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Impact of VCT on the Behavior of the PLHIV: The Narratives of the Take The Test Project Administrators

INTRODUCTION

On June 2013, the AIDS Society of the Philippines released the Aids Registry Report showing the current scenario of the people living with HIV (PLHIV) (UNAIDS, 2011), the reports showed that there are 431 new cases of HIV in the Philippines—an all-time high record since the first reported case in 1984. That means fourteen (14) persons are diagnosed with HIV per day in every two (2) hours (AIDS Society Of The Philippines, 2013). As the growth of HIV cases in the country is gradually rising, advocate groups establish organizations that will cater to the needs of the PLHIV. Human immunodeficiency virus (HIV) (UNAIDS, 2011) organizations offers their target sectors the proper education concerning their status, provides HIV voluntary counselling and testing (VCT), and assists in the prevention of acquiring HIV with the aim of resulting to behavior changes. According to the 2012 World AIDS Day Report (UNAIDS, 2012), HIV programs are successfully reaching the people in need and services to people living with HIV/AIDS have rapidly expanded (Yu, Souteyrand, Banda, Kaufman, & Perriens, 2008). By launching HIV VCT to the target sector, it has brought a favorable effect on the behavioral outcome, especially when delivered with sufficient resources, passion and cultural proficiency (Holtgrave, Qualls, Curran, Valdiserri, Guinan, & Parra, 1995).

In the Philippines, the number of HIV cases is continuously rising per month. Consequently, there is a need for research knowledge regarding the impact of VCT on the PLHIV clients because HIV organizations are dynamic in giving education and support to their PLHIV clients for the purpose of recreating their lives. Hence, this study is about the impact of the Take The Test Project administrators engagement in the Voluntary Counselling and Testing program (VCT) in their youth that assisted them to recreate themselves after being aware of their HIV status. Through their past experiences, the Take

The Test Project administrators narrated the events that happened in their engagement in the VCT and how it affected their behavior. Through their past experiences and proficiency in the field, they are competent to maintain and strengthen their programs so it can serve as an effective response to their present and future clients and current scaled-up responses to HIV/AIDS must be maintained and strengthened (Yu, Souteyrand, Banda, Kaufman, & Perriens, 2008).

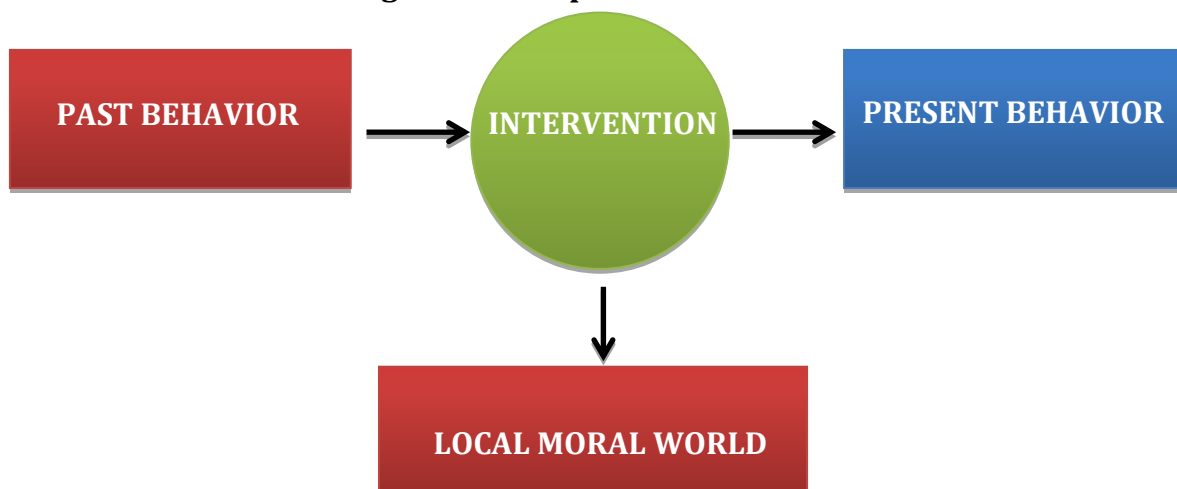
Specified by the given problem, this paper conducts an in-depth qualitative study among the three (3) Take The Test Project administrators who have been diagnosed of HIV in their youth by undergoing the Voluntary Counselling and Testing (VCT) program. Specifically, this study aims to: (a) Identify the past behavior practices of the informants before their engagement in the VCT, (b) Examine the process or the intervention in which they reformed themselves upon knowing their statuses, and (c) Identify the behavior changes that was brought about by their engagement in VCT in their youth.

The Take The Test Project organization was established in 2010. It is concerned with offering and providing the proper services to their clients, having in mind that their past engagement in the Voluntary Counselling and Testing program would not happen to their clients. They provide HIV101 wherein the educator will inform the clients. The educator delivers a 30 minute to 1 hour discussion of what is HIV, including the three modes of transmission, the four body fluids with high concentration of HIV, the five ways of preventing the spread of HIV, that only HIV testing will let an individual learn his or her HIV status, the window period or the amount of time needed for the body to produce the specific antibody to HIV that can be detected by HIV testing, and the past and current statistics on the growth of HIV cases in the Philippines. VCT is provided for free and is effective in upholding behavior change, predominantly in high HIV prevalence settings (The Voluntary HIV-1 Counseling and Testing Efficacy Study 2000; Sweat M, 2000). The participants can request to take VCT, as individuals or couples (Matovu, et al., 2005). Afterwards the HIV 101 between the educator and the group of clients, each client is assigned to a counselor for a pre-counselling. This is the time when the client is to get tested or not. With a short questionnaire and a consent slip, the client is able to

states that he or she is prepared to get tested, he or she will be accompanied to a nurse wherein they would perform blood testing. In a span of 15 to 20 minutes or less, the results will be shown and explained to the client. At the time of results notification, the counsellors will now provide a post-test counselling to explain the test results. This is done to help the patients evaluate their own risks of HIV infection and/or transmission, and to design risk reduction strategies (Matovu, et al., 2005). The test result is merely between non-responsive and responsive. Non-responsive there is no chance of that person has an HIV, while responsive is the state wherein the person has acquired HIV. After the test results are shown and explained, the counsellor will proceed with the post-counselling, wherein the counsellor will provide advices and proper education to the client who is seropositive or seronegative. And due to the bad experiences of the administrators in their youth, they practiced positive behavior changes that became the end of their engagement in VCT. With this transition, they all became active members of the organization.

Since there are insufficient literatures of local studies regarding the behavior changes brought about by the HIV interventions, this study could be a source for supplementary information in research regarding the fields of behavior change and advocacy. Since this study explores a group of advocates coming from one organization which is the Take The Test Project, this study might define the effectiveness of their organization and their members as counsellors.

Figure 1 Conceptual Framework



In Veena Das theory of stigma, contagion and defect issues of illness, she argued that the society's moral world of perceiving HIV is as follows: HIV is linked to gays, HIV is immoral, and HIV is a punishment. Veena Das looks at the local and the society's moral world of HIV as an illness. Arthur Kleinman's concept of 'local moral worlds' is complex but it fundamentally signals the significance of how we come to devote in relations (Kleinman, *The illness narratives: Suffering, healing and the human condition*, 1988). The building of moral beings rest on the way we place ourselves inside local worlds and relationships. Therefore, the Take The Test Project administrators perceived their illness apart from what the society thinks. And they engaged themselves in an intervention to recreate themselves. Coping strategies are also mechanisms of defense – suffering can be dealt with by splitting, projection, idealization and denigration (Frost & Hoggett, 2008). Patients have defined their fears that if their illness were to become identified they would be cast out of the moral community because of the belief that the distortion of the body was a punishment for transgression of sexual taboos (Das, 2001). The concept of 'suffering' denotes the interconnected components of acting, feeling, responding and thinking (Frost & Hoggett, 2008). We are also apprehensive with suffering as both a reflexive and non-reflexive phenomenon- something that can be understood, critically and innovatively and is exemplified, passed or expected just because it cannot be thought about. Goffman states that the stigmatized individual shares the similar belief schemes as the rest of their culture. So, 'the values integrated from the rest of society prepares him to be alive to what others see as his failing, certainly affecting him to approve that he does fall short of what he really must be, and shame becomes a dominant option.' (Goffman I. , 1968). Social suffering draws responsiveness to the lived experience of living in the social structures of repression and the hurt that arises from this . The Take The Test Project administrators whose inner worlds cannot be understood without information of their practices in the world, and whose practices of the world cannot be understood without information of the way in which their inner worlds allow them to experience the outer world (Hollway & Jefferson, 2000). And in these social sufferings experienced by the Take The Test Project administrators in their youth upon knowing their HIV statuses, they engaged themselves

in an intervention- the VCT program in which assisted them to recreate themselves and to peruse their progressive behavior changes up until now, that they are active advocates. The informants put into practice their behavioral changes brought by their engagement in the VCT as to recreate themselves. With the VCT program, the PLHIV perceived the opportunities towards the support to their needs. Thus, they believe that there are programs that will aid their behavior modification (Holtgrave, Qualls, Curran, Valdiserri, Guinan, & Parra, 1995). However, the main statement on the part of informants was that their illness was not a consequence of any moral culpability and that if the illness was truly a punishment, then it could only have been because they had carelessly broken a social norm.

METHODS

This study employs qualitative, exploratory and descriptive method. It is a qualitative study since it centred on the administrators of the Take The Test Project organization. It is an exploratory study since it is a narrative study that has an in-depth study of the responses without the support of numerical basis. It is a descriptive study since it applied instruments in gathering of data to have an inclusive comprehension of the behavior changes brought by the informants past Voluntary Counselling and Testing (VCT) involvements that led to their practice of good behavior changes and the recreation of their advocacies.

For this study, I conducted a focused group discussion with the three informants who are known as the administrators of the Take The Test Project organization. They are the president, a councillor and a peer educator of the chosen locale of the study. The selection of informants was voluntary and is based on their availability and activeness in the organization. The informants must have been diagnosed with HIV when they were young, considering them as a part of the youth cluster, with the age of 30 years old and under, regardless of gender and status (World Health Organization, 2012).

The actual gathering of data wherein the informed consent qualitative study forms were distributed to the informants for ethical purposes happened on July 10, 2013 in Robinsons Place Manila, Classic Savory, Ermita, Manila. The filling was followed by a

focused group discussion that lasted for 4 hours. The data gathering process also includes a participative observation last July 14, 2013, during the Take The Test Project Free HIV testing and Syphilis Testing in Klinik Bernarda, Kamuning, Edsa. It involved an HIV 101, pre-counselling, a voluntary participation in the HIV testing, and a post-counselling, which will sustain the information on the study.

The instruments utilized in this study are the respondent's profile sheet, which contains the demographic profile only, the interview guides and an audio recorder. The questionnaires were used to obtain the preliminary background of the informants. The interview guides were used to substantiate the answered preliminary questionnaires. And the audio recorder was an aid that facilitated and recorded the discussion/interview for data analysis purposes.

The qualitative data was manually and electronically transcribed, encoded and analyzed through the use of WEFT software. WEFT is software used for analyzing of qualitative data through textual coding. These qualitative data were under qualitative analysis to acquire findings and themes.

FINDINGS

SOCIO-DEMOGRAPHIC PROFILE OF THREE TAKE THE TEST PROJECT RESPONDENTS

The table below shows the socio-demographic profile of the informants. The primary data analyzed in this part were collected through a questionnaire and on a focused group discussion among the three (3) active Take The Test Project administrators, who are counsellors and peer educators in the organization.

Table 1. Socio-Demographic Profile of the Take The Test Project Administrators

CURRENT AGE	AGE OF DIAGNOSIS	GENDER	CIVIL STATUS	PROFESSION
30	29	Male	Single	Site Implementation Officer
28	27	Male	Single	Sales Consultant
37	30	Male	Single	NGO Worker

Their age ranges from 27-36 years old but they were all diagnosed of HIV during their youth (30 years old and below). This age bracket is important since their age of diagnosis is the basis of when they were engaged in the VCT program. Given the age distribution, majority of them are single and had been involved in homosexual relationships. The informants are currently employed professionals.

The respondents routinely practiced behavior in the past before their engagement in VCT

The table below shows the routinely practiced behavior in the past of the informants. The primary data analyzed in this part were collected through a focused group discussion among the three (3) active Take The Test Project administrators, who are counselor and peer educators in the organization.

Table 2. Data Matrix on the Past Behavior of the Take The Test Project Administrators

Question: What was your past behavior before you engaged in VCT?			
General Themes:	Vices	Unprotected Sex	"Gala"/Meet-Ups
Responses	I party almost every night	<i>Hindi ako nag-iingat sa ginagawa ko.</i> (I am not cautious of my actions.)	<i>Hindi ako aware sa risky behaviors.</i> (I am not aware of the risky behaviors.)
	<i>Lagi akong umiinom noon.</i> (I always drink)	I practice risky behaviors.	The meet-ups are planned through social networking sites (SNS).
	<i>Lagi akong lumalabas.</i> (I always go out.)	<i>Hindi man ako na engaged sa multiple relationships, nakilala ko yung partner ko nung binangga ko siya sa Recto</i> (I was not engaged in a multiple relationship, but I met my partner when I purposely bumped him in Recto). And we were both unaware that he is HIV positive.	<i>Hindi ako matahimik sa isang tabi.</i> (I cannot maintain in one space.)

In Table 2, it shows the members responses when they were asked to discuss their past behavior practices before they were engaged in the Voluntary Counselling and Testing (VCT). In specifying their past behavior's, three themes were observed: (a) Vices, (b) Unprotected sex, and (c) "Gala" or meet-ups.

The process of recreating themselves through the process of VCT intervention.

The table shows the process of VCT intervention in the recreation of the informant's behavior. The primary data analyzed in this part were collected through a focused group discussion among the three (3) active Take The Test Project administrators, who are counsellor and peer educators in the organization.

Table 3. Data Matrix on the Process of Recreating Themselves Through The VCT Intervention

Q: What was your experience in the process of recreating yourselves through the VCT Intervention?			
General Themes:	Reaction	Perception	Effects
Responses:	<i>Nagkaroon ako ng self-stigma at depressions. (I experienced having self-stigma and I underwent depression).</i>	<i>Parang ubo't sipon na lang siya. Wala ng issue sa akin. (It's like a common cough and cold. It didn't have an issue for me).</i>	<i>Nakahanap ako ng friends na tumanggap sa akin. (I found friends who would accept me).</i>
	<i>Nakaramdam ako ng isolation. (I felt isolated).</i>	<i>Normal nalang sa akin, wala ng issue. (It was a normal situation; there is no issue for me).</i>	<i>Empowered na ako and confident. (I am empowered and I am confident now).</i>
	<i>Wala akong sinisi that time, lalo na yung (ex/deceased) boyfriend ko. (I did not blame anybody at that time, especially my boyfriend).</i>	<i>Di ko na tinitignan as illness dahil wala ng issue para sa akin. (I did not look at it as an illness since it doesn't have an issue for me).</i>	<i>Nawala yung self-stigma. (The self-stigma on myself is gone).</i>

In Table 3, is shows the process of how the VCT intervention assisted the informants to be able to recreate themselves in the past and to carry on with their practiced behavior changes. Three themes were observed: (a) Reaction upon knowing their status, (b) Perception of their illness, and (c) Effects of the VCT program.

The respondents practiced behavior after their engagement on VCT

"There are behaviors that fall under a spectrum of no risk to highest risk, and those that fall in between. It is better for individuals to know the risk attributed 5 to these behaviors so that finally they can make their choice," denoting that the offered programs for HIV are not encouraging morally lax behavior, but promoting responsible behavior."

- Dr. Eric Tayag (Poblete, 2010)

The table below shows practiced behavior of the informants after their engagement on VCT. The primary data analyzed in this part were collected through a focused group discussion among the three (3) active Take The Test Project administrators, who are counsellors and peer educators in the organization.

Table 4. Data Matrix on the Practiced Behaviors of the Take The Test Project Administrators

Question: What are the behavior changes brought by your engagement in VCT?			
General Themes:	Known Risks	Safe Sex	Healthy lifestyle
Responses:	I became educated about the risks of having unsafe practices.	I use condom now. <i>Kasi nga dati meron akong multiple relationships.</i> (I was engaged in multiple relationships in the past.)	<i>Nagbago lahat, nawala na yung vices ko na pag-inom every night.</i> (Everything has changed, I lost my vices of drinking every night.)
	I practices self-awareness.	I practiced safe sex.	<i>I have a healthy lifestyle, inaalagaan ko na yung sarili ko.</i> (I take care of myself.)
	<i>Sumusunod na ako sa reminders, pina-practice ko yung abstinence. And incorporated na 'yung good behavior prior to testing dahil sa naging experience ko with my partner back in 2007.</i> (I follow the reminders, I practice abstinence. And my good behavior was already incorporated prior to getting tested since my partner was diagnosed and he died from AIDS condition in 2007).	Ngayon, pino-protectahan ko yung partner ko from being infected with HIV. (I look after my partner so he won't be transmitted with HIV).	I know my responsibility now when it comes to taking care of my own health.

In Table 4, it shows the Take The Test Project Administrators' responses when they were asked to discuss the behavior changes that had happened to them after they engaged in the Voluntary Counselling and Testing (VCT). There are three themes observed: (a) Known risks, (b) Safe sex, and (c) Healthy lifestyle.

It is through the experiences of Jeff, Joel and Ryan that I will illustrate the process by

which all of them had practiced certain behavioral changes which led them to become advocates, peer educators and counsellors.

Jeff's Story. Jeff did not practice having multiple relationships when he was still in the Philippines but while he was abroad for his work he engaged in having multiple partners. While he was in the Philippines for his vacation, he had a medical test and his tests showed that he was diagnosed of HIV. As soon as he heard of his medical test results, he only laughed at his situation, since he was in-denial of his condition because he cannot believe it. And when his friends heard of his condition, they began to cry and Jeff was the one who had to console them. Jeff had a bad experience while being tested in the Manila Social Hygiene, since his confidential results were seen by two nurses and not by the doctor who is in-charge of it. And he was not given the proper counselling, leaving him very depressed instead of being informed and educated. Jeff experienced self-stigma but when he was a mentor in the Philippine Academy of Family Physicians that is a company affiliated with the Take The Test Project wherein he had the opportunity to talk with the president, Ryan. He was influenced by Ryan to be an advocate so he decided to join trainings that made him a peer educator at the present. His self-stigma was reformed through the acceptance of other people around him in the organization, so, he joined the organization to make himself busy and he needed action for his status. He became an advocate and he has seen his illness like a cough or a cold which can be treated easily with medicines, meaning he does not place any issue on his situation.

Joel's Story. Joel was a tourist but then he had to work and as soon as his medical test results came out, that he was diagnosed as HIV-positive, he was sent to prison and he was about to get deported. He needed help from his family so he could go out of jail. After his diagnosis he needed to *go back to basic*, he experienced self-stigma and got depressed. He is a friend of Jeff and he invited him to join the Take The Test Project. He is currently volunteering his services in the organization as a counsellor. He became an advocate to encourage other people to become aware of their status. Joel is now confident and responsible of his actions despite oh his status.

Ryan's Story. Sir Ryan knows his way in Recto where he usually found his partners in the past. Sir Ryan met his partner in 2003 but then his partner was diagnosed of AIDS condition in 2007 and died. Ryan was advised by the doctor to get tested since the HIV-related stigma then is high. When he was diagnosed he did not blame nor became mad at his partner. He was not given proper consultation and counselling in the hospital and his confidentiality was at risk since almost two nurses handled his files before they handed it over to the doctor. But as he learned that being able to give assistance to other people living with HIV, he became pleased with what he was doing since he get inspired by the organizations' clients. He does not even consider his status as an illness; rather he became a strengthened and stronger person. If in the past he has a fear of being stigmatized, now, Ryan is empowered, confident, and he is fulfilled of his duties.

DISCUSSION

This study started with the aim of identifying the behavior changes that was brought about by the Take The Test Project administrators engagement in the Voluntary Counselling and Testing program in their youth. Given the data on the Take The Test Project administrators, it shows that they are competent to recreate their lives after their engagement in the VCT program. With this, the intervention program is seen as the preventive measure of the disease that allows them to practice behavior change, and it is practiced by the Take The Test Project administrators in their youth where the study is focused. Since, Take The Test Project administrators are active HIV/AIDS advocates and they already cater to the needs of their PLHIV clients, this study identified the behavior changes of the Take The Test Project administrators after engaging in the VCT program that assisted them to recreated their lives.

Hence, analyses of various data sources proposes that the behavior change of Take The Test Project administrators may be understood in terms of the following themes: (a) Socio Demographic profile of the Take The Test Project administrators, (b) Routinely practice behavior in the past, (c) Recreation of self after the VCT intervention, and (d) Practiced behavior.

SOCIO DEMOGRAPHIC PROFILE OF THE TAKE THE TEST PROJECT ADMINISTRATORS

Socio Demographic characteristics such as age, gender, civil status and profession are considered essential in understanding attitudes and behaviors (Lucas, Milki, & Rohall, 2007). It serves as an external feature that generated an impact on one's individual actions or behavior. Hence, these socio demographic characteristics have a bearing on the behavior change of the Take The Test Project administrators.

Age has a significant bearing on the Take The Test Project administrators. Since they all have been diagnosed in their youth, they belong to the youth cluster. Their awareness of their status is rooted from the knowledge that they had acquired during their engagement in the VCT. Gender has an effect on the Take The Test Project administrators because they are involve in single or multiple relationships. From the moment that an individual was born, each was designated to maleness or femaleness. Subsequently, there are differences between the two gender preferences but, those differences have an impact on one's behavior that is not acquired biologically (Lips, 1993) as cited in (Newman, 2006). Another factor that is considered is the civil status of the informants, since they are involve in single or multiple relationships, thus it has an effect whether they are practicing the behavior change with their chosen partners. And finally, the profession of the informants creates an impact on the way they behave. Study shows that individuals tend to perform or behave more when they are from higher social classes (Myers, 2008). These factors therefore, contributes to the behavior change of the Take The Test Project administrators to practice positive behavior changes.

ROUTINELY PRACTICE BEHAVIOR IN THE PAST

Unaware of their situation, the PLHIV had practiced particular depraved behaviors. Such behaviors include, having vices, engagement in unprotected intercourse, frequent meet-ups with their chosen partners. All of these were done before their engagement in the Voluntary Counselling and Testing program. They had practiced having vices for they enjoyed their youth and were still all unaware of their statuses. They engage in unprotected sexual intercourses for they are unaware of the risks. They find their partners in social networking sites to have casual sex with them that they gradually

practiced having multiple relationships.

RECREATION OF SELF AFTER THE VCT INTERVENTION

The VCT program served as the intervention for the Take The Test Project administrators to look at their illness in a diverse method. Diverse, since they had experienced various stages to recreate themselves through the process of intervention. The first stage is their reaction upon knowing their status. It is recurring in the informant's answers that they spontaneously experienced self-stigma and depression. They sensed that they no longer fit in the society. Goffman (1963) used the term (negative) stigma to any illness, characteristic, mannerism, or behavior that literally marked off the carrier as "culturally unacceptable" or mediocre, with resulting feelings of embarrassment, culpability and humiliation. The second stage is the informant's perception of their illness. It is recurring in the informant's answers that they perceived their illness like a common cough and cold and that it has no bearing or issue on them. The last stage of recreating themselves through the process of intervention was the effects of the VCT program. It is also recurring in their answers that they had found friends who would accept them. Youth participates in the society through social involvement by means of establishing groups and organization, which composed of their peers. Groups are composed of two or more individuals wherein interdependent and shared common identity is formed (Cialdini, Kenrick, & Neuberg, 2010). They were later on empowered and confident and their self-stigma is disappeared.

PRACTICED BEHAVIOUR CHANGE

Numerous researchers have found that PLHIV exhibited greater reductions in risk than those who tested negative or who had not been tested (Coates, Stall, Kegels, Lo, Morin, & McKusick, 1988; Cates W Jr. & Handsfield, 1988; R., Odaka, Brookmeyer, & Polk, 1987). From the themes that transpired from the question: What are the behavior changes brought by your engagement in VCT? The informants were now fully aware of the known risks of being a PLHIV. Thus they are practice self-awareness to avoid risks of transmitting HIV to their partner and to maintain their healthy lifestyle. The VCT program that they did not hasten or increase their sexual behavior, instead, it assisted them to delay or decrease sexual behaviors or increase condom or contraceptive use

(Kirby, Rolleri, & B.A. Laris, 2007). After counselling and testing, HIV participants reduced unprotected intercourse and improved the usage of condom and HIV counselling and testing acts an effective resource of prevention for PLHIV (Weinhardt, Carey, Johnson, & Bickham, 1999). As administrators who had made behavior changes to their lives, they are now involved in becoming an active partner in the determination for health, accepting their obligations for safeguarding their own well-being (Staples, 2012).

Illness Narratives

In 2010, the Take The Test Project organization aimed at the intention to pass services closer to the community which they thought would make appropriate changes to the behavior of people living with HIV (PLHIV) (Take The Test Project, 2010). The past engagement in the VCT of the 3 administrators of the organization had led them to become advocates for the HIV prevention and care of the people living with HIV. Their past experiences during their diagnosis had been depraved since they did not received proper counselling concerning their diagnosis.

People deal with suffering by constructing "illness narratives" out of significances brought by their cultural repertoire (Kleinman 1988). The illness narrative is a story the patient expresses to contribute rationality to the distinct events and long-term development of suffering. To deal with the suffering that arises with emotional uncertainty, thus the Take The Test Project administrators assimilated their illness into a story that addresses a key empirical themes in their life. (Kleinman, *The Illness Narratives*, 1988; Leavitt, 1995).

Illness narratives of persons with disability generally deal with the feelings of damage and low self-esteem as a result of the loss of the autonomy of the body, there is a far greater weight placed on the feelings of guilt and shame in the case of stigmatized conditions (Das, 2001). Three informants have experienced self-stigma due upon knowing their statuses. Cited in (Goffman E. , 1963), Veena Das elaborated the term (negative) stigma was applied to any condition, attribute, trait or behavior that symbolically marked off the bearer as "culturally unacceptable". In this study, the

informants have experienced a process of reinventing themselves by explaining their “local moral worlds” regarding their illness (Daedalus, 1999). Arthur Kleinman’s main concern was to show the intersubjective nature of experience in chronic illness. Patients have described their fears that if their disease were to become known they would be cast out of the moral community because of the presumption that the deformity of the body was a punishment for infringement of sexual taboos (Das, Stigma, Contagion, Defect: Issues in the Anthropology, 2001). The very process of fighting stigma in such cases reaffirms the way in which personal affliction is made to fold into the stigma of belonging to marginal groups. However, when they engaged in VCT they have been educated of their illness and they became aware of the risks and they practiced a change in their behavior that led them to become active advocates and managed to help other people who are interested to know their status and to help those who are seropositive in result.

CONCLUSION

In conclusion, the most important research insight that this study highlights is the efficiency of the intervention that the Take The Test Project administrators undertake to recreate their lives and to produce a positive behavior change in their lives. The personal behavior change of the informants serves as the beginning of one’s self reformation. This self-reformation occurs upon the entry to the intervention process wherein the new basis of their actions is the practices behavior change that they learned from the VCT program that are guided by their personal agency. This study also proved and validated various theories. The process of intervention in which the Take The Test Project administrators had go through had greatly assisted them to have positive behavior changes and to become active HIV/AIDS advocates who are continuously organized to reach out to the PLHIV in the country.

RECOMMENDATION

This paper explains the of impact of the Take The Test Project administrators engagement in the Voluntary Counselling and Testing program (VCT) in their youth that assisted them to recreate themselves after being aware of their HIV status. Thus, this

paper recommends the following policies:

- a. Voluntary Counselling and Testing (VCT) program is effective in conveying a favorable effect on the behavioral changes of the people living with HIV (PLHIV). Strict policies should be imposed in providing the VCT program, it must delivered with sufficient resources, passion and cultural proficiency.
- b. Prevention programs such as VCT are a means of an intervention program that is effective in eliminating depraved behavior of the PLHIV. The peer educators in the Take The Test Project Inc. should continuously strengthen their advocacy and services.
- c. Educational institutions may consider prevention education among schools in order for the youth to increase knowledge, awareness, and safety. This may also be the initial pace towards preventing diseases like HIV among youth.
- d. Government could generate empowerment programs and trainings among the PLHIV community who could influence other people to acquire behavior changes. Herewith, more people would be able to reach, and be aware of their risks of HIV/AIDS.
- e. One of the limitations of the study is the sudden change of interview type, from a one-one-one interview to a focused group discussion; this is due to the insufficient time.

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