



Effectiveness of the HEART Program in Reframing the Needs and Aspirations of Commercial Sex Workers

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Abstract

Commercial Sex Workers (CSWs) are subject to multiple experiences of mental and reproductive health issues. The study assessed the impact of a program based on Acceptance and Commitment Therapy (ACT), named Honing Effective Acceptance of oneself to Rebuild Valued Transformation (HEART). It aims to help CSWs to address needs and fulfill their aspirations despite experiences of suffering and distress. The intervention lasted six (6) sessions, with the entirety of the pre- and post-intervention, HEART program, and interviews spanning 13 days. The study utilized a snowball sampling approach, whereby thirty-two (32) CSWs were initially recruited, with a final count of twelve (12) CSWs obtained through a preliminary examination. A mixed methods approach, particularly the sequential explanatory technique was used to analyze the data. Quantitative results show significant increases in overall needs ($p = .002$) and aspirations ($p = .002$) pre-intervention and immediate post-intervention. Furthermore, significant results were found for both needs and aspirations ($p = .002$) pre-intervention and follow-up after two weeks. For immediate post-intervention versus follow-up, only needs ($p = .003$) and not aspirations ($p = .587$) was significant. For the three comparisons, there were significant differences in all sub-domains of needs and aspirations except for immediate post-intervention versus follow-up after two weeks. CSWs who participated regarded the program positively, noting significant changes occurring after their participation.

Keywords: Needs; Aspirations; Acceptance and Commitment therapy; Commercial sex workers.

1. Introduction

Female Commercial Sex Workers (FCSWs) face a significant risk of reproductive health issues, and they are sensitive to mental health issues due to their work (Chudakuv *et al.*, 2002). The absence of representation of Commercial Sex Workers (CSWs) in studies, underestimated needs, insufficient understanding about aspirations, and ineffective interventions all contributed to the escalation of their reproductive and mental health issues (Romans *et al.*, 2001; Shaver, 2005). Women in the sex industry are invisible, and others are continually defining and representing their needs. They had many vulnerabilities as well as a stigmatized double identity. CSWs' voices, subjective experiences, and participation in the process are not considered in how they are studied and depicted historically, sociopolitically, and academically (Desyllas, 2013). Academic research is often conducted on them and not with them, leading to the stereotyping and stigmatization of CSWs. They have been denied the ability to influence social services and programs, and their needs and ambitions have been overlooked (Vanwesenbeeck, 2001). Inappropriate, inadequate, insufficient, ineffective, and inaccessible programs were offered to CSWs (Chen, 2015).

Due to a dearth of study on relevant services which focused on the needs and aspirations of CSWs, the number of CSWs continues to rise over the world, owing to the high frequency of violence and the resulting reproductive and mental health difficulties (Poliah and Paruk, 2017; Wong, 2009). According to World Health Organization (2018), over 376 million new infections among CSWs and more than 1 million Sexually Transmitted Infections (STIs) occurring each day globally. CSWs who had problems with their reproductive health had lower mental health outcomes. 338 (48.8%) of the 692 CSWs said they had ever been diagnosed with a mental health issue. The most common self-reported mental health diagnosis was depression (35.1%), followed by anxiety (19.9%), post-traumatic stress disorder (PTSD) (12.7%), and bipolar disorder (10.3%) (Puri *et al.*, 2017). With the continued rise in reproductive and mental health issues, it is apparent that a program dedicated entirely to CSWs' needs and goals to reduce, if not eliminate, these issues is necessary.

In terms of reproductive and mental health issues among CSWs, the Philippines is suffering one of the fastest-growing epidemics in the world. Despite the increased health risks, CSWs have had difficulty mobilizing adequate programs which tackled their needs and goals (Restar *et al.*, 2018). They even put their health challenges on the line, which are harmful to their overall health due to stigma and discrimination (Boltje and Baird, 2019). CSWs' subjective experiences and perspectives have rarely been heard, and their demands have been regularly defined and

represented by non-sex professionals throughout history and inside academia. These flaws had been noted for a long time, as the voices of those currently employed in the sex business, with their self-identified needs and objectives, are frequently absent and neglected. Understanding the demands of CSWs from their perspective allows for collaborative knowledge production. As a result, respecting CSW goals helps recognize individual strengths, abilities, and ambitions (Desyllas, 2013).

Existing services were visible in South Central Mindanao, the study's chosen location, notably the AIDS-HIV/STI Prevention and Control Program, Adolescent Health Development Program, and Women and Child Protection Program. Programs that focus on the needs and goals of CSWs, on the other hand, are still inadequate (Coetzee *et al.*, 2018; Rossler *et al.*, 2010; Roxburgh *et al.*, 2006). Social professionals fail to understand CSWs' agency, strengths, and power for self-determination if they continue to treat them as victims. This can be disempowering for CSWs, making it difficult for them to access services and express their needs and ambitions. CSWs' voices must be heard, and their agency must be respected. As a result, the City Health Office could not collect sufficient data on the appropriate needs and ambitions to address the rising reproductive and mental health issues among CSWs in the area. This data has risen steadily over time; it is undeniably a problem that must be addressed. A suitable program to deal with such a scenario is still a long way off.

CSWs have not influenced the design or implementation of social services or programs, and their needs and ambitions are undervalued. Thorough literature analysis and interviews with CHO employees and CSWs in South Central Mindanao were undertaken before the study's formulation. The underlying themes include (a) perceptible holistic needs and long-term goals, (b) undeniable interpersonal issues and demoralizing experiences, and (c) helplessness and a lack of assistance. The trial interviews' analysis was enough to discuss the CSWs' requirements and ambitions (Nzabonimpa, 2018). Given the existing gap, this study suggested that relevant programs be developed to address the needs and aspirations of CSWs. As a result, the HEART Program is based on Acceptance and Commitment Therapy, was born.

2. Research Questions

This study is intended to determine the effectiveness of the HEART program in reframing the level of needs and the level of aspirations among CSWs across the three (3) periods. Specifically, the study sought to answer the following questions:

1. What is the level of needs and the level of aspirations among CSWs before the HEART Program implementation?
2. What is the level of needs and the level of aspirations among CSWs in the immediate post-intervention measure?
3. What is the level of needs and the level of aspirations among CSWs in the follow-up assessment?
4. How do the CSWs perceive the effectiveness of the HEART Program (HP) before and after its implementation?

3. Method

This chapter describes actions to investigate the research problem and the rationale for applying specific procedures or techniques to identify, select, process, and analyze information involved to understand the problem. This chapter includes research design, research locale, participants, research instruments, research procedure, data analysis, and ethical considerations.

4. Research Design

The study utilized a Sequential Explanatory Mixed Methods research design. It is a two-phase project in which the researcher first collects quantitative data (QUAN) and then collects qualitative data (QUAL). As a result, qualitative findings were used to explain quantitative data (Creswell, 2014). The current study's central premise is that by implementing the HEART Program among CSWs, they will become more attentive to their needs and ambitions. Following the program's implementation, the researchers looked at whether the program enhanced overall needs as measured by physiological, safety, love and belongingness, esteem, cognitive, aesthetic and schooling, health awareness, family reorientation, and religious empowerment for aspiration dimensions.

Survey instruments were administered to the participants to obtain pre- and post-HEART facilitation quantitative (QUAN) data. Following the program's facilitation, qualitative (QUAL) data was obtained through a semi-structured interview with the selected CSW participants. After two (2) weeks, a follow-up evaluation of the CSWs' needs and ambitions was conducted. The repeated measure or within-subject experimental design was used in this investigation, with the same individuals in each condition.

5. Research Locale

The study was conducted individually in a private conference room of the City Health Office (CHO) in South Central Mindanao. The place can cater to three (3) to five (5) persons. It has a modernized facility that can be utilized during the conduct of the study. It also has competent and multidisciplinary doctors, nurses, social workers, and other medical staff that can handle the different cases in the area. However, during the HEART Program (HP) implementation, the venue was restructured in adherence to the safety health protocols by the city government,

taking into account the COVID-19 pandemic. Thus, South Central Mindanao is considered the commercial hub that caters to the nearby municipalities and province's needs and serves as the premier health care center.

5.1. Research Participants

Given the negative consequences of the COVID-19 epidemic, the researcher had difficulty locating CSW volunteers. As a result, the availability of CSW for the baseline survey was highlighted. A snowball sampling technique was used among the thirty-two (32) participants due to the difficulty in gaining access to this community without the support of those that CSWs trusted.

Of the thirty-two (32) CSWs, twelve (12) participants meet the inclusion criteria. These participants were all included in the HEART program. According to Shetty (2020), quality trumps quantity, and a sample size of ten (10) can be exceedingly profitable while still producing valuable data. Also, assuming population integrity in recruiting, a minimum of ten (10) is appropriate (Mason, 2010).

5.2. Research Instrument

Four (4) research devices were used to collect data for the investigation. Screening Assessment, Intervention Measures, the HEART Program, and the Interview Guide are all included. In the instruments, Vagias (2006) Likert-type scale was used. All instruments were provided to the Dissertation mentor for his approval and comments. Subject Experts (SE) were contacted to assess the instruments before they were used to assure their validity. The researcher considered all the SEs' comments and suggestions to maintain track of the corrections made.

Similarly, to obtain a better understanding of the program, the researcher underwent a 2-Day Intensive Acceptance and Commitment Therapy (ACT) course with Dr. Daniel J. Moran, the founder and director of the MidAmerican Psychological Institute as well as the founder of Pickslyde Consulting. Also included are the Acceptance and Commitment Therapy (ACT) In-session Videos, narrated by Dr. Steven C. Hayes, the founder and creator of the ACT Model.

Then, pilot testing was used to assess the feasibility, duration, cost, and adverse occurrences. CSWs in the simulated sessions were measured across three (3) periods, and the HEART program was delivered. To guarantee that the procedure was standardized across the CSW participants, the researcher established an assessment methodology. The evaluation methodology aids in reducing the risk of internal validity being jeopardized as a result of testing and instrumentation (Horner et al., 2006). To capture accurate responses from the participants, the test instrument was translated from English to Filipino and Hiligaynon versions.

5.3. Research Procedure

In this study, research procedures' stages were listed as a researcher's guide that efficiently assists the researcher in collecting comprehensive data. The following steps were followed through the conduct of this research study.

Phase 1. Preparation Phase (*Communication, Endorsement, Obtained Participants' Consent, Administered Screening Procedure, Pilot Testing*)

Phase 2. Testing Phase (*Administered Pre-intervention Measure, Conducted HEART Program, Administered Immediate Post-intervention Measure, Conducted Semi-structured Interviews, Conducted Follow-up Assessment*)

Phase 3. Consolidation Phase (*Data Consolidation*)

Phase 4. Termination Phase (*Conducted Debriefing*)

5.4. Data Analysis

Descriptive statistics such as the mean and standard deviation were utilized to determine the degree of requirements and aspirations among CSW participants during the three (3) evaluation periods. Meanwhile, the Wilcoxon Signed-rank Test, a non-parametric test, was employed to check if there was a significant difference in CSW's level of needs and aspirations before and after implementation. For the QUAL data, Thematic Analysis (TA) was utilized to evaluate semi-structured interview transcripts.

6. Results

6.1. CSWs' Level of Needs and Aspirations in the Pre-Intervention Measure

Table 1 presented the CSW participants' level of needs and aspirations in the pre-intervention measure before implementing the ACT-Based HEART Program.

Table-1. Pre-intervention Measure Results

Dimension	M	SD	Verbal Description
NEEDS			
Physiological	1.77	.79	Very Seldom/Never
Safety	1.95	.66	Seldom
Love & Belongingness	1.87	.65	Seldom
Self-esteem	2.03	.56	Seldom
Cognitive	1.80	.77	Seldom
Aesthetic	2.53	.61	Seldom

ASPIRATIONS			
Educational	2.90	.60	Seldom
Health	1.77	.41	Very Seldom/Never
Family	1.90	.57	Seldom
Religious	2.32	.75	Seldom

As seen from the results, participants had a poor perception of their needs and ambitions before participating in the HEART Program, as seen by the scores across the dimensions. Compared to other need domains, the aesthetic ($M = 2.53, SD = .61$) and self-esteem ($M = 2.03, SD = .56$) scored slightly higher. The physiological element ($M = 1.77, SD = .79$), on the other hand, received the lowest score among CSW participants ($M = 1.77, SD = .79$). Among the four (4) recognized aspirations, educational aspiration ($M = 2.90, SD = .60$) received the highest ranking. Despite their precarious situation, some CSW participants were motivated to finish their education because they believe it is their only ticket out of the sex industry. The CSW participants' health ($M = 1.77, SD = .41$) and family ($M = 1.90, SD = .57$) objectives revealed a negative connotation.

6.2. CSWs' Level of Needs and Aspirations in the Immediate Post-Intervention Measure

Table 2 presented the findings in the CSWs' immediate post-intervention measure. It detailed the intensified change of attitude across the participants following the HEART Program application.

Table-2. Immediate Post-Intervention Measure Results

Dimension	M	SD	Verbal Description
NEEDS			
Physiological	2.72	.92	Sometimes
Safety	4.52	.34	Always
Love & Belongingness	4.42	.45	Always
Self-esteem	4.90	.16	Always
Cognitive	4.10	.34	Almost all the time
Aesthetic	4.88	.18	Always
ASPIRATIONS			
Educational	4.93	.10	Always
Health	4.80	.21	Always
Family	4.62	.36	Always
Religious	4.87	.10	Always

Among the ten (10) dimensions, the physiological ($M = 2.72, SD = .92$) and cognitive ($M = 4.10, SD = .34$) aspects slightly increase following the program implementation. Participants perceived that they felt the need and desire sometimes or almost every day regarding these dimensions. The findings after the conduct of the HEART program revealed good perceptions among the CSW participants in the self-esteem ($M = 4.90, SD = .16$), aesthetic ($M = 4.88, SD = .18$), and educational ($M = 4.93, SD = .10$) domains.

6.3. CSWs' Level of Needs and Level of Aspirations in the Follow-up Assessment

In the follow-up examination, participants noted noticeable sustained progress, as seen in Table 3.

Table-3. Follow-up Assessment Results

Dimension	M	SD	Verbal Description
NEEDS			
Physiological	3.07	.59	Sometimes
Safety	4.62	.22	Always
Love & Belongingness	4.55	.23	Always
Self-esteem	4.88	.16	Always
Cognitive	4.43	.42	Always
Aesthetic	4.93	.13	Always
ASPIRATIONS			
Educational	4.95	.09	Always
Health	4.83	.22	Always
Family	4.58	.16	Always
Religious	4.90	.10	Always

The findings indicated that the participants' positive perceptions of the HEART Program's success in reframing their specified needs and objectives remained unchanged. Only the physiological component ($M = 3.07, SD = .59$) of the ten (10) dimensions increased little after the program. In contrast, the rest of the dimensions remarkably increased their scores as the need and desire are felt every day or constantly.

6.4. Difference of CSWS' Level of Needs and Aspirations in the Pre-Intervention Measure and Immediate Post-Intervention Measure

Table-4. The Results of Wilcoxon Signed-rank Test for Pre-intervention and Immediate Post-intervention Measure

Dimension		M	SD	Verbal Description	p	Interpretation
NEEDS	Pre	1.99	.48	Seldom	.002	Significant
	IPost	4.26	.27	Always		
Physiological	Pre	1.77	.79	Very Seldom/Never	.003	Significant
	IPost	2.72	.92	Sometimes		
Safety	Pre	1.95	.66	Seldom	.002	Significant
	IPost	4.52	.34	Always		
Love & Belongingness	Pre	1.87	.65	Seldom	.002	Significant
	IPost	4.42	.45	Always		
Self-esteem	Pre	2.03	.56	Seldom	.002	Significant
	IPost	4.90	.16	Always		
Cognitive	Pre	1.80	.77	Seldom	.002	Significant
	IPost	4.10	.34	Almost all the time		
Aesthetic	Pre	2.53	.61	Seldom	.002	Significant
	IPost	4.88	.18	Always		
ASPIRATIONS	Pre	2.22	.46	Seldom	.002	Significant
	IPost	4.80	.14	Always		
Educational	Pre	2.90	.60	Sometimes	.002	Significant
	IPost	4.93	.10	Always		
Health	Pre	1.77	.41	Very Seldom/Never	.002	Significant
	IPost	4.80	.21	Always		
Family	Pre	1.90	.57	Seldom	.002	Significant
	IPost	4.62	.36	Always		
Religious	Pre	2.32	.75	Seldom	.002	Significant
	IPost	4.87	.10	Always		

The results showed that, despite the two-day interval for the CSWs' needs in the immediate post-intervention measure ($M = 4.26, SD = .27$), the results were considerably higher than the pre-intervention marks ($M = 1.99, SD = .48$). The Wilcoxon test ($p = .002$) across the CSW participants backs up these findings.

Furthermore, when it came to the overall aspiration outcomes, there were significant differences ($p = .002$). Participants' immediate post-intervention scores ($M = 4.80, SD = .14$) showed a rise in comparison to their pre-intervention scores ($M = 2.22, SD = .46$). The findings further demonstrated the program's utility in these areas. Without a doubt, the Acceptance and Commitment Therapy ACT-Based HEART Program impacts the wants and desires of CSWs, as seen by the positive feedback received from participants following its utilization.

6.5. Difference of CSWS' Level of Needs and Aspirations in the Pre-Intervention and Follow-Up Assessment

Table-5. The Results of Wilcoxon Signed-rank Test for Pre-intervention and Follow-up Assessment

Dimension		M	SD	Verbal Description	p	Interpretation
NEEDS	Pre	1.99	.48	Seldom	.002	Significant
	Follow-up	4.41	.24	Always		
Physiological	Pre	1.77	.79	Very Seldom/Never	.002	Significant
	Follow-up	3.07	.59	Sometimes		
Safety	Pre	1.95	.66	Seldom	.002	Significant
	Follow-up	4.62	.22	Always		
Love & Belongingness	Pre	1.87	.65	Seldom	.002	Significant
	Follow-up	4.55	.23	Always		
Self-esteem	Pre	2.03	.56	Seldom	.002	Significant
	Follow-up	4.88	.16	Always		
Cognitive	Pre	1.80	.77	Seldom	.002	Significant
	Follow-up	4.43	.42	Always		
Aesthetic	Pre	2.53	.61	Seldom	.002	Significant
	Follow-up	4.93	.13	Always		
ASPIRATIONS	Pre	2.22	.46	Seldom	.002	Significant
	Follow-up	4.82	.11	Always		
Educational	Pre	2.90	.60	Sometimes	.002	Significant
	Follow-up	4.95	.09	Always		

Health	Pre	1.77	.41	Very Seldom/Never	.002	Significant
	Follow-up	4.83	.22	Always		
Family	Pre	1.90	.57	Seldom	.002	Significant
	Follow-up	4.58	.16	Always		
Religious	Pre	2.32	.75	Seldom	.002	Significant
	Follow-up	4.90	.10	Always		

The findings showed that the ambition dimension ($M = 4.82, SD = .11$) changed significantly after the HEART program was implemented, compared to the need domain ($M = 4.41, SD = .24$). CSW participants viewed its relevance in these areas, as evidenced by substantial differences in needs ($p = .002$) and ambitions ($p = .002$). This also revealed that these individuals have high regard for the program's potential, as they were enthusiastic about the ACT-Based HEART program's ability to reframe their wishes. As a result, participants' interest in reaching the desired vision for a better direction and action was rekindled.

6.6. Difference of CSWS' Level of Needs and Aspirations in the Immediate Post-Intervention Versus Follow-Up

Table-6. The Results of Wilcoxon Signed-rank Test for Immediate and Follow-up Assessment

Dimension		M	SD	Verbal Description	p	Interpretation
NEEDS	Immediate	4.26	.27	Always	.003	Significant
	Follow-up	4.41	.24	Always		
Physiological	Immediate	2.72	.92	Sometimes	.035	Significant
	Follow-up	3.07	.59	Sometimes		
Safety	Immediate	4.52	.34	Always	.304	Not Significant
	Follow-up	4.62	.22	Always		
Love & Belongingness	Immediate	4.42	.45	Always	.162	Not Significant
	Follow-up	4.55	.23	Always		
Self-esteem	Immediate	4.90	.16	Always	.792	Not Significant
	Follow-up	4.88	.16	Always		
Cognitive	Immediate	4.10	.34	Almost all the time	.021	Significant
	Follow-up	4.43	.42	Always		
Aesthetic	Immediate	4.88	.18	Always		Not Significant
	Follow-up	4.93	.13	Always	.334	
ASPIRATIONS	Immediate	4.80	.14	Always	.587	Not Significant
	Follow-up	4.82	.11	Always		
Educational	Immediate	4.93	.10	Sometimes	.563	Not Significant
	Follow-up	4.95	.09	Always		
Health	Immediate	4.80	.09	Very Seldom/Never	.623	Not Significant
	Follow-up	4.83	.22	Always		
Family	Immediate	4.62	.36	Seldom	.713	Not Significant
	Follow-up	4.58	.16	Always		
Religious	Immediate	4.87	.10	Seldom	.414	Not Significant
	Follow-up	4.90	.10	Always		

The overall results revealed distinct outcomes between the CSWs' needs and expectations. As can be shown, the aspiration dimensions ($M = 4.82, SD = .11$) scored higher in the follow-up than the required dimensions ($M = 4.41, SD = .24$). Despite having the highest ratings, the aspiration dimensions showed no substantial difference in the follow-up measure, as shown by the overall Wilcoxon test ($p = .587$) compared to the immediate postmarks ($p = .003$).

6.7. Participants' Perception of the Effectiveness of the HEART Program

The participants' optimistic perceptions of the success of the ACT-Based HEART Program in reframing their needs and goals after its implementation was further supported by Tables 7 to 8.

Table-7. Summary of CSWs' Responses on Semi-structured Interview (NEEDS AND ASPIRATIONS)

Questions	Needs	Main Themes
Q1	Physiological	Maturity and Responsiveness
Q2	Safety	Knowledge and Positive Disposition
Q3	Love & Belongingness	Strong Holistic Reinforcement
Q4	Self-esteem	Self-Realization
Q5	Cognitive	Awareness of Information, internally driven Achievement
Q6	Aesthetic	Self-Worth and Optimism
	Aspirations	
Q7	Schooling	Valuing Education, Finding and Validating Purpose

Q8	Health	Explicit Knowledge of Wellbeing
Q9	Family	Strengthened Relationships
Q10	Religious Empowerment	Sustained Faithfulness to God

Table-8. Summary of CSWs' Responses on the Semi-structured Interview (Sub-questions)

Sub-Questions	Main Themes
Q11	Usefulness of the Sessions, Establishment of Program Effectiveness
Q12	Effective and Contextualized Activities, Self-Awareness
Q13	Self-Improvement and Value, Self-expression, Determination to Personal Growth
Q14	Undeniable Positive Effect of the Program, Encouraging Self Growth
Q15	Time Factor, Session Focused, and Enduring Program

7. Discussion

7.1. Csws' Level of Needs and Level Aspirations in the Pre-Intervention Measure

7.1.1. Physiological Need

In a similar spirit, CSW participants emphasized the importance of this need, which they could not simply meet because it is a basic need for human survival. Despite the possibility that this need prompted them to do so, participants believed they resorted to their job. According to [Miranda \(2008\)](#), necessities such as food, shelter, clothing, and medical aid were met right away because they were deemed the most important in terms of satisfying and encouraging an individual.

7.1.2. Safety Need

The pre-intervention marks clearly showed a drop in scores among CSWs before the program's implementation. CSWs realize that the job is dangerous, yet they have no choice because it is their sole source of income to sustain themselves and their families. Being deprived at Level 2 results in fear. When a person is afraid, all of their attention is focused on easing the fear, with no concern for anything else [Mohan \(2003\)](#).

7.1.3. Love and Belongingness Need

Maslow's Hierarchy of Needs, on the other hand, shows a basic need that all humans, even Commercial Sex Workers, have [Dust and Martin \(2010\)](#). As a result, CSWs' need for love and belonging is critical in their interactions with family, opposite gender, friendship, and society.

7.1.4. Esteem Need

In this study, it was discovered that the majority of CSWs were mistreated as children. As a result, they developed feelings of inadequacy and guilt about themselves, causing their confidence and self-esteem to plummet, as seen by CSWs' pre-intervention marks. According to [Forrester et al. \(2017\)](#), a person's early unpleasant experiences usually contribute to low self-esteem.

7.1.5. Cognitive Need

It turned out that the majority of CSWs were unaware of what was going on around them. Before the program, CSWs' main concern was to earn money to meet their basic requirements while ignoring the negative consequences. This connotation backs up the CSW participants' poor pre-intervention outcomes, as they saw this dimension negatively. Fear is always present in the minds of CSWs, as seen by the participants' pessimism [\(Mathieu, 2011\)](#).

7.1.6. Aesthetic Need

The results of the baseline survey revealed that the CSW participants had poor outcomes in this category as well. Thus, before establishing the HEART Program, they felt ashamed of themselves and thought of themselves as useless and unattractive.

7.1.7. Schooling Aspiration

Before initiating the program, most CSWs did not have a high school diploma. Apart from losing interest because they had stopped for a long time, becoming impregnated, being a victim of coercion or fraud, having a problematic family, and having nowhere to flee were also triggering factors. In addition to the established triggering events in their lives, some turned to prostitution for financial relief [\(Abrams, 2000\)](#).

7.1.8. Health Awareness Aspiration

This component had the lowest scores among CSWs' identified aspirations in the pre-intervention survey. The unfavorable results of the pre-intervention measure suggest that this population is neglected in terms of health care. According to [King et al. \(2013\)](#), Female Commercial Sex Workers (FCSWs) are despised and neglected worldwide when it comes to health benefits and information.

7.1.9. Family Reorientation Aspiration

CSWs were unable to develop a decent relationship with their family and other people before the program, as evidenced by their poor pre-intervention opinions on this topic. According to Stein *et al.* (2009), neglect by either the family or the care system can cause or increase the vulnerability of various CSWs. They were forced into sex work due to their precarious situation.

7.1.10. Religious Empowerment Aspiration

It should be emphasized that participants in the current study scored lower in Phase 1 of the pre-intervention assessment, implying that their confidence in God was harmed because of the stigma associated with their profession before the HEART Program.

7.2. Participants' Level of Needs and Level Aspirations in the Immediate Post-Intervention Measure

This test was done two (2) days after the HEART Program was launched. Despite the program's short implementation time, CSW participants thought it was beneficial in reframing their needs and objectives in the immediate post-intervention measure.

When it comes to the *physiological needs* of CSWs, there was a modest increase among CSW participants. Participants were severely impacted on this dimension, according to the researcher, as a result of the COVID-19 epidemic. Even though CSWs are harmed by the epidemic, they are excluded from government relief and protection programs, as well as health care (Lam, 2020). When it comes to this feature, however, *cognitive* came in second to last in the immediate post-intervention measure. After the HEART Program was introduced, participants reported feeling the need practically every day or almost all of the time.

Whereas, among the CSW participants, *self-esteem* and *aesthetic* demands were ranked highest. These people are aware of this requirement every day, every hour, or all of the time. In the immediate post-intervention measure, *safety* and *belongingness* must also be fully transformed. Participants said that they were constantly aware of the need among themselves. In terms of the aspiration factor, the *schooling* aspiration revealed CSW participants' willingness to return to school after the curriculum was implemented, as its scores soared higher. Education, according to Janardhana (2017), is one of the most important aspects of a person's life.

The *religious* and *health* desires ranked second highest across the CSWs' identified aspirations. Participants had a positive attitude toward the program after implementing it, as shown by their improved scores in the immediate post-intervention measure. The CSW participants' *family* aspiration was the lowest of all of the CSW participants. Before the research, the participants felt that their occupation would prevent them from having a successful relationship. Fortunately, after putting the program into practice, they were incorporated what they had learned in the HEART Program sessions.

7.3. CSWs' Level of Needs and Level Aspirations in the Follow-Up Assessment

The needs and expectations in the follow-up evaluation after two (2) weeks demonstrated impressively higher scores across the CSW participants compared to the immediate post-intervention test taken two (2) days after the program. While some of the scores are stable, there is also a slight increase and a slight decrease, and the follow-up measure still showed a noticeable shift across CSW individuals.

7.4. Outline on the Significant Difference of CSWs' Pre-Intervention versus Immediate Post-Intervention, Pre-Intervention versus Follow-Up, And Immediate Post versus Follow-Up

Comparing the *pre-intervention and immediate post-intervention measures* on CSWs' needs and aspirations, the overall scores favored the aspiration dimension. While both the needs and aspiration dimensions changed significantly after the program was implemented, the Wilcoxon test between the needs and expectations revealed that participants soared higher in the aspiration domain. When comparing the *pre-intervention and follow-up assessment* scores of CSW participants, the aspiration domain remained the one with the highest scores of all CSW participants. As evident, from the immediate post-intervention evaluation to the follow-up assessment, the aspiration domain was consistently strong.

In terms of the participants' scores in the *immediate post-intervention measure* and the *follow-up evaluation*, the overall scores showed that the need aspect had experienced considerable improvement, as their scores were vastly different. The aspiration domain, on the other hand, showed no substantial difference among CSW participants because their scores in these two (2) cycles were nearly identical. In the follow-up evaluation, however, the aspiration domain is higher when contrasting to the aspect of the need.

7.5. CSWs' Perception on the Effectiveness of the HEART Program

Among the CSWs' needs are physiological, safety, love and belongingness, esteem, cognitive and aesthetic. Two (2) primary themes emerged in the *physiological domain* of the participants, namely "maturity and responsiveness" and "character development and inevitable response to needs. Meanwhile, in the *safety domain*, "knowledge and positive disposition" were among the derived themes. In the *love and belongingness aspect*, one of the main themes that emerged from the participants was "strong holistic reinforcement." Another vital trend emerged, centered on "self-realization," with the keywords "acceptance of self" and "established self-confidence" on the *self-esteem scale*. The responses of the participants yielded two (2) key ideas: (1) awareness of information (2)

internally driven achievement in the cognitive domain. Participants carried a dual theme (self-worth and optimism) under this domain, culling it from two categories: cherishing oneself and disposition for the aesthetic aspect.

When it comes to the aspiration domains, the CSW participants covered two (2) primary themes in terms of schooling expectations, with the keywords "attention to school," "resolution to attend school," and "reflection toward growth." This domain dealt with *health literacy*. Participants listed two (2) categories, resulting in a single theme (explicit knowledge of well-being). While the family reorientation spans three (3) types, with the "strengthened relationships" as its central theme. Participants emphasized two (2) categories in terms of *religious empowerment*, which led to a single key theme: "Sustained faithfulness to God."

7.5.1. Usefulness of the Sessions

The sessions enlightened and led the CSWs in this research, as it gradually changed their perspective on life. Realizations of full capabilities and goals were also evident among participants. The usefulness of the session and establishment of program effectiveness is amongst the significant themes that emerged.

7.5.2. Beneficial Activities

In terms of the program's useful and less beneficial events, CSW participants claimed nearly all of the HEART activities were valuable. The highly elaborated impression expressed by all CSW participants was a standout feature. Furthermore, among the tasks performed, the mindful breathing exercise is more practical. Participants benefit from this mindful breathing practice in times of stress at work and in their personal lives.

7.5.3. Gained Learning

Self-improvement, value, self-expression, and determination to personal development was found to be the significant ideas that emerged in this current paper with its keywords developed determined thinking, strengthened relationships, realized full potentials, valued life, learned the Dos and Don'ts, and persistent in fulfilling desires are amongst the best learning obtained by the participants.

7.5.4. Overall Effectiveness of the Program

CSW participants could select a score applicable to the efficacy of the program. They were oriented to give their scores fairly as their marks will determine how effective the HEART program is. From one (1) to ten (10), where one (1) is the lowest and ten (10) is the highest. Participants uniformly rated the efficacy of the program as perfect 10.

7.5.5. Participants' Recommendation

The time factor, session-focused, and long-term program, on the other hand, was listed as a significant subject in the CSW participants' recommendations. The study highlighted the lack of a long-term and appropriate support program for CSW's needs and objectives. The program was instrumental in establishing the Department of Health (DOH), Local Health Offices, the Department of Social Welfare and Development (DSWD), and other agencies.

8. Conclusion

1. Despite the challenges, the researcher was able to find 32 CSW participants who were willing to go through the screening process. Only twelve (12) of the thirty-two (32) people who participated in the screening met the inclusion requirements. For ethical consideration, the researcher conducted individual counseling to CSWs who did not meet the inclusion criteria. It was learned during the counseling session that others who did not meet the inclusion criteria were also interested in joining the program. They were, however, excluded since they lacked the necessary qualifications to participate in the program.
2. The CSWs who undergone the Acceptance and Commitment Therapy (ACT)-Based HEART program perceived its effectiveness in reframing their identified needs and aspirations. The ACT-Based HEART program is cost-effective in these dimensions, as evidenced by the high scores of participants in the immediate post-intervention assessment and the continued increase in follow-up evaluation. Although the physiological aspect slightly increases its scores among all participants, it nevertheless resulted in a considerable boost in the immediate post-intervention and follow-up measures.
3. The esteem needs and family reorientation aspiration slightly declined in the follow-up assessment when comparing their scores with the immediate post-intervention measure. However, compared to the pre-intervention measure, these dimensions remained with a significant change of attitude.
4. CSW participants had challenges in availing their rights and benefits when it comes to their health issues. CSWs were fearful of going to health offices in South Central Mindanao due to the discrimination and stigmatization that they were experiencing. As a result, some CSWs may opt not to visit health clinics. This puts them at risk of contracting HIV and other sexually transmitted diseases.
5. During the screening procedure, CSWs found negative results on the Depression, Anxiety, and Stress Scale (DASS-21) but found favorable results following the program. CSWs reported that they were contemplating suicide as a result of their circumstances. This suggests that immediate action is required to prevent the suicidal ideations that CSW participants have encountered.

6. All of the events that can be observed and recorded during therapy sessions are included in the therapeutic process. Thus, the study invited two (2) Process Observers (POs) who are both Registered Guidance Counselors to evaluate and assist the researcher in implementing the HEART program to make it more efficient and comprehensive. Several participants revealed that knowing they are being observed by others leads them to behave differently than usual, potentially interfering with the experiment.
7. Therapy necessitates a regular, concentrated effort to reap the full benefits of the therapeutic relationship, in other words, effective results demand effort and time. The HEART program allocated two (2) hours every session to ensure that the flow of each session was effectively implemented. However, the majority of CSW participants in this study felt compelled to extend the given time. Providing enough time to release these uncertainties in one's life will aid someone anxious and needs to find more time to relax.
8. The location should always provide a private, calm, and safe space where they may communicate in confidence and without any interruptions. The goal of counseling is to enable the individual to make critical decisions regarding alternative courses of action without outside influence. Counseling will assist individuals in obtaining knowledge and resolving emotional difficulties that may interfere with or be related to the decisions being made; therefore, it will require a suitable location to do so.
9. For CSWs who want to, exiting sex work can be challenging. Numerous programs strive to help these individuals wanting to leave sex work and secure alternative sources of income by providing targeted support at crucial moments during the transition. Yet, few of those initiatives are rigorously evaluated and implemented.
10. Unawareness about and ignorance may cause many psychological distresses, which leads to affect CSWs overall well-being. According to the results of this study, it seems that educational desires are one of the most valued by the participants, and they dream of achieving despite their work. Thus, providing help through free education is highly necessary for the participants to begin to change their lives gradually for the better.
11. Following their participation in the program implementation, the twelve (12) CSW participants transformed their lives as they quit their job. The two (2) of them went abroad, three (3) enrolled in Alternative Learning System (ALS), two (2) continued their studies since they stopped as college students, the two (2) got married and started a small business (*sari-sari store*), and the oldest participant was employed as a cashier in a small bookstore. In comparison, the other three (3) could no longer be contacted and were no longer at their workplaces. The ACT-Based HEART program was effective in reframing CSWs' needs and aspirations, as they were enlightened for more excellent opportunities toward a valued action and direction, as evidenced by this promising transformation.

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