



TO BEND BUT NOT TO BREAK: LIVED EXPERIENCES OF MOTHERS DIAGNOSED WITH HUMAN IMMUNODEFICIENCY VIRUS IN PINOY PLUS INC.

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ABSTRACT

This qualitative study determined the essence of lived experiences of mothers diagnosed with Human Immunodeficiency virus in Pinoy Plus Inc. as to their journey towards battling the disease. Five (5) HIV-positive mothers between the ages of 38 to 63 were recruited for this study through the help of the chosen organization named Pinoy Plus Inc. The researcher utilized eleven (11) semi-structured interview questions validated with the expert in the field and face-to-face during the conduct of interviews. The research design used was qualitative with a phenomenology method as an approach. The participants of the study were selected using purposeful sampling technique based on meeting the study's inclusion criteria. For the analysis of the data, the researcher used interpretative phenomenological analysis. As an output of the study, a proposed detailed program was made to address the needs of ensuring the psychosocial and psychological stability of the participants. Also, since HIV is one of the main health issues that the country is facing today, the researcher constructed campaign material in the form of leaflets in order to promote HIV awareness. After analyzing the data gathered from the testimonies of the mothers, eleven (11) essential themes emerged: Cognizance of Diagnosis; Emotional Disturbances; Ignorance on acquiring the disease; Psychological Convalescence; Disclosure of HIV status; Lifestyle modification; Social Rejections; Affirmation over Abomination; Typical mother-child relationship; Securing lives of their children; Experiential Advice. The findings of the study contributed new knowledge and provided the researcher with a thorough understanding of the lives of mothers with HIV. Based on the findings, support is needed by the participants in all the facets of their disease. The researcher encourages PLHIV to join organizations like Pinoy Plus Inc. which will serve as a support group that can help them in managing HIV diagnosis.

Keywords: Lived Experience, Mothers diagnosed with Human Immunodeficiency Virus

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INTRODUCTION

Human Immunodeficiency Virus or prominently referred to as HIV attacks and kills the system (World Health Organization, 2015), which further ends up in a situation where the body does not combat infections (Wella, 2015) leading to the weakening of the system. Thus, it's also apparent that this virus is the prime reason for creating the infected person liable for cancer and other diseases (Chavez et al., 2016). In relation, people that are diagnosed with HIV often experience distress and anxiety thanks to uncertainties about the implications of being positive (Brink, 2017).

In the Philippine context, the country has become the fastest-growing HIV epidemic in Asia and therefore the Pacific and has become one among eight countries that account for quite 85% of the latest infections within the region (World Health Organization, 2018). With a 140% increase in estimated annual new HIV infections from 2010 to 2016, From January 1984 to March 2018, the quantity of people diagnosed with HIV is 53,192. Among those diagnosed from January 2001 to December 2005, the predominant age bracket was 35-49 years old. However, ranging from January 2006 to March 2018, the trend shifted to the 25-34 cohort. The proportion of HIV-positive cases among the 15-24 people increased from 25% in 2006-2010 to 29% in 2011-2018.

In addition, discrimination could be a few familiar words that come to the researcher's mind when addressing HIV. This is what a person goes through after being diagnosed with HIV positive. They were ashamed of what people will say about them because of the stigma of the HIV.

The title to bend but to not break explained about the struggles of the mothers of this study and the way they still battle the disease. They were strong mothers battling the disease called HIV. To bend meant the struggles they faced and to not break meant despite having the disease they are able to survive. It is similar to a bamboo that symbolizes strength and suppleness. Its strength teaches them to stay upright but bend with the wind, hence, they can survive the storm. Its flexibility teaches them to adapt to the difficulties. It shows that the participants of this study experienced struggles that they were bent to the extent of being hopeless but they still manage the disease and stood up and makes their life meaningful.

In light of the foregoing, the study explored the lived experience of selected mothers diagnosed with Human Immunodeficiency Virus in Pinoy Plus In., through a phenomenological

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inquiry, it explored the lived experiences of individuals living with HIV or PLHIV, specifically mothers with HIV, on how they navigated their lives concerning HIV and their current relations with the community, and their social, relational, and emotional lives. Through the assistance of Pinoy Plus Inc., PLHIV has been given a platform to talk about their experiences in this study so that people may be provided a concrete basis for HIV. The researcher believed that this disease continues to grow in the country. Through this paper, the researcher could help in spreading awareness regarding HIV. The findings provided knowledge to both researcher and readers on how to prevent such sexually transmitted infections.

METHODS

This study utilized the quantitative descriptive correlational research design. This study utilized the qualitative research design. The researcher used qualitative phenomenological research to explore the lived experiences of selected mothers diagnosed with the Human Immunodeficiency virus in Pinoy Plus Inc. He believed that qualitative research was the best way to explore and access the participants' experiences to supply an expensive, detailed account of their experiences, the meaning of experience to participants, and the way participants were. Through purposeful sampling, the researcher selected five (5) mothers with HIV of Pinoy Plus Inc. The study was conducted in Tayuman, Sta. Mesa Manila, where their chosen organization can be found. The chosen organization for this study was Pinoy Plus Inc. The participants were residents of Pasay, Cavite, Rizal, Paranaque, and Valenzuela. They were active members of the said organization and were identified as PLHIV or People Living with HIV.

Data collection for this study occurred through interviews designed to explore the lived experiences of selected mothers diagnosed with HIV or People Living with HIV. A semi-structured interview was utilized in this research during where the central question led the participants to explain as detailed as possible a situation within which they experienced a phenomenon. The instrument used was reviewed by the adviser and was validated by three (3) psychologists and one expert in the field of research.

The researcher was aware that the chosen topic was sensitive. So to handle this concern, the interview questions were validated by the experts of the field and also the management staff of Pinoy Plus Inc. The management of Pinoy Plus Inc. allowed the participants to browse and review the questions before proceeding with the interview process taking into consideration their opinions that the questions were not offensive to them. This manner of validation ensured a

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smooth interview process. After contacting the chosen organization and making constant follow-ups, permissions were granted to the researcher to proceed with the study. The researcher provided a Memorandum of Agreement to ensure the confidentiality of the subject and that the data of the participants would be kept private. PLHIV was accessed thru the Management staff of the Pinoy Plus Inc. Organization. The researcher personally met with the participants on the date, time, and place as arranged. Participants were interviewed individually. The participants were informed about the interview process, the aim of the study, the flow of the interview, and the information needed. The researcher also informed the participants of the explanation for the utilization of pen and paper for field note-taking. Consent was also obtained with regards to the utilization of smartphone devices for recording the interview. No cameras were used to hide the physical appearance of the participants, thus, confidentiality was maintained. After each participant had signed the letter of consent the interview began. The length of the interview ranged from 20 to half-hour. A decent atmosphere was created, facilitating a natural flow of ideas and opinions. The participants easily shared their experiences without hesitation. The interview was then transcribed verbatim and subjected to analysis later. Once the transcriptions were completed, the researcher read this while paying attention to the recording. The researcher stored the gathered data of the study in a very safe and private computer. Only the researcher can access it. This is done to ensure the privacy and confidentiality of the data.

The info gathered during this study consists of words and observations that supported the participant's experiences and are not numerical. Therefore, the information collected was within the style of a narrative. Like all the information, analysis and interpretation are required to bring order and understanding. Stages of the analysis of Qualitative data were covered with familiarization of the information, transcription, organization, coding, analysis, and reporting. In analyzing the info, the researcher are going to be used a procedure that involves steps within the analysis process. The analysis of the data was patterned using the the seven steps of IPA data analysis from Smith et al., 2009, as cited in Charlik et al., (2015). Reading and re-reading. Immersing oneself in the original data. Initial noting. Free association and exploring semantic content. Developing emerging themes. Focus on chunks of transcripts and analysis of notes made into themes. Searching for connections across emerging themes. Abstracting and integrating themes. Moving to the next case. Trying to bracket previous themes and keep open-minded in order to do justice to the individuality of each new case. Looking for patterns across cases. Finding patterns of shared higher-order qualities across cases, rating idiosyncratic instances. Taking

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interpretations to deeper levels. Deepening the analysis by utilizing metaphors and temporal referents and by importing other theories as a lens through which to view the analysis.

RESULTS AND DISCUSSION

This chapter presents the analysis and interpretation of the data gathered in this study. The intention of this phenomenological study was to describe and understand the live experience of selected mothers diagnosed with Human Immunodeficiency Virus in Pinoy Plus Inc. Methods of inquiry included phenomenological reflection on the data elicited by the existential investigation of patient's experiences. As such, this research was guided by the following central question: What is the essence of the lived experience of selected mothers diagnosed with Human Immunodeficiency Virus in Pinoy Plus Inc.?

Meanwhile, the corollary questions have been answered in the tables provided.

Corollary Question Number 1: How do selected mothers infected with HIV in Pinoy Plus Inc. describe their lived experiences?

Interview Question 1. How did you find out that you are HIV positive? How old are you then?

When asked about how they revealed that they were HIV positive, two participants elicited two different responses. Participant 1 responded that she revealed her status during her examination. She was a former OFW worker during the time she contracted the virus.

Meanwhile, participant 2 responded that she knew her status once they revealed that her husband contracted HIV. She was advised by the family to get tested and she was also HIV positive.

It was evident that during the interview that both participants elicited identical emotions and feelings. Sadness in their facial expressions was seen. Participant 2 was very emotional.

In step with Karim et al. (2017), women were becoming more vulnerable to HIV infection because of biological vulnerabilities, poor socioeconomic level, male-dominated sexual practices, and epidemiological factors. The study reiterated that men were more effective than women in transmitting HIV to men, and women were physiologically more susceptible to HIV infection than men.

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According to S. Shrestha, et.al. (2015), learning that they have HIV, the virus that caused AIDS, can set off a flood of emotions fear, anger, and sadness, to name a few. Those were normal reactions, but depression and other emotional problems needed to be addressed that they can impact how well they fought the virus. Family support was a very essential social support in everyone's life. As mentioned by Barroso et al. (2017) while a time of adjustment was good, not taking the required measures and seeking treatment may be extremely expensive. Research showed that denial was a common avoidance coping technique HIV-positive patients. Life without meaning or purpose impacted drive to care. After HIV diagnosis, patients were known to experience "transcendence needs," or the urge to question meaning and purpose. While HIV no longer posed a life-threatening danger, it may cause an "HIV-related crisis of meaning."

Interview Question 2. How do you respond when you learned about it?

Table 2 shows the responses of the participants on how they responded when asked about their reactions when they learned that they were positive with HIV. Participant 2 revealed how she could not accept her condition and commenced questioning why she contracted the said disease. She even recalled how she became angry with God, and the way she felt scared since she still had a young son, and he failed to know how long her life would last. Similarly, Participant 4 was in denial and there have been times when she had suicidal tendencies because to her condition. She even stated that she went through depressive stages and encountered much stress. Also, she added how she failed to have other relationships together with her last partner, apart from the mention of an Australian partner.

In addition, as mentioned by the National Institute of psychological state (2020), the strain related to living with a significant illness or condition, like HIV, can affect a person's mental state. It was important for people living with HIV to understand that they needed a better chance of developing mood, anxiety, and cognitive disorders. Depression was one of all the foremost common mental state conditions faced by people living with HIV. It was important to recollect that mental disorders were treatable. People who had a mental disorder can recover completely. Situations that will contribute to mental state problems for people living with HIV include 1) Having trouble getting psychological state services; 2) Experiencing a loss of social support, leading to isolation; 3) Experiencing a loss of employment or worries about having the ability to perform at work; 4) Having to inform others about an HIV diagnosis; 5) Managing HIV medicines and medical treatment; and 6) Coping with loss, including the loss of relationships or the death of loved ones. Additionally, HIV and related infections can even affect the brain and therefore the

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remainder of the systema nervosum. This could change how an individual thinks and behaves. Also, some medications for treating HIV may have side effects that can affect a person's psychological state.

Interview Question 3. What would you consider as the root cause of acquiring the virus?

Table 3 reveals the testimonies of the participants as regards the basis explanation for acquiring the virus, two participants elicited different responses on how they acquired the virus. Respondent 1 stated she contracted HIV due to unprotected sex. As she also added that OFWs were at risk of homesickness and to ease their sadness or loneliness they tried to find something that would make them complete which was having sex with people they did not know. With this realization, she would avoid this practice by using condoms to avoid transferring the virus.

Meanwhile, participant 5 admitted that she contacted HIV because she was ignorant and innocent of this disease. She mentioned that she was not the sort of girl who abused sex with other guys. She has been having sex together with his husband only but discovered that her husband was having sex with other girls. Respondent 2 also emphasizes that unfaithfulness was one of the reasons why many folks acquired the virus, particularly HIV due to their partner. It was also observed that both participants agreed that unprotected sex and non-contentment led them to contract the virus.

According to Pebody (2019), a woman was usually at greater risk of HIV infection from an HIV-positive than man and vice versa. This may be due to several factors. Compared with the penis, the amounts of tissue cells susceptible to infection and/or damage are likely higher within the vagina. A woman may often took large quantities of semen into her vagina, which quickly comes into contact with the more vulnerable tissue of the cervix and may remain there for a period of time. While women were at greater risk of infection from an HIV-positive male partner, condomless vaginal intercourse was also high risk for men, because damaged penile tissue and the mucous membranes in the urethra and on the head of the penis – particularly underneath the foreskin – form a point of infection.

In addition, having unprotected sex with multiple sexual partners (MSP) was the greatest risk factor for human immunodeficiency virus (HIV) and other sexually transmitted infections. Multiple sexual partnerships were characterized by early sexual activities, greater number of lifetime partners, more frequent coitus and unprotected coitus. In addition, those with more than one sexual partner used condom less frequently than those with only one partner and this facilitated the spread of Sexually Transmitted Infections. Other studies have regarded age at first

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intercourse as an outcome variable, while others have used it to explain multiple sexual behaviours within different populations (N WC, 2015).

Interview Question 4. How did you move towards acceptance after receiving the diagnosis?

Table 4 reveals the responses of how the participants moved on towards acceptance after receiving the diagnosis. Participant 2 recalled how she gradually accepted her situation thanks to her child, except for her family. She fought mainly for her child because she continued to consider her child's condition if ever, she will be gone. Likewise, Participant 4 had the identical statement on how her child became her main reason to continue living. She also stated how her family became her web, and never questioned her condition, unlike other diagnosed patients.

However, Yu et al. (2016) said that persistence to attain a normal life with the child and support from different groups, families, and children as the source of strength. Additionally, support coming from their family members and loved ones was a huge factor in them accepting their fate. Studies showed that the first line of defense against HIV stigma, discrimination, and other obstacles was a supportive family. Adequate family support may help build resilience to hardship and improve quality of life. HIV-positive persons often must share the HIV stigma because of their shared experience of stigma as a family and as a community, research indicated that family members may develop into a key source of support for relatives living with severe illnesses such as HIV.

Interview Question 5. How did you share the news to your partner/ family/friends about your current situation? What were their reaction?

Table 5 shows how the respondents shared their conditions with their partners, family, and friends and what their reactions were to the said shared information. Participant 4 recalled how she disclosed the knowledge first to her sister thanks to her application to Singapore and the way she had a tough time disclosing it to her mother. Knowing that her mother was an old, sickly woman, it was difficult on the part of Participant 4 to inform the news to her mother and the way it was hurtful on her end to see her mother cry. On the other hand, Participant 5 had a distinct story to tell. She was reluctant to disclose her condition to her family but was forced to try because of her treatment. She eventually disclosed it to at least one of her brothers, but regretted it later, because her brother had mental depression due to the said information and can not accept her condition.

As mentioned by Rueda et al. (2016) HIV infection has driven many individuals particularly women—to avoid reporting their HIV status to anybody outside their family, an internationally

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reported pattern. While alerting one's family about their HIV status may be difficult, research suggested that individuals who did so benefit from improved treatment outcomes.

Interview Question 6. How did the HIV diagnosis change your life?

Table 6 shows the responses of the participants in revealing how the HIV diagnosis changed their life. According to Participant 2, the diagnosis impacted her life in an exemplary way. Her lifestyle changed from the food that she consumes to having a well-maintained rest always. Participant 4 likewise stated that the diagnosis had a large impact and alter her life. She recalled how she was accustomed being happy-go-lucky person when she separated from her former husband, and she became too complacent with everything. She thought of her HIV diagnosis as a warning sign and she began to own a closer relationship with God.

In an exceedingly study by Ebrahimbabaie et al. (2017), it's believed that patient care should be critical in terms of exercise training, food modification, and psychological therapies. HIV patients should remember of the benefits of exercise and good dietary treatments.

Interview Question 7. What are the challenges you have faced as an HIV positive?

Table 7 shows the responses of the participants on the challenges they faced as HIV-positive people. Participant 1 stated that she endured lots of challenges, especially being denied the services that she needed. She even recalled an experience when people tended to fear and avoid her due to her condition.

Regrettably women living with HIV/AIDS were often ostracized; a stigma that has persisted to the present day. According to Kontomanolis et al. (2017), this process instilled in them sentiments of shame and guilt, which did nothing to assist them in maintaining a healthy self-esteem and mental condition.

Interview Question 8. How did you surpass the challenges related to the HIV diagnosis?

Table 8 shows the responses of the participants on how they surpassed the challenges associated with the HIV diagnosis. According to Participant 1, she considered her family and her children the reason why she continued to measure and rush. Due to this, she tended to omit the concept of her having HIV. Likewise, Participant 4 stated that her family was her biggest network.

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Even in difficult and painful situations, she tended to accumulate strength from her children primarily.

Family support along with no or minimal discrimination was found to contribute to QOL (quality of life) among people infected with HIV. Their overall QOL tended to improve significantly as ART continued (Ming et. al., 2017). Clinical and empirical findings suggest that family can be a significant source of stress for PLHIV, second only to that of the disease itself. However, strong support and little stress from family may increase the Quality of life of PLHIV. Support from family and partners can also improve adherence to therapy, which is the first important factor to be addressed in the planning of HAART services. Furthermore, among HIV-infected adults whose relationships between social support and psychological adjustment were examined, greater support, including financial and spiritual support, was found to reduce psychological distress, such as symptoms of depression.

In addition, the disclosure of serostatus by PLHIV to their partners, family, and friends is an important means of reducing the incidence of HIV infection and improving HIV treatment and care.

Furthermore, according to, Arias-Colmenero et al., (2019) believed that HIV-positive people or people with AIDS make create new circles within their orientation or with those who also are HIV positive, for they believe there would be living within without judgment.

Interview Question 9. How is your relationship with your child? Prompt: Did your child receive the same diagnosis? How does he/she go through acceptance and management of the diagnosis?

Table 9 shows the responses of the participants on their relationship with their child/children. Consistent with Participant 1, it was painful initially, however, as time passed, it became normal for her child. She even recalled how she was never judged due to her condition. Participant 4 also shared an identical sentiment, on how her children understood her condition. She even disclosed how her children failed to contract her disease but were anxious about one in all her children's conditions before her biological process.

This coincides with Ngoma-Hazemba and Ncama's (2016) study that the mother's worries were especially complicated once they voiced their fear that their infants may be HIV-positive during pregnancy or at delivery. With this, they sought assistance from health care professionals to confirm that the polymerase chain reaction (PCR) tests were performed properly and the findings were conveyed promptly so that they may understand their unique circumstances and alleviate their concerns.

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Interview Question 10. What are your future plans for your child?

Table 10 shows the responses of the participants regarding their plans for her child/children. Participant 2 stated how she was going to do everything for her child, for him to graduate and have a decent life. Having a baby who was additionally HIV positive, Participant 5 wanted her child to complete school and eventually accomplish the ambitions and dreams that her child yearns for. She also wishes that her child would have a secured future and have a partner who will accept her child wholeheartedly.

This strengthens the notion that HIV-infected women have historically placed a higher premium on family issues than males, worrying about the disease's influence on their children's prospects and attempting to fulfill their roles as family careers and caretakers for aging parents (Katz et al., 2021).

Table 11 shows the responses of participants to their messages to other parents with identical diagnosis. Participant 3 stated that such parents showed their children about the things that happened to them because it would also serve as a lesson once they came to the purpose of getting sexual activities, especially those that have young children. They learned to care for themselves. She even reiterated to the those who were infected, that regardless of the condition—the child/children will learn to just accept their parents. Participant 4 said that infected mothers should never lose hope that everything happened for a reason. Acquiring HIV for participant 4 may be a start line and not the endpoint.

Relatedly, personal autonomy is engrained in our civilization; it was an individual's inherent moral right to pursue their plans, ideas, and objectives in life. Therefore, the battle against HIV-AIDS should prioritize women's empowerment and decisive action by society. In line with Cluver et al. (2015), society should be willing to experiment with a change in approach, with or without government backing. Only then can the discrimination be eradicated. Women living with HIV must be accepted as valued and necessary members of the community.

Corollary Question Number 2. What themes emerged from the testimonies of the participants?

There are eleven (11) themes that emerged from the responses of the participants. The themes were as follows: Cognizance of Diagnosis; Emotional Disturbances; Ignorance on acquiring the disease; Psychological Convalescence; Disclosure of HIV status; Lifestyle modification; Social Rejections; Affirmation over Abomination; Typical mother-child relationship; Securing lives of their children; Experiential Advice.

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Cognizance of Diagnosis

The first interview question “How did you find out that you are HIV positive?” Cognizance of Diagnosis was the prominent theme that emerged from this table. Sub-themes that emerged were Medical Exams for OFWs, HIV tests of partners, partners' health conditions led to doctor's assessment of their past activities, being with an HIV-positive partner and upon the birth of an HIV-positive child. HIV may be a sexually transmitted disease (STD) and as reiterated from the responses, it was passed from one sexual partner to a different. Additionally, it should even be passed from mother to child through pregnancy, delivery, or breastfeeding. Without medicine, HIV may impair an individual's system for years before becoming AIDS. HIV/AIDS has no cure; however, the drugs may significantly reduce its course. It helped several affluent countries cut AIDS fatalities. The participants already had suspicions that they were HIV positive due to their sexual practices. They learned about their status after examination and by getting tested. The participants visited the hospital for HIV testing because they knew that it had been the foremost accurate to know if they were HIV positive.

The only way to know as expected if one has HIV is to induce being tested. Although the virus can cause symptoms, they are not reliable to tell if someone is infected. Some people would not have any symptoms in the slightest degree. Being diagnosed, they might start caring about themselves getting the right treatment, and to require measures to avoid infecting them. Also, they have to understand their status to avoid any complications in their body. Consistent with UCSF Health (accessed 2021), HIV was a sexually transmitted disease (STD) and as reiterated from the responses, it can be passed from one sexual partner to another. Additionally, it may also be passed from mother to child through pregnancy, delivery, or breastfeeding. Without medicine, HIV may impair an individual's immune system for years before becoming AIDS. HIV/AIDS has no cure; however, the medicine may significantly reduce its course. It has helped several affluent countries cut AIDS fatalities. HIV was usually diagnosed by blood testing. These tests check for viral antibodies that the body produces to combat the infection. People who have been exposed to the virus should be tested quickly, since antibodies may take six weeks to a year to form. Depending on the initial exposure, further testing may be required. However, according to UCSF Health, if a person tests positive for HIV, doctors will devise a strategy to combat the infection and prevent consequences. This will help HIV infected persons avoid risky behaviors that might transmit the infection to others.

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Emotional Disturbance

The second interview question "How do you respond when you learned about it?" When ask about how they responded, participants answered what they felt and experienced. This table shows the responses of the participants on how they tried to accept being HIV positive and also the emotional disturbance it brought to them. Majority of the subordinate themes that emerged from this section was denial.

From their responses, it had been revealed that learning about how they acquired HIV was never easy. Denial and devastation were evident in the answers of participants 1, 2, and 4. They were in the denial stage, depressed, and too stressed. Moreover, the participants disclosed it had been the most painful part of their life once they learned about their status. Meanwhile, participant 4 admitted that she went through some denials when she learned of her status.

As reiterated from the responses, knowing that they have HIV may be overwhelming for a few of the participants. It is not unparalleled for somebody with HIV to be in denial for a protracted. The time of adjustment is nice, but not taking the specified measures and seeking treatment could also be extremely expensive.

As mentioned by Barroso et al. (2017) while a time of adjustment was good, not taking the required measures and seeking treatment may be extremely expensive. Research showed that denial was a common avoidance coping technique HIV-positive patients. Life without meaning or purpose impacted drive to care. After HIV diagnosis, patients were known to experience "transcendence needs," or the urge to question meaning and purpose. While HIV no longer posed a life-threatening danger, it may cause an "HIV-related crisis of meaning."

Ignorance on acquiring the disease

The third interview question "What would you consider as the root cause of acquiring the virus?" When the participants were asked what they considered the root reason for acquiring the virus, a prominent theme emerged from the above responses which was Ignorance on Acquiring Disease. Sub-themes were: Unprotected sex, having a partner with sexual affairs, lack of information and knowledge, and an excessive amount of trust with the partner. A number of the participants during this study have shared that the reason they contracted HIV was due to unprotected sex, having promiscuous sexual relationships, without knowledge about HIV, and being Happy-go-lucky.

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Table 3 shows the responses of the participants on what they considered the foundation reason behind acquiring the virus. Unprotected sex and Lack of information was the prevalent theme that emerged from the above responses. HIV knowledge and limited health literacy or education may be a recognized obstacle to treatment because they affected patient usage, comprehension, and consumption of HIV-related information. participants seem to be unaware that they will contract the infection from others. An excessive amount of trust with partners and non-contentment with their prior partners or sexual wants and wishes surfaced also from the responses. They have a tendency to own unprotected sexual issues with several people and are unaware of the results of their actions.

In line with Gohil et al. (2020), unprotected sexual intercourse has always been a problem among girls and women around the world, and in particularly, the Philippines, since it increased the risk of HIV/AIDS and other sexually transmitted infections (STDs). Adolescents have long had STDs and unwanted pregnancies in many nations. Many girls and women engaged in unprotected intercourse with several partners, resulting in STD and HIV transmission. A lot of worldwide research has been done on girls' and women's understanding of HIV and other STDs (Adia et al., 2018; Koirala et al., 2017).

Psychological Convalescence

The fourth interview question "How did you move towards acceptance after receiving the diagnosis?" Thematic Chart D shows the responses of the participants when asked how they moved toward their acceptance of their situation because the main reason for accepting HIV diagnosis was Psychological convalescence. The subordinate theme that arose from their responses was a robust faith in God and looking forward to God that they might be healed or have extended life. It will be considered that learning ones' own faith in God was the educational point of each participant that responded. They chose to be faith-oriented and God-fearing after understanding their situation or condition. Faith and finding new meaning in life regardless of what, and when the participants choose love, their faith grows. They have a tendency to believe that they were going to be with the members of the family for a protracted time and God would supply the answers to their ailing sickness.

To support with the claim, according to the article by Kumala et al., (2022) without family support, HIV patients face negative responses and a tough life situation, which can lead to worries, guilt and sometimes ideas about ending their life. Family support can improve the

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confidence of HIV patients and it can lead to a longer life if it encouraged the HIV patient to take their antiretroviral therapy (ARV) medicine. ARV treatment was necessary for HIV patients. When HIV patients did not comply with their ARV treatment or stop their ARV therapy, resistance to ARV becomes more likely, there was an increased risk of infecting other people with HIV, and a higher likelihood of the HIV patient dying.

Additionally, Stigma attached to HIV/AIDS remains a global problem, with severe negative consequences for people living with HIV (PLHIV). Family support was fundamental for PLHIV's psychological and physical well-being. Based on qualitative data generated with HIV-positive women and men, this article explored the process of stigmatization, as experienced and perceived by PLHIV in Turkey, focusing on the institution of the family. Results indicated that enacted stigma from family members was lower than anticipated. While most participants' narratives showed patterns of support rather than rejection from families, the strong expectations around the cultural value attributed to "the family" were found to be the main facilitators of internalized stigma. The article critically discussed the meaning and implications of family support, addressing the role of patriarchal values attributed to womanhood, manhood, and sexuality in Turkey (Oktem, 2015).

Disclosure of HIV status

The fifth interview question "How did you share the news with your partner/ family/friends about your current situation?" Thematic Chart E shows the responses of the participants in disclosing their condition to their families. The HIV status of these infected and any needle sharer should be disclosed whether or not they were not comfortable doing so. By sharing one's HIV status, everyone can stay healthy. Unless an infected individual will inform them, their family and friends would not know the test results or HIV status. However, as reiterated from the responses, together with the uncertainty, worry, and fear of discrimination that include sex-based differentiation, HIV infection has driven many individuals, particularly women, to avoid reporting their HIV status to anybody outside their family, an internationally reported pattern.

While alerting one's family about their HIV status could also be difficult, research suggests that individuals who do so enjoy improved treatment outcomes. However, when family and friends respond favorably to the news of an HIV diagnosis, it should lead to social support for people with HIV (Maman et al., 2014).

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Lifestyle Modification

The sixth interview question “How did the HIV diagnosis change your life?” Thematic Chart F shows the responses of the participants on how the HIV diagnosis has changed their life. The prominent theme that emerged from the above responses was Lifestyle Modification. The subordinate themes that arose from the responses were Health and food awareness, Self-care, Getting closer to God, Knowing oneself more as an activist, speaker, and advocate, and inability to figure. As reiterated by the responses, HIV targeted the system in which early symptoms of AIDS included weight loss, fever, diarrhea, and opportunistic infections. As such, as noticed by Participant 2, from the instant HIV infection started, a decent diet was critical. . As such, people with HIV tend to relate with others having the identical acquired disease, as was analyzed from the response of Participant 1. Another subordinate that arose was the lack to figure, and it may be noticed from Participant 5 that she continues to battle considerable obstacles to returning to figure and intrinsically, she will be able to only visit other places or countries as a tourist. This might even have psychological state implications for anyone with HIV since they'll develop depressive symptoms thanks to being detached from work.

According to Centers for Disease Control and Prevention (2022), receiving an HIV diagnosis can be life changing. They may feel many emotions—sadness, hopelessness, or anger. Getting and keeping an undetectable viral load (or staying virally suppressed) was the best thing they can do to stay healthy. Having an undetectable viral load also prevented transmission to others. In fact, if they have an undetectable viral load, they will not transmit HIV to their sex partner. Additionally, People with HIV can do the same types of exercise as people who did not have HIV. Exercise can help PLHIV to maintain good physical and mental health.

To support, in a study by Vrontaras (2022), he mentioned that a review of Quality of life among PLHIV proposed that HIV affects QOL across four main-domains:1) the Physical, which entails symptoms and the disease’s impact on the activities of daily living.2.) the psychological, which refers to the individuals beliefs, feelings and self-concept. 3) the social, involving relationships and social contacts and,.4) the environmental, which refers to home, safety, health, and social care quality.

Social Discrimination

The seventh interview question “What are the challenges you have faced as an HIV positive?” Thematic Chart G shows the responses of the participants on the challenges that they needed to face as HIV-positive people. From the above responses of the participants, a prominent

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theme emerged, Social Discrimination. Sub-themes were also formed; Service rejection, Intolerance, High risk of getting cervical cancer, limited work, and Fear of leaving their children. As a prevalent theme during this context, social discrimination against HIV-positive persons might push them to change their routines and everything that they were doing. The participants, being women and mothers typically feared shame and rejection from the society and community, not because they risked losing their status, but also their capacity to exist. Social rejection may result in poor self-esteem, despair, and even suicidal thoughts or actions. Meanwhile, participant 1 admitted that one of all the challenges that they had faced was being denied the services that she needs as an HIV positive, within the style of treatment which was ART or Antiretroviral treatment.

According to Xu et al. (2018) social discrimination against HIV-positive persons might push them to modify their routines and everything that they did. The participants, being women and mothers typically feared shame and rejection from the society and community, not just because they risked losing their social status, but also their capacity to exist. Social rejection may lead to poor self-esteem, despair, and even suicidal thoughts or actions. Research showed that this was a form of stigma, which came in several forms: perceived, internalized, and performed. A stigmatized group feared social views and probable discrimination.

Affirmation over Abomination

The eight interview question "How did you surpass the challenges related to the HIV diagnosis?" Thematic Chart H shows the responses of the participants on how they surpassed the challenges associated with the HIV diagnosis. From the dominant theme, which was Affirmation over Abomination, a prominent subordinate theme that was extracted was Child and acceptance of past experiences. Realizing a traditional life with the kid, and support from the various groups, families, and youngsters because they were the source of strength. It can be obtained from the responses that the participants soon accepted their HIV diagnosis and therefore the reality that nothing can be done about it. Similarly, the mothers recognized that blaming others for their diagnosis was futile and easily led to emotional harm. Additionally, support coming from the members of their families and loved ones was a great help for them in accepting their fate.

People living with HIV/AIDS not only require effective treatment for the alleviation of physical discomfort but also require social support to help them address difficulties in life and relieve their psychological anxiety and uneasiness. The social support network is of tremendous importance in helping people living with HIV/AIDS maintain good physical and mental health (Li

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et. al., (2021). Human immunodeficiency virus (HIV) damages patients' normal physiological functioning, thus putting them in a difficult life and economic situation. Social discrimination causes people living with HIV/AIDS to suffer from difficulties in interpersonal relationships and social environments. Therefore, people living with HIV/AIDS not only require effective treatment to alleviate their physical discomfort but also require social support to help them solve their life difficulties and relieve their psychological anxiety and uneasiness.

Furthermore, Social support refers to the system of spiritual or material support from all aspects of society, including parents, relatives and friends. As a multifunctional social system, social support improves an individual's physical and mental health. It plays an important role in coping with and recovering from diseases. Social support could moderate the negative effects of stressful events, and it is one of the most effective ways to cope with stress. Research indicates that the social support network is of great significance to help people living with HIV/AIDS maintain good physical and mental health.

Typical Mother-Child Relationship

The nine interview question "How is your relationship with your child?" Table 9 shows the responses of the participants about their relationship with their child/children. Typical Mother-Child Relationship towards Acceptance and Management of the Diagnosis was the prominent theme that emerged from these responses. Sub-themes were pointed to normal and nothing changed with regards to the link with their children where it developed more understanding and led to good relationships. The responses stated that the children were considerably accepting of their mother's condition. Per the responses, HIV-positive mothers who told their HIV-negative children about their status report better relationships. Supporting their responses, the mother participants who confessed their situations to their children had less parental stress than mothers who did not. HIV disclosure promotes open communication and stronger parent-child connections as a recurring idea from the responses given.

Research shows that individuals may use tools to create personal resilience and coping skills to handle stigma and maintain quality of life. Social support, particularly family support, has been linked to increased resilience for people with HIV. Unlike Western individualism, the Filipino culture is collectivist, where people don't seem to be seen as autonomous entities. In line with these ideologies set forth on Filipino values, the Filipino people were more willing to sacrifice their interests to push family values (Tuazon, 2021).

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Securing lives of their Children

The tenth interview question “What are your future plans for your child?” Thematic Chart J shows the responses of the participants with plans for their children, Securing lives of their children emerged. To be prepared for his or her future, To grow well, to be pleased with life, to end studies, and to own a partner who truly accepts their status were formed as subordinate theme. After sorting out that the mother participants were HIV-positive, they realized that there was a big possibility of their children enduring the identical fate. However, all they require was for their children to possess an honest and secure future. They hoped their children to succeed in their dreams and ambitions in life, exemplifying the portrayal of being a mother in them.

This strengthens the notion that HIV-infected women have historically placed a better premium on family issues than males, worrying about the disease's influence on their children's prospects and attempting to satisfy their roles as family carers and caretakers for aging parents (Katz et al., 2021). In line with Ristriyani et al. (2017), to just accept their situation, every woman has more responsible for the identical agony. Support from spouse, family, and health professionals' influences acceptance of HIV positive.

Experiential Advice

The eleventh interview question “What messages do you wish to extend to other parents with HIV diagnosis?” According to Naigino et al., (2017) disclosure of HIV positive status to sexual partners was promoted by HIV prevention programs including those targeting the prevention of mother-to-child transmission. Among other benefits, disclosure may enhance spousal support and reduce stigma, violence and discrimination.

As mentioned by Endebu (2019), the advance and rapid expansion of antiretroviral therapy (ART) to tackle HIV/AIDS were one of the most remarkable achievements in global public health history. World Health Organization (WHO) recommended that ART should be initiated in all adults living with HIV, regardless of WHO clinical stage and at any CD4 cell count. Access to ART has been also increasing with time, and this expansion has helped the program reach millions of people living with HIV/AIDS (PLWHIV). Higher adherence levels to a treatment plan, took medication at prescribed times and frequencies and followed restrictions regarding food and other medications were crucial for better clinical outcomes, including fewer hospitalizations, fewer opportunistic infections, and complete suppression rates. Ensuring clients taking equal or greater than 95% of prescribed doses, prevented the development of resistant to Human Immune-

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deficiency Virus (HIV), and prevented HIV treatment failure were the goals of adherence to antiretroviral therapy.

Additionally, HIV.gov (2017) said that being diagnosed with HIV was life-changing news. Listen to their loved one and offer their support. Reassure them that HIV was a manageable health condition. There were medicines that can treat HIV and help them stay healthy. Some people who were recently diagnosed may find it hard to take that first step to HIV treatment. Support and assistance will be helpful. By getting linked to HIV medical care early, starting treatment with HIV medication (called antiretroviral therapy or ART), adhering to medication, and staying in care, people with HIV can keep the virus under control, and prevent their HIV infection from progressing to AIDS. If you are the sexual partner of someone who has been diagnosed with HIV, you should also get tested so that you know your own HIV status.

Corollary Question Number 3. Based on the findings of the study, what course of action may be proposed?

The researcher provided two (2) courses of action. One, the action plan proposed by the researcher was an awareness plan about the psychosocial support and mental health among People living with Human Immunodeficiency Virus. The school or institution may include an awareness plan for students and other people. Another plan of action is the dissemination of information about HIV and be done by means of a pamphlet designed by the researcher. The researcher also offered his support in upholding the mission of their organization thru a social media platform.

CONCLUSIONS

In addition, the researcher personally had an understanding of the experiences that the participants went through from diagnosis up to their acceptance of their condition. At the top of his thesis writing, he believed that his participants need plenty of help and support in their lives as they battle their illness. People Living with HIV are persons that require love, respect, and acceptance similar to others do.

The majority of the participants were diagnosed through HIV testing, while two had known about their HIV status while they were confined in a hospital. The participants became emotional after learning about their status. The initial reactions of the participants were sadness,

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devastation, and hopelessness. The participants in this study particularly mothers with HIV remained silent because they were afraid to be judged and discriminated. The participants of this study admitted that they had a hard time telling their status to their family, some chose not to disclose but they believed that still, family is family, that no matter what happened after all their mistakes, there will still be room for acceptance. The participants experienced a lot of changes in their lives after being diagnosed with HIV as evidenced by their answers to the interview questions and different reactions, feelings, and emotions were established. More of the participants specifically spoke about how they manage the complexity brought by HIV, participants expressed their biggest reason why pursuing life is because of their children. The participants sought medical treatment in the form of ARV for their continuous recovery even though they are conscious of the fact that there is no cure for this disease. Mother-participants needed financial support since some of them did not have work.

Furthermore, different realizations exist among the participants regarding relationships and the practice of sex. The participants in this study abstained from any sexual practices/activities to avoid infecting others. The participants transformed their life by changing their lifestyles, focusing on the health, and the welfare of their children, and by being more conscientious and responsible in their decision-making. The majority of the participants of this study focus their time on the community of PLHIV, particularly in Pinoy Plus Inc., an organization where they belong.

RECOMMENDATIONS

Given the aforementioned findings, the following recommendations are offered by the researcher. First and foremost, Continuing support of the government for HIV awareness and conducting education among PLHIV is encouraged. If possible, attention may also be directed to increasing the supply of ARV drugs, especially for patients with limited financial capability. The researcher aims to help Pinoy Plus in promoting its mission of helping all PLHIV and affected families of HIV patients through designing and giving leaflets campaigning for HIV awareness. Promoting Pinoy Plus organization can also be done with the help of social media. Strengthening and implementing education policies regarding knowledge and awareness of HIV and other sexually transmitted infections (STIs) may also be considered in primary and secondary schools. The participants in this study spoke of the misconceptions and a lack of knowledge regarding HIV in society. In addition, continuing education is also critical to eliminating barriers that still exist regarding HIV and AIDS. Providing more education on HIV and other sexually transmitted

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infections throughout the primary and secondary school years could help increase awareness and lessen or eliminate persistent discrimination. Lastly, people experiencing HIV infection in this study may not represent the larger group of people living with HIV infection. Therefore, it is recommended that further research from the phenomenological perspective be explored to improve and enlighten areas that the researcher lack.



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