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Research Article

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Lived Experiences of Individual Living with Human Immunodeficiency Virus Ages 18-30 in Dasmariñas City Cavite

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Abstract

An undergraduate thesis presented to the faculty of College of Nursing, Cavite State University, Indang Cavite, in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, with Contribution no. SP CON NO._____. Prepared under the supervision of Dr. Evelyn M. Del Mundo.

Introduction

Human Immunodeficiency Virus is a viral infection that attacks and slowly destroys the immune system of the infected individual that leads to "immune deficiency". It is progressive and can lead to lack of body defense to all kinds of infection including those that don't normally infect man and can also lead to cancer susceptibility. Symptoms are; mouth sores, lesions, genital wartz, pneumonia, and diarrhea for one month, lymphadenopathy (Department of Health).

Authorities said that Human Immunodeficiency Virus incidents have increased in the province of Cavite every year with the total 1,589 cases that were recorded on the area. The Department of Health report ranked Cavite province as No. 1 in terms of Human Immunodeficciency Virus cases number in Region IV-A the Calabarzon (Cavite-Laguna-Batangas-Quezon) area and No. 2 in the country after National Capital Region. Public Health Office-Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome Program Coordinator Haydelisa D. Maderazo, citing a report from the Department of Health-National Epidemiologic Center, said that 243 cases were recorded in the province of Cavite from January to June 2018. Of the 243 cases, 222 are individual living with Human Immunodeficiency Virus and 21 Acquired Immunodeficiency Syndrome. Maderazo reported that 233 of those afflicted were males and ten (10) were females and that many of them are with ages ranging from 16-24 years old. However, Dasmariñas was ranked as the second to the highest Human Immunodeficiency Virus cases recorded in the Cavite that has 264 clients diagnosed with Human Immunodeficiency Virus.

In August 2018, there were 1,047 new Human Immunodeficiency Virus antibody seropositive individuals reported to the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome & Antiretroviral Therapy Registry of the Philippines. Seventeen percent (17%) had clinical manifestations of advanced Human Immunodeficiency Virus infection (World Health Organization clinical stage 3 or 4) at the time of diagnosis. Ninety-five percent (95%) of the newly diagnosed were male. The median age was 28 years old (age range: 15 - 61 years old). More than half of the cases (51%, 53%) were 25-34 years old and 30% were 15-24 years old at the time of testing. One third (31%, 32%) was from the National Capital Region. Region IV-A (17%, 173 cases), Region 3 (11%, 119), Region 7 (10%, 108), and Region 6 (6%, 58), round off the top five (5) regions with the most number of newly diagnosed cases for the month, together accounting for 75% of the total. Sexual contact remains the predominant mode of transmission (98%, 1,022). Among this, 87% were males who have sex with males. Other modes of transmission were needle sharing among injecting drug users (2%, 17). There were eight (8) cases that had no data on mode of transmission. Among the newly diagnosed females this month, two were pregnant at the time of diagnosis and both were from National Capital Region (Department of Health/ Epidemiology Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome & Antiretroviral Therapy registry of the Philippines August 2018).

According to Philippine commission on women National machinery for gender equality and Women's Empowerment **an act promulgating policies and prescribing measure for the prevention and control of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome in the Philippines, instituting a nationwide Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome program, establishing a comprehensive Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome monitoring system, strengthening the Philippine national aids council, and for other purposes**.

Through these facts, this study aims to investigate the lived experiences of the selected individual who were diagnosed with human immune-deficiency virus infection in Dasmariñas Cavite that may include their needs, struggles and changes.

This study will helpful to those individual living with Human Immunodeficiency Virus for them to hear out their aspirations

against negative insight towards Human Immuno Deficiency Virus. Thus would also useful to the readers and the society in understanding the lived experiences of individual living with Human Immunodeficiency Virus to reveal the real situation of having Human Immunodeficiency Virus.

Methodology

This chapter presents the methods of how the study conducted, the participants, the place where it was held, the instruments used in gathering the data needed.

Research design

This study devised a qualitative descriptive phenomenological research design that aimed to summarize the lived experiences of six (6) Human immunodeficiency virus individual aged eighteen (18) to thirty (30) in Dasmariñas City Cavite. Descriptive Phenomenological research helped the researchers to understand the essence of phenomenon by examining the views of individual according to their life experiences (Polit & beck, 2008). In this study the phenomenon is the lived experiences of Human immunodeficiency virus individual which was determined in terms of physiologic and psychologic aspects. Their needs, their common elements, themes or patterns of experiences in their lives, were also included. Interpretative, descriptive, phenomenological analysis was used as an approach.

Participants of the study

The participants of the study were individual living with human immunodeficiency virus residing in Dasmariñas City Cavite. The study has the following inclusion criteria:

1. Participants should age 18 to 30 years old.
2. Participants should be human immunodeficiency virus positive.
3. The participants voluntarily agreed to participate in study.
4. Participants should live in Dasmariñas City Cavite.
5. The participants can communicate either Filipino or English language.

The participant should have willingness to participate the study.

The exclusion criteria were:

1. Those who are verbal disabilities: and
2. Those who are uncooperative, agitated and hostile.
3. Those who are not human immunodeficiency virus positive.

Research Instrument

The researchers are the primary instruments of the study. This study used one voice-recorded interview ranging from 15 to 30 minutes with each participant.

Part I Includes the individual living with human immunodeficiency virus client's (18 to 30 years old) personal information including; code name, age, gender, civil status, and occupation was filled up by the participants before the interview proper.

Part II Includes guideline questions utilized by the interviewer during the interview process.

Validation of Research Instrument

The questions used in this study were checked by the experts who are knowledgeable enough to assess the content and the validity of the questions was done. Dr. Evelyn M Del Mundo, professor with mastery in Maternal and Child Nursing, Rolando P. Antonio with specialized Mental Health and Psychiatric Nursing, Haydelisa Maderazo Public Health Office-Human Immunodeficiency Virus-Acquired Immunodeficiency Syndrome Program Coordinator, Felipe N. Escaño MD. Medical Officer III at Cavite Center for Mental Health, Pastor Adrian T. Oliva, Youth Pastor at Silang Community Evangelical Church, Sympson G. Maquera a case Manager/ Sexually Transmitted Infection, Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome Counselor at Dasmariñas City Cavite Human Immunodeficiency Virus Social Hygiene Clinic and Dr. Maria Soledad B. Mendiola a Sexually Transmitted Infection, Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome Program Coordinator at Dasmariñas Social Hygiene . The guide questions were revised according to their comments and suggestions.

Sampling Size Determination

The place where the study was conducted was determined using theoretical sampling technique. The researchers focus was the lived experiences of individual living with human Immunodeficiency Virus ages 18-30 in Dasmarinas City Cavite. Theoretical sampling was the process of data collection for generating theory where by the analyst jointly corrects, codes and analyzes data gathered and decides what to collect. The researchers used this sampling technique to obtain valid and accurate results from the chosen participants of the study. The researchers did not predict the number of participant but upon the saturation only six (6) participants has the common experience and themes shown.

Saturation

Saturation was used in this qualitative study about the lived experiences of individual living with human immunodeficiency virus ages (18) eighteen to (30) thirty in Dasmariñas City Cavite. Saturation is a tool that helped the researchers to ensure the adequacy and quality of the data collected to support the study.

In this study, the researchers conducted an in-depth interview with ten (10) individual living with human immunodeficiency virus participants. Gathered data were monitored and analyzed until the researchers found remarkable themes from the answers of the ten (10) individual living with human immunodeficiency virus participants. This assists the researchers in determining the remaining six (6) individual living with human immunodeficiency virus participants, which were considered to be as the final participants meeting the saturation point of the study.

Rigor and Trustworthiness of the Study

The study followed the criteria of a good qualitative research, which are credibility, conformability and dependability.

To assure that the gathered data is credible, the researchers validated and confirm all the information by encouraging the participants to restate and clarify their answers. In cases where in the participants gave contradicting answers, the researchers validated it again by having another interview. This allowed the researchers to reconstruct the information gave by the participants.

For the conformability, researchers used voice recorders as permission allowed. The researchers also transcribed the verbalization in a very careful and specific manner. Researchers took down notes to assured that no information was missed. The participants were also informed about the process of transcribing.

Dependability of the study reflected of how was the whole study made. The study hold its own reliability and shown some differences

and similarities of results.

Data Gathering Procedures

The data gathering was done with the used of the following procedures:

Prior to the collection of data, the researchers composed and send a letter of request to Sexually Transmitted Infection, Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome Program Coordinator at Dasmariñas City Cavite Human Immunodeficiency Virus Social Hygiene Clinic, Maria Soledad B. Mendiola, MD., and to the Public Health Office-Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome Program Coordinator at Trece Martires City Cavite, Haydelisa D. Maderazo, RN. The researchers also sent a letter to city office at Dasmariñas City Cavite. This allowed the researchers to gather basic information including the availability of the chosen sample to ensure the feasibility of the study. The researchers look for their participants in to two (2) social hygiene clinic, which are Dasmariñas Social Hygiene and Trece Martires Social Hygine Clinic. The participant's approval was approached first by Ma'am Haydelisa D. Maderazo and Sympson G. Maquera (staffs at Social Hygiene Clinic at Trece Martirez City Cavite & Dasmariñas City Cavite) before finally meeting up the researchers for the interview, both of them confirmed the approval of individual living with human immunodeficiency virus clients in both hubs those who resides in Dasmariñas City Cavite and willing to participate in the study. Only ten (10) of the clients in both treatment hubs agreed and respond their willingness to meet with the researchers for the interview. Upon interview, the researchers gave a consent letter to each of the ten (10) participants to ask their permission to participate in the study as well as for the confidentiality of the data that gathered.

First, the researchers prepared a self-made guide questions that lead them upon interview. Upon approval of the request, the researchers discussed the content of the study and asked the participants to fully participate in the interview. In the interview, the researchers checked for the ability of the participants to understand the language that used in the interview.

Next, the researchers rendered an in depth interview with the participants using the guide questions with general leads. Voice recording was utilized in the interview as permission allowed, the researchers were also transcribed the answers given by the participants. After seven (7) days, the researchers conducted their second interview where in the same guide questions used to validate the answers of the participants. The third interview was conducted again seven (7) days later to ensure validity and reliability of the data that gathered.

After each interview, the researchers transcribed the data gathered from the interviewee with accuracy including the pauses, mis-hearings, apparent mistakes and even speech dynamics, which indicate something remarkable and important. The transcripts were analyzed in conjunction with the original recordings and interview themes were identified which may or may not match those on the researcher's prompt sheet.

Lastly, the researchers coded, transcribed and analyzed verbatim transcripts that were reviewed and approved by the participants prior to initial deductive data analysis. Data that were collected was transcribed, interpreted and analyzed.

Ethical Considerations

To maintain the confidentiality of the participants of the study, the researchers made an informed consent as a form of assurance that the information of the participants will be kept confidential. It is rest assured that no one will know about their information except for the researchers and their advisers. Anonimized the identity of participants for highly confidentiality, instead of putting their real name code name was used. Structured process recording was done as participants allowed the researchers as well as transcribing the verbatims. The data gathered will be store in an external hard drive of the researchers secured with passwords.

Before the researchers gathered data for the study, the researchers submitted a copy of their thesis proposal, which included Cavite State University ethics review board as of one of the Cavite State University requirements. The ethic review board members analyzed and critic the thesis proposal. The ethics review board was concerned with the ethical considerations of the study and they ensured the confidentiality and privacy of the participants was concerned the confidentiality and privacy of the participants. A certificate of approval to conduct the study was issued to the researchers by the Cavite State University Ethics Board Chair, headed by Dr. Bernadette M. Sapinoso.

Data Analysis

The data gathered by the researchers from the participants who are individual living with human immunodeficiency virus were critically transcribed and analyzed. The formulated themes were based on the leading concept revealed by the experiences of individual living with human immune deficiency virus. Researchers partially come up with providing a general composition with the formulated themes into set of groups. A list of figures was also constructed chronologically that contained the highlights of the leading concepts revealed by the participants.

This qualitative phenomenological study described and summarized the unrevealed lived experiences of individual living with human immunodeficiency virus in a real setting they encountered in the society where they belong without concept related to theories, about their actual situation observed or the reality towards them. A phenomenological study involves four steps; Bracketing, Intuiting, Analyzing and Describing. In able to prevent presumption and theory related expectations, Bracketing is done through elimination of biases through related literature and phenomenological reduction. This was utilized by the non-judgmental research team to such event that it did not impede the perception of the phenomenon at the center of the study (Tattersall, 2014).

Set of procedures and the step-by-step process was conducted to relay data collected into interpretation of the lived experiences of individual living with human immunodeficiency virus by utilizing Qualitative Data Analysis. Deductive method was utilized to criticized for the common and differences in the verbalization of lived experiences of the study participants. "Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written up field notes or transcriptions" (Miles and Huberman 1994). Through this approach data presented became precised and concised.

Data was organized and categorized into codes to specify and collate the data. The statement of the problem was the pattern used to

formulate themes that lead in constructing of codes in the research study. In the coding, colors were used to code the affirmation of the problems; struggles encountered by individual living with human immunodeficiency virus infection; needs of individual with human immunodeficiency virus infection; and the actual changes experienced of individual with HIV infection, those that have formulated theme has been coded. This further summarized the principles that explain, described and synthesize the information/ data, this serve as the primary basis of data analysis.

When the saturation point of the study was finally done, the technique utilized in the validation of the manuscript was through participant validation. The researchers conducted visitation to the six (6) individual living with human immunodeficiency virus participants three times for the entire study, then systematically request feedbacks about facts to arrive in the larger study population. It definitely excluded some of the possible misconstruction of the occurrence and interpretation. Searching for the incompatible information or negative cases were also used to observe and analyzed. This proofs may identify if still had more justifiable reason to reserve or modify the conclusion.

Results and Discussion

In this chapter, the results of the study are presented and discussed with reference to the objectives of it. This also presents summarization of the themes formulated as well as concept maps and the interpretation of data, regarding the verbalization of the six (6) individual living with human immunodeficiency virus at Dasmariñas City Cavite, Philippines. Interview was conducted to explore, analyze and summarize the understanding of the researchers towards the verbalized lived experiences of individual living with human immune deficiency.

The results of this study were thoroughly categorized in accordance to the struggles encountered by individual living with human immunodeficiency virus, the needs of individual living with human immunodeficiency virus infection, and the lived changes experienced of individual living with human immunodeficiency virus. Each of cases were narrated one at a time, and comprehensively analyzed.

Demographic Profile of the Participants

The participants of this study were six (6) men between ages 18 – 30 years old all of which are Filipino nationals who resides in Dasmariñas City Cavite.

The majority age of the participants is 30 years. All of the said participants were diagnosed with human immunodeficiency virus before the age of 30 who resides in Dasmariñas City Cavite. The individual were qualified as study participants because they live having human immunodeficiency virus and their age ranges from 18-30 years old and were able to narrate their different experiences.

Table 1 shows the percentage distribution of the participants in terms of age. The first row shows the age range of the participants then the second row indicates the age frequency, while the third row shows the age percentage.

The first column shows that one of the participants age falls under range of 28 and 29 years old that results in 16.67% of the participants. The next column shows that five (5) participants is in aged 30 and 31 that results in 83.33% of the participants

This implies that they maybe increase cases of human immunodeficiency virus among aged ranges 30 and above.

According to Centers for Disease Control 2017 Human Immunodeficiency Virus infections among gay and bisexual men decreased among those aged 13-24 years by 18 percent (from 9,400 to 7,700 infections) and among the 35-44 age group by 26 percent (from 5,800 to 4,300 infections), but increased by 35 percent among those aged 25-34 years (from 7,200 to 9,700 infections). Black men continue to represent the largest number of new Huma Immunodeficiency Virus infections (10,100) among men who have sex with men, followed by whites (7,400) and Latinos (7,300).

Table 1: Percentage and frequency distribution of participants according to age

AGE (YEARS)	FREQUENCY	PERCENTAGE
28-29	1	16.67
30-31	5	83.33
Total	6	100

Gender

The first row shows the gender of the participants then the second row indicates the gender frequency, while the third row shows the gender percentage.

The first column shows that all of the participants are male that automatically results in 100% of the participants. The next column shows that none of the six (6) individual living with human immunodeficiency virus participants are female. This implies that the case of human immunodeficiency virus is more predominant in male than female in Dasmariñas City Cavite. According to Centers for Disease Control 2017 Gay and bisexual men – referred to in Centers for Disease Control surveillance systems as men who have sex with men. The risk group most severely affected by Human Immunodeficiency Virus in the United States. However, from 2008 to 2014 the number of annual HIV infections among gay or bisexual men remained steady at about 26,000 per year, an encouraging stabilization after more than a decade of increases. To sustain and accelerate this progress, there is an urgent need to expand access to proven HIV prevention programs for gay and bisexual men.

Table 2: Percentage and frequency distribution of participants according to gender

AGE (YEARS)	FREQUENCY	PERCENTAGE
Male	6	100
Female	0	0
Total	6	100

Civil Status

Low socioeconomic status combined with poor conditions in informal areas may explain the increased risk of Human Immunodeficiency Virus among unmarried populations. Bout and colleagues (2014) suggest that being unmarried with a single income may lock individuals in a cycle of poverty and increase Human Immunodeficiency Virus risk. Barnett and Whiteside (2006) argue that "income inequality decreases 'social cohesion,' the fabric of society that stabilizes sexual relationships" (as cited in Buot et al., 2014, p. 13). Poverty and unemployment reduce the attractiveness

of marriage or long-term monogamous relationships (Posel & Rudwick, 2012; Buot et al., 2014; Adimora & Schoenbach, 2002), may encourage cohabitation (Hunter, 2007; 2010).

Table 3: Percentage and frequency distribution of participants according to civil status

CIVIL STATUS	FREQUENCY	PERCENTAGE
Single	3	50
Cohabiting	3	50
Total	6	100

Occupation

Poverty and unemployment reduce the attractiveness of marriage or long-term monogamous relationships (Posel & Rudwick, 2012; Buot et al., 2014; Adimora & Schoenbach, 2002), may encourage cohabitation (Hunter, 2007; 2010), transactional sex and concurrent MSPs as a means of accessing income for both basic and other needs (Dunkle et al., 2004; Leclerc-Madlala, 2008; Fox, 2012; Zembe et al., 2013).

Table 4: Percentage and frequency distribution of participants according to occupation

OCCUPATION	FREQUENCY	PERCENTAGE
Employed	2	33.33
Unemployed	4	66.66
Total	6	100

Presentation of the Participant's Cases

The Case of Em-Em (Code name)

Em-em is a 30 years old male from Dasmariñas City Cavite, according to him he discovered his HIV status last July 2016. Because of this, he decided to have physical check-up since he observed rashes on his genital area. He was examined by a physician who advised him that he has HIV. The initial reaction was strong denial and he could not accept the fact of having HIV. This situation triggered his condition and he started to have episode of depression due to severe feeling of sadness that he experienced. In terms of struggles, he encountered being an HIV client he stated that first, he experienced rejection followed by discrimination, but he was able to overcome this by ignoring it. Next is the struggle in terms of adaptation and adjustments. For Em-em, if he to himself doesn't accept his condition, then who will accept him, if he will not accept then it will just then again turn into stigma especially for those individuals who still not knowledgeable enough of HIV. This type of individuals will just take themselves away from them. Therefore, Em- em did accept the things he had for the better. He did fight in able to survive.

Em verbalized "*sa pag adapt nung kung anong meron ako, sabi ko kung diko tatanggapin sarili ko, sinong tatanggap sakin, so, magiging stigma lang siya lalo para sa mga taong di pa nakaka-alam, syempre diba parang lalayuan ka nila. So, I think dapat I accept ko muna yung kung anong meron ako*".

He first experienced the rejection with his family, they did not accept him when he honestly confessed to them his condition, and they just wanted him to left their house. So he looked for another way to survive it. When he left home, nobody came to visit him. Brokenness conquered him that time that he couldn't even discuss it with his close friends whom he trusts before. There is one left trusted friend whom he considered a family that helped to regain everything. End or less when his family discovered that he was already bedridden, stigma and rejection ceases when they know that he was able to survive. After a year of surviving, he started to work again. At the time that he was already ILHIV, he never dreamed of having sex again. He never had a partner again for almost ten (10) years. He focused more of himself at the same time he doesn't want to spread the virus with others. In terms of his health, according to him every person had different approach of how would they deal with depression some of them reduce weight, however others gain a lot of weight, because he gained a lot of weight, prior of having HIV three (3) years ago he is 50 kilos or less, but now he was already 80 kilos. He also had episode of depressions, most of the time he experienced mood swings this is due to side effects of the medication they take which is Antiretroviral Treatment (ART), when he is emotionally disturbed he chose to be alone rather than having a companion with others. Finally, when in terms of financial needs, even he had a work he still experience crisis due to lot of medications to buy.

It also affects his day to day living that he became more careful and sensitive towards individual surrounding him, for example if there is someone who has cough and colds they stay away from them because they can easily get infected by it. He had Pulmonary Tuberculosis (PTB) before, after six (6) months of having treatment, he took good care more of himself especially when he commutes.

He did change his lifestyle for his own good, specifically with the foods he eats and avoid vices. On the other hand, he told that he don't want to have a partner in life again even if there someone who will attempt, because he thinks that they will only left him again, because only few could accept on the situation he had. If the society can't accept what more the partner, he will be having. He did not want to feel abandoned again because it will end up of depression again. Em-em sees himself working and striving hard for the future, he is looking forward that he will achieve his dream of having his own house. He knows to his self that his life will ended soon, but he still hopes that his life will stay longer. He did not dreamed also of having his own family even adopting a child, because he experienced how to be abandoned of his parents, that is the fact that deals a great impact to me. When he discovered he had HIV he secluded his self for a year not going out of their house. In short, he did isolate his self and limits interaction towards the community. He wishes in particular and for the public that sharing with the bathroom together with ILHIV is not transmittable as well as sharing with utensils, saliva of ILHIV, and bite of mosquito from ILHIV to another person. You'd rather be tested and that will be the time you can know if you are infected. HIV was highly transmittable if someone had a sexual intercourse or come into contact in blood with and someone who is infected by HIV. He wishes for the individual in the community to realize that the air that everyone breaths in, and out is not considered as one of the cause in transmitting the virus, it is not like a flu virus that spread through air. The virus that the ILHIV blood die after a few seconds, therefore even if you accidentally ingested a food containing their blood, it will just turn into feces, it will not stay in your body. Generally, he wishes everyone to avoid giving negative feedbacks to those persons having HIV, especially those elders. He did not know how to respect others, if on their self don't give respect to those persons who had HIV.

The Case of Pao (Code name)

Pao is a 29 year old male, he discovered that he had HIV in year 2013; his partner which is also a male was the one who infected him, in the same year his male partner also died because of having HIV. Prior to his partner's death, his partner's physician already informed him about the condition of his partner. He was still in denial stage that time because he is not yet tested, because of his young age he refused to be tested for HIV because there were a lot of hearsays that having this kind of virus in your body is expensive because of a lot of laboratory test. Thus, money is an important matter. One year pass by, then he started to work, but after a while he had Tuberculosis (TB), after receiving six (6) months of treatment which is the Tuberculosis Direct Observe Treatment Short (TB DOTS) one of the nurse offer him if he wants to have a test for HIV. Year 2014, it was the time he confirmed that he was positive of HIV. He loosed weight, and he felt body weakness sometimes, a lot of pimples arises and rashes in his neck. Although he felt sad about the result of HIV testing he easily accepted it because he knows to himself that he was the one who made it is his choice so he can't blame anyone but only his self. His family did not already accept his condition. Although his family already knew, there are times that he felt rejection from his family due to some reasons like the things he used and his room was separate from them. But instead of hating his family, he tried to understand them because he knew that they just taking good care with their own health too. According to him after his last work in year 2013, he never attempt to apply for work again. He just stayed to their house and help in managing their small business. He had a fear of applying work because of the medical requirements, he stop because he will just having a hard time dealing with it. He chose those trusted individual who he knew his condition, because he knows that only few of his friends could accept him. He felt rejection to some of his friends, but this was also being relieved knowing that there are still few friends that accept him. He did understand those who take away themselves towards him, because he thinks that this is their way to protect their self. Understanding individual surrounds him was much better than he was rather than being abandoned.

According to Pao, in terms of his needs he did not ask for more, whatever he received less or more, or nothing to receive he is still thankful because for him the most important thing he can receive is that he is still alive. In terms of financial needs, there are some agencies that gives financial assistance allotted for them, he used the allowance he received wisely for the good, and somehow it can help to survive financially.

When he is emotionally disturbed, he trained himself to not find someone to be a companion, he did not expect for someone to come and comfort him, he'd chose to be alone rather than sharing a problem with another individual. When it comes in his nutrition so he chose to avoid his vices and tries his best to have a healthy lifestyle, especially to the kind of foods he consume. In his day-to-day living, he became more sensitive because he easily infected especially with cough and colds, since ILHIV had low immune system. HIV brings a great impact to his life, knowing that there a lot of things that he cannot do now, unlike before, especially having work. He became more careful and sensitive in terms of having intimate relationship with another individual. He did used condoms when having sexual intercourse with another individual to avoid transmitting virus to another individual. He is now in the stage of avoidance of having intimate relationship with another individual because he does not want to contribute more on the increasing population of ILHIV. He decided to stop having sexual intercourse with another individual because the medication he took was not an assurance of how long your life will stay. Yearly, he can't predict what will happen next to him, because there are some cases of ILHIV that dies of younger age.

He sees himself for the future contribute in helping individual of the community to became aware about HIV, and encouraging everyone to have no fear of being tested for HIV because he doesn't want another individual to be a victim again just like him, especially today's millennials who engaged early in having intimate relationship. If he will be having a work in the future he wants the company to know his condition, because he don't want having a hard time hiding in visiting hub for the medication.

In the community, there are individual who will accept, and also there are individual who will not accept. Each of individual had various approach towards having HIV. There are ILHIV who are already engaged in different hubs in Cavite Area who were already empowered, but there were also lot of ILHIV who live their life to the fullest that they used sex very well to enjoy the rest of their life. His ideals and aspirations to those individual afflicted with HIV is that whatever status you had as an individual, you are not exempted in candidate of having HIV. Therefore, he did recommend everyone to increase their awareness about HIV and encourage them to have no fear in having HIV testing. He also wants to end up the negative feedbacks towards ILHIV and HIV itself, because there w ere lot of issues that contribute of having negative ideas towards them. Therefore, he wants individual did to stop judging regardless of their stories, but instead be knowledgeable enough and do respect ILHIV victims.

The case of Anthony (Code name)

Anthony is a 30 years old male, according to him his appearance was slightly changed as well as some parts of his body, due to changes in physical aspect, which was really different to his appearance now because before his look and body is his asset in able to gain more customers in his work as a massage therapist. When he loose his weight his customers ceases because individual think that he was sick. During his young age, he only knew ample knowledge about HIV, and he never expect that time comes that he will be infected too. Out of ten (10) massage therapists including him are all positive. Year 2013, five (5) years from now when he work as a massage therapists his libido increase knowing that he still at his young age.

Anthony verbalized "*Alam mo yung words na ano "sky to the limit" ano kami nun eh, pag may client bawat isa samin, gala dito, gala ron. Nakikipag inom-inom dito, inom don. Wala ka nading idea Kung sinong ka sex mo, Kung may sakit ba o wala basta mailabas mo lang release ng ano mo, sabihin na nating epekto ba ng alak yon, o tawag ng kalibugan*"

He had an idea that he will not be having infected, but the time comes when he notice that there is physical changes he experienced with his body. Hair in his genital area lessened, and then rashes on his skin appeared. He immediately called to the landline of the main office of DOH to ask where he can look for hub. For his fourth, fifth, and sixth attempt of screening, he became HIV positive. He feels so too much regrets when he knew he had HIV, because there are still so many things he want to happen in his life. He wants to have work abroad, he knew to his self that he can, but he is not

sure if his body will can. He regret of everything, because all of the good things happen to him was loss in just a glance. He started to watch and read stories of ILHIV in google, and youtube, as well as attending seminars. This helped him to motivate his self. At first he was depress knowing that he had HIV, he felt that he accept but not, because he knew to his self that he was polygamous, he experienced that in just one night he had sexual intercourse of almost 15 individual with different genders every day, that last for five (5) years. He decided to stop this life routine because he was empowered spiritually. Stigma was the one whom he feared of because he protects the name of his family, especially his young nephew, because whatever he do stigma still there, that was the reality that needs to accept, it was easily for other individual to say because they don't experience, but when they already experienced that's the time that they will only understand. He was so thankful to those individual who helped him emotionally and financially, especially his physicians and co-members in the hub he consulting.

According he did overcome struggles such as stigma, discrimination, adaptation, and rejection whenever he saw someone who is happy, also whenever he saw himself still alive. He did cherish every minute of his life and continue to be enjoyed it and staying happy. Reading bible is one of his hobbies, according to him for what he learned from reading bible was:

"*pag ano palang kasalanan mo, ang isang pagkakamali, wag mo na gagawin ng pangalawa, pangatlo, pang-apat. Kasi ako, ang mali ay mali, ang tama ay tama. Kahit kalian ang mali di magiging tama, ang tama kahit kalian di magiging mali. So ayun nalang naging ganun perspective ko para, patuloy nalang mabuo. Madali akong nakapag adjust kasi tinanggap ko nalang. First na ginawa ko yun, tanggapin mo, magsimula ka, bumangon ka.Yang tatlong words na yang sinabi ko ang pinanghahawakan kasi kung di mo tinanggap talo ka.Para nalang sakin siguro, maging masaya nalang ako sa buhay ko. SA bawat oras na meron ako, saka enjoy nalang ang life*." As verbalized by Anthony

He experienced a lot of rejections, because of fast pace changes in his physical aspect. Individual tend to reject him expecting that he was sick. Discrimination was greater than understanding. If he will have a chance to rate from 0-10, three (3) of them understand while seven (7) of them discriminate. He did wonder why even for a long time, stigma never end. He knew that some of the agencies like Department of Health (DOH) do have an action for this controversy, but still there were individual who had fear of being known having HIV. In terms of his needs in nutrition, there were lots of multivitamins he needs in able to maintain his health in good condition for lifetime. He did experience financial crisis too because of buying medications, which are very expensive. He changed his lifestyle especially in foods he consumed, also he avoided his vices. He took good care more of himself and be sensitive on individual surrounding him because he easily infected by cough and colds. He wants to be a motivator to other ILHIV especially for those who diagnosed on their young age, because some of them cannot accept and then decided end their life.

Anthony verbalized: "*Gusto ko mag motivate yung sarili ko na maging inspirasyon sa ibang taong ILHIV, at maging masaya sa bawat oras na meron ka*"

Individual in their community don't know his real health status instead of HIV he let them know that he is having high blood pressure. Although he just ignored what individual say about him, there is still sadness he felt in his heart. His doubts of having trust to other individual strongly affect him, because it is easy to trust someone, but it's hard if he trust gone.

Anthony wants to encourage everyone to not afraid of having HIV test. It's better to detect it early than to later. He wants to be an inspiration to the millennials to encourage them to be an advocacy of preventing HIV by dearly detection. He also wants to remind everyone to have a background check of their partner, and not to trust easily. Population of HIV is increasing, and it's became a serious controversy even more.

The case of Warren (Code Name)

Warren is a 30 year old male. According to him, he had been experienced sexual contact with male once. Out of know where, that guy texted him that he go for HIV screening that resulted negative then suggest him to try too. Warren reply why should I, if you are negative I don't have to worry about. After that conversation, they have no communication to each other. That's what make him think about why he need to give notice him even though he is negative and why he suddenly disappear. Then after that, he had girlfriend and planning to married but he don't want to get married with doubt about his status. He went to San Lazaro Hospital for HIV screening then he found out that he was reactive. He stated that he doesn't feel any symptoms of HIV or unusual feeling. Since he is healthy before and he use to go for gym. Warren stated that one of the problem he encountered is that having a partner knowing his condition is more likely to be reject by your partner. Aside from that, he is afraid that his partner may acquire the HIV as well as the babies they will have. Before, he cannot accept the fact that he had HIV but eventually he accepted it by his self. That time he became empowered for ILHIV and given chance to share their experiences. That's why he felt that he is lucky, he don't have worries because he can talk to someone with the same condition. According to warren, he did not tell his condition to his family because his parents are old and don't want them to worry about him. For friends he don't disclose to them his status because he don't know what would be their reaction it might be accept or reject. That's why he keep it to his self and my his status. He cannot deny that his condition will be reject by those individual who did not understand about HIV. That's why he kept it private. Warren stated that his needs are provided by his siblings when he is unemployed. When he is unemployed, he use to raise his animals. For physiologic needs, he used to make his self-busy. Intimacy is not his priority. For his health needs, he stated that his immune system is low. Then he also changed ARV that has unusual side effect for him. . For emotional problem, he told it to his siblings but if it's minor then he used to solve by his own. He say that he work because he planned to open a business. Warren stated that before he is ok with the first line of ARV. But when he shifted to second line ARV he feel uncomfortable because of the side effects specially diarrhea. That's what my problem is because he use to defecate in our house. That's why he avoid foods that can cause diarrhea. Also, he limit his foods he ate because it might be contraindicated to ARV. Warren stated that before he taught having HIV is a problem but later on the realize that there is a purpose why he got HIV. He took it as challenge because god has plan of him. He saw his self in future having wife, he is undetectable, and virus load are low and happy living with my own family happy. For Community he belong they treat him normal in office his not sure if they knew about his status if they going to judge or accept. He

stated that his ready to be discriminated. He wishes to community, society, and particular that education for HIV should be strengthen more. According to warren, he is more careful to his health since they had history of diabetes and he is not getting young. His primary goal is to have child but he need to find for a donor. If God give a long life to continue, serve others and continue life.

The case of Xander (Code Name)

Xander is a 30 year old male. He didn't tell where he get the HIV. He knew that he is reactive during the time where he was going to abroad. According to him, he and his friend are going abroad but because of this, he can't. According to him, he doesn't feel any sign and symptoms of HIV. Diarrhea is normal when you eat moldy food. He said that the first thing that comes in his mind about struggle of having HIV is having a partner that can accept him knowing his condition because he might be rejected. Also, he is afraid that the individual may acquire the virus too. But he said when you learned how to tell it properly without offending your partner then its good. In his case he said that he use the techniques he learned from the seminars and training he attended. Then eventually his partner accept him. His partner is not reactive. He told that he has difficulty in adjustment of having this. He said that he is more careful in his health since they have low immune system. Xander verbalized that

"*ako na mismo sa sarili ko ang nagseset ng space sa ibang tao although hindi nila alam ang status ko*"
Also he his self cannot accept that he has HIV. Also he cannot disclose his condition to his family because they are not close. Also he doesn't know how to start his life after diagnosing with HIV.

According to him he experience rejection not verbally but through action by his family. After diagnosed year 2009 he ignored it and refused to follow up for two years. Then year 2011 he go to treatment hub the he find out that he has problem in heath. He said that he has Tuberculosis that time and his cousin think that he is about to die. He said that time is the perfect opportunity to tell to his family about his condition. And his family has no idea about what HIV is. Also he stated that he feel rejected by his family through avoiding him. They don't want to talk to me and socialize with me. Aside from my family, no other discrimination I felt from other individual. Only my friend, my family know my status. I overcome it by joining not government organization about HIV awareness and that start my commitment to this program. I felt stigma in my family. I adopt from having HIV by using what I learned in school about coping mechanism. I am a type individual, which come what may. What's there treat it. He said also that if he has problem he use to face it, rather than to stuck to that situation.

He stated that one of his need is nutrition since they have CD4 monitoring every quarterly and annually. As of now my LDL and HDL increase and others, laboratory result is within normal. For emotional I know I am stable. But if there is a family problem then I am not closed to them. May be that's my need as of now. Xander verbalized

"*Kung idodown ko pa sarili ko wala na ko. Kassi down na nga ko sa family ko idodown ko pa ba sarili ko. Sa financially naman stable rin unlike before kasi by projet ngayon kasi naabsorbed kami ng RITM*"

According to him he has limitation in food because some food are contraindicated to ARV. And his HDL and LDL increase that's why he limit fatty foods. He tell that the moment he diagnosed year 2009 he don't know where to start. Because if I continue to be depress nothing will happen to me. I need to set in my mind my concise goal because if not your pointless. You need to have goal after being diagnose with HIV then it have sense. Since I was diagnose with HIV I don't I don't think about it. I don't deny because the more I think the I deny the more you will stuck on this problem and also if you are negative thinker. Because it is easy to accept your self rather than deny it.

Xander verbalized that he see his self-productive in the future like now. And iam taking care of myself. We need to take care of ourselves. Because in our case we have a lot of restriction. When you abandoned yourself, you cannot do thing you use to do. You can see yourself productive like for example if you have work you can still fulfill it and acceptance to yourself. He stated that only his family, best friend, and partner. individual in our community treat me normal.

According to Xander way back 2009 there no individual willing to share their experiences about having HIV. Today newly diagnosed individual with HIV are lucky because we are here. For example in RITM there is a counsellor that help client to encourage about this about that. Later on you cannot stop yourself tekking them your status f when you see that they are loosing their hope. Then they are the one will see that you don't look ILHIV eventhough there is a boundaries of information that you can share to them. You need to be whole in facing individual to learned on how you will share your experiences having HIV. For changes in belongingness of course I am afraid that my partner may acquire the HIV too or he might reject me because of having HIV. And last for my belongingness. I have a lot of regression but I say to myself if I stuck on it nothing will happen to me. You cannot fulfill what you want in your self if you stuck on it. You need to accept it in your self so that you can share your story to others. After accepting your self that's the point you will see your worth. You don't need to be afraid nor hide for good. What you didn't know would hurt you. for me if you don't ask then I am not to tell it to you what is wish for community, public and particular is that the wrong believes needs an education, specially how HIV spread and the unended stigma.

Case of Terrence (Code Name)

Terrence is a 30 years old male. He knew that he has HIV on 2014 when he consulted to RITM for HIV screening. He in start he feel so bad having this HIV. Sometimes he get sick like cough and cold. Acceptance is the solution for this then other follows. In first, I cannot accept the fact that I have HIV but eventually I learned how to adjust in changes in my life. Terrence stated that he has no problem in security and confidentiality about his status since aside from his friends no other know about his status. I don't felt being rejected because just few friends know about his status. He use to less think of hi condition because its make him stress. This is the way how he overcome his problem. To be loved by someone is necessary as what written in maslow's hierarchy of needs for health he stated that they are given free maintenance from government. His family not going the full support but its fine for him. For financisl support is provided by his family. but sometimes it is not enough. He said that HIV didn't affect his life because he is early detection of HIV also he doesn't experience serious complication of HIV. He said that there are changes in his life especially he cannot go outside the country because of this hindrance. He sees his self as businessman

and working in government organization. He felt the full support of my coworkers in treatment hub. He wanted to community, society and particular to spread the HIV awareness and not the virus. He also stated that he become more health after diagnosing with HIV. He prefers to be with someone in same condition, because not everyone will accept him that's why he preferred ILHIV, and I see the life positive now unlike before.

Interpretation of Data

What are the struggles experienced of individual living with human immunodeficiency virus?

Concept Map

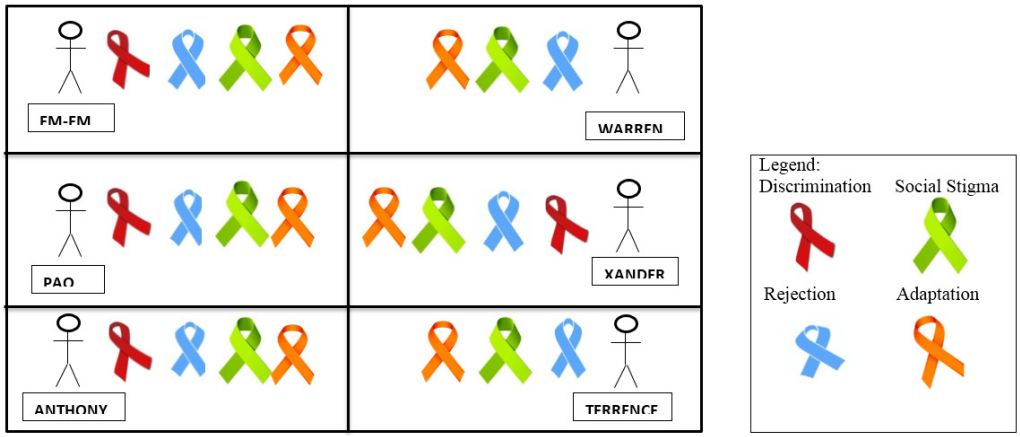

Figure 3: Representation of the struggles experienced based on the six (6) cases of individual living with human immunodeficiency virus participant

Table 5: Struggles experienced of individual living with human immunodeficiency virus

Codes	Thematic Reason	Theme Formulated	Verbalization(s)
Code 	Unfair treatment (separate room, utensils, foods, & bathroom)	Human Immunodeficiency Virus and the struggles I am experiencing with …	"hiwalay yung mga gamit ko sa kanila ako lang yung gumagamit non, mas better na din yun naiintindihan ko naman ang dahilan nila" " although alam na naman nila yung kung anong meron ako, kaso andon tayo sa may mga times na parang hindi naman sila nandidiri pero nag iingat sila na hiwalay yung pagkainan mo, hiwalay din ng kwarto" "sa family ko verbally wala akong nararanasan pero the way they act towards me talagang nagbago, andun yung iba yung pagtrato nila sayo ngayon na nagkaroon ako ng HIV kesa nung wala pa akong ganito."
Code 	Negative criticism of individual in society towards individual having human immunodeficiency virus		"hindi natin maiiwasan na mareject tayo specially sa mga taong hindi pa fully understand ang HIV kaya hindi ko basta basta sinasabi sa iba yung condition ko kasi natatakot akong i- judge" "Ayoko na magkaroon pa ng partner kasi natatakot rin ako na baka mahawaan ko sya at majudge nya ko" "after nung last na work ko nung year 2013 hindi na ulit ako nagapply ng trabaho kasi isa sa requirements ay medical natatakot ako na baka pag nalaman nila i-judge nila ko" "Pili lang yung mga taong pinagsasabihan ko ng meron ako, hindi naman kasi lahat matatanggap ka, kasi madaling magtiwala,pero ang hirap mawalan ng tiwala"

Code 	Avoidance of person towards peole having human immunodeficiency virus		"Family, sila ang una na nag reject, actually hindi nila matanggap gusto nila umalis nalang ako ng bahay. Look for another way how to survive it, at kung paano ko malalagpasan ang mga pinagdadaanan ko. Hindi sila yung naging kasangga ko, pagdating sa sakit na ito.Hindi ako nag open sa friends, Sa family ko di nila ako tinanggap, actually hindi ako pinuntahan ng kapatid ko, hindi ako pinuntahan ng nanay ko or hinanap man lang nung umalis ako sa bahay, end or less nung nakita nilang bedridden ako" "So 2009 ko nadiagnose bali hindi ako nagfollow sa treatment hub bumalik ako 2011 na tapos nung bumalik ako sa treatment hub may problema na pala ako sa health ko nagkaroon ako ng tuberculosis yun yung time na akala ng cousin ko mamatay na ko so yun na yung time na nagsabi na ko sa family ko about my status tapos yun wala naman silang idea about HIV although hindi man nila sinasabi nararamdaman mo na dumidistansya sila ayaw nilang lumapit ayaw nilang makipagusap rejected the way they act. Sa family ko naramdaman ko muna ang rejection and then eventually discrimination" "Sa rejection kasi annlaki, dito kasi aminin man natin o hindi, iba iba tayo ng utak. Yung iba marunong umunawa, pero mas lamang yung panghuhusga kesa sa pang uunawa. Kung ire rate ko siya ng 1-10, tatlo ang umu-unawa, pito ang humuhusga. Kasi aminin man natin o hindi syempre kahit sino ba naman, "uyy! may sakit yan, bat ka pupunta diyan? Baka mahawa ka".Ayon yung hindi parin, ewan ko nga nagtataka parin ako bakit sa hab haba ng panahon, parang hindi mamatay matay na stigma nay an hanggang ngayon. Antagal na, almost 1993, bakit di siya mamatay matay, kaya nga lang ngayong taon lang nag bloom. Actually ang ginagawa naman ng DOH ini-inprove niya kaya nga lang. May mga tao kasing takot pumunta ng mga hub. Ako kasi lakasan ng loob, for example ako may nakita ko na kapit bahay ko sa isang hub magpapatest nang ganon ay, meron nayan, yung mga ganon agad ini-isip. Tapos, lalo ngayon sa millennials, makuhanan kalang ng picture tapos nag test ka ng ganon, sasabihin nila "ayy! baka may sakit yan nakita namin yan…."

Synthesis:

Only four ILHIV participants (n=4) were able to experienced and overcome struggle on discrimination. It was shown that discrimination is present during their socialization in their families. They treated unfairly because of their health condition.

According to Canadian Mental health association (2017), discrimination is unfair treatment due to individual health status. Also discrimination is the behavior that results from this negative stereotype.

According to all participants six (6) they felt fear being judge by other individual for being known of having HIV.

Also they set in their mind that most of individual in community will have negative stereotyping among ILHIV.

The participants attributed social stigma to community member perceptions that all HIV positive individual were engaged in multiple sex partner

According to article written in Avert (2018) HIV relted stigma refers to prejudice, negative, attitude abuse directed at individual living with HIV.

Each of the six (6) individual living with human immune deficiency virus (ILHIV) participants stated that they experienced rejection primarily with their own family. It is also highly notice that a fear of rejection is very evident that they keep their health status confidential or private. They had fear of having known of HIV because of rejection. Prior to discrimination, they first experience rejection.

According to Chan, A **rejection** can be defined as the act of pushing someone or something away. One may experience rejection from one's family of origin, a friend, or a romantic partner, and the resulting emotions can often be painful. Rejection might be experienced on a large scale or in small ways in everyday life. While rejection is typically a part of life, some types of rejection may be more difficult to cope with than others.

According to six (6) ILHIV participants, they were able to overcome adjustments having HIV infection.

What are the needs of the individual living with human immunodeficiency virus?

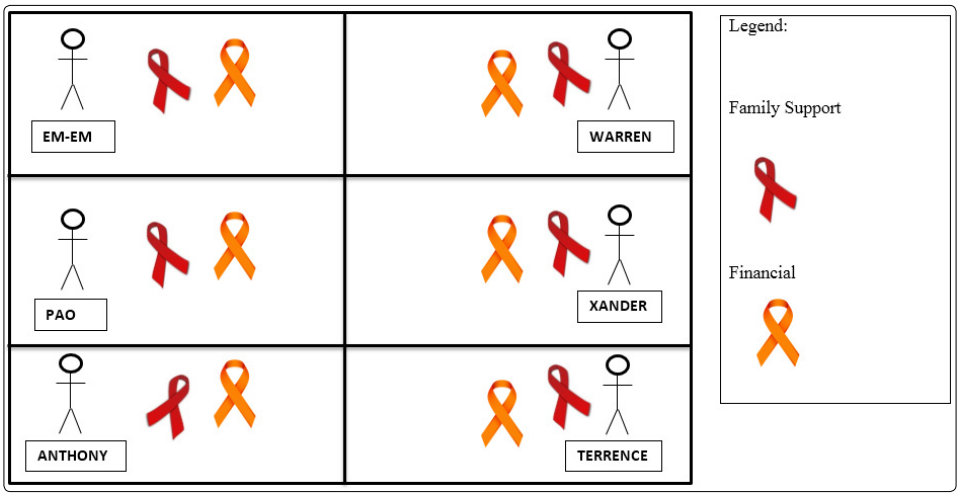

Figure 4: Representation of the needs based on the six (6) individual living with humeficiency virus participants

Table 6: Needs of six (6) individual living with human immunodeficiency virus participants ages 18-30 in Dasmariñas City Cavite

Codes	Thematic Reason	Theme Formulated	Verbalization(s)
Code 	Lack of family support	Emotional and Health support as a primary needs	"Emotionally alam ko stable ako, pero yun nga kung magkaroon ng problema about family eh malayo yung loob ko sakanila.. yun siguro kailangan ko a of now. Kung idodown ko pa sarili ko wala na ko. Kassi down na nga ko sa family ko idodown ko pa ba sarili ko"
Code 	Lack of financial support		"sa mga vitamins naman siguro sa ngayon dahil wala akong pera kaya umaasa ako sa mga libre kadalasan, katulad ng mga vitain C, pero kapag nakakapag apply kami minsan sa DSWD, kahit papano naaabutan ayun nakakabili ako" "Financially yes may pangangailan ako kaya nagwowork ulit ako at may plano akong magbusiness ulit, kasi magastos talaga gamot palang eh may mga laboratory test pa, kulang padin talaga" "Sa financial support sa family oo naman binibigyan nila ako, pati rin sa agencies pero minsan kulang talaga kasi magastos talaga at mahal ang presyo ng mga gamot.

Synthesis:

According to six (n=6) participants they were receiving free antiretroviral from the social hygiene where they enrolled. However, in terms of laboratory test, according to the participant (n=3) doesn't able to undergo CD4 count test. Accoring to DOH in case of HIV treatment, the DOH is fully committed to provide access to free Anti-Retroviral Therapy (ART) to all ILHIV. Currently, there is a total of 51 DOH-designated treatment facilities offering anti-retroviral drugs in the Philippines. As of August 2017, a total of 22,413 ILHIV are currently enrolled on ART – 33% of the estimated total number of ILHIV (67,000) by the end of 2017. According to WHO ILHIV who are adult for Macronutrients Studies point to low energy intake combined with increased energy demands due to HIV infection and related infections as the major driving forces behind HIV-related weight loss and wasting. Based on increased resting energy expenditure (REE) observed in studies of HIV-infected adults, it is recommended that energy be increased by 10% over accepted levels for otherwise healthy individual. The goal is to maintain body weight in asymptomatic HIV-infected adults. Although studies of energy expenditure have not shown an increase in total energy expenditure (TEE), this may have been the result of individuals compensating by reducing activity-related energy expenditure (AEE). Since maintaining physical activity is highly desirable for preserving quality of life and maintaining muscle tissue, it is undesirable that energy intake should only match a reduced level of AEE. The estimated energy requirement therefore allows for normal AEE levels on top of an increased level of REE. Increased energy intake of about 20% to 30% is recommended for adults during periods of symptomatic disease or opportunistic infection to maintain body weight. This takes into account the increase in REE with HIV-related infections. However, such intakes may not be achievable during periods of acute infection or illness, and it has not been proven that such high intake levels can be safely achieved during such periods. Moreover, it is recognized that physical activity may be reduced during HIV-related infections and the recommended increased intake is based on the energy needed to support weight recovery during and after HI related illnesses. Intakes should therefore be increased to the extent possible during

the recovery phase, aiming for the maximum achievable up to 30% above normal intake during the acute phase. While for the intake of micronutrient, the adult should HIV-infected adults and children should consume diets that ensure micronutrient intakes at RDA levels. However, this may not be sufficient to correct nutritional deficiencies in HIV-infected individuals. Results from several studies raise concerns that some micronutrient supplements, e.g. vitamin A, zinc and iron, can produce adverse outcomes in HIV infected populations. Safe upper limits for daily micronutrient intakes for PLWHA still need to be established.

According to four (n=4) participants their emotional need is not me met. Since their family cannot accept their condition. They felt the need to talk or support from someone who can understand their condition. But they cannot have this one unlike before diagnosing HIV [1-5].

According to study conducted by J Behav Med. 2009 current research indicates that emotional support is strongly associated with physical and psychological adjustment in individual living with HIV/AIDS. While gender- differences in health and health behaviors of HIV positive clients are well studied, less is known about how men and women living with HIV/AIDS may differentially perceive and integrate support into their lives, and how it subsequently affects their psychological well-being. This cross-sectional study examines how emotional support received from partners and family/ friends and gender explains psychological well-being (i.e., stress, depression, anxiety) in a sample of 409 partnered European HIV positive individuals. We hypothesized that gender would modify the associations between support and psychological well-being such that men would benefit more from partner support whereas women would benefit more from family/friend support. Results revealed that regardless of the source of support, men's well-being was more positively influenced by support than was women's well-being. Women's difficulties in receiving emotional support may have deleterious effects on their psychological well-being.

What are the lived changes of individual living with human immunodeficiency virus?

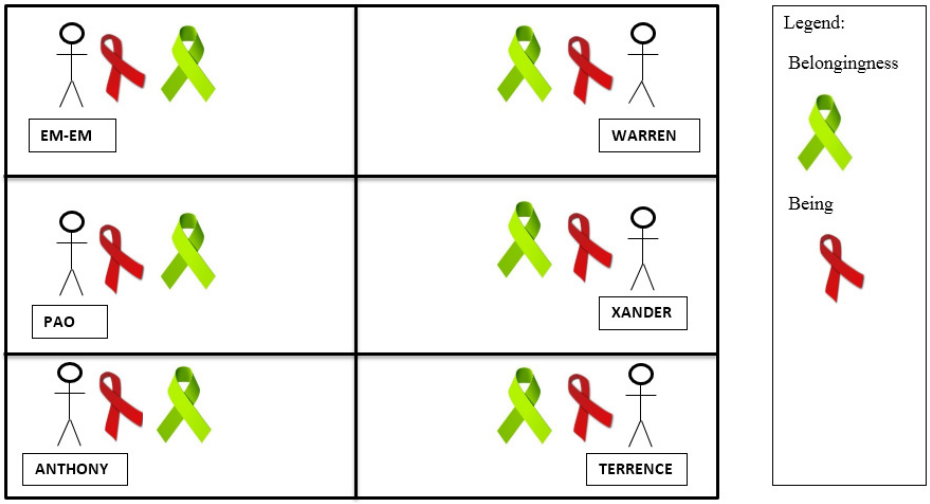

Figure 5: Representation of the actual changes based on lived experiences of the six (6) individual living with human immunodeficiency virus ages 18-30 participants in Dasmarinas City Cavite

Table 7: actual changes based on lived experiences of the six (6) individual living with human immunodeficiency virus ages 18-30 participants in Dasmarinas City Cavite

Codes	Thematic Reason	Theme Formulated	Verbalization(s)
Code 	Avoidance of vices and control of their selves in making wrong decisions with their life.	Actual changes experienced of individual living with human immunodeficiency virus …	"After I realized na naging ILHIV ako, I never dreamed of having sex.Wala nakong nakarelasyon for 10 years na. After that parang I focused on myself, at the same time ayokong makahawa.Ayoko din na, ayoko na magspread ng virus. So I stop it from myself. I don't want to share it" "if before madami akong nakakasex, ngayon mas pinipili ko nang iwasan sila, naging masaya naman ako para sa naging desisyon ko kasi alam ko sa sarili ko na naging tama yung desisyon ko,napatunayan ko sa sarili ko na kaya ko pala magbago o baguhin yung dating ako" ,"di ako mahilig sa gulay, ngayon mahilig na ako sa gulay. Naranasan ko sa loob ng isang buwan gulay lang walang karne, walang vitsin, walang asin. Basta gulay lang siya na laga, tapos prutas"

Code 	Feeling of belongingness and unbelongingness in the society.		"Alam kong sa sarili ko na di ako tatanggapin nung tao sa lugar namin kung aaminin ko, masaya na ko na kahit papano nararamdaman ko yung belongingness dun sa mga taong kagaya ko dun sa clinic namin" "Kapag minsan dumuduty ako dun sa hub namin, nawawal yung depress ko, kasi nakikita ko din, parang naiisip ko din ay same tayo, same kami may gumagabay sakin." "Sa society, yung iba naman kasi syempre mabait naman talaga, pero di mo maiiwasan nandun yung merong mga maaarte" "May tatangap sayo, mayroong hindi"

Synthesis:

According to all six (6) ILHIV participants, their lifestyle had changed and they learned how to control of their selves in making wrong decisions with their life. According to Hegel (2018, Andy Blunden), there is absolutely nothing you can say about being without in doing so "further determining" it, without putting in place of pure Being some particular, some finite, an example. Being is absolutely featureless, or rather does not yet show any feature. Thus, as Hegel says "Being is nothing, a discovery which impels us forward, to the necessity of further determination, to recognize things, to discover what lies behind being."

Based on the six (6) ILHIV participants, they were able to feel the belongingness among themselves in the hub where they having received their treatment, because there are individual who can understand and feel the same experience, knowing the same condition.

According to Chris Feers and Marilyn Fleer, 2013, 'belonging' refers essentially to different beings, and implicitly to the prospect of a 'together-ness' or identity according to which different beings are located, understood and associated, in order that Becoming can take effect.

All the six (6) individual living with human immunodeficiency virus participants that were interviewed gave their complaints in difficulty expressing their emotions towards the community where they belong freely because of the fear of being known of having human immunodeficiency virus. They are being affected of stigma in a sense that they chose to keep their health status confidential rather than living without hidden identity.

According to Anthony, majority of his close friends gone when they knew he had HIV. In addition, most of the time he was struggling on how he could explain or confess to others his condition, because not all of them will be able to truly understand and accept him having HIV.

According to Em-em when he is upset he will chose to be alone and secluded rather than having interaction with different individual in the community, because he don't want to received negative criticism towards them. Stigma is defined as, "The shame or disgrace attached to something regarded as socially unacceptable." Those who feel stigmatized feel outcast and are marked out as being different.

HIV infection may lead to fears, prejudices or negative attitudes leading to stigma. HIV positive individual are insulted, rejected, gossiped about and excluded from social activities. This leads to a greater fear of coming out in the open with the condition and seeking treatment. This could also lead to suffering in silence and damage the mental health of the clients leading to depression and other psychiatric conditions. HIV related stigma also means that there is a lot of misconception about the disease. The myths mainly exist regarding modes of transmission of the virus. Many believe that the condition is a death sentence or that most individual with HIV are immoral or irresponsible.

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