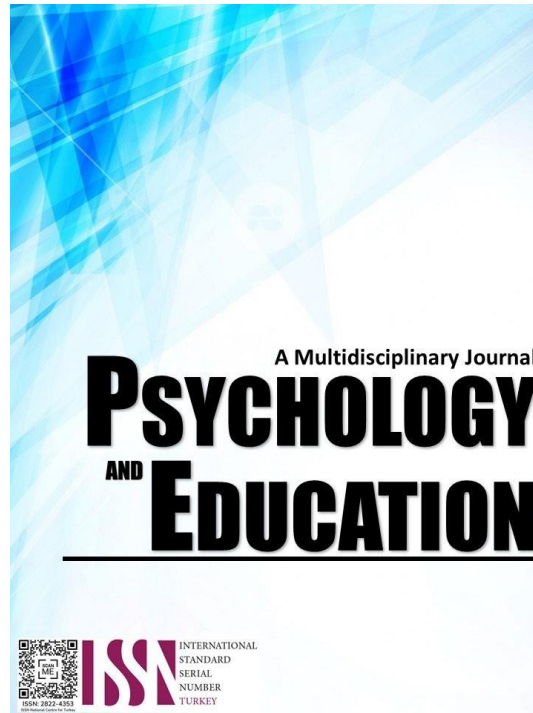


# **DON'T CRY, DON'T DIE: A CASE STUDY EXPLORING THE PSYCHOLOGICAL WELL-BEING OF PEOPLE LIVING WITH HIV**



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# Don't Cry, Don't Die: A Case Study Exploring the Psychological Well-being of People Living with HIV

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## Abstract

People these days can easily involve themselves in everything, including sexual activity, relationships with other people, and a lot more. Although some of the people are unaware what are the possibilities, and even the consequences of all this in their lives. A person's life might be changed because of disease, and it will continue to carry it for a very long time. In other words, the HIV (Human Immunodeficiency Virus) continues to exist nowadays, and a lot of individuals who are living with HIV have had difficulties all throughout their lives. And it can be acquired by getting into someone who has been infected by having fluids from the body, exchanging a syringe with blood, breastfeeding, or having sexual intercourse are all possible sources. This research study aims to explore and observe the specific situations and problems that encountered of the people living with HIV including the lived experiences particularly; (1) to discuss the lived experiences of People Living with HIV (2) to discover the challenges faced by People Living with HIV (3) to identify the coping mechanisms of people living with HIV. With the use of Thematic Analysis (TA), the study findings are the following; (1) Some of the people in the Philippines easily jumps into conclusions wherein in their perspectives when a gay (Bakla) they easily addressed and tend to assumed that this person are associated and normalizing that they contracted on the HIV diseases resulting that this is a discrimination and misconception for them especially to LGBT which this can be also have a big impact on their overall well-being as a person. (2) People living with HIV are facing and experiencing anxiety and depression regarding their HIV status wherein these individuals tend to overthink and cry because of the situations that they had. Other than that they also struggle when it comes to services, and finances including; the laboratory-based diagnosis, transit for care access and limited availability in healthcare. (3) Lastly, despite the situation and experiences that they had, people living with HIV had coping strategies at which point the advocacy really helps them to understand and to cope up their HIV status to understand their situations as a HIV individual. And they also distancing themselves from negativity that could also affect their emotional and mental health well-being as a PLHIV.

**Keywords:** *human immunodeficiency virus, psychological well-being, LGBT, HIV awareness*

## Introduction

People these days can easily involve themselves in everything, including sexual activity, relationships with other people, and a lot more. Although some of the people are unaware what are the possibilities, and even the consequences of all this in their lives. A person's life might be changed because of disease, and it will continue to carry it for a very long time. In other words, the HIV (Human Immunodeficiency Virus) continues to exist nowadays, and a lot of individuals who are living with HIV have had difficulties all throughout their lives. And it can be acquired by getting into someone who has been infected by having fluids from the body, exchanging a syringe with blood, breastfeeding, or having sexual intercourse are all possible sources (Prime Scholar, 2023). Additionally, the countries with the highest percentage of HIV infection are from Africa, Asia Pacific, Europe, and America (HIV GOV, 2022).

According to UNAIDS (2023), it is stated that people who are living with HIV are those people who have recently contracted the disease, having a undergoing treatment with anti-retroviral therapy (ART), those who have already been living with HIV since the epidemic started to happen, and people who have been also died because of HIV including gay, bisexuals, men who have sex with men, women and even young children. Since the overall cases for HIV worldwide are 38.4 million in 2021. Thus, (Kemnic & Gulick 2022) explained that due to advancements that we have right now there are some medicines for people who have been diagnosed with HIV or what we called ART (Antiretroviral Therapy), and these treatments are more likely to be used especially for people who are living with HIV, and this will help them to live longer, and have healthier lives despite of what they are going through even though there is no specific cure for HIV until now.

Based on the report of One News (2023), even Filipino teenagers and children at their young age are also transmitted infections by having HIV. Ages 19 and below were reportedly diagnosed with HIV in the month of January 2023, and these came from the 86 Filipinos who are currently living in the Philippines. Apparently, 79 adolescents have been infected by HIV. Some of these people are 10 to 19 years old, and there are seven children younger than 10 years old who are also infected by HIV. Additionally based on the data by the Department of Health (DOH) in January, there were 1,454 cases who had been diagnosed on HIV and it has a 46 cases per day in the Philippines.

Psychological well-being is considered to be one of the most significant traits that can be presented in the life of a person, despite the fact that there are certain challenges that can be experienced by an individual in different scenarios of their life (Shyu, 2019). Moreover, psychological well-being could be described by the actions, interactions, and overall happiness of the person (De-Juanas et al., 2020).

For instance, it is necessary for the person to feel at ease, and be mindful of everything that has happened in their life, and at the same time given that this will serve as an example to have a positive outcome for their way of life, including their psychological well-being, actions of the person with other people, and also within the society (Mialyan, 2020). However, gay men living with HIV are also affected by the stigma despite of that having kindness from the other people, fair treatment, and being open-minded to these kinds of diseases can be associated to each other to lessen the negativity including stigma, bad effects on psychological health, and well-being of gay living with HIV (Skinta et al., 2018).

Living with HIV is not the easiest or simplest thing to do especially since it affects not only their physical health but also their mental, and emotional well-being, as well as the challenging problems that they encounter in life, and this makes a few of them feel hopeless regarding their situations. These people also need assistance from others because by doing it can also influence their psychological well-being. But despite everything psychological well-being is affected due to the stigma, and this is also connected with HIV (Shaka, 2020). For reason, considering the stigma is always connected to HIV it is also stated that 70% of the gay, bisexual, and men who have sex with men in worldwide are also impacted by stigma related to the virus itself, and they are not the only ones who experience this type of situation but all of the living with HIV individuals out there are also dealing with it (Broady et al., 2020). According to the study of Iñes and Henrique (2020), explained that compared to older bisexual men, older gay men who are infected with HIV are more likely to feel depressed about their situation.

Also, the negative actions in society, the challenges of maintaining a positive relationship with other people and even the person's mental and emotional health are all suffered by an individual who is living with HIV, including the gay. These are a few of the examples of the different aspects of their lives that they need to cope with (Zhang et al., 2019). As stated by the International Labour of Organization (2021), compared to individuals who are not HIV positive 4 out of 10 respondents feel that PLHIV (People who are living with HIV) should not work or even socialize with others, unlike the other one. On the other hand, six out of ten respondents agreed that HIV testing should be necessary before working. And this showed how individuals do not have enough knowledge of HIV transmission which is reflected in their discriminating, and biased beliefs about people living with HIV.

Furthermore, this study aims to explore the psychological well-being and the lived experiences, challenges, and coping mechanisms of people living with HIV among gay. In addition to that this study will help others to know the real situation and their quality of life as well as the stigma that people living with HIV encounter that is beneficial to the potential HIV awareness and mental health program for people living with HIV concerning the mental, emotional and the behavioral aspects of a gay individual dealing on how it can help to their regards, in such a manner that it will also produce huge benefits and contribution into the fields of Psychology.

## Research Questions

The study aims to explore the psychological well-being, lived experiences, and challenges faced by people living with HIV. Specifically, it sought to answer the following questions:

1. What are the lived experiences of people living with HIV?
2. What are the challenges faced by people living with HIV?
3. What are the coping mechanisms of people living with HIV?
4. Based on the result of the study, what program can be proposed?

## Methodology

### Research Design

The study employed a multiple-case study, wherein a qualitative method was used to observe specific situations for participants, including their lived experiences or the problems that could be covered in this research study. Additionally, to analyze the same phenomenon, multiple-case research used two or more cases or replications between the instances. With the use of case study it can also collect data from semi-structured interviews, the answers, and information gathered coming from the participants, an answer to a query about characterizing a case leads to a case study (Creswell, 2016). Case study can also have a contribution when it comes to researchers, political, or even social phenomenon to have a better understanding when it comes in any other situations (Harappa, 2021). Researchers might explore a particular uniqueness in order to uncover a phenomenon that would not be seen otherwise by using the case study approach. This gives the researcher the opportunity to comprehend the phenomenon through the participant's descriptions of their actual experiences and look for the key elements in those experiences (Moustakas, 1994, as cited in Crawford, 2016).

### Participants

The participants of the study were composed of three gays living with HIV who were currently in advocacy of Positive Action Foundation Philippines Incorporated (PAFPI), a non-profit organization who has a mission to empower people with HIV and their families to live a normal, happy and productive life in the mainstream of a supportive society.

Jho Jit, a 38 years old who consider himself as a gay, and have a live-in partner. He was initially diagnosed with HIV in 2016, and even though it has been approximately 7 years since then, his HIV remains undetectable or UD. He was educated and participated in training sessions sponsored by DOH and the hospital's organization, particularly those pertaining to HIV. He actively participated in PLHIV

support groups and worked as a volunteer advocate for the HIV and Social Hygiene Clinic in Valenzuela and other locations. He has also been a psychosocial officer for a year. His position is responsible for HIV screening, as well as for educating and assisting individuals with regard to both HIV and their mental health. Which is also a component of the free counseling they offer, which will provide significant information and responses to client questions on HIV. Additionally, as part of this one, they provide a clear explanation that will aid in both a better comprehension and the enlightenment of the people they serve.

Bok Shame, a teenager and PAFPI advocate who identifies himself as member of LGBT, is unmarried, and works at the Valenzuela City Social Hygiene Clinic as a social and health group. He was diagnosed with HIV when he was 17 years old, has been living with it for two years, is now 19 years old, has been involved in HIV group for three months, and his HIV status is UD (undetectable).

Bernard is a gay who has had HIV for three years he is now a 29 years old. He received his HIV diagnosis in January 2020; his HIV status is UD (Undetectable), and both he and his partner are PLHIV and actively involved in advocacy. He was previously a member of the psychosocial officer, and is currently employed as a community-based HIV motivator, overseeing the HIV tests and screenings conducted outside of the facility in Valenzuela City, he has been serving as an advocate for a year now.

## Procedure

The researchers conducted one-on-one interviews with people living with HIV who consider himself as gay to enhance the findings of this study. Given the safety precautions, the discussion took place via an online video conference call using tools such as Zoom, Google Meet, or Messenger, as preferred by the participants. Participants were given consent forms ahead of time to comply with legal requirements. The consent form was delivered to each participant via Google forms, permitting the full interview to be recorded. Participants were guaranteed that all information and data were kept confidential following the conversation.

The semi-structured interview guide has been thoroughly validated by subject matter experts to make sure it is accurate. The three main themes of this study will be condensed into a set of particular interview questions that the researchers will create. The questions mostly focused on the psychological well-being, experiences, challenges, and coping mechanisms of people living with HIV, it's also important to remember that the people answering these questions can speak up if they have any questions or concerns.

## Data Analysis

This study utilized thematic analysis which is potent and adaptable tool for qualitative analysis, and it should be made accessible to researchers of all levels of expertise to enable them to undertake thematic analysis in a careful and methodical manner (Kiger & Varpio, 2020). Using data on actual experiences, thematic analysis seeks to discover patterns of meaning. The analysis started with the textual data and seeks to group the meanings discovered in the data into patterns and, ultimately, themes. Given that the research study employed a comprehensive multiple-case study methodology as its research design, thematic analysis is the most appropriate method for analyzing the data. The next objective was to develop essential codes and themes that would capture and bind together every bit of information. Significant difficulties in this study related to the experiences, psychological well-being, and coping mechanisms of the individual. The process also led to the creation of more focused sub-themes and a condensed report that contained these sub-themes. These strategies made sure the information was reliable, correct, and inevitable (Alase, 2017).

The interpretation of significant lines was the next step researchers took, when researchers gathered ideas and grouped them into themes. The researchers compared Jho Jit and Bok Shame's data to do a cross-analysis once the themes had been determined. Jho Jit, Bok Shame, and Bernard results were then compared, and the gathered information was sent for additional analysis. This data analysis technique for mobilizing knowledge from individual case studies involves cross-case analysis. In this approach, researchers gather case information, contrast and analyze instances, identify similar themes, and generate new knowledge in the process (Khan & VanWynsberghe, n.d). This method is integral to consensual qualitative research, where the research team constructs basic concepts for each instance, organizes data into domains, and conducts a cross-analysis to uncover complex relationships between cases (Thompson & Hill, 2012).

## Ethical Consideration

The data collection method and tools were approved by the research professors, indicating that consent was obtained and ethical guidelines were strictly followed. Participants who had been identified and qualified to participate were established based on specific criteria, and with the aid of the professor, were asked to provide written informed consent. Participants had the freedom to quit at any time, and researchers discussed the research objectives to ensure their voluntary involvement, along with the goals of the study and its purpose. Additionally, the personal information gathered by the researchers would be kept and not used for other agendas or activities in a way that breached the Data Privacy Act, as mandated by Republic Act 10173.

The researcher was guided by the data collection to obtain important details from the participants. This could also involve reviewing processes, obtaining information from medical or other private documents, forms, focus groups, or interviews. It was necessary to be considerate of informed consent as part of the moral obligations in determining whether the person being studied was willing to participate in the research. To ensure participants could make the right choice, researchers had to maintain the confidentiality of participants, including medical records and other private health information. This adhered to the consent procedure outlined by the World Health Organization under the Ethical Considerations for Health Policy and Systems Research in (2019).

## Results and Discussion

### Case 1: Jho Jit

At the Social Hygiene Clinic in Valenzuela City, Jho Jit promotes HIV awareness. Jho Jit has been a dedicated member of PLHIV support groups for one year. Three sessions of the interview were held on June 28th, July 1st, and 8th at 1:00 in the afternoon. He is eager to share his important experiences as someone living with HIV and does so with great enthusiasm. Jho Jit clearly described the struggles, experiences, and coping mechanisms he faced.

The tables show the themes emerged from the significant statements of Jho Jit about his experiences as people living with HIV.

Table 1. *Thematic analysis of Jho Jit lived experiences*

Superordinate Themes	Subthemes
Holistic Preventive HIV Health Awareness	<ul style="list-style-type: none"> <li>• Importance of Voluntary HIV Screening</li> <li>• Targeting of the Lungs by Viruses</li> <li>• Lack of Awareness about Safe Sex</li> </ul>
Concealing One's Status	<ul style="list-style-type: none"> <li>• Selective disclosure</li> <li>• Understanding and Closer Relationships</li> <li>• Disrespectful behavior</li> </ul>
Social-Emotional Vulnerability	<ul style="list-style-type: none"> <li>• Anxiety and Depression diagnosis</li> <li>• Body image and societal pressure</li> <li>• Non-disclosure of HIV status</li> <li>• Impact of comments from others</li> <li>• Disrespectful behavior</li> </ul>

Jho Jit talked about how the experiences manifested towards his psychological well-being and the themes that emerged in the lived experiences are Holistic Preventive HIV Health Awareness, Concealing one's status, Social-Emotional Vulnerability. Jho Jit stated that:

*“Oo, proteksyon, yung sa safe sex, hindi kasi ako aware before kaya ayun, siguro one of the factors kaya ako nagkaroon ng, ah, ganitong kondisyon just because of the, ano yung sa safe sex. Hindi kasi ako, hindi, ah gumagamit ng proteksyon.”* (Yes, protection is about safe sex, because before I wasn't aware, so that's why maybe one of the factors that is why i had this condition is just because of the issue with safe sex because I'm not using protection)

Skills and morals they need to make mature, educated choices about their sexual and social relationships in a culture that values sexual and reproductive health and rights. Programs for sexual and health education have a moderating impact on the ongoing, inconsistent, and confused information that teenagers get about their sexuality and gender from different unreliable sources. The risk of HIV and STIs has been proven to co-occur with other health behaviors including high risk for drug misuse, poor mental health, and experiences connected to suicide. Decreased condom usage and expanding sexual networks made possible by dating apps also contribute to high STI rates (Mantula et al., 2023). The Jho Jit experiences highlights the necessity for thorough sexual health education, which should cover details on safe sex procedures, HIV prevention, and the use of protection. Making wise decisions and preserving general wellbeing depend on having access to accurate and thorough sexual health information. It's crucial to underline that anybody may make mistakes and lack knowledge, and that it's never too late to educate yourself and modify one's conduct for the better. People may be empowered to make informed decisions about their sexual health by fostering open communication and granting them access to resources. The second concealing one's status, he mentions that they have not disclosed their status to most of their family members, including their father. This suggests that the people living with HIV is keeping a certain aspect of their life private or hidden from certain family members. The reasons for doing so are not explicitly stated in the given text. The third experiences is the social-emotional vulnerability, intrusive behavior, gossip, and lack of respect for personal boundaries can be emotionally draining for the interviewee. It may cause feelings of frustration, annoyance, or even anxiety. As Jho Jit mentioned:

*“Actually ganito no, nung before nung na diagnosed ako, dito lang kasi ako sa center namin e, na diagnosed ako dito medyo nadisclosed ako which is dapat hindi kasi... naapakan nila yung ano eh yung pagkatao ko...”* (Actually it's like this, before when I was diagnosed, I was just here at our center, when I was diagnosed here I was a bit disclosed, which I shouldn't be because they kinda humiliated my personality).

The restricted use of pre-exposure prophylaxis and HIV testing services, denial of healthcare services, and delays in accessing necessary care were all caused by emotional abuse in healthcare settings. For PLHIV, approaching healthcare professionals was challenging due to their fear of emotional abuse (Muyanga et al., 2023).

The last form of social-emotional vulnerability is the disrespectful behavior Jho Jit stated:

*“Lalo na minsan pumupunta pa sa bahay namin oh, sa harapan ng bahay namin magtatanong lang anong nangyari sakin, ay ano ba yan, pumunta nalang talaga, para makipag-maritesan lang. Hindi na makapag hintay na mag salubong kami sa daan, talagang pumunta pa siya dito. Nakakaloka.”* (Especially sometimes when people come to our house, in front of our house just to ask what



happened to me, they will come for nonsense just to gossip. They can't wait to meet us on the road, they will actually come here it's shocking)

Finding measures to safeguard one's mental wellbeing is crucial while dealing with invasive and disrespectful people since it might be difficult. Preventing such conduct can be aided by setting limits and using forceful communication. Additionally, encouraging a respect and empathy-based social interaction culture may help build a more helpful and understanding community.

Table 2. *Thematic analysis of Jho Jit challenges*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Economic Health	<ul style="list-style-type: none"> <li>Financial Impact of Medical Condition</li> <li>Importance of Regular Viral Load Testing</li> <li>Personal and Family Financial Burden</li> </ul>
Dynamics Adversity Coping	<ul style="list-style-type: none"> <li>Coping with Side Effects</li> <li>Impact of comments from others</li> <li>Disrespectful behavior</li> </ul>
HIV Limitation	<ul style="list-style-type: none"> <li>Coping with Side Effects</li> <li>Impact of comments from others</li> <li>Disrespectful behavior</li> </ul>

As a People living with HIV, Jho Jit encountered a lot of challenges described to be filled with Economic Health Dynamics, Adversity Coping, HIV Limitation. According to the study of Sanca et al. (2023), the findings suggest that the difficulties begin with the revelation of the diagnosis, which elicits a range of emotions and actions. The adoption of viral status secrecy is encouraged by stigma and prejudice, which makes the emotional support system for living with infection fragile. Disclosure especially to the people around you can help to fight and continue living, yes it is indeed difficult as Jho Jit mentioned: *"Nung una di ko sinasabi sa kanila pero nung sinabi sakin ng doctor na sabihin mo na kahit isa sa kapamilya mo kasi ikaw rin ang mahihirapan, kasi maraming bawal kainin, edi magugulat nalang ano ko, mama ko kasi minsan kumakain ako ng ganito tapos sasabihin ng doctor na bawal pala, syempre magtatanong siya."* (At first I didn't tell them, but when the doctor told me to tell at least one of my family members he also added i am also be in trouble, because there are many things that are forbidden to eat, so I will be surprised, sometimes my mom knows I eat like this and then and the doctor will say that it is not allowed, of course she will ask questions.)

Research of Zefi (2023), suggests that people living with HIV mental health problems become much more severe. Increased mental health services for PLHIV are urgently needed. The findings show the urgent need for action, especially in crucial areas such as give mental health the top priority, PLHIV health and care services should be improved, eliminate stigma, and address it. Jho Jit also struggles in the first two weeks of taking the medicine for HIV, the side effect brought by the ARV challenge his mental health he stated that: *"Hallucination na nanaginip ako ng gising, nakakakita ako ng iba't ibang klase, iba't ibang klase ng bagay na.. out of this world. Nakakaloka, yun. Pero kasama naman yun sa ano side effect normal lang yun sa unang linggo, mga first two weeks, normal lang yun yung mga ganung bagay."* (Hallucination that I dream while awake, I see different kinds, different kinds of things that are.. out of this world. That's shocking. But that is included in the side effects which is that's normal in the first week and the first two weeks, those kinds of things are normal.)

Hallucinations that occur while a person is awake are described by the interviewee, but they are noted as a recognized side effect of a drug or treatment they are receiving. They explain that it is a transitory and typical occurrence and that it is due to the first two weeks of therapy. Additionally, the data shows the emotional and practical factors that come into play when telling family members about a medical problem. It emphasizes the significance of looking for assistance, preserving open communication, and negotiating the difficulties associated with managing health conditions within the framework of the family.

Financial support for HIV medication was also challenging because of its cost, as stated by Jho Jit: *"naging ah, financially disabled ako, tapos during that time, syempre mag treatment ka kasi... parang newly diagnosed ka maraming series of laboratory."*

*"Syempre sa 6,000 malakilaki na yun... mahirap talagang ipunin yun lalo na syempre yung mga illegible oo, yung mga ano, mga hindi kayang magprovide ng ganung klaseng ano, halaga, kasi requirements yun e, kailangan every year talaga nagpapavrial load kami, para malaman namin kung effective ba yung gamot na iniinom namin, kasi kung hindi yun, kung hindi, inom ka inom ng gamot tapos hindi rin naman pala bumababa yung virus sa katawan namin, Useless, ang nangyayari nagssuffer yung kidney namin diba."*

(That made me financially disabled, then during that time of course, you're going to get treatment because it's like when you're newly diagnosed and have a lot of series of laboratories). (Of course, 6,000 pesos it's big amount of money and It's really hard to gather that, especially of course the ones that are illegible, yes, those that can't provide that kind of amount, because that is requirements, it's necessary that every year we need to take viral loads, so that we know if the medicine we're taking is effective, because if it's not and if we're just taking it and the virus doesn't go down in our body, it becomes useless, so what happens is that our kidneys will suffer right).

The respondent makes clear that not everyone can afford or have access to the funds needed for HIV treatment. Disparities in HIV-positive people's health outcomes may be a result of this unequal access to essential healthcare services. Thus, according to the study

of Meble (2022), majority of care for people living with HIV (PLHIV) is provided by families. According to the study's findings, the families' caregivers face both psychological difficulties brought on by the stage and difficulties relating to the demands of the family. So, the responsibility of caring with PLHIV should not fall only on families. For most carers, a coping mechanism that should be enhanced is their social network and financial assistance.

Table 3. *Thematic analysis of Jho Jit coping mechanisms*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Detachment from Negativity	<ul style="list-style-type: none"> <li>• Boundary Setting</li> <li>• Dishonesty due to condition</li> </ul>
Self-Care Accountability	<ul style="list-style-type: none"> <li>• Boundary Setting</li> <li>• Dishonesty due to condition</li> <li>• Support Group for People Living with HIV</li> </ul>
Holistic Well-being Network	<ul style="list-style-type: none"> <li>• The power of prayer</li> <li>• Consideration for Others' Welfare</li> </ul>

People living with HIV would not be able to survive these challenges without coping strategies. In the case of Jho Jit, those strategies were in the form of Detachment from Negativity, Self-Care Accountability, Holistic Well-being Network. The interviewee's response, "*edi layuan mo na lang, diba?*" reveals a dissociation from unfavorable things. This approach promotes letting go of harmful influences and making the decision not to interact with them, sparing oneself unneeded stress or controversy.

According to the study of Nebhinani et al. (2022), in order to enhance their mental health and overall course of HIV, multifaceted treatments should be conducted for boosting the adaptive coping, with the objectives of improving quality of life and social support. Jho Jit mentioned that: "*Oo, dito sa valenzuela meron tayong tinatawag na support group, yung support group na tinatawag na ito ang pangalan nito is Victors. Yung victors ito yung mga samahan ng mga people living with HIV dito sa valenzuela, in fact isa ako sa mga officers, PRO ako sa Victors support group, nakakatulong kami sa ibang tao sa pag-laganap ng awareness sa usaping HIV, sa mga taong gusto nagpa-screening, sa mga taong gusto magpa-seminar nageconduct kami ng HIV one on one sa mga schools ganyan.*" (Yes, here in Valenzuela we have a support group, and that support group is called Victors. The victors are the organizations of people living with HIV here in Valenzuela, in fact i am a PRO in the Victors support group, we help other people in spreading awareness in the HIV matters, to people who want to be screened in HIV, to people who want to attend seminars, we conduct HIV one on one in schools like that).

He also added that: "*Oo, una syempre wala tayong ibang lalapitan kundi ang Diyos, syempre dun ako kumuha sa kanya ng lakas, dun sa Panginoon sa taas doon ako kumuha ng lakas. Pangalawa sa family ko na syempre supportive sakin lalo na mother ko suya yung taga luto, taga bili ng ulam ko kasi alam mo na maraming bawal.*" (Yes, first of course we have no one else to turn to but God, of course that's where I get strength from him, that's where I get strength from the Lord above. Second in my family of course my family is supportive to me especially my mother, she cooks, buys my foods because you know there are many taboos).

His statement focuses on how faith in God gives people with HIV comfort and strength. Their faith in a higher force gives them consolation, hope, and strength as they face the difficulties associated with their medical condition. Also the themes encapsulate the heart of how an HIV support group and a faith in God's power may make a positive difference in the lives of people dealing with the problems of HIV while encouraging resilience, and empowerment.

Most importantly adherence to medication he stresses the need of taking medication at the proper time and not missing doses. He underlines the importance of keeping to the recommended schedule for medication. As he stated: "*Yung adherens lang. Yung adherens yun yung tamang oras ng pag inom ng gamot wag kang magsskip ng gamot tapos ayun wag ka magliliban ng ano, kunyare alas dyis yung yung take mo ng gamot hindi mo siya pwedeng inumin ng before one hour or after one hour, kasi lagi nating tatandaan ginawa ang gamot at ang pag inom natin nito hour-hours na patutulugin yung virus sa katawan natin, kumabaga kailangan hanggang 20 hours, kunware uminom ka ng gamot, nalipasan di naman maiiwasan, diba nalate kana, eh may chance, may tendency mabuhay ulit yung virus sa katawan natin.*" (That's it, just the adherence. Adherence is the right time to take the medicine while you shouldn't, don't skip medicine and don't miss anything, don't if you just take the medicine at noon, you can't take it before one hour or after one hour, because we will always remember that the medicine was made, so that we take it for hours to put the virus to sleep in our body, so it takes up to 20 hours, let's say you forgot to take the medicine, it can't be avoided, isn't it? You are late, there is a chance, the virus has a tendency to live again in our body).

Also: "*Tapos yung mga vitamins, syempre consistent ka sa pagbili ng mga vitamins na syempre iinumin mo everyday para yung immune system mo tumaas.*" (Then the vitamins, of course you should be consistent in buying vitamins that you will take everyday to boost your immune system).

In order to keep their immune systems strong, stop viral replication, and enhance their quality of life, PLWHA must strictly follow their medication regimen and refrain from opposing their treatment (Purwanto & Ramadhani, 2023).

## Case 2: Bok Shame

Bok Shame is a young PAFPI advocate who works as a social and health group at the Valenzuela City Social Hygiene Clinic. The

interview was conducted in three sessions at 5:00 pm on June 28, July 1, and July 8. He does it with tremendous passion and is really keen to share his significant experiences as a people living with HIV. Bok Shame was able to articulate his experiences, challenges, and coping techniques.

The tables show the themes emerged from the significant statements of Bok Shame about his experiences as people living with HIV.

Table 4. *Thematic analysis of Bok Shame lived experiences*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Risky behavior	<ul style="list-style-type: none"> <li>Relationship issues</li> <li>Impulse Control</li> <li>Thrill-Seeking Behavior</li> </ul>
Isolation	<ul style="list-style-type: none"> <li>Conflict or strained relationships</li> <li>Withdrawal</li> <li>Loneliness</li> </ul>

Bok Shame talked about how the experiences manifested towards his psychological well-being and the themes that emerged in the lived experiences are risky behavior and isolation wherein, he stated that: "*Siguro dahil sa risky behavior ko dahil kung kani kanino ako nakikipagtalik.*" (Maybe because of my risky behavior and also because of who i'm having sex with)

According to Bekele et al. (2023) those who concealed their HIV status and did not mention wearing a condom before sexual encounter were more likely to engage in hazardous sexual behavior. Conversely, individuals who supported the use of condoms were less likely to engage in hazardous sexual behavior. Risky behaviors having an anal sex, and without use protection which is the riskiest conduct, is the major way that HIV is transferred (HIV.gov, 2022).

He also experience being isolated from his own family It's important to note that each individual's situation is unique, and the reasons for avoiding extended periods at home may vary greatly. If the individual is experiencing challenges or conflicts within their family. Maintaining a healthy balance between independence and familial bonds can be crucial for overall well-being. If the avoidance of the family is causing distress or affecting their well-being, seeking support from friends, mentors, or mental health professionals might be beneficial to navigate through this phase of life. As he stated:

"*Medyo iwas, kasi di na gaanong tumatagal sa bahay sa pamilya.*" Somewhat I avoid them, because I don't spend much time at my parent's house).

The following table shows the themes that emerged from the significant statements of Bok Shame about the challenges he experienced as a teenager people living with HIV:

Table 5. *Thematic analysis Bok Shame challenges*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Psychosocial Adaptation	<ul style="list-style-type: none"> <li>Adjustment difficulties</li> <li>Awareness</li> <li>Stigma</li> </ul>
Financial Challenges	<ul style="list-style-type: none"> <li>Prioritization</li> <li>Limited Resources</li> </ul>
Scared to death	<ul style="list-style-type: none"> <li>Helplessness</li> <li>Feelings of Hopelessness</li> </ul>

Psychosocial Adaptation, financial challenges, and scared to death, are three major themes arises from the response of Bok Shame, it is indeed being people living with HIV is challenging. Bok Shame stated that: "*Nung bago palang malaking epekto kasi hindi ako makapag isip ng maayos in denial tapos may pagkakataon na bago palang so suicidal ako.*" (Because when i read a little about on my condition i get depressed until i become suicidal).

Suicidal ideas that was mentioned throughout the interview, which suggests that the subject was likely experiencing extreme emotional and psychological distress. These worrying thoughts could be a sign of underlying mental health problems.

In addition to the challenges he also experienced lack of financial as he support his medical condition from laboratories, transportation. There are also times that he is being hopeless when he heard some of friends are already passed away as he shared to his statement: "*Minsan nakakaramdam ng kawalan ng pag-asa, kapag may mga kaibigan ako na nawawala nauuna sa akin.*" (Sometimes i feel hopeless, when I have friends who are disappearing ahead of me

The following table shows the themes that emerged from the significant statements of Bok Shame about the coping mechanisms he experienced as a teenager people living with HIV:



Table 6. *Thematic analysis Bok Shame coping mechanisms*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Self-Reliance	<ul style="list-style-type: none"> <li>• Personal Boundaries</li> <li>• Independence</li> </ul>
Support System	<ul style="list-style-type: none"> <li>• Feeling Cared For</li> <li>• Empathy</li> </ul>
Optimism	<ul style="list-style-type: none"> <li>• Self-Care</li> <li>• Hope</li> </ul>

Overall, the data show that respondents prioritize their health and well-being through medical treatment and self-care and are determined to carry on with life despite obstacles. The ability to remain optimistic and persistent in the face of challenges shows resilience. As well as the support of other people can really create a big impact to cope with HIV.

### Case 3: Bernard

Bernard is actively part on the advocacy he is also currently employed as a CBS Motivator as a community-based HIV motivator and overseeing the HIV test and screenings outside on the facility on Valenzuela City. The interview was held on June 28th, July 1st and 8th at 8:00 in the evening. Bernard explained some of the importance's and experiences that he had been all throughout of his live as an individual PLHIV. He was clearly discussed on the researchers what are the things that he faced along with the HIV that he had.

The tables show the themes emerged from the significant statements of Bernard about his experiences as people living with HIV.

Table 7. *Thematic analysis of Bernard lived experiences*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Perceived in Health Benefits	<ul style="list-style-type: none"> <li>• Effect of viral load and CD4 counts</li> <li>• Measuring the amount of HIV virus in a blood test</li> <li>• Virally suppressed or undetectable</li> </ul>
Personal Experiences and Development	<ul style="list-style-type: none"> <li>• Exploration</li> <li>• Life as a teenager</li> <li>• Identity Confusion</li> </ul>
Self-management	<ul style="list-style-type: none"> <li>• Impact of HIV in life</li> <li>• Develops severe illnesses</li> <li>• Targeting and weakens the person's body</li> </ul>

Bernard discussed the importance and experiences that he had on his life as a PLHIV based on the themes that under of the live experiences and these are the; Perceived in Health Benefits, Personal Experiences, and Development, and Self-management. Based on the statement of the participant growing up in life is one of the factors that an individual discover and explore a lot of things as a teenager including the drinking of alcohol beverages, meeting up with other people and having a sexual activities that he also had before resulting that he was engaged by having an HIV/AIDS. As Bernard mentioned; *"Yes, remembering my life before I became appeal on HIV. Medyo ano ah, kasi kung ano nararanasan ng isang teenager growing up aral, gala mga ganon. Gala sa ano, tapos noong may nakilala syempre paano ko nga ba siya nakuha diba sa makikipag sex naman talaga."* (Yes, remembering my life before I became an appeal on HIV. It's a bit of a thing, because what a teenager experiences growing up, School/Academics, like that. Hangout to this place and that, then when I met someone, of course, how did I get him, usually through sexual intercourse.) He also added; *"So yung mga ganung ano, inom aya sex gano 'n."* (such things like that, asking for company through drinking and sex.)

One of the main reasons that an individual explores new things in life while they are still a teenager. This one also considers a person's psychological well-being and social interactions with other people. Additionally, as you grow in maturity and curiosity as a person, you will be more open to engaging in sexual behaviour and activities with other people that could be a risk to your life, such as having a unprotected sex, non-consensual sexual encounters, and even sexually transmitted diseases like HIV/AIDS or even chlamydia, genital herpes and many other conditions that a person might encounter in life. (Hedge et al., 2022)

As a result of self-management Bernard was able to experience, and the effects of health complications that he had when he was started to diagnosed as a person living with HIV on how he was able to manage and deal with it like what Bernard being discussed below that HIV and AIDS are associated with one another when the person who have HIV is not treated it will leads to AIDS resulting different kind of illnesses which will also they need to deal on their lives as well as a PLHIV. Like what he mentioned on his statement; *"Yes, yung HIV is the cause kung bakit mapunta ka sa AIDS condition. So AIDS is a condition kung saan dahil nga sa pinahina ng HIV yung immune system mo sobrang dami na, iba't ibang sakit na kasi."* (Yes, HIV is the cause of why you end up in an AIDS condition. So AIDS is a condition where HIV weakens your immune system, there are so many different diseases.)

Most of the primary ways of defending and battling infections and other diseases in our bodies is the immune system, sometimes referred to as CD4 cells. However, if a person becomes infected with HIV, their body will start to get worse which could lead to a variety of health issues such as; pulmonia, tuberculosis, cancer etc (Healthline, 2023).

Bernard also mentioned his situation even his thoughts and feelings that he had on his life before when he was started to diagnosed and his partner died before because of HIV on how we deal his emotions and situations which is also under of the Self-management. Moreover, According to AIDS Map (2022) Living with HIV has a significant impact on the life of an individual, establishing an effect on a person's psychological health and their emotional well-being as well. As a result of this, people can experience a wide range of thoughts and feelings and gain insight into how that person should live every day. As Bernard stated;

*"Noong ano na. Ako mismo yung na diagnosed kasi after niya, after he passed parang hindi pa rin ano sakin na ay ganun ganyan parang hindi ako naniniwala. So hanggang sa ako na yung na diagnose ayun so ano 2019-2020 na diagnosed ako and then i live my life ano hm, January ako na diagnosed right? so parang nag start ako ng medication after ano pa eh two months pa kasi prina-process ko pa so gano'n kasi once pala talaga na malaman mo yung status mo medyo ano siya diba devastative siya tapos from there pinilit mabuhay everyday hinanap yung sarili."* (When I am the one who has been diagnosed because after him, after he passed, it still doesn't seem like what happened to me, it's like that I don't believe it. So until I'm the one who was diagnosed that's why I was diagnosed in 2019-2020 and then I live my life, I was diagnosed in January right? So it's like I started medication after two months because I'm still processing it. Once you really know your status you feel devastated and then from there I tried to live and look for myself everyday).

And Bernard was also discussed the Perceived in Health Benefits when it comes to the importance of the viral load and CD4 counts in the experiences that they have as a PLHIV on how will these measure if a person who diagnosed on HIV are virally suppressed or still undetectable, wherein he stated that: *"Ang viral load kasi meron pa yang ano eh. Meron pang tinatawag na virally suppressed bago ka maging undetectable. So bago kapag ang viral load mo is virally suppressed less than 200 copies virally suppressed ka pa 'nyan pero pwede ka pang makahawa 'nyan so mababa na siya pero nakakahawa pa siya. Kapag undetectable kana kasi less than 50 copies ayun."* (The viral load can be also called as virally suppressed, before when you become undetectable. So before your viral load is virally suppressed and less than 200 copies, you are still virally suppressed, there's a chance that it is contagious. It's low but still it is transmittable. But when you are undetectable it has less than 50 copies."

Table 8. Thematic analysis of Bernard challenges

Superordinate Themes	Subthemes
Coping Emotions and Discouragement	<ul style="list-style-type: none"> <li>Impact of HIV in health and emotional well-being</li> <li>Acceptance and Self-Discovery</li> </ul>
Struggle and fear of HIV status	<ul style="list-style-type: none"> <li>PLHIV isolating themselves from other people</li> <li>Disclosing of HIV status</li> </ul>
Perception and Health Control	<ul style="list-style-type: none"> <li>Viral Load in HIV Treatment</li> <li>Unveiling the Dynamics of HIV Monitoring</li> <li>False information of people on HIV transmission</li> </ul>

At some point Bernard also experienced challenges on his life as a people living with HIV, and this will be are the; Coping Emotions and Discouragement, Struggle and fear of HIV Status, and Perception and Health Control. Bernard was able to experience having an anxiety and depression before about on his condition since he was diagnosed by having an HIV. According to research study of Fauk et al. (2022), HIV has caused a serious and negative effect on the life of an individual, which impacts not just that person's physical well-being as well as their emotional and mental health as well. People with HIV may feel a range of thoughts and feelings in relation to their situations, including fear, worries, anxiety, and even depression. As he stated; *"Before nagkaroon ako ng anxiety na depressed ako syempre."* (Before I had anxiety, and I was depressed of course)

He also added; *"Umiiyak ganun haha. Iniiyak ko lang hindi naman ano kasi kapag iniiyak ko eh okay na hindi naman ako masyadong ano. Although overthinker ako minsan nag pupuyat ganun."* (I'm just crying haha, I just let it out through crying. Although I'm an overthinker, and sometimes I stay up late at night).

Bernard was also able to have to experience hesitancy and worry when it comes to activities that he wanted to do on his life. Since this was his fear and concern as well when he was started to diagnosed on HIV whether his health condition might be the reason to stop him to any actions and activities that he wanted to do, wherein he stated that;

*"Mayroong nagbago pero totally nagbago 'yun kasi nagbago siya in terms of nagkaroon ka ng takot sa mga gusto mong gawin, parang nag isip ka lagi na kapag ginawa ko pa ba ito makakasagabal 'yun sa health ko or hindi ba makakasagabal si HIV sa akin mga ganyang bagay. Parang magkakaroon ka ng doubt sa magiging kakalabasan ng gagawin mo, yung hindi ba makakasagabal yung sakit mo ayun yung mga nagbago kasi before gusto ko mag abroad nung nalaman ko parang nawalan na ako ng ano na dito na lang ako."* (Something has changed, it changed in terms of having a fear of what you wanted to do, it's like you always thought that if I continue to do it, will it interfere with my health or won't HIV interfere with me? such that kind of thing. It's like you'll have doubts about the outcome of what you do, whether your illness won't get in the way, those are the things that changed because before, I wanted to go abroad but when I found out, I feel like I've lost something, and i feel like i'm just staying here for a long time).

Based on the research study of Berhe et al. (2020), disclosing to someone is want of the important ways to open the status and situation to people that are close in your life including family members, friends, and even your partner regarding on HIV status that persons

have. However based on the research findings it said that mostly of the people who are diagnosed on HIV still having a hard time to disclose and tell their situation on the others especially those people who are close in their life.

Additionally it also suggest that there's also should a service for PLHIV like health program and counselling to help the people who are HIV positive to help them to open and have a courage to disclose their HIV status on other people. Even though he became anxious and having a worry about on his condition as a PLHIV despite of having a desire to open up about his situation to his parents about his condition, he decided to keep it silent and choose not to reveal his HIV status to his family. Since he also mentioned that disclosing to someone is one of the important decision that a person make to disclose the HIV status that you have since not everyone are open and willing to understand their situation as a PLHIV. Like what Bernard said on his statements;

*"Yung gusto kong ano syempre sa family ko. Although nakapag sabi ako sa ate ko syempre nag-iisa lang siya and syempre ayoko lang din naman na syempre tumatanda na yung parents ko. Ayoko lang din naman na biglain sila na ganito ako kasi syempre baka mahirapan silang ano mag-process."* (What I want is of course to tell my condition to my family also. Although I was able to tell my sister and my parents are getting old. I also don't want to surprise them that I'm like this because it might be difficult for them to process).

Bernard also added on his statement;

*"Yes. Oo kasi disclosing ano dapat pag-isipan mo talaga eh. Hindi yung kani-kanino ka lang nagsasabi, kasi hindi naman lahat nag pagsasabihan mo open yung mind or open yung heart na parang tanggapin ka ng ano na ay okay mga ganyan ang hirap din kasi paiba-iba isip ng tao diba nga psychologist student kayo alam 'nyo naman na iba iba utak ng tao. Hindi mo rin mapipilit ang hirap din kasi paliwanagan ng iba parang hindi pa rin nila matanggap mga gano'n. Kaya ako rin naman kapag nag-disclose ako gusto ko alam ko na itong tao na 'to eh mapagkakatiwalaan ko yun ganon."* (Yes yes, because when you disclose it to someone you should really think about it. It's not just what you say to everyone, because not everyone opens their mind and heart as if they are ready \to accept you and that's how it is hard because people's minds are different, right? You're a psychology student and you know people's minds are different. You can't force them and it's very hard to explain to others as if they still can't accept it. That's why when I disclose, I want to know that I can trust this person).

Bernard was also hear some comments from other people especially having a misinformation when it comes to transmission by having an HIV. He also revealed that there's still a misconception and different perspective of others regarding on PLHIV on how they will pass the virus that they have with other people wherein he also wanted to correct from them. As Bernard stated;

*"Oo lalo na ako diba nga nasa ano ako so diba. Kapag lumalabas ka may naririnig ako na ano na maling information sa ano man ang meron kami gusto ko silang i-correct minsan na co-correct ko naman yung iba. Kaya lang yung iba nakakaligtas so medyo ano siya na parang gusto ko pa silang bigyan ng ano na ganito yung meron kami, eto yung dahilan, eto yung bagay kung paano ka makakahawa yung mga ganung bagay."* (Yes, especially me, When I go out, I hear some kind of wrong information about whatever we have, I want to correct them sometimes and I did to some of them, but some of them is just passes by, so it's like, I want to give them something like the information that is what what we have, here's the reason and thing about how you can get infected by such things).

He also mentioned on his statement that; *"That's the misconception about HIV. Kapag nakipag-laplapan ka, makipag yakapan ka, matalisan ka ng laway mahahawa ka yun din yung sinabi niya diba? Ah inaano ko lagi na lalo na sa mga newly diagnosed na this is not the end. Kasi 'yun yung perception ko before 'yun yung thinking ko dati na katapusan ko na ganito, ganyan na matatapos na yung buhay ko hindi ko na magagawa yung gusto ko yun, yun yung gusto kong ano mabago at itama na gusto ko rin itama na sabihin sa kanila na mali."* (That's the misconception about HIV. When you makeout, hug, or get a saliva you'll get infected, that's what they said, right? I always say, especially to the newly diagnosed, that this is not the end. Because that was my perception before that was my thinking before that this is the end of me, that this is how my life will end I can no longer do what I want, that is what I want to change and correct that I also want to correct to say to them that is wrong).

One of the useful approaches to assist and inform others about the situation of persons living with HIV is by creating a program. There are misconceptions, unfavorable attitudes, and even views about PLHIV since not everyone is aware or fully comprehends how other things work, especially how these diseases might spread to other people Safarzadeh et al. (2021).

Lastly, Bernard was also tell some of the experiences that he had when he was taking of ARV and the importance of this one and due to the medicine there are also side effects that he also need to deal with, which also reacting on his body like what he mentioned on his statement; *"Eh yung gamot ko sa gabi nakakahilo tapos ayun kaya tinigilan kong mag inom, tinigilan kong mag ano. Kasi nga yung inuman madalas sa gabi eh lasing na ako tapos lasing pa ako sa gamot, kaya ayun tinigilan ko, ngayon medyo okay naman na pero parang pag nag-iinom ako ayaw na ng katawan ko ng alak."* ("Well, my medicine at night makes me dizzy and then that's why I stopped drinking, I stopped doing anything. then there are days when I'm already drunk and then I'm still drunk from the medicine, so I stopped, now it's a bit okay, but it seems like when I drink, my body doesn't want alcohol anymore).

Bernard also added; *"Ay hindi naman. Yun yung hindi ko ginawa. Yung pag yoyosi nga kunwari mag-yosi ako ngayon ng isa tapos susundan ko agad hindi ko na kaya nasusuka na ako. So may ano, may interval haha pero yun nga yung sinabi ko sayo kanina isa, dalawang stick, tapos umiwas ako ganun din. Hindi ko rin kinaya kapag ano parang naduduwal ako akala ko dahil lang sa nicotine yung ano hindi rin pala hindi ko na talaga kinakaya yung usok."* (It's not like that. That's what I didn't do. Smoking, for example, I am

going to smoke one stick, and when I follow it up with another, I feel like I'm going to puke, so there's an interval but that's what I told you earlier, at first one and then two sticks, then I'll stop. I also couldn't stand it when I felt nauseous. I thought it was just because of the nicotine, but it's not).

Table 9. *Thematic analysis of Bernard coping mechanisms*

<i>Superordinate Themes</i>	<i>Subthemes</i>
Life Satisfaction	<ul style="list-style-type: none"> <li>• Extending support and strength to others</li> <li>• Stress relieving activities and being productive at home</li> </ul>
Sense of responsibility	<ul style="list-style-type: none"> <li>• Walking as exercise</li> <li>• Avoiding from drinking alcohol and eating the right amount of food</li> <li>• Importance of medications and taking it regularly at the same time</li> </ul>

Bernard discussed the experiences and even the challenges that he had as a PLHIV but he was able to cope up his situation based on the following themes that will be given; Life Satisfaction and Sense of Responsibility. Since Bernard is part of the advocacy he was able to understand the things that he had on his own life especially the other people who are also living with HIV like him that having that kind of disease pertaining to HIV/AIDS will not be end and PLHIV can still live a normal life. As he mentioned on his statement;

*"Hindi naman. Before iniisip na ano ay ganito ganyan parang end na ng life ko daming hindi ko na magagawa. Pero along the way lalo na nung nag start ako advocacy hindi naman, kasi ang dami kong nakikita na mga professionals parang tuloy tuloy lang yung buhay nila kasi kung ano sila before sila maging PLHIV ganun pa din naman sila after maging isang PLHIV tapos ayun."* (Not at all. Before I have a thought that my life is over, there's a lot I can't do anymore. But along the way, especially when I started advocacy, I see a lot of professionals who seem to go on with their lives on what they were, before they became PLHIV, they are still the same after becoming a PLHIV and that's it).

Additionally based on the article of HIV gov (2021) it also indicated that, in addition to the support that PLHIV receive from other people, there are services accessible that will help them to still have a better quality of life, including support from health care and mental health services for PLHIV despite the situations that they have. It is essential that this will be the direction and support from them both now and in the future regardless of their age.

Bernard was able to cope his stress and be productive by doing some house chores activities inside on their home. As he stated;

*"Minsan para makaiwas lang sa pag-iisip para maiwasan mo yung pag-iisip ng bagay bagay gagawa ka na lang na maglalaba ka tapos mag huhugas ka ng pinggan mga ganun tska yes nakakatulong siya."* (Sometimes I just avoid thinking about things, just do the laundry and then wash the dishes like that, also yes it helps me).

He also shares the importance of taking a medication including the vitamins and most importantly the ARV since this drugs are help to prevent and destroying the infections fighting on CD4 cells that they have within their body. As Bernard stated;

*"Hindi when you are taking ARV kailangan every day at the same time kung male-late naman ng inom okay lang naman wag mo lang kalimutan. Kung maalala mo na nakalimutan mo inumin mo agad basta ano same time, same time of the day."* (When you are taking ARVs, it is necessary every day at the same time. If you take it late, it's okay, just don't forget it. If you remember that you forgot, take it right away as long as it's the same time same time of the day).

According to Wedajo et.al, (2022) stated that when it comes to the effectiveness of treatment for people infected with HIV, the use of medications and adherence along with therapy play an important role. In addition, this will assist them in maintaining their health and quality of life despite having been identified as HIV positive.

Lastly, Bernard mentioned that being part in the advocacy is have an impact on his life that's why he also wanted to share some of the experiences that he had on his life and be a good example to support and help others PLHIV like him, wherein he stated that;

*"Yes isa to sa ano yung sa pagsali ko sa advocacy. Isa din 'to sa mga ano para makabuluhan din itong life ko at least pag help some of them na makatulong ako sa kanila ayun, yun yung eto na yung journey ko."* (Yes, this is one of the reasons why I joined in the advocacy. It's also one of the things to make my life meaningful and at least if I help some of them I can help them, that this is my journey).

Receiving social support for PLHIV will be the most beneficial ways to lessen the stigma and improve the quality of life for people who are HIV positive. Besides having support from family, friends, and partners is one of the best ways for PLHIV to be more engaging and still have a positive experience (Babalola et al., 2023).

## The following table shows the cross-case analysis of Jho Jit and Bok Shame

Table 10. Cross-case analysis of the emerged themes of Jho Jit and Bok Shame

Statement of the Problem	Case of Jho Jit	Case of Bok Shame	Analysis based on the statements of Jho Jit and Bok Shame
What are the lived experiences of people living with HIV?	<p><i>Holistic Preventive HIV Health Awareness</i></p> <ul style="list-style-type: none"> <li>Importance of Voluntary HIV Screening</li> <li>Targeting of the Lungs by Viruses</li> <li>Lack of Awareness about Safe Sex</li> </ul> <p><i>Concealing one's status</i></p> <ul style="list-style-type: none"> <li>Selective disclosure</li> <li>Understanding and Closer Relationships</li> </ul> <p><i>Social-Emotional Vulnerability</i></p> <ul style="list-style-type: none"> <li>Anxiety and Depression diagnosis</li> <li>Body image and societal pressure</li> <li>Lack of confidentiality</li> <li>Impact of comments from others</li> <li>Disrespectful behavior</li> </ul>	<p><i>Risky behavior</i></p> <ul style="list-style-type: none"> <li>Relationship issues</li> </ul> <p><i>Isolation</i></p> <ul style="list-style-type: none"> <li>Conflict or strained relationships</li> <li>Withdrawal</li> <li>Loneliness</li> </ul>	In the statements of both cases shed light on the interconnected issues of sexual and health education, HIV screening, emotional well-being, and the social consequences of concealing one's health status. They highlight the importance of comprehensive education, awareness, and support systems in addressing these complex health-related challenges.
What are the challenges of people living with HIV?	<p><i>Economic Health Dynamics</i></p> <ul style="list-style-type: none"> <li>Financial Impact of Medical Condition</li> <li>Importance of Regular Viral Load Testing</li> <li>Personal and Family Financial Burden</li> </ul> <p><i>Adversity Coping</i></p> <ul style="list-style-type: none"> <li>Realization of Fairness and Understanding</li> <li>Defense of Individual Well-Being</li> </ul> <p><i>HIV Limitation</i></p> <ul style="list-style-type: none"> <li>Coping with Dietary Restrictions</li> <li>Confidentiality</li> <li>Selective confession and perspective of other people on HIV</li> </ul>	<p><i>Psychosocial Adaptation</i></p> <ul style="list-style-type: none"> <li>Adjustment difficulties</li> <li>Awareness</li> <li>Stigma</li> </ul> <p><i>Financial Challenges</i></p> <ul style="list-style-type: none"> <li>Limited Resource</li> <li>Prioritization</li> </ul> <p><i>Scared to death</i></p> <ul style="list-style-type: none"> <li>Feelings of Hopelessness</li> <li>Helplessness</li> </ul>	Jho Jit cases is more challenging compare to the case of Bok Shame, his challenges reflect the numerous difficulties HIV-positive people experience, including physical issues, disclosure of status, the fear and stigma. And ofcourse the most challenging to the both cases is their mental health and financial. To successfully address these issues, they stress the significance of extensive support networks and healthcare services.
What are the coping mechanisms of people living with HIV?	<p><i>Detachment from Negativity</i></p> <ul style="list-style-type: none"> <li>Boundary Setting</li> <li>Dishonesty due to condition</li> </ul> <p><i>Self-Care Accountability</i></p> <ul style="list-style-type: none"> <li>Personal Responsibility for Health</li> <li>Consistency in taking care of self</li> </ul> <p><i>Holistic Well-being Network</i></p> <ul style="list-style-type: none"> <li>Support Group for People Living with HIV</li> <li>The power of prayer</li> <li>Consideration for Others' Welfare</li> </ul>	<p><i>Self-Reliance</i></p> <ul style="list-style-type: none"> <li>Personal Boundaries</li> <li>Independence</li> </ul> <p><i>Support System</i></p> <ul style="list-style-type: none"> <li>Feeling Cared For</li> <li>Empahty</li> </ul> <p><i>Optimism</i></p> <ul style="list-style-type: none"> <li>Self-Care</li> <li>Hope</li> </ul>	In combination, both of their responses stress how crucial it is for people living with HIV to take care of their mental and emotional health, take good care of themselves, manage their medications, cope with stigma, seek assistance, and maintain healthy relationships. They draw attention to the complexity of HIV care, which includes both psychological and physical facets.



## The table below shows the cross-case analysis of Jho Jit, Bok Shame and Bernard

Table 11. Cross-case analysis of the emerged themes of Jho Jit, Bok Shame and Bernard

<i>Statement of the Problem</i>	<i>Analysis based on the statements of Jho Jit and Bok Shame</i>	<i>Case of Bernard</i>	<i>Analysis based on the statements of Jho Jit, Bok Shame and Bernard</i>
What are the lived experiences of people living with HIV?	In the statements of both cases shed light on the interconnected issues of sexual and health education, HIV screening, emotional well-being, and the social consequences of concealing one's health status. They highlight the importance of comprehensive education, awareness, and support systems in addressing these complex health-related challenges	<p><i>Perceived in Health Benefits</i></p> <ul style="list-style-type: none"> <li>• Effect of viral load and CD4 counts</li> <li>• Measuring the amount of HIV virus in a blood test</li> <li>• Virally suppressed or undetectable</li> </ul> <p><i>Personal Experiences and Development</i></p> <ul style="list-style-type: none"> <li>• Exploration</li> <li>• Life as a teenager</li> <li>• Identity</li> </ul> <p><i>Self-management</i></p> <ul style="list-style-type: none"> <li>• Impact of HIV in life</li> <li>• Develops severe illnesses</li> <li>• Targeting and weakens the person's body</li> </ul>	In the case of the three people living with HIV, it was shown that they experienced a lot of scenarios before and after getting the virus, from lack of knowledge and awareness, it also damage their overall well-being. Their response summaries highlight all parts of people living with HIV's lived experiences, from struggles to the psychological and medical aspects of controlling the illness.
What are the challenges of people living with HIV?	Jho Jit cases is more challenging compare to the case of Bok Shame, his challenges reflect the numerous difficulties HIV-positive people experience, including physical issues, disclosure of status, the fear and stigma. And ofcourse the most challenging to the bith cases is their mental health and financial. To successfully address these issues, they stress the significance of extensive support networks and healthcare services.	<p><i>Coping Emotions and Discouragement</i></p> <ul style="list-style-type: none"> <li>• Impact of HIV in health and emotional well-being</li> <li>• Acceptance and Self-Discovery</li> </ul> <p><i>Struggle and fear of HIV status</i></p> <ul style="list-style-type: none"> <li>• PLHIV isolating themselves from other people</li> <li>• Disclosing of HIV status</li> </ul> <p><i>Perception and Health Control</i></p> <ul style="list-style-type: none"> <li>• Viral Load in HIV Treatment</li> <li>• Unveiling the Dynamics of HIV Monitoring</li> <li>• False information of people on HIV transmission</li> </ul>	Three HIV-positive individuals have largely encountered unjust treatment from medical facilities and others who believe that HIV is a sin. Additionally, three of them experienced emotional and mental health issues due to depression, suicidal thoughts, and hallucination, but the biggest problem they face is finances. It is true that health care in our nation is extremely expensive. Surprisingly, it was demonstrated that these people living with HIV had such strength that, in spite of the government's lack of assistance, they were able to live and conquer the risk.
What are the coping mechanisms of people living with HIV?	In combination, both of their responses stress how crucial it is for people living with HIV to take care of their mental and emotional health, take good care of themselves, manage their medications, cope with stigma, seek assistance, and maintain healthy relationships. They draw attention to the complexity of HIV care, which includes both psychological and physical facets.	<p><i>Life Satisfaction</i></p> <ul style="list-style-type: none"> <li>• Extending support and strength to others</li> <li>• Stress relieving activities and being productive at home</li> </ul> <p><i>Sense of responsibility</i></p> <ul style="list-style-type: none"> <li>• Walking as exercise</li> </ul>	These three HIV-positive individuals maintained and were still battling for their lives. Three of them learned how to deal with the virus by joining a support group, meeting their emotional needs by talking to others who truly understand their situation, and managing their feelings of anxiety. Secondly, maintaining a healthy lifestyle is the most important way to deal with the virus by eating healthy foods,

		<ul style="list-style-type: none"> <li>• Avoiding from drinking alcohol and eating the right amount of food</li> <li>• Importance of medications and taking it regularly at the same time</li> </ul>	exercising, and managing stress. Third, the moral and material support of family members proves that they will never abandon us in difficult circumstances. Finally, one might grow spiritually by turning to God for direction and solace in the midst of daily life.
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The previous table shows the above emerged themes on cross-case analysis amongst Jho Jit, Bok Shame and Bernard. And, based on the experiences by the three People living with HIV the themes are classified into three which are the Risky behavior, Lack of knowledge, and Adverse effect of medication. Moreover, according to the study of Khamisa et al., (2020) people who are not completely enlightened when it comes to sexual activities are more likely to be exposed to engage themselves easily, including having certain diseases such as HIV. Wherein one of the respondents also mentioned that based on the experiences that he have before the reason why he got exposed himself by having an HIV is because of the lack of awareness when it comes to sex safe and not fully aware on what will be happen on his condition by having HIV. The second one is the challenges encountered by people living with HIV individuals are also directly highlighted in the three themes that were constructed and defined, which are the Financial, Emotional and Mental health, and Unfair treatment.

People living with HIV may face a variety of difficulties throughout their life, including those relating to their relationships with others, their physical and mental health well-being, as well as their financial situation, and a lot more. And because of that, they could experience stigma that might negatively impact both their psychological well-being as well as people living with HIV individual. In addition to that, according to the results of the research study it said that people who have been diagnosed with HIV have a perspective on their lives that makes them feel ashamed, unworthy, and give trouble to their families. Meo et.al, (2021). Furthermore, based on the response of the three participants it is clearly stated in their answers that they also encountered this kind of experience. They also talked about how this HIV affects their physical and mental health, disclosing their HIV status, impact of comments from other people, and even problems on the financial are also included on this one.

Lastly, along with the experiences and challenges of PLHIV the coping mechanisms are also mentioned and the themes are classified into three. The people living with HIV individual are used to coping with their situations by dealing with the; Healthy foods and medications, social groups and families, and lastly grow spiritually by turning to God. People who have been diagnosed as having HIV have to cope with lots of problems and challenges that impact every aspect of their lives. Additionally, it has been highlighted that in order for a person to deal with stress and improve the quality of their life despite their health status, they must have ways of coping in action. Amal and Pandin (2021). The participants was able to cope up their situations in different ways on their daily living despite of the experiences and challenges that they have within their lives as they mentioned the strategies that they are able to do is have a strength and faith from the Lord, at the same time the importance of taking their medication regularly, and joining activities such as; support group, being part of the advocacy, screening and seminars and a lot more hence the participants are also discussed that they do this because to help the other PLHIV and to give an awareness and knowledge when it comes to HIV to other people.

## Conclusion

This study emphasized the fascinating aspects of being a people living with HIV, which are rarely studied and rarely emphasize the psychological well-being, lived experiences, challenges and coping mechanisms. Conclusions derived from the study's findings are the following:

1. When it comes to the importance of physical appearance, some of the PLHIV receives unfair treatment when it comes to Physical appearance, particularly in gay people they value body image and by receiving stigma about their image may result on being avoidant to others and having trust issues to people who surrounds them. Also, certain illness always associated with them in their situation and experiences, it may be detrimental and unfair to stigmatize LGBT people as "at risk" or "responsible" for the HIV.
2. In conclusion, most of the cases of HIV among younger people especially in gay are lack of awareness of safe sex, and most of them tend to be surprised that the cause of their illness is unsafe sex. That is why sex education is very significant because the highest percentage of getting this kind of virus is by unsafe intercourse. In fact, most of the respondents focused on HIV prevention including safe sex.
3. This study concluded that most of the misconceptions and stigma result from negative implications to the PLHIV. Some of the people living with HIV tend to have emotional breakdowns, being avoidant to others most especially when they feel that the people will provide negative emotion to them. Moreover, stress is one of the causes of PLHIV having difficulties with their psychological wellbeing. The stigma faced by PLHIV in the Philippines, particularly regarding gender discrimination, lessens their confidence and increases their stress levels, potentially affecting their psychological thinking and overall mental health status.
4. Lack of support in terms of financial aid up to the dilemma of PLHIV, this financial issue contributes to the negative impact concerning the medical condition of PLHIV. And that is one factor why many PLHIV have difficulties with their mental health because

they tend to overthink how they can produce the finances including the transportation, laboratories and even to their health care maintenance.

5. Advocacy and Groups really helped PLHIV, by joining different groups that aimed to help and improve the confidence and self-esteem of PLHIV. Not only Self-esteem and confidence but through the addition of advocacies it helps the PLHIV to relieve stress.

The following recommendations are made in consideration of the study's results and conclusion

1. HIV Testing and Counseling. This study recommends comprehensive HIV care to the PLHIV and to those who are prone in acquiring the virus; these must include both counseling and HIV testing. Counseling offers vital emotional, psychological, and social support that helps people deal with their diagnosis, remain dedicated to their treatments, and lessen the stigma associated with HIV. As a result, counseling improves people's overall well-being. On the other hand, HIV testing is crucial for early discovery, providing prompt access to care, reducing transmission, and helping to achieve the larger objective of managing HIV. Together, these services enable people to take control of their health and are essential elements of public health programs designed to fight HIV.

2. HIV Awareness and Sex Education. Sexual education and HIV awareness are crucial for improving sexual health and stopping the spread of HIV. This study recommends that everyone especially teenagers have the information and abilities they need to make wise choices regarding their sexual health, engage in safe and consenting sexual activities, and help to lessen the effects of HIV on people and communities. These educational programs also support efforts to reduce stigma, increase inclusion in talks about HIV and sexuality, and encourage empathy and understanding.

3. Addressing Financial Struggles. Due to high healthcare costs, discrimination, and a lack of career prospects, people living with HIV frequently suffer financially here in our country. This study recommends the government to put in place a number of initiatives, such as financial assistance programs including grants and subsidies, in providing financial relief to individuals with HIV who are experiencing economic difficulties, particularly those unable to work due to their health status. Second steps to increase access to healthcare the government evaluate the success of initiatives intended to remove financial obstacles, look at the availability and cost of healthcare services, particularly antiretroviral treatment (ART). Third, employment support the government should examine the results of career development initiatives and job assistance programs created to assist people living with HIV find employment or keep it while managing their health.

4. Support groups. Creating organizations, support networks, and family support for those living with HIV to offer emotional, social, and educational help. People living with HIV can discuss their experiences, difficulties, and coping mechanisms in these groups' safe places.

5. Future Researcher. This research recommends a deeper investigation into all gender who is living with HIV, utilizing a mixed methods research design, it is essential for a comprehensive understanding of the topic. The findings of this study encourage future researchers to take on this task. The area of HIV research and support systems hopes to benefit greatly from the research recommendation made in this study.

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