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Exploring The Lived Experiences of People Living with HIV/AIDS (PLWHA)

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ABSTRACT: Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) remain significant global and national public health concerns despite advances in antiretroviral therapy that have improved survival and quality of life. In the Philippines, the rapid increase in HIV cases, coupled with persistent stigma, discrimination, and cultural barriers, continues to affect the well-being of people living with HIV/AIDS (PLWHA). While existing studies largely focus on epidemiological and clinical aspects, there is limited understanding of the lived experiences of PLWHA from a qualitative perspective. This study aimed to explore the lived experiences of PLWHA in the Philippines, focusing on their emotional, social, and psychological realities. A qualitative descriptive phenomenological research design was employed. Data were collected through indepth, semi-structured interviews with ten (10) purposively selected participants from a communitybased organization in Pasig City. The data were analyzed using thematic analysis to identify core patterns and meanings in participants' narratives.

Findings revealed that participants experienced a complex journey marked by initial emotional distress, stigma, and self-stigmatization, followed by gradual acceptance and resilience. Key themes highlighted the importance of family, social, workplace, and healthcare support systems in coping and adjustment. Despite ongoing discrimination and psychological challenges, participants demonstrated strength through adaptive coping strategies, meaning-making, and personal growth.

The study underscores the need for strengthened psychosocial support, inclusive policies, accessible counseling services, and community-based interventions to reduce stigma and improve the overall well-being and quality of life of PLWHA.

KEYWORDS: People Living with HIV/AIDS (PLWHA), lived experiences, phenomenology.

I. INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) remain major global public health concerns. By the end of 2024, an estimated 40.8 million individuals were living with HIV, including 1.4 million children and 39.4 million adults (UNAIDS/WHO, 2025). Advances in antiretroviral therapy (ART) have transformed HIV into a manageable chronic condition, allowing individuals to live longer, healthier lives. In the developed world, antiretroviral therapy has greatly improved prognosis and increased survival rates (Gilroy, 2025). Despite these medical advancements, people living with HIV/AIDS (PLWHA) continue to face stigma, discrimination, and barriers to healthcare access, which significantly affect their quality of life and emotional well-being (Fauk et al., 2021; Tang et al., 2025).

In the Philippines, the regions with the most number of newly reported cases in April to June 2023 were NCR, CALABARZON (4A), Central Luzon (3), Western

Visayas (6), Central Visayas (7), and Davao Region (11). Consequently, the same regions reported the most number of cases from January to June 2023, altogether accounting for 6,510 (74%) of the total reported cases, while 2,306 (26%) were from other regions, and two (<1%) reported an overseas permanent residence (DOH, 2023).

Additionally, HIV prevalence is rising rapidly, with at least 57 new diagnoses daily in 2025. New HIV cases increased by 550% from 4,400 in 2010 to 29,600 in 2024, leaving an estimated 252,800 Filipinos living with HIV (DOH, 2025). Cultural expectations, family pressures, and misconceptions about HIV transmission further complicate the experiences of PLWHA. While previous research has focused on epidemiology and clinical treatment, there is limited understanding of the personal, social, and emotional realities of PLWHA, highlighting the need for a study exploring their lived experiences (Malaco, 2025).

The study aims to provide not only a deeper understanding of their experiences but also inform interventions, counseling practices, and policies that support their overall well-being and quality of life.

II. METHODOLOGY

A. Research Design

This study utilized a qualitative descriptive phenomenological design to explore the lived experiences of People Living with HIV/AIDS (PLWHA). Guided by the phenomenological approach of Edmund Husserl and Clark Moustakas, the study aimed to understand participants' perceptions and experiences while applying epoche or bracketing to minimize researcher bias. Data were gathered through semi-structured online interviews with purposively selected participants and transcribed verbatim for analysis. Phenomenological thematic analysis was employed through coding, clustering, and identifying significant statements to determine the core themes of participants' psychosocial experiences while ensuring ethical considerations and psychological support throughout the study.

B. Research Locale

The study was conducted in Pasig City, Metro Manila, Philippines, with participants drawn from community-based support organizations providing psychosocial, advocacy, and healthcare linkage services for People Living with HIV/AIDS (PLWHA). The locale was selected due to its accessibility, active HIV-related programs, and relevance to the study context, as the National Capital Region records the highest number of HIV cases in the country (DOH, 2025), accounting for approximately 32% of the 148,831 reported cases nationwide. This setting provided a relevant context for exploring the lived experiences of PLWHA within an urban Philippine environment, although findings may not be fully generalizable to other regions or cultural contexts.

C. Population and Sampling

Purposive sampling was used to select participants who could provide rich and relevant insights into the lived experiences of People Living with HIV/AIDS (PLWHA). This non-probability technique involves intentionally selecting individuals based on specific characteristics aligned with the research objectives, prioritizing depth of information over generalizability (Bullard, Eric, & Swaim, 2025). Participants were identified in collaboration with community-based organizations and healthcare providers supporting PLWHA, who assisted in referring eligible individuals. After referral, the researcher directly contacted potential participants to explain the study and facilitate recruitment. Ethical procedures were strictly observed, ensuring informed consent, confidentiality, voluntary participation, and the right to withdraw at any time without consequence.

D. Research Participants

To be eligible for participation in this study, individuals must meet the following criteria:

Table 1. Inclusion Criteria

1. Confirmed Diagnosis	The participant must have a clinically confirmed diagnosis of HIV/AIDS to ensure that the study accurately reflects the lived experiences of individuals with the condition.
2. Voluntary Participation and Informed Consent	The participant must voluntarily agree to take part in the study and provide informed consent, in accordance with established ethical standards in Qualitative Research.
3. Language Proficiency	The participant must be able to effectively communicate their thoughts and experiences in either English or Filipino to facilitate clear and meaningful data collection.
4. Active Engagement	The participant must demonstrate regular involvement in the programs or services of the identified organization, ensuring that their experiences are current, relevant, and grounded in ongoing engagement.

E. Research Instrumentation

A semi-structured interview guide consisting of 19 open-ended questions was used to explore the personal narratives, perceptions, and lived experiences of People Living with HIV/AIDS (PLWHA) in Pasig City, Metro Manila. This approach allowed participants to freely express their thoughts while ensuring systematic coverage of key themes such as stigma, treatment adherence, coping strategies, and psychosocial experiences.

The interview guide was validated by a panel of experts, including specialists in qualitative research, psychology, psychometrics, HIV-related practice, and mental health, to ensure clarity, ethical appropriateness, and cultural sensitivity. Due to the vulnerability

of the population, pilot testing was not conducted to avoid any risk to confidentiality or participant trust; instead, expert validation served as the primary quality assurance process.

Ethical safeguards were strictly observed throughout the interview process, including informed consent, confidentiality, the right to skip questions, pause, or withdraw at any time, and measures to minimize emotional distress. Overall, the method ensured the collection of credible and meaningful qualitative data reflecting the lived experiences of PLWHA.

F. Data Gathering Procedure

Data collection followed a single in-depth qualitative phase consistent with the phenomenological design, aiming to explore the lived experiences of People Living with HIV/AIDS (PLWHA). Semi-structured interviews with purposively selected participants served as the primary data source, guided by open-ended questions developed from relevant literature to explore key psychosocial dimensions such as stigma, coping, and treatment experiences.

The interview guide was validated by experts in psychology, public health, qualitative research, and HIVrelated practice to ensure clarity, cultural sensitivity, and ethical appropriateness. Due to the vulnerability of the population and concerns regarding stigma and confidentiality, pilot testing was not conducted; instead, expert validation served as the main quality assurance process.

Interviews were conducted online via secure platforms (e.g., Google Meet or Zoom), with face-to-face options provided based on participant preference and safety. With informed consent, interviews were audiorecorded and transcribed verbatim. Data collection continued until saturation was reached. Strict confidentiality measures were observed, including the use of pseudonyms, password-protected files, encrypted storage, and separate secure storage of consent forms to ensure participant anonymity and data protection.

G. Ethical Consideration

This study adhered to strict ethical standards to ensure the protection, dignity, and well-being of all participants. Ethical approval was obtained from the University of Cabuyao Ethics Committee prior to data collection. All participants were provided with an informed consent form detailing the study purpose, procedures, risks, and voluntary nature of participation, including the right to withdraw at any time without penalty.

Confidentiality and data privacy were strictly maintained. All responses were anonymized and coded, with audio recordings and transcripts securely stored in password-protected and access-restricted files. Consent forms were kept separately in a locked storage. The study also complied with the Data Privacy Act of 2012 (RA 10173) and ensured lawful, secure handling of personal and sensitive health information, as well as the confidentiality provisions of the Philippine HIV and AIDS Policy Act (RA 11166), ensuring that no identifying information about PLWHA was disclosed.

To minimize harm, interviews were conducted with sensitivity to participants' emotional well-being, with the option to skip questions or withdraw. A mental health professional was available for support, and participants were provided with referral resources for counseling and HIV-related services when needed. Participation was voluntary and without compensation, and all participants were informed of the study's benefits to knowledge and advocacy. The study upheld the principles of beneficence, justice, and respect for persons, with findings intended to support PLWHA programs and community interventions.

III. RESULTS

This section presents the study results and discusses their significance in relation to the research objectives. Data from in-depth interviews were transcribed verbatim and analyzed using Braun and Clarke's (2006) six-phase thematic analysis to identify patterns and meanings in the lived experiences of People Living with HIV/AIDS (PLWHA).

Thematic analysis was used to systematically organize the data while preserving the richness of participants' narratives. This approach enabled the identification of recurring themes and provided a nuanced understanding of both shared and individual experiences, particularly in relation to the emotional, social, and contextual aspects of living with HIV/AIDS.

Each table is divided into three (3) parts: Superordinate Themes, Subthemes and Annotated Exemplars.

Table 2: Summary of Annotated Exemplars Related to Lived Experiences of People Living with HIV/AIDS (PLWHA) in the Philippines

SUPERORDINATE THEMES	SUBTHEMES	RESPONSES
Psychological and Emotional Impact of HIV Diagnosis	Perception of HIV Diagnosis as a Death Sentence	*"Nung una po parang, tawag dito, na-depress po ako kasi feeling ko po nun parang ano na. Parang end of the world na. Feeling ko po mamatay na ako, ganon po."* ***(Participant 4)*** *"Pero ang sinabi sa akin ng doctor ay ah binigyan niya ko ng taning, ayan, binigyan niya ako ng taning na anim na buwan"* ***(Participant 5)***
	Self-Blaming	*"wala naman akong dapat ibang sisihin Kundi sarili ko na lang kasis sarili ko"* ***(Participant 1)*** *"kasalanan ko din naman 'to, so I am very positive na I accepted and live with it po."* ***(Participant 10)***
	Feelings of Denial	*"Til dumating sa point na siguro in denial stage pa lang"* ***(Participant 1)*** *"So parang in denial pa ako during that time po"* ***(Participant 6)***
	Feelings of Worthlessness	*"parang wala na, parang nag boom. Wala na lahat yung gusto kong gawin sa buhay ko."* ***(Participant 1)*** *"Yung pagod po, panghihina, and yung future ko po parang nawala sa isang iglap, na uuwi po ako ng bahay na hindi po healthy, na may sakit."* ***(Participant 3)***
	Personal Awareness and Acceptance	*"yung may desisyon kung ano nangyari sa buhay ko."* ***(Participant 1)*** *"Nahihiya po... ibang tao sa labas. Ang tanging suporta ko lang po is yung mother ko na nagwo-work lang din po sa canteen and yung father ko po yung work lang niya is sa bahay-bahay lang po, construction and nakaramdam din po ako ng pag-iyak, breakdown moments po nung time na nalaman ko po na positive po ako. Sobrang bigat po sa pakiramdam na magkasakit"* ***(Participant 3)*** *"May ah kakaiba siya nagbago, bago ko po malaman na meron ako at tsaka nung nalaman ko na. Mas naging positibo yung buhay ko nung nalaman ko na. Mas naging uhm aktibo ako sa mga bagay before nung nalaman ko at after ko malaman."* ***(Participant 5)*** *"naging mahirap po siya kasi parang nagkaroon po ako ng self stigma sa sarili ko." ...Kaya yun po nung time na yun mabigat po sa akin yun. (Participant 6)* *"mahirap naman po talaga pong i-accept kasi hindi naman ginusto"* ***(Participant 10)***
	Experience of Discrimination	*"Nakaramdam ako ng discrimin ation"* ***(Participant 6)***
	Fear of Uncertainty	*"nakita ko siya na-shock ako kasi... my god, 'di ko ine-expect na bat may ganun."* ***(Participant 2)*** *"Nung nalaman ko yun wala akong naging reaksyon, uhm dahil nakakabigla siya, nakakabigla yung nung ganon uhm balita sa akin"* ***(Participant 5)*** *"takot na takot ako"* ***(Participant 7)*** *"in shock"* ***(Participant 8)*** *"syempre po natatakot"* ***(Participant 9)***

Participants described HIV diagnosis as a life-altering event initially marked by shock, fear, denial, depression, and self-blame. Many perceived HIV as a death sentence and experienced stigma, discrimination, and emotional distress. Over time, some developed acceptance, selfawareness, and resilience, leading to a more positive life outlook.

Table 3: Summary of Annotated Exemplars Related to Daily Experiences of Individuals Living with HIV/AIDS Following Diagnosis

SUPERORDINATE THEMES	SUBTHEMES	RESPONSES
Holistic Adjustment and Coping Process	Forming Support Networks	*"Naging mas malapit ako kay mommy, mas naging mas malapit ako sa family ko and then mas naging ahh open ako sa mga friends ko"* ***(Participant 5)*** *"I actually started this GC no, (redacted). I started that in December, 'no, 25, kasi nga parang nafi-feel ko na I could relate to people that are in the same boat as me, 'no, which is HIV 'no, um positive din, din sila so, ah yun ang socialization ko"* ***(Participant 8)*** *"may friends ilan nga lang siguro may 3 na nakakaalam from nursing dept and pulmonary dept. And sa family ko"* ***(Participant 10)***
	Observable Physiological Changes	*"habang ginagawa ko yung mga bagay na sa tingin ko nagpapasaya sakin no at may mga lumipas don no na maraming nagbago medyo nag-iba yung aking pangangatawan, ayun nga lumusog onti pero parang may nagbago, may nagbago, hindi ko alam kung anong epekto non baka sa tingin ko sa sarili ko lang din sabi kasi nung mga doctor"* ***(Participant 5)*** *"So yun po yung mga nabago sa health ko."* ***(Participant 6)*** *"nag-aadjust talaga yung aking katawan"* ***(Participant 10)***
	Monitoring Medication, Diet and Lifestyle	*"minsan ah jogging minsan nagtuturo po ako ng zumba…Ang daily lifestyle ko parang smooth lang happiness lang wala akong masyadong iniisip na stress. Kung meron mang stress, nakokontrol ko na siya….ayoko namang mamatay ng sorry to say that ayoko mamatay na gusto ko maayos ako, na healthy ako."* ***(Participant 2)*** *"Yung pagdidisiplina po sa sarili at pag-aalaga po sa sarili para hindi po mahawaan yung pamilya ko po."* ***(Participant 3)*** *"minimal changes lang po when it comes to school"* ***(Participant 4)*** *"I just, go with the flow sige, wala naman masama kung magte-take ako ng medicine"* ***(Participant 5)*** *"So yun po yung naging first to two years ko po na naging routine ko po, mas naging maingat po ako sa sarili ko. Naiba na lang po siya nung third year po siguro. Parang nafully accept ko na po yung sarili ko na ganito po yung magiging buhay ko po bilang HIV."* ***(Participant 6)*** *"constantly monitoring"* ***(Participant 7)*** *"naging daily ng lifestyle ko ever since nalaman kong may sakit na po ako, medyo may nagbago din naman po katulad na lang ng everyday nagte-take na ng gamot."* ***(Participant 9)*** *"daily routine from that medication….continue pa rin ako ng mga ginagawa ko back to normal"* ***(Participant 10)***
	Strengthen Spiritual Guidance	*"pinagpapasa Diyos ko na lang na thankful pa din ako kasi buhay parin ako"* ***(Participant 1)*** *"ang daily routine ko every morning before I sleep pray then morning pray"* ***(Participant 2)*** *I need some connection with our Lord* ***(Participant 3)***
	Negative Encounters from other People	*"parang na-discriminate ako sa sinabi niya sa akin, na, sabi is nagdadasal ka ba? Yun yung mabigat sa akin yung tipong hindi porket makasalanan na ba ako"* ***(Participant 1)*** *"hindi na ako masyadong social no"* ***(Participant 8)***
	Self- Isolation	*"But other than that, wala akong, I don't see any values on other social activities."* ***(Participant 8)***

Adjustment involved social, physical, behavioral, and spiritual changes. Participants built support networks, adhered to treatment routines, and managed lifestyle changes. Faith and spirituality provided comfort, although discrimination and self-isolation remained challenges.

Table 4: Summary of Annotated Exemplars Related to Perceived Importance of Social Support Among People Living with HIV/AIDS (PLWHA)

SUPERORDINATE THEMES	SUBTHEMES	RESPONSES
Family as Foundation of Holistic Support	Protection from judgment and discrimination	*"Yung tanggapin ka lang sapat na yun eh. Yun ang pinakamsarap sa isang pamilya na tanggap ka namin na kahit ganito ka lang ay kahit ganito ka na may ganyang karamdaman. Yun ang pinakamasarap na madinig sa isang pamilya."* ***(Participant 2)*** *"Ah nagkakaroon tayo ng lakas ng loob. Sa sobrang importante kasi ano, kasi ano merong stigma ang mga PLHIV or mismong HIV no yung sistema ng edukasyon tungkol doon. May stigma dito sa Pilipinas."* ***(Paricipant 6)*** *"psychosocial, saka mga ano, emotional wala, 'no? …Wala, walang pakialam. Sa medication wise or sa health wise 'no and then everyday na kain ko or whatever, nandon sila well I guess wala silang choice"* ***(Participant 8)*** *" elevate your confidence, mapo-proktehan ka sa mga judgmental person"* ***(Participant 10)***
	Lack of understanding and support	*"wala akong masyadong nakukuhang support when it comes to that kasi ako lang po talaga naglalakad nung everything sa case ko po. … Nung una hindi ko po muna tapos nalaman na lang nila tapos naintindihan naman nila kung bakit ganyan"* ***(Participant 4)*** *"They don't, they don't know or nahihiya. Either nahihiya or hindi nila alam kung anong gagawin. So, wala dedma, ano dedma, dedma"* ***(Participant 8)***
	Motivation to Live and Emotional Comfort	*"nabibigyan din po nila ako ng pag-asa para po tibayan yung sarili"* ***(Participant 3)*** *"So yung suporta malaking bagay hindi lang siya ano, hindi lang siya basta. Sa sobrang halaga niya para ano sa ah wellbeing ng isang taong merong kaso na ganon. So para sa akin bilang isang taong may HIV sobrang halaga non… nagkakaroon ako ng lakas ng loob".* ***(Participant 5)*** *"malaking tulong yon kasi kapag meron po akong mga kinakailangang sabihin o ikwento about my HIV journey nasasabi ko po sa kanya. So, malaking tulong na meron nakikinig po sakin besides of financially ah health ay yung emotional support mo".* ***(Participant 6)*** *"Kasi sila lang yung nakakatulong sa akin eh nung sinabi kong ah may sakit ako. Very supportive naman yung parents ko".* ***(Participant 7)*** *"you feel comfort kahit sa pag-uwi mo sa bahay wala kang alanganin na magsabi o anything na may dumating man if ever man 'no na magkaroon ka ng any kind of symptom from ah as PHIV person… napakaimportante niyan pagdating sa family kasi may gabay ka, may tumutulong sayo, may nagguide sayo, may nag-aadvice sayo na dapat ganito lang talaga tayo ganun po very important."****(Participant 10)*
	Financial Support	***"n****apo-provide naman po nila yung tamang pagkain ko"* ***(Participant 3)*** *"So yun lang po medyo financial support and sa moral support naman po okay naman po.* ***(Participant 4)*** *kahit walang wala ah ano to yung parang gagawa at gagawa sila ng paraan for supporting me for my financials"* ***(Participant 7)***

Family acceptance provided emotional security, motivation, and practical support. However, limited understanding in some families contributed to isolation, underscoring the critical role of familial support in coping.

Table 5: Summary of Annotated Exemplars Related to Coping and Adjustment Experiences of People Living with HIV/AIDS (PLWHA)

SUPERORDINATE THEMES	SUBTHEMES	RESPONSES
Emotional Impact of HIV/AIDS Diagnosis	Expressed Resiliency	*"bakit ako matatakot mamatay or about ako natatakot eh may gamot naman na...Hindi ka na matatakot basta wag mo lang kakaligtaan yung iniinom mong gamot".* ***(Participant 1)*** *"Hinaharap ko po yung hamon na 'to kasi po... kasi po kapag hindi po ako kumuha ako ng gamot is maaapektuhan po yung pangangatawan ko and yung health ko po is baka lumala"* ***(Participant 3)*** *"basta patuloy pa rin naman po then lagi kong nire-remind na parang magpapagaling na lang ako para sa family ko which is kahit di ko na sabihin patuloy pa rin po ako"* ***(Participant 9)***
	Emotion Sublimation	*"ayun po like ung negative emotions ko po, tina-try ko po itransfer to ano iniisip ko ung mga gusto ko gawin. Like ung mga pangarap ko like ganun tapos tina-translate ko yung negative emotion into positive emotion kasi sarili ko na lang din po ung pinapa-aral ko."* ***(Participant 4)***
	Self-Sabotage	*"hindi ko po masyado pang na-analyze non kasi parang ang tingin ko ako yung breadwinner so dapat ako yung mas malakas po. So parang sinantabi ko po muna yun. Nagbreakdown lang po ako nung nawalan na po ako ng trabaho. So dun po nagstart na parang sinisisi ko yung sarili ko bakit ako nagkaroon ng HIV."* ***(Participant 6)***
	Demoralized by Discrimination	*"Sa akin nung nalaman ko 'to isang malaking pagsubok sabi ko napakalaking pagsubok at hamon sa buhay, lalo na pag nahuhusgahan ka lalo pag dina-down ka, dinudurog ka pababa, na pataas ka na binababa ka pa rin."* ***(Participant 2)***

Participants experienced emotional distress, selfblame, and initial hopelessness, but coping mechanisms such as treatment adherence, faith, and family motivation supported resilience.

Table 6: Implications of PLWHA Experiences for Counseling, Support Programs, and Policy Development

SUPERORDINATE THEMES	SUBTHEMES	RESPONSES
Meaning -Making and Rebuilding the Life of People Living with HIV/AIDS	Seeking Purpose in Life	*ngayon is mas importante na ang buhay ko kesa dati* ***(Paticipant 1)*** *Binibigyan ko po ng kahalagahan yung buhay ko po bilang HIV is... yung pagiging malakas sa sarili* ***(Participant 3)*** *para sakin po mahalaga yung bawat oras ko, mas na-aappreciate ko na po yung mga kung ano meron ako ngayon, mas ano, mas nagiging thankful po ako sa bawat bagay na dumadating sa akin* ***(Participant 4)***
	Advocating for HIV/AIDS Awareness	*"Ah nae-encourage ko yung mga tao nakakakila sa akin kahit gaano ganito katagal sila o gaano o bago slang sila for this industry pinapakita ko sa kanila na hindi porket ganito kayo mwawalan na kayo ng pag-asa".* ***(Participant 2)*** *"being an advocate sa HIV and sharing my experience, 'no? And getting, getting the word out na about how, how yung transmission"* ***(Participant 8)***
	Improving Self and Life with Family	*"Pero nakikita ko naman po yung future ko na inaalagaan ko yung mga pamangkin ko kasi nga dahil nga po hindi na rin naman po ako magkakaanak, babantayan ko na lang po yung father ko, mother ko po"* ***(Participant 9)***
Perceived Support Needs of People Living with HIV/AIDS	Community-based Awareness Programs	*"siguro is yung tipong parang my program sana sila. Para maging, mas maging aware sila sa katulad natin lalo na more on sa mga barangay, sa mga liblib na lugar…Parang maging aware sila kung ano yung, kung ano yung status at saka ano yung mga nangyayari sa buhay ng mga tao na PLHIV, para hindi na sila maging, tawag dito, para hindi na nila ahm , parang wala na yung stigma mismo. Yun po"* ***(Participant 1)*** *"pinaka-importante dito talaga ahmm advocacy, mental ahh, mental health advocacy, dahil hindi lang naman pisikal na kalusugan yung pinaguusapan dito kundi pati narin yung mental, of course nandiyan yung takot, nandiyan yung anxiety, na pwede nilang nararamdaman kung bakit hindi nila magawang malaman yung kanilang status at ang nagiging resulta, dumadami yung kaso, kaso ng tao na nagkakaroon ng HIV, which is dapat na mas maiwasan"* ***(Participant 5)***
	Empathic Caring	*"Ilagay mo yung sarili mo sa kanila. Pakinggan mo sila maige. Intindihin mo sa kanila kung ano yung sinasabi nila, hayaan mo lumabas lahat ng emosyonal sa buhay then pag nasabi na nila lahat hindi madali yung pinagdadanann mo. Hindi madali ang nangyayari sa buhay. Lahat tayo may kanya-kanyang pagsubok, lahat tayo may kanya-kanyang buhay pero parehas lang yan. Binigyan lang tayo ng pamagat".* ***(Participant 2)*** *"yung kwan walang stigma na yung may takip ganito ganyan, yung maging open lang sila.* ***(Participant 7)*** *Super sensitive sa mga words na bibitawan ng mga counselors mo kasi pag sinabi nila yun na yun eh yun na yung ano mo para siyang doctor na pag ito ang inadvice ito na yun ganon"* ***(Participant 10)***
	Support from Government Agencies	*"Ang nakakatulong po sa akin at nakakasuporta po is yung sa Philhealth kasi yun po yung importante para po magpatuloy po ako sa paggagamot and sa mga.."* ***(Participant 3)***
	Accessible Mental Health Support	*"sana po ano mas accessible sila, may accessible na therapy session"* ***(Participant 4)***
	Access to National Crisis Hotlines	*"dapat nga meron tayong National Crisis or National Hotline, 'no na specifically for the HIV or newly diagnosed positive people or either newly diagnosed or positive people lang 'no kasi nga the, the positive people are prone to isolations, depression, anxiety, 'no?"****(Participant 8)***
Need for Improved Counseling Services and Resources	Perceived Counseling Service Needs for People Living with HIV/AIDS	*"isa sa mga peer educator ay hindi masyadong inform or hindi masyadong educated kanyang inaaral or sa kanyang um tawag dito tinuturo"* ***(Participant 5)*** *"siguro mas okay kung mas maraming, kung mas maraming manpower siguro yung, yung givernment para sa, para sa mga ganitong cases. Kasi ang napansin ko Dok parang minsan kasi nasasabi ng case manager ko parang, parang 50 or 60 na yung na-handle nyang patients. Sobrang dami so nale-less na yung quality na service na ino-offer nya.* ***(Participant 6)*** *"Dagdagan yung nagdidistribute 'no not just the nurse kasi maraming,marami nang ginagawa yung nurse eh no tapos counselor pa sya so I guess dapat may redivision, meron talagang counsellor na specifically counselling lang talaga or maybe also as I suggest earlier isang hotline or 1800 number or sa website ba or whatever. That the HIV person or people with HIV person can call 'no or can call or inquire about counselling on the phone"* ***(Participant 8)***
Program Recommendations for PLHIV	Therapeutic Sharing Among Peers	*"dapat magkaroon ng recollection for the PLHIV para mailabas nila yung mga damdamin nila kasi nila mailabas yan eh. Maganda yung pare-parehas sila, nagkikita-kita sila at nailalalabs nila yung gusto nilang sabihin sa kapwa nila".* ***(Participant 2)***
	Provision of Free Health Supplements	*"parang mainclude din sa helathcare sa mga hubs yung ano free vitamins if ever kasi mahal siya and lalo na pag may lalo na estudyante ka lang hindi o maafford yung mga ganung bagay so kahit multivitamins lang na simple is malaking tulong na po sa amin lalo na sa aming mga studyante"* ***(Participant 4)***
	Youth-Focused Awareness Programs	*"education about HIV transmission um. Kasi meron naman parang hindi pa rin eh kasi recently sa Cebu nandami-daming mga kabataan, mga kabataan at saka yung sinabi ko before diba education sa paaralan kasi nga the, yung kabataan ang ano eh nasa part yan sa ano eh sa bata, sa Kabataan"* ***(Participant 8)***
	Expanding HIV Services to Underserved Areas	*"they must provide more confidential and jusgment free environments na mag-encourage sa individuals ah ng mga programs I mean to encourage individuals na maghanao sila ng care and know without fear of stigma so ganon um of course more support services especially sa mga lugar na hindi ah hindi naman siyudad tulad ng mga probinsya or mga munisipalidad"* ***(Participant 5)***

Participants reported significant psychosocial and lifestyle changes following diagnosis, including the redefinition of personal priorities, strengthened family relationships, increased engagement in advocacy activities, and the development of a renewed sense of purpose. Despite these adaptive outcomes, participants identified several unmet needs, including stigma reduction initiatives, accessible mental health support, improved healthcare services, and the establishment of national hotlines for newly diagnosed individuals.

Furthermore, participants emphasized the importance of enhancing counseling services through improved counselor training, reduced caseloads, and the expansion of both mental health and online support programs. Additional recommended interventions included the implementation of peer support initiatives, provision of free supplements, youth-focused educational campaigns, and the expansion of confidential healthcare services in rural communities.

IV. DISCUSSIONS

The lived experiences of People Living with HIV/AIDS (PLWHA) reveal a complex journey characterized by psychological distress, social challenges, resilience, and personal transformation. Following diagnosis, participants commonly reported initial reactions of shock, fear, denial, and self-blame, often perceiving HIV as a life-ending condition. These emotional responses were further intensified by experiences of stigma and discrimination encountered within families, workplaces, peer groups, and faith-based communities. Such adversities contributed to feelings of worthlessness, uncertainty regarding the future, anxiety, depression, and social withdrawal, thereby negatively affecting both personal and professional relationships.

Despite these challenges, participants demonstrated significant resilience and adaptive capacity over time. Many developed greater self-awareness, acceptance, and coping mechanisms that enabled them to manage their condition holistically. Key coping strategies included strict adherence to antiretroviral therapy, maintenance of healthy routines, spiritual strengthening, and reliance on emotional and practical support from family members, friends, significant others, peers, and empathetic healthcare professionals. These support systems played a crucial role in promoting psychological well-being, rebuilding selfesteem, sustaining social engagement, and restoring a sense of purpose and meaning in life.

Participants likewise emphasized the importance of psychosocial and community-based support in reducing stigma and improving quality of life. Accessible counseling services, peer support programs, youth-focused HIV awareness campaigns, confidential healthcare services, and online mental health support were identified as essential interventions, particularly in underserved rural communities. Furthermore, participants highlighted the need for better-trained counselors, reduced healthcare provider caseloads, free supplements, and national hotlines for newly diagnosed individuals. Engagement in advocacy activities and the sharing of lived experiences enabled many participants to transform personal adversity into opportunities for empowerment, social contribution, and identity reconstruction.

Overall, the findings demonstrate that the lived experiences of PLWHA involve a continuous process of negotiating stigma, rebuilding identity, and fostering resilience within a socially stigmatizing environment. Interpreted through the lens of Erving Goffman's Stigma Theory, these experiences illustrate how societal labeling and anticipated discrimination shape self-perception, interpersonal relationships, and disclosure practices. Ultimately, the study underscores the critical role of holistic care, psychosocial support, and stigma reduction initiatives in sustaining the health, dignity, resilience, and overall quality of life of PLWHA.

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