RESEARCH ARTICLE

FROM TESTING TO COPING: THE VOICES OF PEOPLE LIVING WITH HIV/AIDS

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Abstract

This study aimed to explore the lived experiences of people living with HIV/AIDS in Cebu, Philippines. The study utilized Husserlian qualitative phenomenological design. Ethics clearance was acquired from Vicente Sotto Memorial Medical Center – Ethics Review Committee.

There were 7 informants that were recruited through purposive sampling and research referral techniques. The researchers used an open ended interview guide where interviews were audio recorded, transcribed and analyzed using Collaizi's method. Three (3) themes have emerged in this study. The first emerging theme is, (1) Why get tested? With the following subthemes of, (a) Presence of Risky Behavior; and (b) Knowledge that lead to testing. The second theme is, (2) Challenges after diagnosis with subthemes of, (a) Psychosocial challenges; and (b) Physical Challenges. Lastly, the third theme is, (3) Response and Coping with HIV/AIDS with the following subthemes, (a) Establishing old and new networks: Support systems; (b) Socio-spiritual changes: lifestyle changes and being more religious; and (c) Moving Forward.

High risk sexual patterns, knowing that a partner is HIV positive and the presence of some signs and symptoms are the factors considered for testing. PLWHA's compliant of their treatment regimen despite the undesirable side effects and opportunistic infections. Stigma results to non-disclosure of status and mental health issues are common. The presence of support groups is essential; PLWHA's are willing to adapt a healthy lifestyle; and they become advocates of the disease.

There is a need to increase the promotion of safe sex practices and health education about HIV/AIDS. Continuous support is needed in order to increase visibility of support groups, and the development of self-advocacy skills of PLWHA's. Mental health should also be given attention.

Keywords: People Living with HIV/AIDS; PLWHA; HIV; AIDS; Lived Experiences

Introduction

Being infected with HIV does not only constitute physiological problems but also psychosocial ones. It should be common knowledge that being diagnosed with HIV can in fact, cause distress, anxiety and depression (National Health Services–UK [NHS], 2017). PLWHA's are also very vulnerable to stigma and discrimination as they may be rejected by their communities, including family and friends. They may also experience unpleasant treatment from their education and work settings. Others have even been denied healthcare services (Averting HIV and AIDS [AVERT], 2017).

However, despite the steady rise of affected individuals, there is still limited number of qualitative studies in the Philippines tackling the lives of PLWHA's. This study aims to expand the research field on this subject, and also to address what commonalities and differences are present between the Philippine settings versus the international settings. Moreover, this study aims to uncover other issues that have not yet been addressed, as treatment hubs are more focused on the medication distribution and adherence.

If certain issues are uncovered, this may lead to a reevaluation of the programs on HIV/AIDS by the DOH and that other issues can already be addressed in new programs. Overall, this aimed to explore the lives of PLWHA's from the start of their journey or from when they submitted for testing, why they did, and what underwent thereafter.

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Methodology

The study utilized the Husserlian qualitative phenomenological design that centers on the lived experiences of people, which is this study's main inquiry. The study was conducted in Cebu, Philippines and the informants of this study were people living with HIV/AIDS (PLWHA's) who are taking Anti-Retroviral medications for at least 6 months and are of legal age regardless of gender, sexual preference and economic status. Data saturation was attained on the 5th informant and added two more for validation.

Purposive sampling and research referral techniques were used. This study also utilized a researcher made semi-structured interview guide with open-ended questions, since it allows the informant to narrate what happened in his life (Hesse-Biber, 2017). The first part contained a brief profile while the second part contained the main questions of the interview. An audio recorder was used during interviews that were later transcribed. Field notes were taken down which includes all verbal and non-verbal cues during the interview.

The primary researcher underwent bracketing and examined personal biases, experiences and any knowledge about the topic. A note was kept for these biases and recognized these all throughout the interview process and analysis stage which aided in minimizing the contamination of biases. Rigorous analysis of data constitutes the second component of the descriptive phenomenological investigation and used Colaizzi's (1978) method to guide the analysis (Shosha, 2012). Triangulation techniques were applied to establish the rigor of the study which includes, transferability, dependability; confirmability, credibility, and (Castell, 2000 and Billups, 2014).

Ethical Considerations

The study protected the interests of the information in terms of bodily, psychological and cultural integrity and observed the informants' right to self-determination and the right of full disclosure (Loiselle, et al., 2010). The study was granted approval by Vicente Sotto Memorial Medical Center – Ethics Review Committee with approval number of VSMMC-ERC-O-2017-036.

Findings

Profile of the Informants

Found below is the profile of the informants of this study utilizing pseudonyms.

Andrew is a 28 year old who identifies as a homosexual man. He is single and denies being in any romantic relationship. He is a bottom or participates in receptive anal intercourse. He is a nursing graduate and is currently working in the BPO industry as a workforce manager. He was diagnosed with HIV on March 2016.

Bertha is a 29 year old transsexual woman. She is single and not involved in any romantic relationship. She is a bottom or participates in receptive anal intercourse. She is a college undergraduate finishing 3 years in nursing. She is currently unemployed but was formerly working as a call center agent. She stints as a freelance make-up artist at times and invests in some farming businesses. She currently volunteers in an LGBTQ organization mainly focusing on those diagnosed with HIV/AIDS. She is also a community based screening motivator for HIV/AIDS. She was diagnosed on May 2017.

Carlos is a 34 year old homosexual man. He has a long term partner of 9 years who is also HIV positive, wherein they met prior to both being diagnosed. He is a versatile or participates in both insertive and receptive anal intercourse. He only finished 1 year in college taking fine arts. He is currently unemployed and has worked as a call center agent previously. He was diagnosed on January 2017.

Darryl is a 32 year old homosexual man. He is single and is not any romantic or sexual relationship. He is a versatile or participates in both insertive and receptive anal intercourse. He is a Registered Nurse working as a Utilization Management Nurse. He was diagnosed on February 2018.

Eduard is a 36 year old homosexual man. He is in a relationship with another HIV positive man for 2 years. He is a top or participates in insertive anal intercourse. He currently works as a hairdresser in a salon. He was diagnosed with HIV infection on September 2015.

Felix is a 36 year old homosexual man. He is in a relationship with another man for almost 2 years who is also living with HIV, whom he met 2 years after being diagnosed. He is a bottom or participates in receptive anal intercourse. He is a licensed Physical Therapist. He currently works as a call center agent and as a reviewer for international English examinations. He was diagnosed to be HIV positive on October 2014.

George is a 24 year old homosexual man. He is single and denies being in any form of romantic relationship. He is a bottom or participates in receptive anal intercourse. He is an IT graduate and currently works as a call center agent. He was recently diagnosed on April 2018.

Thematic Analysis

This presents the findings of the study wherein distinct and common experiences of each informant are also characterized. A total of 197 significant statements were extracted from the transcripts and then a total of 26 formulated meanings. Three themes have emerged with the first emerging theme as, (1) Why get tested?, with the following subthemes of, (a) Presence of Risky Behavior; and (b) Knowledge that lead to testing. The second theme is, (2) Challenges after diagnosis with subthemes of, (a) Psychosocial challenges; and (b) Physical Challenges.

Lastly, the third theme is, (3) Response and Coping with HIV/AIDS with the following subthemes, (a) Establishing old and new networks: Support systems; (b) Socio-spiritual changes: lifestyle changes and being more religious; and (c) Moving Forward.

Theme 1: Why Get Tested?

This theme tackles the reasons why the informants submitted to HIV testing. It was mentioned by the informants that knowing a former partner being diagnosed with HIV would prompt one to seek answers. Self-awareness on one's own actions and risks for HIV infection would push one to submit for testing; while others have prior knowledge of the early signs of HIV infection. Cianelli, et al. (2015) mentioned that people submit for HIV test if they have knowledge on the disease, prior testing, knowing someone who died from the complications of HIV/AIDS and their own perceptions of their own personal risks. These personal risks include high risk sexual behaviors (Sivaram, et al., 2008). This clustered theme has two subthemes that are discussed below.

Subtheme 1: Presence of Risky Behavior

This discusses the presence of the risky behaviors as to why people get tested for HIV. The awareness of one's sexual activity and the usage of injectable drugs are factors that the informants were aware of in terms of getting HIV infection. Below are statements made by the informants regarding the presence of risk factors in HIV testing.

> Andrew mentioned; (SS3) "*I practice safe sex. Sometimes yes, sometimes not because there is really some... I don't know, but there's really an urge sometimes like for example not to use like condoms. I don't know. For me, it's a pleasure. It's a satisfaction with me not using that. I am aware that there are some risks, but at the time when you are into that situation already then probably you can't think of that anymore. All that you're thinking is how to 'palami' or how to get pleasure."*
>
> Carlos on the other hand mentioned about the use of injectable drugs; (SS70) *"There were only 2 syringes. We were 6 of us using. So we had to share the syringe, and I think it was at that time…."*
>
> Darryl also narrated the following, (SS108) *"Well cause I am promiscuous. Yes, I have a lot of sexcapades and I usually got those partners from Grindr and other dating sites, and when we have sex, I don't usually use condom."*

Precipitating factors include those of high risk sexual behaviors, like promiscuity and unprotected sex (Sivaram, et al., 2008); and prior knowledge and perceptions of HIV can lead to testing (Cianelli, et al., 2015). People at risk also include people who inject drugs most especially those who practice needle sharing (CDC, 2018; AVERT, 2018; Challacombe, 2018).

Subtheme 2: Knowledge that leads to testing

This discusses what people knew or what they will know that would ultimately prompt one to take an HIV test, such as the informants knowing that a former partner was infected with HIV and the signs and symptoms experienced that are presumptive of HIV infection. The narratives below will show statements made by the infomants as what prompted them to get tested.

> Bertha said that, (SS35) *I had Syphilis that prompted me to open my twitter to contact a volunteer* (to get tested).
>
> Eduard also narrated the following, (SS137) *"I had myself tested because my partner at that time was diagnosed with HIV so he encourages me to have myself checked. He didn't know that the red spots on his skin were the start already. He was advised by his friend who is a nurse to have himself tested in Cebu Plus. So he had himself tested and the results were positive. He sent me a text message to inform and advise me to have my self-tested. So, I went to Cebu Plus and found out that I am also positive."*
>
> Lastly Felix mentioned that, (SS153) *"It was during 2014, I was taking my review for NPTE* (National Physical Therapist Examination) *and there was 1 week where I have really high fever which can't be relieved by any anytipyretics and on the 4th or 5th day, I had violet pressures on my shoulders which was hallmark of HIV which then prompted me to visit the clinic for check."*

Knowing that a former or current partner was diagnosed with HIV is a factor that will urge one to get an HIV test (Brown, et al., 2012). Prior knowledge about HIV, including the mode of transmission, risk factors and early signs and symptoms would give someone the desire to have oneself checked but at the same time wary of the possible result (Cianelli, et al., 2015; Scott-Sheldon, et al., 2013).

Theme 2: Challenges after Diagnosis

Being infected with HIV imposed challenges on one's life ahead that vary from adjusting to medications; mental and physical health issues; and stigma (Ntseane, et al., 2010; de Jesus, et. al., 2017; Dejman, et al., 2015; and Rao, 2016). Identifying and addressing such challenges are vital in the treatment of PLWHA's (Dejman, et al., 2015). Specific challenges of the informants are discussed below.

Subtheme 1: Psychosocial Challenges

Psychosocial challenges refer to the psychological health issues and social challenges that PLWHA's have encountered, including battling with stigma and discrimination. Stigma and discrimination was experienced by the informants as they have discussed about people leaving them, rejection from future employers and the spreading of rumors about them being HIV positive. One pressing concern is their mental health.

The informants have expressed that they have undergone depression, isolation and even suicidal thoughts as seen on the statements below.

> Andrew stated that, (SS9) "*I actually isolated myself for a week because I'm so depressed at that time. I don't know what to do, but yeah, I went to Sotto to try and get a medication*."
>
> Bertha also said, (SS46) "*I also got depressed. I even had a suicide attempt. I had mood swings. I get angry easily. That happened to me. If I am alone in my room, I always think of how productive my life was before. I earn a good amount of cash then HIV happened.*"
>
> Darryl mentioned, (SS122) "*Yes and actually I was depressed because of being my life getting over soon, but with that idea or with those people that I know in the hub, it really helped me because I can still live longer as long as I take the medication religiously. There are times, especially when I'm alone, there are times that I can regret those days having unprotected sex and I was also… there was some suicidal thoughts that came into me*."

PLWHA's undergo emotional distress like depression, isolation and suicide which can be related to stigma and discrimination (Dejman, et al., 2015; and Rao, 2016). Concerns on mental health have been experienced by the informants.

Stigma and discrimination were also discussed as part of the social challenges experienced by PLWHS's. Found below are statements regarding stigma and discrimination that were experienced or perceived.

> Andrew has stated his concerns about stigma as follows, (SS28) *"My co-workers, the people around me, the people who knows me. You really don't know what people will tell about you having a person with HIV cause like for example in our office, I heard people talking about HIV so they got misconceptions about it so me asking myself how would I tell them if they knew that I have HIV? How will they accept me? So I am scared that there is a big chance that I will lose some people in my life."*
>
> Bertha experienced discrimination as she verbalized the following, (SS49) *"They* (the neighbors) *emphasized that I was sick and I was rotting. I am a type of person that does not really care but I do have a limit; especially, when they are already stepping on my dignity. There was a time when I was walking alone and someone approached as asked how I was. I asked Why" Do you know? I said I have HIV and told him to mind his own business. I even told him If I was asking money from them for my medications. I said you shouldn't care about me."*
>
> Felix narrated, (SS170) "*Yeah even if let's say I'm in a new environment and people would know that I'm HIV positive because I would tell them right away I'm the kind of person who's like that. They would initially be friends but then in a few weeks, they would not be friends anymore."*

Social stigma is one of the biggest challenges PLWHA's have to experience (de Jesus, et. al., 2017; Dejman, et al., 2015; and Rao, 2016). PLWHA's will often experience social stigma or the fear of being stigmatized that may result to non-disclosure of status within his circle of family and friends and become a barrier for treatment (Oskouie, et al., 2017 and Turan, et al., 2017).

Subtheme 2: Physical Challenges

Physical challenge accounts on the physiological changes encountered in relation the medication side effects and occurrence of opportunistic infections. PLWHA's take antiretroviral medications that have side effects which the informants describe as distressing and includes nausea and vomiting, hot flashes, upset stomach, and nightmares as shown on the statements below.

> Andrew mentioned the following things, (SS12) *"Yes, it's very uncomfortable with the side effects of the medication."* And, (SS13) *"There is. There are hallucinations. There is also dizziness feeling."*
>
> Bertha also narrated the following, (SS50) *"When I first took my medications, I was really dizzy. I was do dizzy that it almost felt like I was high on drugs but in a bad way…."* Next, (SS51) *"The medication side effects were really bad on the first month. On the second month, it felt like nothing anymore."* And lastly, (SS52) *"For the first month of medication, I always feel hot but not anymore today."*
>
> Carlos mentioned the following side effects, (SS102) *"I had vivid dreams. There are times I would wake up in the middle of the night thinking what happened was real. But you really can't sleep well with ARV."*

It takes time adjust to the side effects of ARV's. Headache, dizziness, nausea, vomiting, tiredness, lack of energy, difficulties in sleeping, digestive discomfort, skin rashes, nightmares are some of the common side effects of ARV treatment (Renju, et al., 2017 and Chen, et al., 2013).

Also, the occurrence of opportunistic infections are one of the physical challenges PLWHA's encounter as narrated.

> Bertha was diagnosed with pneumonia and syphilis and was able to verbalize the following, (SS37) *Then I had pneumonia starting February.* (SS41) *"My body was weak. I felt weak and I was mentally unwell."*
>
> Carlos, who was already diagnosed with COPD (Chronic Obstructive Pulmonary Disease) said, (SS94) *"I also noticed that I always get tired easily. I cannot do the all the things I used to do. I can no longer cook my own food. You can never leave me alone because I might black out…."*

The infection of HIV continually causes suppression of the immune system; someone with a weak immune system is highly susceptible to opportunistic infections (Takalkar, et al., 2012). The most common opportunistic infections are pulmonary tuberculosis, pneumonia and oral candidiasis (Low, et al., 2016; Khanal, et al., 2014; and Solomon, et al., 2018). All three common infections have been narrated by the informants of the study. In addition to that, syphilis, herpes, and COPD (Chronic Obstructive Pulmonary Disease) were mentioned.

Theme 3: Responses and Coping with HIV/AIDS

A person with HIV would adhere to what can help them live longer. This discusses the responses and coping of PLWHA's to the disease. The presence of social networks, specifically support systems show a positive impact to the lives of PLWHA's toward their treatment and coping (Forouzan, et al., 2013; da Silva and Tavares, 2015; and Bateganya, et al., 2016). Lifestyle modifications were discussed as an important factor in moving toward the positive spectrum of life (Derman, et al., 2010). Spirituality also aids in the coping of PLWHA's (Szaflarski, 2013). The advocacies that address HIV/AIDS like stigma, treatment and control are helpful aspects against discrimination and the further spread of disease (Mutchler, et al., 2011; and Tumwine, et al., 2012). Three subthemes are discussed further below.

Subtheme 1: Establishing old and new networks: Support systems

The importance of networking has been established and the informants have narrated how support groups have helped them or how they are important. The statements below stated the importance or presence of a support system, which includes either of the following; family, friends, or fellow PLWHA's.

> Bertha mentioned that, (SS44) *"My mother knows little about HIV so I have to educate her about it before I came home. My family motivated me to come home so they can take care of me. I lived alone for 10 years."*
>
> Carlos narrated, (SS105) *"I told myself that I have a horrific attitude. But I think I recovered because of the support of my family. A support system is really important."*
>
> Darryl also said that, (SS121) *"Since I attended with this support group, they really help me a lot. There are a lot of people now that I know that they have been taking the medication for 5 years or more and I was surprised because they're still alive."*

In connection to family as the support system, Bertha and Felix were the only ones who were able to immediately disclose their status to either parent as discussed on the statements below.

> Bertha said, (SS43) *"I called my mother to tell her about my status. I am only an adopted son and I don't know who my real parents are but I am very lucky to have my parents as they have accepted me."*
>
> Meanwhile Felix narrated the following, (SS162) *"I told my dad after a month. I told my dad after a month and then I slowly told my siblings but my mom only knew about it after a year. Yeah because my mom is a worrywart. Even until now, she still doesn't understand it. I didn't really tell my mom. It was my siblings who told her about it."*

In contrary, other informants were able to only tell siblings or no family members at all regarding their HIV status or did have challenges related to familial issue related to the illness.

> Darryl strongly verbalized, (SS124) *"cause I know my family and my family have this close mind and I think if they know I'm HIV positive cause they don't know that I'm gay so maybe they'll find out my sexuality. Yes and also being an HIV positive, they might 'itakwil' or disown me."*
>
> Eduard mentioned the following statements, (SS139) *"I am actually afraid to tell my family of my status. I don't know what will be their reaction but I am really scared. I don't know but I know I still can't do it. I am scared because of all the discriminations and my family might disown me. I still hope they will support me still but I am not yet ready."* And, (SS140) *"I think it will be a relief if I am able to tell my family. I am just not ready. I still don't know what opinions other people have. I am still in fear."*
>
> Even George, the last informant mentioned sentiments on disclosing status to his parents on, (SS197) *"…And how to tell my parents about my status. This is something I haven't figured out yet."*

A social network can be a source of support for individuals diagnosed with HIV and family networks have been highly emphasized on the adherence of treatment (Forouzan, et al., 2013; & da Silva and Tavares, 2015). This is in contrary to what the informants of this study have narrated; majority of the informants has initially informed friends and other PLHWHA's in their social circle in terms of seeking support.

Subtheme 2: Socio-spiritual changes: lifestyle changes and being more religious

This describes the lifestyle changes they did in response to being diagnosed with HIV/AIDS, including the cessation of high risk sexual activities, avoidance of alcoholic beverages and smoking. There is also a discussion about establishing a relationship with a higher being. Transcripts were able to capture the changes the transpired in the lives of the informants pertaining to their lifestyle and being religious.

> Andrew mentioned that, (SS15) *"No more hookups. No casual hookups. No more dating with people."*
>
> Bertha verbalized the following, (SS60) *"I already stopped drinking but I was drunkard when I was in Manila."* And, (SS61) *"I do smoke. I can't stop it yet. I am trying to stop because the program coordinator would always remind me."* She also added, (SS57) *"I was almost promoted as a*

> *trainer when I was working in a BPO company. Then, I was infected with HIV and had to quit my job. I will definitely go back to work. Not now, not tomorrow, not the other day, but God's perfect time, I will."*
>
> Carlos added, (SS104) *"Immediate changes I really had to stop what I'm used to do I can no longer smoke."*
>
> Eduard mentioned that, (SS146) *"I leave everything to the Lord." And,* (SS147) "*I didn't say that I stopped drinking but I really can't tell what will happen. I admit I was a drunkard before but not now. I stopped and only drink in moderation."*
>
> George said, (SS194) *"I have learned to be more responsible with my health and the people around me. I learned to accept the consequences of my actions and live a life of positivity in mind and body. I'm still trying to restore my faith with God and be more religious like before."*

Lifestyle issues can affect the adherence of treatment for HIV and can increase presence of opportunistic infections and death (Katz and Maughan-Brown, 2017). Lifestyle changes are necessary and are considered a part of the management of patients with HIV, which include alcohol intake and drug use (Derman, et al., 2010). In addition, physical activity and a proper diet can aid the PLWHA's in achieving optimal health status (Somarriba, et al., 2010). Spirituality and religion on the other hand can help improve health and quality of life through optimism and this also helps PLWHA's cope up stressors through praying and believing in a higher being that has helped increased their faith (Szaflarski, 2013).

Subtheme 3: Moving Forward

This is about what PLWHA's have learned about their condition and tackles the actions that support the willingness to move on, such as forming advocacies and developing self-advocacy skills. This is also about the goals they have, like staying healthy despite the diagnosis. The narratives are further shown below.

> Andrew was able to discuss the following, (SS33) *"Lessons learned. We have to be extra careful. We have to be very responsible. You know that there's a risk. Do more research about it? Do not engage into things like for example the casual hookups or one night stand because you do that, there is really conscience. That is a gift, I'm telling you, inside that, that is bad, don't do that, before you engage to that, I mean, before you satisfy yourself. It can end into like for example troubles."*
>
> Bertha also stated, (SS53) *"I told myself that this mistake change my life. I said that I also need to be positive in life because of my family and the people around me. I wanted to become an HIV advocate and a support system for others."*
>
> George emphasized to use of social media in spreading awareness as stated, (SS195) *"Yeah. I still use that gay dating app Grindr but changed my profile name portraying my status to raise awareness in the app and to find friends and other poz* (HIV positive) *people. I already stopped doing meet ups just to give blow jobs and the like. I kinda do friendly meet ups only now."*

Advocacies on HIV/AIDS are present to promote health education and de-stigmatization, safe sex practices, regulation of injectable drug use, regular testing, and encouragement of treatment against the infection (Mutchler, et al., 2011; and Tumwine, et al., 2012). It was noted that PLWHA's can gain self-advocacy skills as they promote health education, prevention and treatment and building self-advocacy skills help empower PLHWA's (Mutchler, et al., 2011; and Tumwine, et al., 2012). The informants were able to discuss the importance of advocacies and verbalized what the public needs to know and were also clear in stating their goals.

Exhaustive Description

PLHIV's are usually aware of the behaviors that put them at risk for HIV infection and that pushed them to submit for testing, which includes the presence of high risk sexual activities and injectable drug use; presence of presumptive signs and symptoms; and having a former partner diagnosed with HIV. There were medical and health professional informants who have knowledge about HIV including transmission and risk factors. All informants admitted to having high risk sexual patterns, while two who were injectable drug users discussed an instance of needle sharing. Sivaram, et al. (2008) highlighted that risky sexual patterns are the common cause of HIV transmission. Furthermore, it is also known that HIV can be transmitted through needle sharing between those people who inject drugs (CDC, 2018; AVERT, 2018; Challacombe, 2018). Three of the informants mentioned that they had a partner that was diagnosed with HIV, which also prompted them to get tested. Brown, et al. (2012) said that there is number of people who submit for testing because a partner, current or former is HIV positive.

The challenges encountered while being diagnosed with HIV ranged from coping with medication side effects, mental and physical health, and most especially the stigma (Ntseane, et al., 2010; de Jesus, et. al., 2017; Dejman, et al., 2015; and Rao, 2016). Depression and suicidal thoughts also posed as threats. There were at least two informants who have had suicide attempts. One informant mentioned that he took 10 tablets of ARV medications, which sent him to the emergency room.

Stigma was another issue the informants experienced that led most of them to not disclose their status to the public and their family for fear of being discriminated or disowned. Disclosure was avoided as they mentioned how their peers judge PLWHA's including the misconceptions of HIV/AIDS. One disclosed his status to his peers and potential employers that resulted to rejection and discrimination. The social stigma seems to be the biggest challenge PLWHA's would experience (de Jesus, et. al., 2017; Dejman, et al., 2015; and Rao, 2016); and is a barrier to one's disclosure of status (Oskouie, et al., 2017; and Turan, et al., 2017).

PLWHA's need a lifelong treatment to maintain one's health and are initially challenged with medication side effects. One informant deferred taking ARV's because of the known side effects. Nausea and vomiting, hot flashes, stomach upset, and nightmares were side effected noted. Low, et al., (2016); Khanal, et al., (2014); and Solomon, et al., (2018) have narrated that pulmonary tuberculosis, pneumonia and oral candidiasis are the top 3 opportunistic infections that PLWHA's experience. At least one or two of the said infections were experienced by each informant. Others mentioned to have syphilis and herpes.

Everyone has the will to survive that they create a conscious effort to do so. The presence of support groups will have positive impact on the lives of PLWHA's, including lifestyle changes, coping and adherence to treatment (Forouzan, et al., 2013; da Silva and Tavares, 2015; and Bateganya, et al., 2016). Most support groups that were mentioned are composed of fellow PLWHA's. Forouzan, et al., (2013); and da Silva and Tavares, (2015) mentioned that a supportive family is vital in the treatment adherence but the informants stated the opposite. One informant even mentioned that medication compliance issues due to the lack of holistic family support.

If the goal is to be healthy and to live longer, lifestyle changes are necessary. Derman, et al. (2010) and Somarriba, et al., (2010) mentioned that lifestyle changes are part of the management of HIV/AIDS. Spirituality and religion are present factors that aid in the coping and increased optimism of PLWHA's (Szaflarski, 2013). Most informants have acknowledged the presence of a higher being that they pray for help and guidance

The presence of HIV/AIDS advocates are important factors as they aid to health education and de-stigmatization, safe sex practices, regulation of injectable drug use, regular testing, and treatment adherence (Mutchler, et al., 2011; and Tumwine, et al., 2012). The informants developed self-advocacy skills and have expressed the need of education to the public to battle stigma. Mutchler, et al., (2011); and Tumwine, et al., (2012) mentioned that PLWHA's can gain self-advocacy skills as they promote health education, prevention and treatment.

Implications

High risk sexual patterns is a factor that would make one consider HIV testing but knowing that a former or current partner and the presence of some signs and symptoms would ultimately push one to get tested.

PLWHA's are compliant of their treatment regimen, which includes ARV medications, prophylaxis and treatment of opportunistic infections regardless the undesirable side effects experienced. The physical and physiological health of PLWHA's is well addressed by the government; however, the mental health status is not given much attention.

PLWHA's acknowledge the importance of support groups. They are willing to adhere to changes that will help them to become healthy including change of lifestyle and sexual patterns. They desire to have a close relationship to a higher being.

In general this tackles on the importance of health education in the nursing profession. Nurses are professionals that face PLWHA's before, during, and after diagnosis. This implies the importance on educating the public about the prevention and transmission on HIV; taking care of newly diagnosed clients both physically and psychologically; and assisting the clients towards recovery and health.

Recommendations

There is a need to increase the promotion of safe sex practices and health education about HIV/AIDS and information dissemination should be delivered on a wider scope so that more people would be aware of their own risks. To increase the visibility of testing centers, community based advocates, and the advertisement of personal testing kits is recommended.

The government must continue the provision of ARV and prophylactic medications against opportunistic infections and educating on the importance medication compliance, its undesirable side effects, and possible handling strategies should be reinforced. Mental health of PLWHA's should also be addressed as depression and suicide risk is present.

Response and coping with HIV/AIDS have also been dealt with which includes networking, socio-spirituality and advocacy. Religious sectors can acknowledge the desire to be closer with a higher being as enhancing spiritually provides optimism in one's life. There is also a need to continue building self-advocacy skills as this leads to empowerment, promotion of health education, safe sex practices, regular testing, treatment adherence, and support to fellow PLWHA's especially those newly diagnosed.

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