEP end-users, their first encounters with PrEP information may be through any of these (Geldsetzer, Chebet, Tarumbiswa, *et al*, 2022; Kislovskiy, Erpenbeck, Martina, *et al*, 2022).

In Cebu City, there were participants who noted the power of traditional media in promoting PrEP. These included television and print, both considered as credible sources of information.

With getting PrEP information from television, one participant (Participant 14) stated:

> "*Kung ang* PrEP *makita sa* TV… *kung sa* TV *man gud, murag tuohan na sila*. Usually *man gud kung sa* TV, *wala man gud kaayo siya nag*-show *ug* fake news, *murag bale tinuod jud siya. Labi na kung sa balita ug kanang* TV shows *nga ipa*-introduce *jud siya*. Mas more on *mutuo sad ko ana* (Participant 14)."

> “If you see PrEP on TV... if we're talking of TV, what's there is more believed. Usually with TV, they don't often show fake news, so they're more truthful. Particularly with news and TV shows that may introduce this. I'm more bound to believe this (Participant 14).”

Meanwhile, already mentioned was the experience of one participant (Participant 20) who first saw information on PrEP from a tarpaulin in a PrEP-dispensing NGO.

> “*Akong gibasa sa gawas* (at the lobby of LoveYourself Cebu… *Nakalagay ang* PrEP, be protected from AIDS and HIV (Participant 20).”
>
> "I read about this at the lobby of LoveYourself Cebu… It was written there, 'PrEP, be protected from AIDS and HIV' (Participant 20).”

Two issues needed to be stressed here, nonetheless.

First, the ability to access these traditional media had an effect on accessing PrEP information.

Television sets, for instance, were not readily accessible to the participants, particularly when they were working in the streets. And even if the contents created by traditional media may now also be available online, many of the participants were observed to still use feature phones, and/or did not have steady Internet connection but only relied on free data.

Meanwhile, the print material containing PrEP information was placed inside a facility that only one of the 20 participants frequented. As such, almost all of them did not see this material.

And second, the contents of these traditional media were found lacking. For example, while Participant 14 stated that she believed that television can properly

dispense PrEP information, she actually preferred watching dramatized HIV-related stories, and not straight news.

> "*Naa diay koy nakit-an sa* MMK*, kadtong* survivor *sa kuwan, sa* AIDS*… Ang sa ilang* family*, mangaon sila, naay linya. Murag gibutangan nila kanang* manila paper*. Iyang gigamit para sa pagkaon kay kanang, unsa na, kanang* paper plate*, lahi jud iyaha.* As in distance *jud kaayo iyang* family*.* So careful *na jud ko. Nahadlok ko, na*-inspire *ko, ingon ana* (Participant 14)."
>
> "I remember seeing an episode in MMK ('Maalaala Mo Kaya'), about this survivor of AIDS… In his family, they'd eat, there was a line separating him. They placed manila paper. When eating, they made him use paper plate, how he ate was different. His family was distant to him. So I'm cautious. I was scared, but I was also inspired, something like that (Participant 14)."

Television was cited for its ability to better the understanding of HIV (Gupta, Anjum, Bhardwaj, Srivastav & Zaidi, 2013). But the lack of focus of the coverage to specifically tackle PrEP can impact PrEP understanding. As such, even practitioners within the broadcast industry need to be informed about PrEP, and what they can do to spread PrEP information and increase PrEP uptake.

As for the participant who saw the tarpaulin in the NGO, she found the material lacking as it did not provide all the information she said she needed to be persuaded to use PrEP. Particularly, it did not contain information on the possible side effects of PrEP, what to do in case of adverse reactions to PrEP, and the DO's and DON'Ts when using PrEP. This participant's experience highlighted the need to tailor the messages to specifically address "the specific barriers to PrEP use in

transgender women that use language, images and content that are grounded in the community" (Hawkins, Kreuter, Resnicow, Fishbein & Dijkstra, 2008; Bass, Kelly, Brajuha, *et al*, 2022).

In the end, there is still much that needs to be done for traditional media to help spread PrEP information to transgender women who do sex work in Cebu City.

Informal sources of PrEP information

Aside from traditional media, particularly television, radio and print media, the preference when sourcing HIV-related information of transgender Filipinos has been shifting to informal sources, including friends and family (53.2%), and the internet (40.5%) (DOH, 2017). These informal sources were scrutinized to ascertain how they impacted the understanding of PrEP of the participants in this research.

"Unahon ang kauban":

People in immediate circles as preferred PrEP educators

The influence of people in the immediate circles of the participants could not be underestimated because there was actual preference to tap these people when getting PrEP information. For the participants of this research, these people were grouped into: family members, and friends, particularly those who were also involved in the sex industry.

To start, there were participants who knew of PrEP because of their relatives. Already cited was the experience of Participant 10, who first heard about PrEP from a bisexual brother. With family members, however, PrEP discourses were limited, if they existed at all since these people did not engage the participants in more extensive discussions on PrEP.

“Actually *wala man pud mi nagtabi. Wala mi nag-istorya ba. Naduggan lang nako kadto siya na* word *ba. Kay naa man ko sa kuwarto ato, unya sila naa sa sala. So mao ra to akong na-familiaran na* word*. Pero wa pa ko kabawo unsa to siya* (Participant 10).”

“Actually we didn’t discuss this. We didn’t talk about this. I just heard that word from him. I was in the room at that time, and he was in the living room. But that’s why I’m familiar with the word. But I don’t know what it is (Participant 10).”

Three things are worth stressing here.

First, the relationship of the participants with their families were not always warm, and this affected their dealings with them, including when they discussed issues surrounding their gender identity and engagement in the sex industry. Eleven of the participants were, in fact, not accepted by their families, both for being transgender and for being sex workers. There were participants who recalled abuses in the hands of family members, so that these were people they did not completely trust.

“*Bugbog-sarado ko. Pagkabawo nila* by seven, that time I was nine years old, *kadto ko nagsugod nga bugbog-sarado ko. Di na ko nila pagawason nga, nga magbinayot ko... Unya kailangan magdugo akong baba bag-o ko makagawas* (Respondent 13).” “*Akong kuya di man jud musugot nga bayot ko. Kulatado kaayo ko sauna. Layas-layas ko sauna. Nakatuon kog layas-layas kay akong edad kuwan… 14. Hapit na ko ma-15 ana. Layas-layas na ko kay kulatado man ko. Gibitay ko, ana. Kay dili sila gusto nga bayot, ana. Buwisit daw mga bayot. Kanang makabuwisit sa mga pamilya* (Respondent 8)."

> "I was beaten black and blue. They knew I'm like this when I was seven years old, and by the time I turned nine, the beating started. They didn't let me go out; else I'd just act gay outside… Then they only let me out when I already had blood in my mouth (Respondent 13)." "My brother didn't accept want to accept that I'm gay. I was physically abused in the past. I ran away. I learned to run away at the age of maybe... 14. I was almost 15 then. I ran away because I was abused. They hanged me, like that. Because they didn't like gays, like that. Gay people are unlucky. They bring misfortune to families (Respondent 8)."

Second, family members also had limited knowledge about HIV-related concerns, including using PrEP to prevent HIV infection. With this, they were – apparently – not necessarily the best people to source PrEP information. One participant (Participant 11), as an example, opened to her mother about her profession, but her mother only knew that HIV could kill since an uncle of this participant died due to AIDS-related complications.

> "*Unya taga-lakaw nako, sige kasab-an sa akong mama. 'Naa jud pirmi imong ampo, ana-ana ba. Kay (imong* uncle*) utukan pud to pero unsa man* (Respondent 11)?'"
>
> "Every time I go out, my mother reprimands me. 'Always pray, do something like that. Because your uncle was intelligent, but see what happened to him (Respondent 11)."

And third, there were participants who lied to family members about their line of work. As such, honest discussions concerning their HIV risks, and steps to deal with these risks were never done.

> "*Kabawo akong mama. Kabawo siya pero akong gi-ingnan ba nga*, like, *sa istorya ra, dili* like *kanang ana jud ba. Nag-istorya-istorya ra. Isuroy-suroy ra sa laki. Ingon ana.* Escorting *ra. Akong papa, wa kabawo* (Respondent 19)." "*Akong mama, wala jud siya kabawo nga ingon-ani. Yang kuwan lang jud, mulakaw ko. Abi niya* more on chat *ra ko ba*. Sponsor-sponsor, *ana. Wa jud siya kabawo nga ingon-ani jud* (Respondent 11).
>
> "My mom knows. She knows but I told her that, like, I just talk to clients, not sleep with them. Just talk. These men also take me around. Just as an escort. My father doesn't know (Respondent 19)." "My mom, she doesn't really know I do this. Just the, you know, roaming around. She thinks my work is more focused on just chatting. Then the clients sponsor me. She doesn't know it's really like this (Respondent 11)."

If anything, the engagements with family members showed that sourcing PrEP information from them may be possible, but this was contingent on other factors that the family members and the participants needed to deal with, including getting more information on PrEP, as well as establishing better relationships. Unless these were dealt with, then these family members do not necessarily become good sources of PrEP information.

Friends, including those also working in the sex industry, were also sources of PrEP information. As an example, one participant (Participant 2) received initial information about PrEP from a fellow transgender woman sex worker, who also gave her one pill to try. Notably, there were factors why these people were preferred, including the convenience of accessing them, shared experiences, and their role in dealing with other transgender-specific needs of the participants.

First, ease of access was considered important by 14 participants, so that getting information from friends, including other sex workers, was considered more convenient.

> "*Mas dali baya kag makakuha sad ug* information through your friends. *Chika-chika, ana. Dali jud*… (Participant 11)."
>
> "It's easier to get information through your friends. You just chat. It's really easy (Participant 11)."

These friends – particularly fellow sex workers – were the same people who introduced them to sex work, to begin with, and were the same people they now worked with, hanged out with, and went with when they visited *barangay* or city health care service facilities. Sharing of knowledge was, therefore, common, so that the little that was known about PrEP among them was what was shared.

Cited was, of course, a caveat in getting PrEP information from friends – i.e. their limited PrEP understanding could discourage others to listen to them.

> "*Kung amiga, puwede ra pud* (source of PrEP information)*. If naka-*assign *siya sa ingon ana nga trabaho* (Participant 13)." "*Depende sad sa tawo kung kabawo siya mutabi…* Like, *ah*, the person should be knowledgeable to the product that he's endorsing (Participant 20)."
>
> "If it comes from a friend, that's okay too (to make them as source of PrEP information). If she's assigned in a work aligned with this (Participant 13)."
>
> "It also depends if the person knows how to communicate… Like, ah, the person should be knowledgeable to the product that he's endorsing (Participant 20)."

Apparently, at least for some participants, just because some friends also worked in the sex industry, it did not necessarily make them experts of PrEP. Here, credibility took precedence when they sourced PrEP information.

Second, friends were considered important sources of PrEP information because the participants trusted them since they may have also experienced what the participants experienced. This emphasis on shared history was apparent in the trust given by the participants to their peers when dealing with their other HIV-related needs. Some participants, for example, believed older sex workers more than health care service providers in HIV-related discussions. This trust was given not because the older sex workers may know more about HIV, but because they moved in the same circles.

> "*Mga bayot ra sad (ni-istorya nako tungod sa HIV). Ug kanang… silbi mga maguwang na gud namo. Kabawo na man sila unsa jud nang kuwan, ang* HIV*. Gi-istorya ra na nila namo kay kami magpagamit ra bisag kinsa. Parehas lang man silag (*counselors and older sex workers*) istorya gihapon… Pero mas mutuo ko ning mga unsa namo kay sila niagi na pud baya sila ani pud.* So *mas nituo ko* (Respondent 1)."
>
> "The gays also told me about HIV. And also... they're older than us. They really know what this is, this HIV. They just told us because we let just everyone use us. What they tell us - counselors and older sex workers - are just the same... But I believe our elders more because they also went through what we go through. So I believe them more (Respondent 1)."

In promoting PrEP, it was found that when PrEP is popular among their peers, then transgender women who do sex work may also eventually use the same (Orser, O'Byrne & Holmes, 2022). As such, fellow sex workers – particularly older sex

workers – could be important sources of PrEP information, though only if they are properly trained on this. If PrEP distribution will be decentralized, then these people are worth considering as key players to reach other transgender women sex workers.

And third, the role of friends in dealing with other transgender-specific needs made them more trustworthy for the participants, thereby making them possible good sources of PrEP information. Similar to the second point above, there was dependence on people in their immediate circles when the participants sourced transgender-specific needs. For example, these friends taught them about, and then eventually supplied them their feminizing hormones.

> "*Ang* hormones, friends *nanudlo*. *Wala ko nanan-aw* online, *sunod ra sa mga* friends (Respondent 17)." "*Sa mga* friends *ra nakatuon. Tapok-tapok namo sa Mabolo ba. Ako man sigeg pangutana. Na*-curious *ko nganong ibay kaayo sila ato* (Respondent 14)." "Friends are the best option too... Just like *sa* hormones, *di ba, kana ang uban mahadlok, kanang uban kay mapursige nga sige tungod sa* friends, *di ba* (Participant 20)?"
> "With hormones, friends taught me. I didn't watch online; I just followed my friends (Respondent 17)." ""I learned from friends. We gathered at Mabolo. I kept asking. I was curious why they looked very feminine (Respondent 14)." "Friends are the best option, too… It's the same with hormones, where some become afraid, but some continue because of friends, right (Participant 20)?"

Because of their trust of these people, their influence on the participants was apparent throughout their lives. For one participant (Participant 2), another transgender friend even injected her with silicone to augment her breast and nose.

“*Tapos yung isa kong kaibigan, nag-aral siya na tumusok sa suso niya pati sa ilong niya, doon din ako. Hanggang ngayon wala naman* side effects (Respondent 2).”

"Then one friend earned how to inject (silicone) into her chest and nose; I went to her. Even now, I haven't seen side effects (Respondent 2)."

Nonetheless, for SWs, when the main source of HIV-related information are others like them, this can be problematic because they are all part of the same risky HIV environment (Wilson, Garofalo, Harris, *et al*, 2009). Also, when talking about PrEP, this can be problematic because of the limited knowledge of these people, including on the accuracy and completeness of PrEP information (Dettinger, Pintye, Dollah, *et al*, 2021). But as was emphasized in this research, with the trust placed by the participants on their friends on their other HIV-related needs, they may actually be good sources of PrEP information. These people, nonetheless, need to be first taught about PrEP if the intent is to promote peer-to-peer learning about PrEP.

“Tanang tawo naa online”:

Emergence of online sources to learn about PrEP

Informal sources of information used by the participants to acquire PrEP information included online sources. In fact, for most, this was more preferred because the participants deemed them more convenient, readily available, and contained understandable contents/information that specifically spoke to them.

These online sources included: a) social networking sites like Facebook and Twitter; b) social media app TikTok; c) video sharing website YouTube; d) dating apps like Tinder and Grindr; e) instant messaging and voice-over-IP services like

Viber and WhatsApp; and f) websites like Pinalove, Taimi, DateinAsia, and ThaiFriendly.

In truth, past studies already noted the shift in the preferred sources of PrEP information of transgender women sex workers (Durosinmi-Etti, Nwala, Oki, *et al*, 2021). There is, therefore, a need to consider these in PrEP information dissemination to reach this particular population.

As one participant (Participant 18) stressed:

> "*Naa na man ta sa* age of technology *ron – sa* social media*, mas* effective *siya, mas* widespread*. Since tanang tawo naa na may* access *sa* technology (Participant 18)."
>
> "We are at the age of technology now, so with social media, it's more effective, more widespread. Since all people now have access to technology (Participant 18)."

Based on the experiences of the participants in this research, there were issues encountered in getting PrEP information from online sources. These included the incomplete information provided by the materials that were seen; irrelevance to the transgender community that may not have been the target population of the creators of these materials; and the absence of experts discussing PrEP.

First, information seen on PrEP online were said to be incomplete, particularly referring to PrEP only as a medicine to combat HIV infection.

> "*Ang nakit-an sa* internet, *gamay ra man to sya nga salida, then ako lang pud siya gipa-kuwan… Akong nakita is ang* PrEP medicine *gyud siya* (Participant 5)."
>
> "What I saw in the internet, that was a short clip, and I just let it play… What I saw stated that PrEP is a medicine (Participant 5)."

This was, therefore, similar to the PrEP information received from more formal sources – i.e. lacking details particularly on transgender-specific concerns, including the absence of information on possible side effects of PrEP, contraindications with medicines that the participants may already be taking, where to get PrEP supplies, and the process to get PrEP, among others. Perhaps because information was incomplete, the aforementioned participant (Participant 5) did not even recall what she specifically saw, and where this was seen. More than anything, this highlighted the lack of impact of this specific online material on PrEP. With this, the PrEP material seen online failed to make any impact on the PrEP understanding of this particular participant.

Second, PrEP information seen online also did not target transgender women, including those who do sex work. One participant (Participant 9) saw PrEP information in TikTok, an app that she uses every night before she sleeps. This TikTok material was not sought by the participant; instead, it only appeared as a recommended content for her.

> "*Nigawas ra man to siya sa* FYP. *Kay* mixed *baya akong mugawas sa* TikTok, like *naay* for pottery, *kung unsa dira. So nigawas ra jud to siya sa akong kuwan, unya… gi*-follow *man sad siya sa akong uban* friends, *so… nagtan-aw ra sad ko.* Out of curiosity (Participant 9)."
>
> "That video on PrEP just came out in my For You Page (a page with recommended content in this app). Various videos come out in TikTok, like pottery, or whatever. So that really just surfaced, and... that content creator was followed by some friends, so... I just watched. Out of curiosity (Participant 9)."

Not surprisingly, the PrEP information this participant received was considered unremarkable, hardly remembered by the participant. Here, targeted marketing may help when considering marketing PrEP information, as it guarantees that people who could benefit most from getting the information actually receive the same.

And third, the PrEP materials seen online were not done by experts.

> "I saw a video on TikTok. *Unya mao ba to ba, nag*-wonder *ko, unsa ni? Ngano unsa siya kaayo? Kay naa siya… bisan pa daw wala siya ga*-book, every day *gyud daw siya mu*-take, for… *para* ready *daw*. Influencer *lang man gihapon*. I forgot the name. *Kay basta… bag-o lang jud na nako nadunggan. Kay mura daw na siya i*-take for preparation (Participant 9)."
>
> "I saw a video on TikTok. That time I wondered, what's that? Why was the creator so into it? Because he said… even if he doesn't have sex, he takes it every day so that… he can be ready. He was an influencer. I forgot the name. But that's what I heard. That it's something you take for preparation for sex (Participant 9)."

There are negative implications when PrEP information is sourced from non-medical people since, even if they are very enthusiastic about PrEP, the accuracy and completeness of PrEP knowledge that they share may vary, with possible inaccuracies when talking about costs involved, and dosing (Dettinger, Pintye, Dollah, *et al*, 2021). The participant (Participant 9) who saw the TikTok content actually assumed that PrEP is a medicine for colon cleansing, an important step taken by transgender women sex workers prior to engaging in anal sex. And so even if the influencer's intent may have been good, the PrEP material he eventually produced only caused confusion to this participant.

This preference for informal sources of PrEP information was already noted by the DOH. In 2017, the agency reported that a growing number of transgender women in the Philippines make use of informal sources, particularly friends and family members (53.2%), and the Internet (40.5%) (DOH, 2017). But receiving PrEP information from online sources has numerous implications, particularly if the PrEP materials released online obfuscate instead of provide elucidation. And so here, a more beneficial approach may be for existing PrEP-delivering facilities to diversify their approaches (Reback, Clark, Rünger & Fehrenbacher, 2019) to properly teach about PrEP by using this particular population's preferred non-traditional forms of communication.

Sources of PrEP supplies

For the participants, not knowing where and how to access PrEP affected its use.

> "*Maka*-affect *jud siya nga mag*-push through or *mu-inom ba jud ko sa* PrEP *kay* in the first place *wa man ko kabawo asa ko maka*-access*… So mao nang makaduha-duha sad siya kung muinom ba ka o dili kay basin unya makainom tag usa ka* bottle*, ang* ending *inig kasunod nga* supply *wala na, ato, di na ta tagaan. So* useless *gihapon* (Participant 16)."
>
> "This really affects my decision on whether I'd take PreP or not because in the first place, I don't know where to access it… This makes one have second thoughts when deciding to take PrEP because if you maybe finished a bottle, you may not have supplies to continue as no one will give this to you. And so it's useless (Participant 16)."

Here, the participants identified formal PrEP sources (including health facilities and community-based organizations), and informal PrEP sources (including peers and informal medical suppliers).

It is worth emphasizing that proper communication dictates access to PrEP supplies. This is because PrEP is actually only accessible if: a) information about PrEP-dispensing facilities are made available; b) end-users are informed about the processes to acquire PrEP; and c) end-users are made aware of facilitators and hindrances they may encounter while accessing PrEP, including costs, who to contact, and so on. And so the experiences of the participants in accessing these sources of PrEP supplies were needed to be closely considered.

Formal sources as limited PrEP suppliers

PrEP supplies are supposed to be available from three sources in Cebu City, namely: Visayas Community Medical Center, LINK2CARE, and the LoveYourself Cebu (The Freeman, 2019). Aside from NGOs, though, a possible source of PrEP supplies in Cebu City are the *barangay* and city health care service facilities that the participants frequented to get condoms and lubricants, and HIV testing. But at the time of the data gathering, none of these distributed PrEP.

This was particularly problematic since only one of the three aforementioned facilities – i.e. LoveYourself Cebu – openly advertised that it dispensed PrEP. Meaning, the other two facilities may have been initially announced to be PrEP sources, and yet – at least at the time of the data gathering – did not dispense PrEP. None of the participants also knew that these two other facilities were sources of PrEP information and supplies; while only two of the participants knew they can get PrEP from LoveYourself Cebu.

Health care service providers have been generally cited for their unpreparedness to address the unique health needs of transgender women (OSF, 2013), and this may also be apparent in the distribution of PrEP to them. And as was earlier noted, with only one facility openly offering PrEP in Cebu City, the number of PrEP-providing facilities may already be insufficient to meet the actual demands (Siegler, Bratcher, Weiss, *et al*, 2018), considering that 31.8% of transgender women sell sex for cash or kind in the past year in Cebu City (DOH, 2021a). Indeed, the number of those at risk for HIV infection may be higher than can be served by existing PrEP-providing facilities. Looking at the experiences of the participants in accessing these formal sources of PrEP supplies could add clarification.

"Layo, kulang ang experts, di sakto ang information, ug uban pa":
Untapped potential of health facilities as PrEP suppliers

Two participants (Participant 2 and Participant 15) knew that PrEP was available from the only health facility distributing PrEP in Cebu City. This was mainly because they had contacts who worked there.

> "As I remember *po, dito po sa* White House (i.e. LoveYourself Cebu). *Pero may iba pa yatang* health center. *Pero* I am not sure (Participant 2)." "*Sa* Cebu, I also know how to access PrEP. *Kay* since I also have friends *man* in Mandaue who work *sa* the same organization (LoveYourself Cebu) *pero sa* Mandaue *lang sila na* branch, so *naay* with connections (Participant 15)."
>
> "As I remember, here at White House (i.e. LoveYourself Cebu). There may be other health centers. Though I am not sure (Participant 2)." "In Cebu, I also know how to access PrEP. Since I also have friends in

Mandaue who work with the same organization (LoveYourself Cebu) except it's the branch in Mandaue, so I have connections (Participant 15)."

Nonetheless, neither of these two used PrEP before or after they were interviewed for this research. This emphasized that simply knowing about PrEP availability did not necessarily motivate the participants to use PrEP. At least for these two participants, there were personal reasons that affected their decision not to use PrEP even if they claimed it was easily accessible to them.

Participant 2 actually already used PrEP, with one pill given to her by a fellow transgender woman sex worker. At that time, she was told by her friend to use PrEP to ascertain if she could tolerate the side effects. She claimed to have had a bad experience while under the influence of PrEP, and so she decided not to get regular PrEP supplies. This same participant actually worked as a volunteer for the PrEP-dispensing NGO in Cebu City, and yet she did not even ask for any of the health care service providers in that NGO to properly explain to her what she experienced when she used PrEP. Instead, her decision to not use PrEP was solely based on her assumptions as PrEP effects. This participant's experience exemplified the lack of trust of this existing PrEP-dispensing facility even by the participants who knew of it and the services it offered. This distrust, therefore, limited PrEP uptake particularly among those in this population.

At the end of the data gathering for this research, only one participant (Participant 7) decided to start using PrEP, enrolling as a PrEP recipient of LoveYourself Cebu. She considered this as provisional, and which could change depending on various factors. Nonetheless, Participant 7's uncertainty may be explained by the factors that the participants consider to affect their ability to access PrEP in health facilities, namely: 1) their proximity to the PrEP-dispensing facilities;

2) knowing who to contact there; and 3) getting needed information particularly on the process/es to get PrEP, including qualification of end-users, and the amount they had to pay to get PrEP. All these three factors were not properly communicated to the participants, so that – again – only two knew about the PrEP-dispensing facility in Cebu City, and who actually knew people who worked there, and none of the participants could extensively discuss the processes to get PrEP.

First, as stressed by one participant (Participant 12), when accessing PrEP, suppliers whose locations were in close proximity to them were not only accessed by many, but were also more regularly accessed.

> "*Siyempre malayo ako sa* center. *Baka mapigilan ako, o mawalan na ng gana sa pagkuha-kuha.* That's the possibility *na matigilan ako. Kahit ramdam ko at* risk, *oo, puwedeng titigil pa rin* (Participant 2)."
>
> "Of course, since I live far from the center. That could prevent me, or make me lose interest from getting supplies. That's the possibility that will make me stop. Even when I feel I'm at risk, yes, there's possibility I'd still stop (Participant 2)."

Distance from PrEP-dispensing facilities created disinterest to take PrEP, since visiting these entailed spending money that the participants claimed to not have. This could also explain why PrEP uptake – in general – is low among transgender women, including those who do sex work (Restar, Kuhns, Reisner, Ogunbajo, Garofalo & Mimiaga, 2018) since the inability to immediately get much-needed lifesaving medication like PrEP may sour the patient experience at health care service facilities (Skolnik, Bokhour, Gifford, *et al*, 2020).

Incidentally, LoveYourself Cebu actually has a branch in nearby Mandaue City. Sadly, this information was not readily available to the participants, so that only

one participant (Participant 15) actually knew and mentioned that PrEP may be available not just from the main office of this NGO, but also in its branch that may be closer to some of the participants, and which they could access for their sexual health needs. This deficiency in information dissemination automatically affected their knowing about this specific facility, and that it could actually provide them with a newer tool to fight HIV. With this, simply offering services is not sufficient if targeted populations do not know where these services are available.

Second, participants lamented that getting PreP information and supplies was dependent on who they knew in the PrEP-dispensing health facilities. This could explain why the two participants (Participant 2 and Participant 15) who said they knew people in LoveYourself Cebu also claimed that getting PrEP, if/when they choose to use the same, would be easy.

> "*Tapos may nakilala rin ako na nakakuha na rin ngayon, tsaka naka*-avail *na rin dito* (Participant 2)." "I also have friends *man* in Mandaue who work *sa* the same organization (LoveYourself Cebu) *pero sa* Mandaue *lang sila na* branch, so *naay* with connections (Participant 15)."
> "I also know of another who's getting PrEP now, who has availed through this organization (LoveYourself Cebu) (Participant 2)." "I also have friends in Mandaue who work with the same organization (LoveYourself Cebu) except it's the branch in Mandaue, so I have connections (Participant 15)."

That participants needed to know people they could ask for services was, itself, problematic. This is because when people are expected to request services to be given to them (Skolnik, Bokhour, Gifford, *et al*, 2020), this actually affects the response to these services.

There was also this recognition that accessing PrEP was difficult for those without contacts.

> "For people without contacts, for me in my opinion, *naa jud sila* difficulty to access this PrEP. Especially *kung dili sad sila* vocal. *Kay di man ka makakuha kung di sad ka mu*-ask (Participant 15)."
>
> "For people without contacts, for me in my opinion, they really have difficulty to access this PrEP. Especially if they're also not vocal. Because you won't get it if you don't ask (Participant 15)."

It was not surprising that some participants emphasized the need for PrEP information materials to cite specific people who could serve them when they accessed health facilities, and how these people could be contacted. This backed studies that the ability to network and form personal relationships can help transgender women who do sex work to acquire PrEP information and supplies (Durosinmi-Etti, Nwala, Oki, *et al*, 2021; Shamu, S., Shamu, P., Khupakonke, S., *et al*, 2021; Bass, S.B., Kelly, P.J., Brajuha, J., *et al*, 2022). Nontheless, and obviously, expecting the participants to make friends with health care service providers first before they were served was counterproductive. What was needed here was, instead, to focus on "increasing access to responsive providers in the Philippines (to) bolster engagement with HIV medical services" (Guigayoma, Bermudez, Palatino, *et al*, 2021).

And third, none of the participants were able to articulate the actual processes to get PrEP, since none of them saw any information related to this. Worse, based on the experiences of some participants, the only facility that was widely known to offer PrEP in Cebu City was: 1) unable to satisfactorily explain the process to get

PrEP there; and 2) seemed selective in providing PrEP even among those who may want to use it, insinuating outright denial of health services to this population.

> “*Nangutana ko nila* (LoveYourself Cebu) *if mu*-register *ba ka ana?* Then *ilang i*-evaluate *imong kuwan. Kung tagaan daw ka o dili*. I don’t know where to *pangayuon na, o kuhaon ang* supply (Participant 20).” “*Wa jud ko kabawo asa na makuha. Kay* in the first place *ingon sila* for free. Then *naa pud koy nabasahan sa taga-Manila na* alter *nga naa daw bayad. Maglibog ko asay tinuod. Wala jud koy* awareness *jud* (Participant 16).”
> "I asked them (LoveYourself Cebu) if I needed to register for this. They said they need to evaluate your condition. If they'd give you PrEP or not. I don't know where to ask for supplies (Participant 20)." "I really don't know where to get this. Because in the first place, they said it's for free. Then I read from someone from Manila, an alter account, that there's payment. I'm confused which one is true. I really don't have the awareness (Participant 16)."

Even if she was interested to start taking PrEP, Participant 16 actually decided not to pursue this for now because she received incomplete, and even conflicting information from the PrEP-dispensing facility itself. When proper information is not received even from the PrEP providers themselves, then PrEP uptake is affected. It is worth stressing that the ability to obtain PrEP from transgender-competent providers is indispensable to PrEP uptake and adherence (Sevelius, Keatley, Calma & Arnold, 2016), so current PrEP providers in Cebu City need to amend its existing practices to facilitate – not hinder – PrEP use among transgender women who do sex work there.

Aside from the lack of information on the steps the participants needed to access PrEP, the PrEP-dispensing NGO in Cebu City was also criticized for not providing information on transgender-specific concerns, including risks when mixing PrEP with feminizing hormones, dosing, and costs involved in getting PrEP.

> "Is it free, this medicine? I think *mao maka*-discourage *kay* I am financially unstable right now. We can't afford, like, any kind of medicine. That's it. Financial *talaga* (Participant 20)."
>
> "Is it free, this medicine? I think that's what will discourage me from taking since I am financially unstable right now. We can't afford, like, any kind of medicine. That's it. The issue is really financial (Participant 20)."

It may also be worth mentioning here that LoveYourself Cebu may be dispensing PrEP it received from development agencies (such as GF and US-PEPFAR), but that is actually also sells PrEP that it privately procured. This has been considered a conflict of interest in PrEP supply distribution, particularly since the NGO does not publicly share its actual PrEP distribution processes (i.e. what are the criteria to qualify to receive free PrEP, who decided on the criteria, *et cetera*). For transgender women sex workers accessing PrEP in LoveYourself Cebu, this could be an issue particularly it is unclear if they are qualified to receive PrEP for free, or need to pay for the same.

When health facilities do not discuss PrEP-related costs, then the participants end up not accessing these health facilities at all. Instead, they try to find other health facilities that offer free services. And when talking about PrEP in Cebu City, this poses a problem. This is because of the limited PrEP-dispensing providers there, so that if participants decided not to go to LoveYourself Cebu for PrEP, they are left with no other choice but to not take PrEP at all.

The confusing PrEP messaging was also apparent in the information received by the participants on who PrEP is supposed to benefit.

> "*Hindi daw ito binibigay sa mga taong may kaya. Binibigay lang daw ito sa mga taong katulad namin na (mahirap na) mga* sex workers. So *siyempre kung may mga kaibigan ako, na… lahat naman mga bakla may kaya na pero* sex worker *din. So paano nila sinasabi na, 'Hoy, para sa amin lang ito.' Sabihin naman na* it's so unfair*. Pare-pareho lang naman tayo na* sex worker (Participant 2) ."
>
> "They supposedly don't give this to people who have the financial means. They just give it to people like us who are (impoverished) sex workers. I have friends who… all gay people are financially capable even if they are also sex workers. So how do you say, 'Hey, this is just for us.' They'd say that it's so unfair. We're all sex workers (Participant 2)."

The neglect of transgender women in general in HIV-related efforts has been extensively analyzed (for instance, by Nadal, Davidoff & Fujii-Doe, 2014; Operario, *et al*, 2008; and CDC, 2020), with this neglect including the exclusion of transgender women sex workers in accessing PrEP to stop HIV infection. The unclear messaging received by Participant 2, at least, affected her eventual PrEP use. In this case, therefore, there is a need for health facilities to deal particularly with transgender-related communication barriers to increase PrEP uptake from these health facilities.

Though PrEP is still not available in health facilities helmed by the national and local government units (LGUs) in Cebu City, the *barangay* and city health care service facilities were repeatedly cited by the participants as possible formal PrEP sources. This was mainly because these health facilities were already frequented by the participants to get condoms and lubricants, and to undergo HIV testing. In fact,

17 out of 20 participants preferred visiting these health facilities for their sexual health needs.

This is not to say that their experiences while in these health facilities were spotless. In fact, many participants had tenuous relationships with the health care service providers in these facilities. Particular issues noted by the participants included: the office hours of government-run facilities, which were not the same as the working hours of sex workers; confusing processes when accessing services; and the unequal treatment received in these facilities.

But that these health facilities were still frequented by the participants is worth highlighting, as they may have traits that could also be used in PrEP distribution in any type of health facilities. The decision to tap these was based on any of these three factors: proximity of the participants to the facility; less to no expenses involved; and personal relationship with the people in these health facilities.

> "*Mangayo lang ka sa* city hall. *Duol lang man (sa akoa). Manglakaw m*i (going to health center) (Participant 3)." "*Mu-kuwan ra ka, kanang mag-*chat *ka sa* group chat *namo nga, kanang, wala na mi* condom*, ana-ana. Kay naa man mi kauban sa among grupo* – Carreta Gay Angels – *nga... sila na mag-kaching, sila mag-hatod sa* lubricants *ug* condom (Participant 6)."
>
> "Just ask at the city hall. That's near my place. We just walk going to the health center (Participant 3)." "We just mention in our group chat that, you know, we don't have condoms anymore, or something like that. We have a group member at the Carreta Gay Angels, which… bring to us the lubricants and condoms (Participant 6)."

If these same health facilities are eventually tasked to distribute PrEP, the same issues may still surface. Therefore, the focus here should be in developing friendly health care providers (de Carvalho, Mendicino, Cândido, Alecrim & de Pádua, 2019; Nieto, *et al*, 2020). This is mainly because the quality of the relationship of transgender women with their health care providers is relevant in HIV prevention efforts (Guigayoma, *et al*, 2021), including in the promotion of PrEP use.

Overall, to better PrEP distribution from health facilities, it is not enough to make these physically accessible, or be manned by transgender-friendly health care service providers. Instead, not to be neglected is the development of materials that inform target populations about the very existence of these health facilities, and the PrEP-related services offered there. Sans these, transgender women sex workers will continue to not access these health facilities even if it means that by doing so, they are depriving themselves of a tool that could save their lives.

“Hayahay sa barkada”:

Community-based organizations as untapped sources of PrEP

There were participants who sourced PrEP from community-based organizations (CBOs) – e.g. Participant 2 was given one pill of PrEP to try by a friend, but this friend also worked for a CBO (i.e. the transgender-centric CURLS – Cebu United Rainbow LGBT Sector Inc.). For the participants who mentioned CBOs as sources, or possible sources of PrEP, two reasons were cited, namely: the people working in the CBOs regularly frequented the locations where the participants lived and worked; and the participants actually belonged to the grassroots communities formed by these CBOs.

In some sense, service delivery as done by the people from these CBOs was almost akin to how informal sources functioned, particularly functioning via personal connections. The major difference here was the formalized training received by the people in CBOs, including on PrEP. Obviously, there were instances when that line between being professional and being friendly became blurred, but at least for this research, these CBOs were considered as formal PrEP sources.

To start, people working in CBOs regularly frequented the locations where the participants lived and worked. As observed, these CBOs actually partnered with the public and NGO health facilities, which provided their trainings. However, instead of staying in actual, physical offices, the usual practice of public and NGO health facilities, these CBOs went to communities through outreach activities, when they provided trainings and dispensed safer sex tools.

> "*Puwede ta magpatawag ug* meeting *sa mga… kaning sa* city health*, kaning mga* LGBT *sa* city health*, naa man silay like* group *ni Magda….* So if ever *kung unsa sila, i-apil na lang na nila sa ilahang* explanation *ana or conduction sa mga* future meetings *nila sa mga* LGBT *or sa mga barangays* (Respondent 9)."
>
> "We can have a meeting called... like by the city health, the LGBT people working with the city health, such as the group of Magda (a trans community leader in Cebu city)… So if there's such meeting, they can just include PrEP in their trainings in future meetings with LGBT people or in *barangays* (Respondent 9)."

In PrEP distribution, this was preferred by some participants as it allowed them to directly raise their concerns, while also engaging with those who may

already be using PrEP and were able to share their personal experiences with the participants.

> "Seminars. Orientations. At least *naay* testimonies *sa mga naka-use na*, or *unsa jud, kung naa bay* side effects *kay para naay* proof *na*… effective *siya. Kay* flyers, *lisod siya kay dapat man gud naay mag*-explain. *Kay kung ikaw lang magbasa, malibog lang kay naa baya ka mga* questions. So *mas* better if interactive *gani* (Participant 18)." "*Mas ganahan kung* personal *mutudlo nako.* Verbal. *Mas nindot. Kay maatiman nimo, mas masabtan* (Participant 13)."
>
> "Seminars. Orientations. At least there would be testimonies from people who have used it, and they can explain what it really is, if it has side effects so there's proof if it's really effective. With flyers, it's hard because there should be someone explaining. If you just read it, you become confused because you may have questions. So it's better if it's interactive (Participant 18)." "I prefer being personally taught about this. Verbally. That's better. Because you'd comprehend this more, you'd understand better (Participant 13)."

Here, CBOs may have formalized structures, but their approaches were still considered more personal, and thus more preferred by the participants. In PrEP distribution, therefore, these CBOs may be effective channels in reaching populations that would, otherwise, not go to existing health facilities.

This approach of bringing solutions to where the participants were may be commendable, but was not without issues. For instance, it presupposed that there existed LGBTQIA organizations in the places where the participants lived or worked. Sans these organizations, these CBOs would not have ready populations to serve.

Also, as was shown by the experience of Participant 2, there were difficulties with disentangling of relationships to ensure that CBO workers were there as service providers, and not just as friends.

In Cebu City, these CBOs also organized LGBTQIA communities in *barangays*. All of the participants were members of these local LGBTQIA communities, which provided them with HIV-related information, including on PrEP; supplies of condoms and lubricants; and feminizing hormones.

> "*Ang amoang* head *sa* LGBT (group), *nanudlo. Dili daw mi magpatoyang ug ana-ana. Usahay magtudlo man pud siya sa amo-a,* once *na magtapok mi ba* (Respondent 5)." "*Kanang murag… bale… tambal siya nga kuwan, magpataas pang kinabuhi sa naay sakit nga* HIV*. Nabaw-an sa* seminar *sa* LGBT community *nila Mommy Repos (*a local LGBTQIA community leader*) agi. Naa mi grupo; ang grupo, gitudluan. Gi*-seminar *sad nila Mommy Repos* (Respondent 6)."
>
> "The head of our LGBT group here reached us. We shouldn't be lackadaisical. At times she teaches us when we gather (Respondent 5)." "It's like,,, a medicine to increase the life span of those living with HIV. I learned this from a seminar in our LGBT community given by Mommy Repos (a local LGBTQIA community leader). We have group; the members of that group were taught. Mommy repos gave us a seminar (Respondent 6)."

Perhaps it is also worth mentioning that using PrEP does not end with consuming it; instead, users will need to undergo various laboratory tests while taking PrEP to check if the pill is working as it should (i.e. not getting infected with HIV), to check if the user may have been infected by other sexually transmitted

infections (STIs), and to check if there are no other adverse reactions to PrEP. With this, participants who decided to use PrEP still needed to visit public or NGO health facilities that offer these laboratory tests. Ensuring that this information is also provided by the CBO workers will help the participants come up with informed decision related to their use or non-use of PrEP.

But apparently, when accessing sexual health-related solutions, the participants were more likely to engage with people who directly reached out to them, or who they already knew. This highlighted the need to take into consideration this particular preference of the participants when PrEP is introduced to them. This way, they would be more comfortable engaging with PrEP-related service providers, and this could help in increasing PrEP uptake among them.

Likely preference for informal sources of PrEP supplies

There were participants who accessed, and/or preferred accessing PrEP supplies from informal sources, particularly people in their immediate circles, including peers who similarly worked in the sex industry; as well as informal medical suppliers that they actually already accessed for other transgender-specific health needs.

Similar to the reasons cited when they chose informal sources of PrEP information, these informal sources of PrEP supplies were also deemed more accessible, and involved fewer rigid procedures when providing what the participants required. These factors should inform all PrEP-dispensing health facilities, at it could boost PrEP use in this population.

“Mas close, mas better”:

Peers as promising PrEP sources

Already considered as important sources of PrEP information, peers – specifically transgender women who also do sex work – were considered by some of the participants as PrEP sources. Participant 2, as an example, received the PrEP pill she tried from a fellow transgender woman sex worker. This preference to tap peers when sourcing PrEP had to do with the belief in shared experiences – i.e. that peers knew what the participants went through because they, themselves, went through the same things. This was the general sentiment, particularly when talking about sexual health issues, including HIV-related concerns such as using PrEP to avoid HIV infection.

> “*Pero mas mutuo ko ning mga unsa namo kay sila niagi na pud baya sila ani pud.* So *mas nituo ko* (Participant 1).”
>
> "But I believe our elders more because they also went through what we go through. So I believe them more (Participant 1)."

If anything, this actually also highlighted the trust that the participants had on their peers. And this was apparent when considering the other major impacts of their peers in the lives of the participants.

To start, 19 of the participants became sex workers due to the urging of other transgender women who also did sex work.

> “By the influence of my neighbors. My friends *na hindi na* minor, *na… yun parang inumpluwensiyahan nila ako* for good *kasi para makatulong din ako, ganito-ganyan, sa kahirapan* (Participant 7).” “*Nagsugod tungod sa* encouragement *sa* friends*… Gidala ra sad ko* (Participant 6).”

> "By the influence of my friends. My friends who are not minors anymore… they influence me to do this by telling me it's for the good as it will allow me to help deal with poverty (Participant 7)." "It started because of the encouragement of friends… They just brought me with them (Participant 6)."

Some of the participants were even mentored by other – usually older – sex workers.

> "*Ahm*, at first *po sama-sama muna. Tapos tinitingnan ano ginagawa (nila).* Then *yun, nalalaman na rin yung mga gawain* (Participant 2)."
>
> "Ahm, at first I just went with them. I just watched what they were doing. And then I learned what to do (Participant 2)."

This mentoring included familiarizing themselves with strategies to protect the participants while engaging in sex work. For instance, their peers taught some of the participants about processes that could prevent HIV infection – i.e. how to screen clients to ascertain if a would-be client has STI; and agreeing to engage in unprotected sex, and then immediately getting tested for HIV after the sexual engagement.

It was worth noting that only one participant (Participant 2) was taught by another transgender woman sex worker about PrEP. And yet, this peer still failed to persuade Participant 2 to continue taking PrEP. This was a reflection of the limitation of depending on peers as sources of PrEP. Mainly, this is because even if non-medical people – such as these peers – may be very enthusiastic about PrEP, they are still not the best people to provide information on, and supplies of PrEP. Unless properly trained, they may be unable to provide accurate and complete information on PrEP-related concerns, including cost, dosing, and who benefits from PrEP

(Dettinger, Pintye, Dollah, *et al*, 2021). Including these people in the aforementioned CBOs could help, though also only if they were linked to health facilities that could answer additional questions that participants may have on PrEP.

“Illegal nga informal, pero supplier gihapon”:

Informal medical suppliers as possible, yet questionable PrEP sources

Many transgender women self-administer feminizing hormones mainly due to the lack of access to specialized care (Metastasio, Negri, Martinotti & Corazza, 2018). For these people, feminizing hormones are often obtained from non-medical sources, including friends or relatives, streets or strangers, and online pharmacies (Rotondi, Bauer, Scanlon, *et al*, 2013).

This was also true to 19 of the participants in this research, who transitioned due to the influence of other transgender women in their respective communities; and whose supplies of hormones were provided by the transgender people who influenced them, bought without prescription from pharmacies, received from health centers, or – more recently – bought from informal and thus illegal medical suppliers.

> “*Akong* hormones*, ang* supply *gikan sa ADA… mura siyag* salon *sa Plaza Mandaue* (Participant 19).”
>
> “I get the supplies of my feminizing hormones from ADA… it’s like a salon at Plaza Mandaue (Participant 19).”

These illegal medical suppliers were actually also cited as possible, and even ideal, sources of PrEP. Two reasons were given for this preference: 1) these medical suppliers were located in communities where the participants lived and worked; and 2) it was assumed that these medical suppliers knew what they were doing since

they already provided the participants with medical care, and so adding PrEP among the products to be dispensed was a no-brainer.

Obviously, as was already highlighted by the participants' preference for informal sources of both information and supplies of PrEP, proximity of service providers affected their decision to use or not use PrEP. The decision to use these illegal medical suppliers was also largely because of this.

However, these illegal medical suppliers may actually put the participants' lives in danger. The aforementioned ADA, as an example, was actually a salon that turned into a clinic at night, where untrained transgender women engaged in medical procedures (e.g. injecting of feminizing hormones) among themselves. Here, simply adding PrEP as an add-on service may not be beneficial to the end-users, mainly because none there knew if PrEP can be used with the medicines they were already taking, and what they should do if contraindications do happen, at least among others.

Nonetheless, that these medical suppliers were regularly visited by the participants highlighted the neglect of existing public and NGO health facilities to address non-HIV needs of transgender women, including those who do sex work. Since transgender people's risk for HIV infection is aggravated by social determinants (Neumann, Finlayson, Pitts & Keatley, 2017), HIV prevention efforts – such as introducing PrEP – should similarly provide information on other health-related concerns, like the possible contraindications of PrEP with feminizing hormones taken by transgender women (Shieh, Marzinke, Fuchs, Hamlin, Bakshi, *et al*, 2019; Bass, Kelly, Brajuha, *et al*, 2022).

Here, therefore, PrEP information should not only be comprehensive, but should also comprehensible. Because in the development of messaging about PrEP,

it is important to recognize that “one size fits all” approach will not work (Bass, Kelly, Brajuha, *et al*, 2022). Instead, one that also addresses transgender women’s other concerns, fashioned using languages that they use, could guarantee increasing interest on PrEP, and actual PrEP use.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Background of the study

Human Immunodeficiency Virus (HIV) is still a global issue, with approximately 37.7 million people currently living with HIV, with 4,000 new HIV infections occurring every day (UNAIDS, 2021a). Majority of new HIV infections affect minority sectors, many of them marginalized – and even criminalized – because of their sexual orientation, gender identities, livelihoods or dependencies (Guterres, 2021). In most settings, these key populations (KPs) include transgender women, and sex workers and their clients (Guterres, 2021).

These two populations – i.e. transgender women, and those doing sex work – continue to be under-researched, thus not fully understood, including in the Philippines.

The Philippines reported 41 new HIV cases per day by the end of December 2022 (DOH, 2022b). And sadly, transgender women, particularly those who do sex work, are still not included in HIV-related efforts in the Philippines. In fact, the Department of Health (DOH) only started reporting on the gender identity of people newly infected with HIV in January 2018, with transgender women included in the umbrella "men who have sex with men". This means it is now hard to ascertain exactly how many transgender women were infected with HIV from 1984 to 2018. Nonetheless, at least from January 2018 to December 2021, 1,131 transgender women were infected with HIV (DOH, 2021a).

In Cebu City, 31.8% of transgender women sold sex for cash or kind in the past year (DOH, 2021a). Particularly in Cebu City, transgender women become sex workers for economic reasons, superseding perceived occupational risks (i.e. health, abuse, legal) (Cortes, 2011).

In the fight against HIV, one of the newer tools that can be used is the Oral Pre-Exposure Prophylaxis (PrEP), which can cut the risk of HIV transmission by 99% when taken daily (CDC, 2020; Grant, 2010; and Nicol, Adams & Kashuba, 2013). Sadly, by the end of 2020, the total number of people using PrEP was just 28% of the target of three million in low- and middle-income countries, which is only 8% of the global 2025 target (UNAIDS, 2021a).

Even if PrEP was first introduced in the Philippines in 2016, the DOH only approve its inclusion in the Philippine National Formulary (PNF) to reduce the risk of acquiring sexually transmitted HIV infection on January 18, 2022 (DOH, 2022a).

PrEP use remains low among key populations (KPs) like transgender women who do sex work. Various barriers caused the low PrEP uptake in this population, including: the focus of PrEP messaging and marketing on MSM (Bass, Kelly, Brajuha, *et al*, 2022); classification of transgender women as MSM so that their unique HIV-related needs are ignored (UNDP, 2012; Auerbach, Kinsky, Brown & Charles, 2015; Bass, Kelly, Brajuha, *et al*, 2022); limited funding allocated to projects for transgender women (UNAIDS, 2012a), including the promotion of PrEP use among transgender sex workers (Scamell, 2019); and absence of friendly health care providers (de Carvalho, Mendicino, Cândido, Alecrim & de Pádua, 2019; Nieto, *et al*, 2020).

There are also various PrEP-related perceptions that impact PrEP use among transgender women sex workers, including: the lack of information about the side

effects of PrEP (Rice, Stringer, Sohail, *et al*, 2019); lack of information on the interaction between feminizing hormones and the ingredients of PrEP (Marquez & Cahill, 2015; Chakrapani, Shunmugam, Rawat, Baruah, Nelson & Newman, 2020; Bass, Kelly, Brajuha, *et al*, 2022); belief that PrEP promotes promiscuity (Calabrese & Underhill, 2015); and the perception that PrEP is not readily available (Watson, Pasipanodya, Savin, *et al*, 2020), or if available, could be costly (Casal, 2019; Sullivan & Siegler, 2018).

An earlier study was actually done by Restar, Adia, Cu-Uvin and Operario (2020), who noted that there is an interest in using PrEP among Filipino transgender women, with 93% expressing interest in taking PrEP once learning about it. Nonetheless, PrEP use has not grown fast enough. In the Philippines, even if 53% of all transgender women, including those who do sex work, are still unfamiliar with PrEP, over 90% of those who were informed about PrEP expressed interest to use the same (Restar, Adia, Cu-Uvin & Operario, 2020).

Before this research, no study has been done to specifically look at PrEP-related experiences of transgender women involved in sex work in any part of the Philippines. This research, therefore, explores what meaning the transgender women who do sex work in Cebu City attach to HIV PrEP use, and how this meaning influenced their action towards PrEP use to prevent possible HIV infection.

Theoretical framework

This qualitative research used a phenomenological framework to examine the PrEP-related experiences of transgender women sex workers in Cebu City.

Phenomenology rests on the basic assumption that studying people's lived experiences of the world – particularly *what* was experienced and *how* it was experienced – will yield meanings that may affect the understanding of these experiences (Manen, 1997; Teherani, Martimianakis, Stenfors-Hayes, Wadhwa & Varpio, 2015; Neubauer, Witkop & Varpio, 2019; Moustakas, 1994; Laverty, 2003).

Martin Heidegger's hermeneutic phenomenology (also known as interpretive phenomenology) is specifically used for this research, considered apt here in three ways:

1. The framework eyes to closely look at *what* people experience, and *how* they experience this. This research intended to get at the essence of what transgender women who do sex work actually experienced while getting PrEP information and supplies in Cebu City, so hearing directly from them was only right.
2. Hermeneutic phenomenology is more applicable in investigating "everyday communication" (Linde, 2020, citing Garfinkel, 1967). With the participants preferring more informal sources of information, this could provide elucidation on what communication strategies this population used, and what communication methods could eventually work for them in PrEP messaging.
3. The researcher's contribution is relevant in hermeneutic phenomenology, particularly in adding contexts to the shared lived experiences of the participants. This research considered this as similarly relevant to come up with a more holistic picture of the experiences researched.

Methodology

This qualitative research was exploratory in nature, considering that the population studied – i.e. transgender women who do sex work – remained under-researched, thus still not fully understood (Herbst, *et al*, 2008; Qiaoqin, Ono-Kihara, Cong, *et al*, 2009; Guterres, 2021; DOH, 2021a).

Hermeneutic phenomenology (also known as interpretive phenomenology) was used to construct themes depicting the PrEP-related experiences of transgender women who do sex work in Cebu City.

In-depth interviews – a main data gathering method in phenomenology for helping to attain "phenomenology's goal of uncovering the essence of an experience" (Creswell, 2007) – were done, and field notes were taken by the researcher containing the observations made during the interviews.

In total, 20 transgender women who did sex work in Cebu City were interviewed for this research. Cebu City was specifically chosen because Region 7, where Cebu City is located, is one of the five regions in the Philippines with the highest number of reported HIV infections (DOH, 2021a). Also, 31.8% of transgender women sold sex for cash or kind in the past year in Cebu City (DOH, 2021a), with these transgender women becoming sex workers for economic reasons, superseding perceived occupational risks (i.e. health, abuse, legal) (Cortes, 2011).

Key informant interviews were done in Cebu City from January 28 to 30, 2023. The interviews, though in-depth, were "topical" (Delve, Ho & Limpaecher, 2020), meaning, these interviews focused on the experiences related to PrEP of the transgender women sex workers of Cebu City, and did not encompass the entirety of the participants' lives.

The steps followed in the analysis of phenomenological data are generally similar for all phenomenologists (Moustakas, 1994). As cited by Creswell (2007), the steps that were also followed in this research included: 1) horizontalization that involved going through gathered data to highlight "significant statements" to get an understanding of how the participants experienced the phenomenon; 2) development of clusters of meaning from the abovementioned statements, grouping these into themes; and 3) writing of description of what the participants experienced (textural description), and how these were experienced (imaginative variation or structural description), with researcher notes also included as descriptive passages.

Highlights of the findings

The participants in this research were asked three overarching questions that focused on their understanding of PrEP, their experiences related to sources and sourcing of PrEP information, and their experiences related to sources and sourcing of PrEP supplies. Follow-up questions were asked to encourage the participants to elaborate.

In their understanding of PrEP, three themes emerged – i.e. basic understanding of PrEP, confused understanding of PrEP, and no understanding of PrEP.

For sources of PrEP information, two themes emerged, though both had two subthemes. Particularly, the participants accessed either formal sources (particularly health facilities, and traditional media), or informal sources (particularly people in their immediate circles as PrEP educators, and online).

Meanwhile, two themes also emerged in their discussions of their sources of PrEP information and supplies, with two subthemes noted under each theme.

Specifically, the participants notably accessed PrEP supplies from formal sources (particularly health facilities, or community-based organizations), or informal sources (particularly their peers, and informal medical suppliers).

Understanding of PrEP

PrEP is the approach used by HIV-negative people to prevent getting infected with HIV by taking a pill containing two components used to treat HIV. With PrEP, the risk of getting HIV from sex is reduced by about 99% when taken daily (CDC, 2020; Grant, 2010; and Nicol, Adams and Kashuba, 2013).

"Dili igo nga pagsabot": Basic understanding of PrEP

Only three participants properly knew about PrEP, with their understanding only basic, and limited only on PrEP as a medication that can prevent HIV when taken daily by those who have unprotected sexual contact. For these three, none knew of other details related to PrEP, including what it is made of, how it actually works, other ways it could be taken, its side effects, and the contraindications with other medicines (including feminizing hormones) already being taken, among others.

Three factors may have affected their understanding of PrEP, particularly: the lack of interest in using PrEP, with the disinterest affecting efforts to get more information about PrEP; sourcing information from friends who also had limited knowledge about PrEP; and the lack of PrEP understanding even of health practitioners who were tapped by the participants.

The understanding of PrEP of the participants may also be linked to their understanding of HIV itself. PrEP, after all, only exists because of HIV.

All of the participants knew of HIV, and that they were susceptible to HIV infection as sex workers, could die from it, and using condoms and lubricants could prevent possible infection. Sadly, their understanding of HIV was also basic, with none familiar of other modes of transmission, safer sex practices aside from using condoms and lubricants, and treatment of HIV, among others.

There was also limited information given to them about HIV, including on other prevention methods. So they did not have comprehensive understanding of how PrEP can help them.

“Sayop nga pagtuo”: Confused understanding of PrEP

There were other participants who had confused understanding of PrEP, erroneously believing it to be: a version of ARV, the drug given to people living with HIV as treatment; and as medicine for other health concerns aside from HIV.

These participants heard about PrEP in health facilities, so that the lack of PrEP understanding of the health care service providers themselves is apparent, ditto some questionable practices in health care service facilities. This still troubling because erroneously identifying PrEP as similar to ARVs has been shown to harm the promotion of PrEP use.

“Wala kahibalo”: No understanding of PrEP

Fourteen participants only heard about PrEP during their respective interviews. So when PrEP was mentioned to them, they only made connections – e.g. that since the topic was raised to sex workers from the LGBTQIA community, then it must automatically be related to HIV.

This showed the continuing limited PrEP discourses encountered by these participants perhaps particularly in *barangay* and city health care service facilities frequented by 17 of the 20 participants. There, they only really received information on using condoms and lubricants to curb HIV spread. Unfortunately, due to the lack of understanding of PrEP, there was also this sense of complacency among some participants that since condoms and lubricants were generally readily available already, then they may no longer need to use PrEP to prevent HIV infection.

When looking at the lack of understanding of PrEP of the participants, some factors also came into play, including some of their sociodemographic characteristics.

Age, for one, played a part in the level of their understanding of PrEP. This was because in the Philippines, prior to December 2018, only adults – or those 18 and over – were legally allowed to access HIV-related services in the country (based on Republic Act 8504). PrEP materials as well as PrEP itself were also not accessible to people belonging to these ages. Though the old law (RA 8504) was changed with the signing into law of the Republic Act 11166 in 2018, there were participants who were already doing sex work as minors prior to 2018, so that they were already at risk for HIV infection, and yet had no access to HIV-related information and services.

The low educational level also affected their understanding of using PrEP to avoid getting infected. Unfortunately, only one of the 20 participants completed college, and the others only studied primary school. Not surprisingly, some participants did not understand existing materials that were in Filipino and English.

Lastly, the impoverished state of the participants affected their access to tools that could have bettered their understanding of PrEP. Fiscal destitution caused them

to stop pursuing education, to enter the sex industry, and the inability to negotiate with their sexual partners.

Sources of PrEP information

The understanding and eventual use or non-use of PrEP of the participants was, obviously, affected by the sources of PrEP information. And here, generally speaking, the sources of PrEP information of the participants was divided into formal and informal sources. These were further segregated into specific sources actually accessed and/or preferred by the participants.

Formal sources of PrEP information

In Cebu City, PrEP information and supplies were centralized in select health care service facilities within the city – i.e. Visayas Community Medical Center, LINK2CARE, and LoveYourself Cebu. Unfortunately, only one of these three actually actively promoted PrEP-related services (i.e. LoveYourself Cebu). Public health facilities that were frequented by the participants still did not have PrEP efforts, but some participants still received PrEP information from these.

"Dili igo nga serbisyo": Health facilities as inadequate PrEP information sources

There were two types of health facilities accessed by the participants for PrEP information, i.e.: those helmed by non-government organizations (NGOs, such as LoveYourself Cebu), and those operated by the national and local government units or LGUs, including *barangay* and city health care service facilities called Social Hygiene Clinics (SHCs).

As the only PrEP-dispensing NGO in Cebu City, LoveYourself Cebu had issues when it came to dispensing PrEP information. These included: non-comprehensive information provided in marketing materials, failing to provide information on side effects of PrEP, and even of the process to get PrEP; non-publicized marketing, with the marketing materials hidden in the offices and so not seen by people not visiting the offices; and the seeming disinterest of its workers to serve transgender women who did sex work in Cebu City.

Some workers in public health facilities were said to have actually discussed PrEP among some of the participants. But there were issues cited by the participants, including the limited information on PrEP there; lack of knowledge on PrEP by even the workers there; accessibility of these health facilities; and the reliance of these health facilities on networks, underlining the need to first network and form personal relationships before the participants were served.

No matter the type of health facility, training those working there is needed to better PrEP information dissemination and uptake among the participants.

"Tuohan ang media… kung makit-an": Traditional media as limited PrEP information sources

Some participants noted the power of traditional media in promoting PrEP. These included television and print, both considered as credible sources of information. Two issues need to be stressed here, i.e.: 1) not everyone had access to traditional media all the time, particularly when the participants were working in the streets; and 2) the contents of these traditional media were found lacking. As such, there is still much that needs to be done for traditional media to help spread PrEP information to transgender women who do sex work in Cebu City.

Informal sources of PrEP information

The preference when sourcing HIV-related information of transgender Filipinos had been shifting to informal sources, including friends and family members, and the internet.

“Unahon ang kaila, samot ang kauban”:

People in immediate circles as preferred PrEP educators

People in the immediate circles of the participants who were sources of PrEP information may be grouped into: family members, and friends (particularly those who were also involved in the sex industry).

There were participants who knew of PrEP because of relatives. But with family members, PrEP discourses were limited, since these people did not engage the participants in more extensive discussions on PrEP. This may be because: the relationship of the participants with their families were not always warm; family members also had limited knowledge about HIV-related concerns, including using PrEP to prevent HIV infection; and there were participants who lied to family members about their line of work, so honest discussions concerning their HIV risks, and steps to deal with these risks were never done.

Friends, including other sex workers, were also sources of PrEP information mainly because they were accessible; had shared experiences with them; and were involved in their lives for longer period of time, helping out in other transgender-specific needs so that they were seen as more trustworthy.

Generally speaking, when the main sources of HIV-related information, including on PrEP, are non-medical people, this can be problematic because: 1) they

depend on people belonging to the same risky HIV environment; and 2) these people may have limited knowledge. But with the trust placed by the participants on these people, it may eventually be beneficial to train them to become good sources of PrEP information.

"Tanang tawo naa sa internet":

Emergence of online sources to learn about PrEP

Informal sources of information used by the participants to acquire PrEP information included online sources. This was preferred because the participants deemed them more convenient, readily available, and contained understandable contents/information that specifically spoke to them.

These online sources included: a) social networking sites like Facebook and Twitter; b) social media app TikTok; c) video sharing website YouTube; d) dating apps like Tinder and Grindr; e) instant messaging and voice-over-IP services like Viber and WhatsApp; and f) websites like Pinalove, Taimi, DateinAsia, and ThaiFriendly.

There were issues encountered in getting PrEP information from online sources. These included the incomplete information provided by the materials that were seen; irrelevance to the transgender community that may not have been the target population of the creators of these materials; and the absence of experts discussing PrEP.

Even if there were issues related to souring PrEP information online, the participants still preferred this, even more than health facilities. And so here, a more beneficial approach may be for existing PrEP-delivering facilities to diversify their

approaches to properly teach about PrEP by using this particular population's preferred non-traditional forms of communication.

Sources of PrEP supplies

It is worth emphasizing that proper communication dictates access to PrEP supplies. This is because PrEP is actually only accessible if: a) information about PrEP-dispensing facilities are made available; b) end-users are informed about the processes to acquire PrEP; and c) end-users are made aware of facilitators and hindrances they may encounter while accessing PrEP, including costs, who to contact, and so on. And so the experiences of the participants in accessing these sources of PrEP were needed to be closely considered.

And here, there were formal PrEP sources (including health facilities and community-based organizations), and informal PrEP sources (including peers and informal medical suppliers).

Formal sources of PrEP supplies

PrEP is currently only available in LoveYourself Cebu, though only two participants knew they can get PrEP from this NGO. Public health facilities only mainly dispensed condoms and lubricants, and conducted HIV testing.

"Layo, kulang ang experts, di sakto ang information, ug uban pa":
Untapped potential of health facilities as PrEP suppliers

Two participants who knew that PrEP was available only from LoveYourself Cebu had contacts who worked there. And yet neither used PrEP before or after they were interviewed for this research, stressing that simply knowing about PrEP

availability did not necessarily motivate the participants to use PrEP. The PrEP-dispensing NGO in Cebu City was also criticized for not providing information on transgender-specific PrEP-related concerns, including risks when mixing PrEP with feminizing hormones.

At the end of the data gathering for this research, only one participant started using PrEP, enrolling at LoveYourself Cebu. But this was provisional, and which could change depending on various factors, including: 1) her proximity of the facility, and if she could continually access it; 2) knowing who to contact there; and 3) provision of additional PrEP information, such as the process/es to get PrEP, and amount to pay to get PrEP.

Though PrEP was still not available in public health facilities, these were repeatedly cited by the participants as possible formal PrEP sources. This was mainly because these health facilities were already frequented by the participants to get condoms and lubricants, and to undergo HIV testing. For these health facilities to become preferred PrEP sources, changes were recommended, particularly changing the office hours (so they stayed open when sex workers were working); changing processes when accessing services; and dealing with unequal treatment received by transgender people in these facilities.

To better PrEP distribution from health facilities, it is not enough to make these physically accessible, or be manned by transgender-friendly health care service providers. Instead, not to be neglected is the development of materials that inform target populations about the very existence of these health facilities, and the PrEP-related services offered there.

"Hayahay sa barkada":

Community-based organizations as untapped sources of PrEP

There were participants who sourced PrEP from community-based organizations (CBOs). Two reasons were cited for this, namely: the people working in the CBOs regularly frequented the locations where the participants lived and worked; and the participants belonged to the grassroots communities formed by these CBOs.

CBOs actually partnered with the public and NGO health facilities, which provided their trainings. However, instead of staying in actual, physical offices, a common usual practice of public and NGO health facilities, these CBOs went to communities through outreach activities, when they provided trainings and dispensed safer sex tools. In PrEP distribution, this was preferred by some participants as it could allow them to directly raise their concerns, while also engaging with those who may already be using PrEP and could share their personal experiences with the participants. Here, CBOs may have formalized structures, but their approaches were considered more personal, and thus more preferred by the participants.

There were issues noted here.

1. Outreach activities of CBOs presuppose that there already existed LGBTQIA organizations in the places where the participants lived or worked. Without these organizations, then these CBOs would not have ready populations to serve.
2. There may be difficulties with disentangling of relationships to ensure that CBO workers were there as service providers, and not just as friends of the participants.

3. CBOs may be unable to provide the laboratory tests needed to be taken by PrEP users.

All the same, since the participants were more likely to engage with people who directly reached out to them, or who they already know, this highlighted the need to consider CBOs as PrEP suppliers. This way, they would be more comfortable engaging with PrEP-related service providers, and this could help in increasing PrEP uptake among them.

Informal sources of PrEP supplies

There were participants who accessed, and/or preferred accessing PrEP supplies from informal sources, particularly people in their immediate circles, including peers who similarly worked in the sex industry; as well as informal medical suppliers that they actually already accessed for other transgender-specific health needs. These informal sources of PrEP supplies were deemed more accessible, and had fewer and less rigid procedures when providing the participants what they required. These factors should inform PrEP-dispensing health facilities, at it could boost PrEP use in this population.

“Mas close, mas better”:
Peers as promising PrEP sources

Peers – specifically transgender women who also did sex work – were considered by some of the participants as PrEP sources. This preference to tap peers when sourcing PrEP had to do with shared experiences – i.e. that peers knew what the participants went through because they, themselves, went through the same things.

If anything, this actually highlighted the trust that the participants had on their peers. And this was apparent when considering the impacts of their peers in the lives of the participants, including introducing them to sex work in the first place; mentoring them as sex workers; and even providing other transgender-specific health needs like feminizing hormones.

Non-medical people – such as these peers – may be very enthusiastic about PrEP, but they are not necessarily the best people to provide information on, and supplies of PrEP. Unless properly trained, they may be unable to provide accurate and complete information on PrEP-related concerns, including cost, dosing, and who benefits from PrEP (Dettinger, Pintye, Dollah, *et al*, 2021). Training them could make them better peer-to-peer PrEP counselors.

“Illegal nga informal, pero supplier gihapon”:
Informal medical suppliers as possible, yet questionable PrEP sources

Many transgender women self-administer feminizing hormones mainly due to the lack of access to specialized care (Metastasio, Negri, Martinotti & Corazza, 2018). For these people, feminizing hormones are often obtained from non-medical sources, including friends or relatives, streets or strangers, and online pharmacies (Rotondi, Bauer, Scanlon, *et al*, 2013). For the participants in this research, these illegal medical suppliers were also cited as possible, and even ideal, sources of PrEP. Two reasons were given for this preference: 1) these medical suppliers were located in communities where the participants lived and worked; and 2) it was assumed that these medical suppliers knew what they were doing since they already provided the participants with medical care, and so adding PrEP among the products to be dispensed made common sense.

Even if these illegal medical suppliers may actually put the participants' lives in danger, their popularity highlighted the neglect of existing public and NGO health facilities to address non-HIV needs of transgender women, including those who did sex work. As such, PrEP-dispensing facilities must be comprehensive and comprehensible. All PrEP materials must address transgender women's other concerns, fashioned using languages that they use, could guarantee increasing interest on PrEP, and actual PrEP use.

Conclusion

With over 30% of transgender women in Cebu City doing sex work in the past year, efforts that eye to curb the spread of HIV infection among them need to be highlighted. This includes increasing uptake of PrEP, which – when taken daily – could prevent HIV infection by 99%. Unfortunately, PrEP use among transgender women who do sex work continues to be low. And this may be because – to start – not much is known about PrEP by this specific population.

What the participants knew about PrEP was largely dependent on the structures that they accessed for PrEP information, as well as PrEP supplies.

Ideally, more formal structures should have been the ideal sources of PrEP information and PrEP supplies. It was apparent, however, that these formal sources were not completely trusted by the participants.

Public and NGO health facilities, for instance, were already accessed by the participants for supplies of condoms and lubricants, and for HIV testing. But in their dealings with these health facilities, the participants had misgivings, mainly because these did not specifically target transgender women sex workers, and so failed to

provide solutions to other transgender-specific concerns (e.g. none of these public and NGO health facilities in Cebu City offered hormone replacement therapy); had confusing messaging while serving them (e.g. workers in health facilities had non-uniform practices when serving the participants); and were criticized for biases when dealing with transgender women sex workers (e.g. those personally known by workers in health facilities were treated better, received more supplies, *et cetera*).

Specific to PrEP, the workers in health facilities were – themselves – largely unaware about PrEP, and could only provide basic information, and even erroneous information about PrEP to the participants. Worse, existing PrEP-related messaging used languages (English and Filipino) that the participants neither fully understood or widely used.

These health facilities were, thereby, only accessed because they were available; not necessarily because of the quality of their services.

Here, it may also be worth mentioning that with only one participant eventually deciding to use PrEP after it was introduced to them, there was seeming disinterest in using PrEP. Nonetheless, claiming that this may be because of lack of interest may be erroneous, particularly since the existing structures that they accessed did not provide them PrEP information and supplies. Instead, health care facilities that most of the participants frequented only promoted the use of condoms and lubricants to prevent HIV infection, and PrEP was still not discussed even by supposed health experts working in these facilities. As such, the participants were really only made interested on what could be readily provided to them, and not drawn to a tool that may be able to prevent HIV and yet remains abstract to them.

Traditional media, as another more formal structure, should have helped in PrEP information dissemination. Alas, even if seen as credible for not spreading

“fake news”, legacy media was not always readily available to transgender women who do sex work in Cebu City.

Not surprisingly, the participants preferred using more informal structures, particularly their social contacts, and online media.

People in the immediate circles of the participants – more particularly other transgender women who also do sex work, as well as the local LGBTQIA organizations that were formed in their communities – have been repeatedly cited as more preferred sources of PrEP information, and even of PrEP supplies. These sources may be criticized for not having the proper PrEP knowledge, and yet they were still more trusted and thus accessed because these also played other parts in the participants’ lives – e.g. as major influences in their decision to become sex workers, as mentors while doing sex work, as sources of transgender-related health supplies (such as feminizing hormones), *et cetera*.

Nothing was more defined in the lives of the participants than the growing pervasiveness of using technology – i.e. going online – in their lives as sex workers. Already, they went online to look for clients or even engaged in online sex work. But online sources of information were also recognized as more accessed than any other forms of media. These may not be recognized for always providing truthful information, including on PrEP, but these were readily available, and these always spoke in ways understood by the participants.

Indeed, in the quest to increase understanding of PrEP, leading to PrEP uptake among transgender women who do sex work in Cebu City, traditional approaches – e.g. using well-established health facilities – no longer sufficed. This will be true even if these health facilities were bettered to become more transgender-friendly. This would be because no matter the changes made to them, they were still

not always accessible – e.g. the participants did not always have access to the physical locations of the health facilities, and the health facilities were closed when the participants needed them the most.

As such, and moving forward, making use of more informal structures appeared to offer more benefits to the participants. That they were already accessed for other transgender-specific needs of the participants is worth stressing; ditto the trust the participants placed in these for being manned by people like them.

The preference for informal structures as sources of PrEP information and PrEP supplies has implications in developing communication strategies. Here, the role of these informal structures should be three-pronged: 1) as the access point to reach this particular population; 2) as the very tool to use to better PrEP understanding; and 3) as both the source and the agent that could grow actual PrEP use. The challenge, then, would be to capacitate those in these informal structures. Because only by devolving current PrEP-dispensing approaches in Cebu City will PrEP finally reach transgender women sex workers in Cebu City.

Recommendations

The recommendations of this research are divided to target specific concerns.

Delivery of health care services

1. The rollout of PrEP must be hastened, particularly to reach transgender women who do sex work. The DOH may have approved its inclusion in the country's HIV-related responses in the early part of 2022, but over a year later, none of the transgender women sex workers involved in this research

heard about the DOH's role in PrEP distribution in the country. Making use of DOH's network of health facilities could increase PrEP uptake, so making PrEP available in these health facilities makes good sense.

2. Train health care service providers on the various needs of transgender women, particularly those who do sex work, and not just on their HIV-related needs – e.g. lack of information on the side effects of PrEP, contraindications with feminizing medications, and availability of PrEP and where to source this for how much. Health care service providers must be able to also answer these concerns.
3. Empower community-based organizations to deliver the services needed by their members. Aside from *barangay* and city health centers, the participants received information on HIV and safer sex practices from community-based organizations. If at least the leaders of these community-based organizations are trained on PrEP, then they would have direct access to the KP that this research focused on.
4. Increase the number of non-government organizations that distribute PrEP in Cebu City, and better the service provision of those already offering PrEP. To date, only one NGO in Cebu City advertises this service; and only two of the participants knew of this NGO, and that PrEP is available there. Increasing the number of PrEP-dispensing facilities will help reach more people in need of it.

Media for communication

1. Make use of modes of communication already used by transgender women sex workers in Cebu City. These include social networking sites like Facebook

and Twitter; social media app TikTok; video sharing website YouTube; dating apps like Tinder and Grindr; instant messaging and voice-over-IP services like Viber and WhatsApp; websites like Pinalove, Taimi, DateinAsia, and ThaiFriendly. Health care service providers must use modes of communication that the participants deem more convenient, readily available, and contain understandable contents/information that specifically speak to them could ensure that information is properly communicated. This, in turn, could help PrEP uptake.

2. If there is a need to directly engage with transgender women sex workers of Cebu City, consider face-to-face interactions to allow them to engage with medical professionals who can talk about medical issues; as well as people who already use PrEP who can provide testimonials on their actual experiences.
3. When using broadcast media, use news format when promoting PrEP as this was seen as more credible for not spreading "fake news". Dramatizations may be used to attract viewers, but information should also be contained in it.
4. Focus on releasing visual materials, such as those seen on television, YouTube or TikTok as these articulate PrEP messages even to people who have not been properly educated. If texts need to be included at all, make these minimal.
5. Since family members and friends (particularly other sex workers) are also considered as informal sources of information, educate them on PrEP, or at least provide them with materials to use to be able to properly discuss PrEP.

Messaging

When promoting PrEP to transgender women who do sex work in Cebu City, simply telling them that PrEP prevents the spread of HIV is not enough. Instead, they must also be informed of:

- The side effects of PrEP;
- Possible contraindications with feminizing medications currently taken;
- Where it can be sourced; and
- How much PrEP is.

Use languages that transgender women sex workers are familiar with – e.g. Bisaya, or colloquial languages used in their specific contexts. Else, use visual forms of communication that have limited use of written texts.

This is a limited study that only – and particularly – looked at the lived experiences related to PrEP of select transgender women who do sex work in Cebu City. As such, the findings of this research may not be generalized to this entire population. Further studies may need to be done, including among transgender women sex workers in other localities, as well as other minority sectors within the transgender community (for instance, transgender women who also identify as *Lumad*, persons with disability, and so on). Such studies could provide clarifications on whether the experiences of the transgender women who do sex work in Cebu City are the same or different from others, and if solutions recommended can be generalized to all of them, or would only serve this population in particular.

In fact, a similar – or related – study may also need to be done to consider the PrEP-related experiences of cisgender sex workers to see if they encounter what the transgender participants in this study experienced. Such a study could clarify whether the issues experienced by the participants in this study were because of

their gender identity (i.e. being transgender), or because of their line of work (i.e. sex work). In turn, this could highlight how this issue may not necessarily be limited to those in the LGBTQIA community, but also to members of mainstream populations that also get discriminated because of their behaviors.

All the same, considering that no other research looking at the PrEP-related experiences of transgender women who do sex work in Cebu City was done prior to this research, it is still hoped that the findings could add to the body of knowledge concerning transgender people, particularly those engaging in the sex industry in resource-lacking settings like the Philippines. With this, it could hopefully help better the overall health of a population that truly needs help in the fight against HIV.

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Appendices

APPENDIX A

Informed Consent Form

INFORMED CONSENT FORM
Informed consent form for transgender women involved in the sex industry in Cebu City who will take part in the research, titled "*Understanding the Meaning of Pre-exposure Prophylaxis Use Among Transgender Women Sex Workers in Cebu City*", that will be completed by Michael David Tan as part of the requirements for the completion of the Master of Development (MDC) program of the University of the Philippines Open University.

Name of Principal Researcher:	MICHAEL DAVID dela Cruz TAN
Institutional Affiliation:	Master of Development (MDC) Faculty of Information & Communication Studies (FICS), University of the Philippines Open University (UPOU)
Thesis:	"*Understanding the Meaning of Pre-exposure Prophylaxis Use Among Transgender Women Sex Workers in Cebu City*"

PART I: INFORMATION SHEET

INTRODUCTION

By the end of October 2022, the Department of Health (DOH) reported that the Philippines now logs 43 new HIV infections every day. In October alone, 3% (or 40) of the 1,383 newly-diagnosed PLHIVs identified as transgender, many of them exposed to risky practices that put them at higher risk of HIV infection, from engaging in unprotected sex, having multiple sex partners, and engaging in sex work, among others.

There is actually a tool that could prevent HIV infection by up to 99% - i.e. a pill called pre-exposure prophylaxis (PrEP). Unfortunately, familiarity with PrEP remains low.

By agreeing to participate in this research, participants can help provide narratives that could help better PrEP use among transgender women, particularly those involved in sex work, in Cebu City.

There are no right or wrong answers, so that all the personal experiences related to PrEP will all be collated. If/when needed, new or foreign concepts will be extensively explained to the participants, and they may ask questions at any time.

PURPOSE OF THE RESEARCH

This research eyes to ascertain the PrEP-related experiences of transgender women sex workers in Cebu City. This research specifically hopes to:

4. Ascertain if transgender women who do sex work in Cebu City are aware of PrEP; and how they describe the same.
5. Identify the sources of PrEP information of transgender women who do sex work in Cebu City; and describe their experiences in accessing PrEP information.

6. For those who use PrEP, describe their experiences in accessing, using, and/or adhering to using PrEP, particularly vis-à-vis PrEP supply sources.

This research eventually hopes to inform policies developed, and practices made related to PrEP use among transgender women, particularly those involved in the sex industry.

TYPE OF RESEARCH INTERVENTION

For this research, the participants will be interviewed individually. Though the participants will be encouraged to talk about their PrEP-related experiences, there is a set of questions that will guide the interviews. All the interviews will be recorded.

The interviews will be predominantly done in English, Filipino and Cebuano; though the use of other colloquial languages (e.g. "gay lingo") may also be used during the interview.

The researcher will also take down notes to document observations.

PARTICIPANT SELECTION

The research eyes to look closely at an issue affecting a very specific population – i.e. transgender women sex workers in Cebu City. As such, eligible persons will include:

1. Those who are 18 years of age or older.
2. Those who were assigned male at birth, but who now identify as the opposite gender. These identifications may be as a woman, transgender woman, transsexual, transfeminine, she-male, ladyboy, *binabaye*, or through other local terms that will emerge during the interviews.
3. Those who could speak and understand English, Filipino and/or *Bisaya*.
4. Those who may or may not be using PrEP.
5. Those who engage in sex work, whether online of offline; the number of years engaged in the sex industry will not be considered.

There will be at least five participants who will be interviewed for this research. The participants will be recruited by purposeful sampling. Meaning, initial participants will be known to the researcher, with succeeding interviewees recommended by those interviewed earlier.

VOLUNTARY PARTICIPATION

Participants have no responsibility aside from providing personal answers to the questions related to the research. But participation in this research is completely voluntary.

Also, they have the right to withdraw from the research at any time without any implications to them. If an interview has already been completed, a participant may request that the information provided by them not be used in the research.

The participant, or their legal representative, will be immediately informed of any information that becomes available if this will impact their willingness to continue to participate in the research.

PROCEDURES

This research makes use of narrative inquiry, with the participants expected to extensively discuss their lived experiences related to PrEP.

But while the participants are expected – and will be encouraged – to openly discuss their PrEP-related experiences, general questions will be asked to generate the responses. These questions will include the following:

1. What is your understanding of PrEP?
   How would you define and/or describe it?

2. How do you access information on PrEP in Cebu City?
   Can you describe these sources, and the processes you go through to get PrEP information?
   What were your experiences in accessing PrEP information?
   How have these experiences affected your decision to use/not use the same?

3. How do you access PrEP supplies in Cebu City?
   What were your experiences in accessing PrEP supplies?
   Can you describe these sources, and the processes you go through to get PrEP?
   How would you describe your experience in availing PrEP?
   How has this affected your decision to use or stay using, or to not use the same?

There may be participants who may find some of these questions as sensitive or could potentially cause embarrassment. If so, it is in their discretion if they will answer the same or not. If a participant does not wish to answer any of the questions during the interview, the interviewer will move on to the next question.

An interview will only involve the researcher and the interviewee; unless both agree to have another/other party/ies present.

All the interviews will be recorded. Audio records will only be used for transcription, and will then be subsequently destroyed/erased.

All the interviews will be confidential. All identity markers will be removed to ensure anonymity.

DURATION

Interviews may last from two to five hours. The duration of the interviews will, nonetheless, depend on the answers provided by participants.

RISKS

By participating in this research, participants may face risks including possible inconvenience, discomfort or fear.

Steps have been taken to minimize any possible risks. For convenience, for instance, venues of interviews will be: community centers frequented by transgender women sex workers in Cebu City, or those identified by participants as readily accessible to them. Meanwhile, to ensure there is no discomfort or fear related to their participation in this research, participants do not have to answer any question or take part in the interview if they feel the question(s) are too personal or if talking about them makes them uncomfortable.

BENEFITS

This research hopes to benefit the participants, as well as other members of the transgender community – i.e. those involved in the sex industry – by:

- Adding to the still-lacking knowledge on the PrEP-related experiences of transgender women, particularly sex workers in Cebu City.
- Describe communication structures that help or hinder this population as far as PrEP use is concerned; and
- Inform policies developed to better practices related to PrEP use of transgender women as a whole.

REIMBURSEMENTS

As the interviews will take participants away from their work, and to reimburse expenses incurred as a result of their participation, they will be compensated with P1,500 for their time. If, at any time of the research a participant decided not to continue, she will still receive the compensation.

CONFIDENTIALITY

All information will be kept confidential, with only the researcher having access to raw data (e.g. audio of interviews, transcript of interviews, and memos). However, as needed, the thesis adviser, UPOU IREB, and regulatory authorities will be given access to the same, though ONLY for the purpose of verification of procedures and data.

Research records will be retained for at least three years after the completion of the research, following international practice. This will be kept in an encrypted external hard drive.

Those taking part in the research may still be identified particularly by the members of their own community, and therefore may be more likely to be stigmatized. To deal with this, in the processing of data, all efforts will be made to remove identity markers to help guarantee the anonymity of the interviewees.

SHARING THE RESULTS

Results of the data gathered will be processed, with thesis writing expected to be finished by end-May 2023, for thesis defense in May 2023. Successfully-defended thesis will then be shared to the participants.

To ensure that more people know of the results of the research, it will be shared more broadly through publications, conferences, and submissions to HIV-related service government and non-government agencies. This is also to guarantee that recommendations of the research will be considered, and even possibly applied.

RIGHT TO REFUSE OR WITHDRAW

Participation in this research is completely voluntary.

For participants who may find some of the questions as sensitive or could potentially cause embarrassment, they may choose to answer or not to answer the same. If this happens, the interviewer will move on to the next question.

All participants may withdraw from the research at any time. They will not be asked to justify the reason for withdrawal. If an interview has already been completed, participants may request for the information they provided to be excluded from the research.

CONFLICT OF INTEREST

The author - Michael David dela Cruz Tan - has no conflicts of interest to declare.

WHO TO CONTACT

In case of harm or injury as a consequence of the participation in the research project, contact:

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UPOU has approved this research, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

Asst. Prof. Ria Valerie D. Cabanes
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PART II: CERTIFICATE OF CONSENT

I agree to participate in this research, titled "*Understanding the Meaning of Pre-exposure Prophylaxis Use Among Transgender Women Sex Workers in Cebu City*", conducted by MICHAEL DAVID dela Cruz TAN as part of the requirements for the completion of the Master of Development Communication of the University of the Philippines Open University.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this research.

Name of participant:	
Signature of participant:	
Date:	

For participants who are not able to read or write

A literate witness may sign (if possible, selected by the participant and has no connection to the researcher). Participants who are illiterate should include their thumb print as well.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness:	
Signature of witness:	
Thumb print of participant:	
Date:	

STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have accurately read out the information sheet to the participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. **They will be asked to sign this informed consent form before data gathering is started;**
2. **Upon signing, they will be interviewed on their PrEP-related experiences;**
3. **That this engagement is voluntary, and they may choose to not continue at any time;**
4. **That they will be compensated with P1,500 to pay for their time, and to cover costs incurred for participating in the interview;**
5. **That all steps will be taken to ensure confidentiality of participants and the data gathered;**

6. **That the data gathered will be used for the completion of the thesis of the researcher, which is part of the requirements to complete the MDC program in UPOU; and**
7. **That the final output may be shared more broadly through publications, conferences, and submissions to HIV-related service government and non-government agencies to guarantee that recommendations of the research will be considered, and even applied.**

I confirm that the participant was given an opportunity to ask questions about the research, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Name of researcher:	
Signature of researcher:	
Date:	

APPENDIX B

Guide Questions

GUIDE QUESTIONS

1. What is your understanding of PrEP?

   How would you define and/or describe it?

2. How do you access information on PrEP in Cebu City?

   Can you describe these sources, and the processes you go through to get PrEP information?

   What were your experiences in accessing PrEP information?

   How have these experiences affected your decision to use/not use the same?

3. How do you access PrEP supplies in Cebu City?

   What were your experiences in accessing PrEP supplies?

   Can you describe these sources, and the processes you go through to get PrEP?

   How would you describe your experience in availing PrEP?

   How has this affected your decision to use or stay using, or to not use the same?