

*Jamela Patrisha A. Robles*

---

## The Impact of Organizational Programs to WLHIV<sup>1</sup>: The Case of Sister Plus Members<sup>2</sup>

### INTRODUCTION

**T**his section presents a descriptive overview of the current situation of People Living with HIV on which focuses on the issues and trends that affecting them. In June 2014, there were **494** new HIV Ab sero-positive individuals. This was **15%** higher compared to the same period last year as reported by Philippine National Aids Council and Department of Health National Epidemiology Center. In contrast with other countries in the Southeast Asia, the HIV epidemic in the Philippines has been described as "low and slow", but the trend changed in 2007 onwards (AIDS Society of the Philippines, 2013; Farr & Wilson, 2010; Salvana, 2012). As to developing countries such as Philippines, NGOs turn out to be an alternative for the government as a main service provider when it is unable to fulfill its traditional role (Ulleberg, 2009). HIV/AIDS programs and services through NGOs have rapidly expanded and are successfully reaching people. (Yu, Souteyrand, Banda, Kaufman, & Perriens, 2008).

Sister Plus is non-governmental organizations that caters People Living with HIV, mostly are female sex workers. Nerisa Eroles, a member of Pinoy Plus, Inc. and the founder of Sister Plus, is working under Angeles City AIDS Council. Hence, the administrative center of Angeles City AIDS Council also serves as the workplace of Sister Plus located in Balibago, Angeles City, Pampanga. It is nearly located to Fields Avenue, the Red Light District of Pampanga. Mainly, this study focuses on Sister Plus as an important factor of intervention for the improvement of the lives of WLHIVs. It explores on the lives of the WLHIVs before and after joining the organization. Generally, it seeks to answer the question on what is the involvement of Sister Plus to the lives of their WLHIV members.

Moreover, in exploring how Sister Plus impacts the lives of Women Living with HIV, this study seeks to know the programs for HIV/AIDS prevention and/or treatment and care of

<sup>1</sup> WLHIV is an abbreviation for Women Living with HIV

<sup>2</sup> Sister Plus is non-governmental organizations that caters People Living with HIV, mostly are female sex workers, in Balibago, Angeles City, Pampanga.

the organization, the level of involvement of the members to the organizational activities, and the ways of the organization influence the in various aspects such as in emotional aspects, economical aspects, and/or psychological aspects.

Since there is a lack of local studies, this study might be a source for new knowledge in research regarding the field of voluntary counseling and testing. This also might determine the effectiveness of the organization to its members which may lead to further improvement or development inside Plus.

## **LITERATURE REVIEW**

This paper provides an understanding of NGOs as vital factor in providing interventions to the lives of WLHIVs; this part discusses the reviewed published materials and online journal articles concerning the four main concepts of the study. Thus, this review of related literature is composed of two parts: (1) *Non-governmental organizations*, and (2) *HIV "feminization" phenomenon*.

### **NON-GOVERNMENTAL ORGANIZATIONS**

NGOs are interfaces that provide an interaction among the various actors participating in an activity; and in turn, NGOs themselves are able to influence a set of different actors (Hilhorst, 2003; Seckinelgin, 2006). They fall under voluntary sector that provide community outreach, peer education, counseling, clean needles and syringes, psychosocial support, and referral and treatment for STIs and other health-related concerns. (Ghosh, 2009; Mesquita, et al., 2008). To speed up development; to contribute to poverty reduction; to enforce human rights; and, to emancipate the women of today are some of the expectations that are placed on NGOs (Holmén & Jirström, 2009). And as development actors, NGOs have become the main alternative service providers in countries wherein the government neglects its traditional role; in other words, the role of filling the gap (Ulleberg, 2009).

### **HIV/AIDS AND THE "FEMINIZATION" PHENOMENON**

The number of HIV cases in the Philippines is increasing particularly due to increasing casual sexual activity; low condom-use rates; high needle-sharing rates among

Injecting drug users; OFWs from high-prevalence setting; and widespread misconceptions about HIV/AIDS (Farr & Wilson, 2010) Conservative religious norms in the Philippines dictate to oppose the habitual usage of condom (United Nations Development Programme, 2010; Salvana, 2012). In October 2013, 491 new HIV Ab sero-positive individuals were reported by the Philippine HIV and AIDS Registry (2013), which has been the highest number recorded in one month since 1984 (Santos, 2013). Of the 491 new cases showed by the data, 445 were due to the unprotected sexual contact; while, needle sharing of drug-injecting users caused 45 new cases, and one case was mother-to-child transmission. Also, the number of adolescents living with HIV marked an increase by 33% from 2001 (World Health Organization, 2013).

Semen has a higher concentration of the virus compared to the fluid secreted by a female during sexual intercourse, which means woman has a higher tendency of getting the virus from a man during unprotected sex (Pinsky & Douglas, 2009; Shrikhande, 2009, p. 2). Biologically, socially, and economically, women are more vulnerable in terms of HIV and its underlying effects than of men (Asian Development Bank, 2009). Families could play the crucial role in disseminating information on sexual health to teenage girls; yet, this potential turns out to be a barrier due to social and religious norms (United Nations Development Programme, 2010). As a result, girls are forced to rely on inaccurate information on the Internet and through movies. This phenomenon is called "feminization of HIV/AIDS" (CHGA, n.d; Germain & Kidwell, 2005; Global Coalition on Women and AIDS, 2004; Piot, 2007 as cited in Boesten & Poku, 2009; Shrikhande, 2009, p. 1) It refers to the spread of HIV infection among women who are not commercial sex workers (Jain, 2009).

People living with HIV face barriers, including laws, inequalities, stigma and discrimination which hinder them from accessing HIV services (Hirnschall, 2013 as cited in World Health Organization, 2013). Yet, according to Australia High Court Justice Michael Kirby (1997, as cited in AIDS Society of the Philippines, 2013), "protecting groups and individuals at risk is a moral obligation". The only way to deal effectively with of spread of this epidemic is by respecting and protecting the human rights of those who are already exposed to the virus and those most at risk.

## RESEARCH QUESTION

This research seeks to answer the following questions:

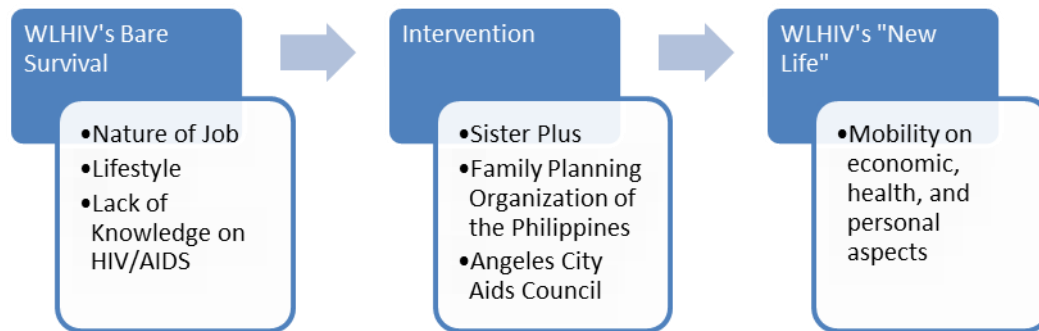
General Question:

What are the impacts of Sister Plus to Women Living with HIV on their well-being?

Specific Questions:

1. What is their lifestyle before being diagnosed with HIV?
2. What are the programs that the informants participated on?
3. What are the changes in terms of health, economic, and personal aspects that occurred in the lives of the informants after being involved to the organization?

## THEORETICAL FRAMEWORK



This framework is guided by Robbins' (2006) *From Rights to Rituals: AIDS Activism in South Africa*. This illustration shows the transition of the WLHIV's well-being. The first phase refers to the "bare life" of the WLHIV covering the past lifestyle and practiced behavior. The second phase refers to the intervention and programs of the organization that WLHIV have participated. Third phase refers to the "new life" or the impacts and changes on the well-being of the WLHIV brought by the interventions.

## METHODS

This study employs qualitative designs. The informants are current members of Sister Plus. Semi-structured interviews, intermittent field visits and participant observation were conducted by the researcher, since the last week of June up to the month of September. Qualitative data were electronically transcribed 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.

Ethical procedures are applied to this study through providing the respondents an informed consent. In abiding with the ethics in research, the participation in this research is entirely voluntary. Also, the names of all the respondents in this research are changed into pseudonyms to secure their identities.

This research focuses only on the selected members of Sister Plus. It primarily concentrates on how the Sister Plus are helping them to cope with stigma and discrimination. Furthermore, since the study is centered in the members of Sister Plus, results that are collected may not apply to other organizations.

## **FINDINGS**

This section will provide the life narratives of the three informants based on the results of the gathered data. Their illnesses and its effect on their lives are discussed on the stories of Lovely, Sleeping Beauty, and Gretchen.

### **LOVELY'S STORY**

Lovely used to work as a dancer in a bar at Fields Avenue where she earns 200 pesos every night. However, she was into providing sexual services to foreigners. As she was engaged into sexual commerce, she makes extra income whenever she goes out with clients—charging them 1, 500 pesos, and sometimes she also gets tips. Despite of having the urge to get tested, Lovely was not able to get herself tested because it was too costly. When the social hygiene clinic in her locale launched a free HIV testing, she grabbed the opportunity immediately. At that time, she was about to apply for a job in Dubai and HIV test was one of the requirements. Hence, the opportunity of getting tested was very timely for her. When she received her confirmatory, she was deeply saddened by the medical results. But then, she realized, “with the kind of job I have, everything is definitely possible” (Lovely, 2014). It was through this experience that Lovely acquired her positive status as she was subjected to sexual commerce. Considering the nature of her job, Lovely was aware that the risk is patently high as she practice unsafe sex before.

It was in the social hygiene clinic where she met Ate Neri, the prime mover of the Sister

Plus, who also works in Angeles City Aids Council. One of the tasks of Ate Neri is to handle of all the people living with HIV in the counseling unit. It was through the counseling program of Sister Plus that Lovely claims she received help to cope with her condition. Whether it is about being emotionally down or having several questions in her mind, she narrated that the organization provided her the support she needed through counseling that usually lasts for half an hour or so. The “do’s” and “don’ts” for PLHIVs are also being discussed by the organization according to Lovely. As a result, she opted to have healthy lifestyle—which she basically means following all the “do’s” and “don’ts”.

In 2012, when she received her confirmatory, the baseline of Antiretroviral Treatment (ART) was still 350/mm<sup>3</sup>. Lovely, having 394/mm<sup>3</sup>, was not advised by the Angeles City Aids Council to take the medication yet. The baseline of ART was later changed into 500/mm<sup>3</sup>. Albeit mindful of the new 500/mm<sup>3</sup> baseline, she still refuses to take ART as she perceives her health as not severe due to her results showing that her CD4 count has been increasing—from 394 to 430.

“Kaya lang sa lagay ko kasi, tumataas yung CD4 count ko, kaya hindi ko pa kailangan mag-antretroviral. Kasi ang limit, last two years, kailangan 350, pero yung sakin kasi 394. Tapos after 6 months ako nagpa-CD4 count ulit, tumaas ulit siya, naging 430. 3 beses na pala ako nagpa- CD4 count, tumaas siya ng 403 tapos sa pangatlong beses, tumaas siya ng 430.”

[But in my case, my CD4 count is increasing, that is why I don’t need to take antiretroviral yet. The limit two years ago was 350, but mine was 394. Then after 6 months I took CD4 count again, it has increased again to 430. I already took CD4 count thrice, it has increased to 403, and then on the third time, it became 430.]

-Lovely

Lovely chose to disclose her status only to those people within the organization. Having the mindset that she could cope with her condition without the support of her family based on the CD4 count results that she has, she chose not disclose her status to her mother and to her 10-year old son. Lovely claims that she has been receiving intervention on disclosing her status to her family through the counseling of Family Planning Organization of the Philippines. According to her, FPOP teaches them the gradual process

in disclosing, such as PLHIV must first give ideas about the illness to their family. Lovely stated that she is currently on that process because she could not deny to herself that someday she will need the support of her family. "At least when I disclose my status to them someday, they will not be in shock anymore. Hence, they will not discriminate me" (Lovely, 2014). Even outside her immediate social circle, Lovely have not encountered any discrimination or stigma-related experience yet.

As an Angeles City AIDS Council volunteer, Lovely recognizes her struggle with financial security. The stipend that she receives is the only source of income she has, ranging from 100 pesos up to 300 pesos a day. There are times that she gets transportation expenditure only. Lovely is satisfied with the counseling programs, yet she can still identify some of her necessities as PLHIV that sometimes cannot be provided by the Sister Plus nor the Angeles City AIDS Council. Such necessity that she is struggling with is availing the CD4 count test in San Lazaro Hospital which costs for about 2,000 pesos. But having an alternative source, Lovely have mentioned that PLHIVs like her can request fund from Jose B. Lingap Memorial Hospital in San, Fernando Pampanga. She added that if the fund request is granted, the Pampanga-Manila round-trip fare is another problem that she has to deal with.

#### SLEEPING BEAUTY'S STORY

Sleeping Beauty used to work as a bartender in Angeles City, Pampanga. She used to earn 250 pesos a day and works 7 days a week. She met her American boyfriend at work. They have both agreed to cohabit, and then later she decided to stop working. After some time of being together, her boyfriend died. Having a 10-year old son to support, she decided to work again after the death of her boyfriend. Sleeping Beauty stated that in her locale, before you can work, you must undergo Pap smear and HIV tests first. "You cannot get all of your requirements if you will not go here," (Sleeping Beauty, 2014) referring to the social hygiene clinic. Due to that existing rule, she went to the social hygiene clinic in compliance with all the requirements. It was last January 2013 when Sleeping Beauty surprisingly found out that she is positive with HIV. On her realization, Sleeping Beauty assumed that her illness might have been transmitted from her deceased boyfriend.

After knowing her status, Sleeping Beauty thought that it was already the end of her life. But for short span of time, she was able to accept her status through the counseling program that she had participated immediately. It was also due to the assistance of Ate Neri that caused her to be engaging in counseling. She was able to acquire the proper knowledge about HIV/AIDS through the counseling program. She was able to break her notion, one of it was that PLHIVs like her can still live normally and survive despite of the illness they have. Prior to being diagnosed with HIV, Sleeping Beauty used to barhop and drink alcoholic beverages. She claims that it was through the counseling programs that she was able to reconstruct her lifestyle. Being mindful enough with her condition, she is no longer allowed to stay up late. Consequently, majority of the business operations in her locale begins at late-night hours which caused her to refuse to apply to any job anymore.

When Sleeping Beauty received her confirmatory, she was immediately advised to take ART. According to her, one must have a companion, particularly a family member, which would accompany them in getting their medicine as part of the regulations of Jose B. Lingap Memorial Hospital. With that, she was obliged to inform her 18-year old sister that she was ill. "A PLHIV must disclose her status to one of his/her family member so that for example I was unable to get the ART, my sister could get it for me" (Sleeping Beauty, 2014). They both agreed not to tell the other members of their family regarding her real condition. Sleeping Beauty narrated that she once had a conversation with her mother, and her mother regarded the San Lazaro Hospital as a quarantine facility where all contagious diseases can be found. Because of that perceived view of her mother, she preferred telling her mother and her elder sister that she is diagnosed with Leukemia when they noticed that Sleeping Beauty has been into series of check-ups and taking a lot of medicine. Having the fear of being stigmatized, she assumed that it would be more acceptable being diagnosed with Leukemia, a non-infectious disease, rather than with HIV.

On the topic of stigma-related experiences and discrimination against her, Sleeping Beauty encountered discriminatory behaviors of some hospital workers which affected the quality of care she received. When she was looking for the doctor associated with HIV/AIDS, hospital workers did not properly entertained her by leading her to several hospital staff to assist her. Sleeping Beauty perceived the hospital workers as some who do not



have proper knowledge about HIV/AIDS. She assumed that probably the hospital workers think that casual contact would lead to any transmission or infection.

At this point in time, Sleeping Beauty also serves as a volunteer of Angeles City AIDS Council, Same with Lovely, Sleeping Beauty is also struggling financially because her stipend is the only source of income she has, which is roughly 100 pesos only per day. One of her difficulties is on the occasion of lack of funding of Jose B. Lingap Memorial Hospital; the CD4 count test will be compensated by her. She receives financial support from her younger sister who works as a pool racker but it does not suffice. On the other hand, her 10-year old son is currently living with and is supported by her elder sister and brother-in-law. For Sleeping Beauty, her necessities as a person living with HIV are the major difficulties that she has to deal with everyday.

#### GRETCHEN'S STORY

It was last February 2013 when Gretchen found out that she is positive with HIV. As a barkeeper who earns 140 pesos a day, she is subjected to Pap smear test on a weekly basis. Prior to this, she was feeling something strange with her body along with the monthly fevers she has been experiencing. Yet, she was unable to consult a medical doctor. Being highly depressed on knowing her status, Gretchen came to a point of self-isolation. Deceptively, she used to tell her long-term boyfriend named Marco that she goes to work despite of the truth that she was just staying at home. After a week, she decided to disclose her status to him. At first, they were constantly fighting over it for the reason that Marco was accusing her of providing sexual services to bar customers. On the other hand, Gretchen explained that during the short period of time working in a bar, she never had a sexual intercourse with any bar customer. Until such time that they both agreed to visit the social hygiene for Marco to get tested.

When the results came in, it confirmed that Marco is also positive with HIV. Marco admitted that he has been practicing unsafe sex with multiple partners before. Having this situation, they have decided to live together and after sometime, Gretchen got pregnant. Aside from Marco, Gretchen did not disclose her status to anyone else, not even to the only sibling who lives with her in Pampanga. Her sibling once found an IEC (Information

Education Communication) material about HIV in their home but did not fully read it. She narrated that her sibling still has this notion that HIV can be transmitted through casual contact. When she was about to give birth and thought of having someone who could help her aside from her partner Marco, she attempted to disclose her status to her sibling. But, according to her, it is her sibling's misconception about HIV/AIDS that kept her from disclosing. The missed chance of explaining it to her sibling was considered by Gretchen as one of her biggest mistakes in life. On the other hand, Marco disclosed his status to his family. He went to Bohol to explain his illness to his family. Marco's aunt was able to understand and accepted his condition and began to take care of him more, while his mother had a hard time on accepting his condition. According to the narration of Gretchen, it was through the traditional media that Marco's aunt was able to acquire knowledge about HIV/AIDS.

Similarly, Gretchen also encountered discriminatory behaviors from some hospital workers during her prenatal check-up. The obstetrician gynecologist and other medical staff covered the hospital bed with plastic and isolated all the used medical supplies. Having the fear that the incident could further affect the healthcare she will receive; Gretchen chose to settle the negotiation immediately.

On a positive note, Gretchen views her illness as something that happened for a greater cause. She views these experiences as a phase that made her and Marco settle together. "Since we have found out that we are positive with HIV, Marco's behavior has changed. And on my part, I used to have a hard time before in balancing work and taking care of my 7-year old kid" (Gretchen, 2014). Gretchen had a child on her previous relationship several years ago and having an additional child in the family; Gretchen regarded her illness as a "blessing".

However, just like Lovely and Sleeping Beauty, Gretchen said that the stipend she receives as a volunteer is not enough to compensate all the necessities she has as a PLHIV, a wife, and a mother. "For me, it's not enough. First of all, we are renting a house. Second, I have a baby. My husband works as a driver in a refilling station and earns 4,500 pesos a month. He earns additional 500 pesos as a tricycle driver. Yet, these are not enough. We want to

have our own small business but we do not have any capital to begin with” (Gretchen, 2014).

## **DISCUSSION**

### **BARE LIFE**

Guided by the framework of Robbins (2006), bare life refers to the phase of the lives of PLHIV prior to joining an organization. This part discusses the answers of the informants concerning the ff: (1) on knowing their status; (2) On Stigma-related experiences and discrimination and (3) on their health status.

### **ON KNOWING THEIR STATUS**

Lovely and Sleeping Beauty were both diagnosed at the age of 32; in the years 2012 and 2013 respectively. Gretchen, on the other hand, was diagnosed in 2012 at the age of 26. Based on the illness narratives of the informants, they have identified their status because of their job renewal. Both Sleeping Beauty and Gretchen were handling their job renewal at that moment. While Lovely, on the other hand, is about to apply for a job in Dubai. To support more the data, direct quotes from the informants follows:

*"Ano ako, voluntary ako, nagpunta ako dito tapos nagpacheck-up ako. Kasi pupunta sana ako ng Dubai. Tapos matagal ko na ring gusto magpatest, kasi kung magpatest ka 'di ba ang mahal? So, nung tamang tama, nagpacheck ako dito sa social hygiene clinic, tapos nagkaroon sila ng free HIV testing, nagpatest ako."*

-Lovely

*"Kasi dito bago ka makapagtrabaho... halimbawa sa bar ka papasok, voluntary talaga na magpatest ka dito. Hindi ka makakakuha ng mga requirements mo pag di ka nagpunta rito."*

-Sleeping Beauty

*"...last year, nagtrabaho ako sa bar. Tapos renewal po kasi 'yun, kailangan ng HIV test bago yung smear."*

-Gretchen

Pap smear test is done on a weekly basis to female bar workers in Angeles, Pampanga because of the enforcement of the *Sangguniang Panglunsod* or City Ordinance Number 43-10 Series of 1995. On the Section 4 of said ordinance states that “notwithstanding the prohibition mentioned in the preceding paragraph, all owners, proprietors, managers, or operators of establishments mentioned in Section 1 hereof are mandatorily required to

required to have their women employees regularly subjected to gram staining and other related health tests to be conducted by government health agencies.” According to The Patient Education Institute, Inc. (2012), Pap Smear is one of the best ways to detect the early stages of cervical cancer. But on the context of the local female barworkers in Angeles, Pampanga, pap smear is given as a weekly requirement for their job. On a more important note, it is given to them not because to detect cervical cancer from its early stages, but to monitor them from sexually transmitted infections or STIs. According to the informants, if you fail the pap smear test, you are not allowed to go to work. Consequently, some female sex workers deceives the social hygiene clinic staffs on having menstruation, so that they could be exempted from taking the test. They put merthiolate or red lipstick, anything that could produce red stain on their underwears. To resolve this issues, Angeles City AIDS Council records the menstrual cycle of every sex worker in the locale. Supported by the recent local news report (Dabu, 2014), the health record of the bar workers being managed by local health office are called “pink card”. This ordinance has led to the detection of the illness of the informants. Hence, the existence of such ordinance means the local government unit is recognising their role in responding to the factors that drive the epidemic. But, on the other hand, not all the sex workers in their locale have this “pink card” which means there are sex workers who do not have any health record nor undergo on a weekly smear test.

#### ON STIGMA RELATED-EXPERIENCES AND DISCRIMINATION

With regards to stigma-related experiences and discrimination against them, the two respondents encountered discriminatory behaviors of some hospital workers which affected the quality of care they have received. Whenever Sleeping Beauty ask for the doctor associated with HIV/AIDS, hospital workers tend to give negative judgments by not entertaining the patients. According to her, hospital workers tend to have high level of fear casual contact with PLHIVs—contact that would not lead to any transmission or infection. Gretchen also encountered stigmatizing attitude by the hospital workers. During her prenatal check-up, she experienced unethical treatment by the obstetrician gynecologist and other medical staff through isolating all the used medical supplies.

*"Dati sa ospital. Kasi diba pag nasa ospital ka, hahanapin mo kung sino yung doktor mo doon, tapos mapagtatanungan mo 'yung mga nurse doon. Syempre pag alam nila na 'yon 'yung doctor na hinahanap mo, alam na nila na HIV-positive ka. Andyan 'yung parang ilag sila. Syempre hindi naman talaga sila na-eeducate about HIV 'di ba? Akala nila pag nakipag-usap ka, mahahawa sila. Hindi ka nila i-entertain nang maayos."*

-Sleeping Beauty

*"...Yung hihigaan ko nilagyan nila ng plastic, 'yung tissue na ginamit sa akin, naka-separate talaga, kumbaga todo secure sila sa sarili nila. Sa ultrasound 'yun eh. May mga pumasok kasi na lalaki, kahit staff lang pumasok."*

*Bakit po pumasok?*

*Siguro po sinabi niyang may pasyente silang ganoon. Naki-cr lang ako, yung tissue ko, "o itapon mo yang tissue mo dyan sa plastic na yan mismo"*

-Gretchen

According to a research done in Vietnam by Institute for Social Development Studies International Center for Research on Women Horizons Program (2008), hospital workers show high levels of fear of casual contact with PLHIVs and those with high exposure to bodily fluids were reported the highest level of fear-based stigma. Also, the research indicates the stigmatizing attitudes and the fear of HIV transmission led them to treat HIV-positive patients differently by avoiding any contact with them, or by avoiding them altogether. Sleeping Beauty concluded that even healthcare workers are not properly educated with regards to HIV/AIDS. Misconceptions which creates problematic instances as they make significant adverse effect to the quality of care they provide. In the Philippine context, these circumstances are contrary to the Republic Act of 8504, also known as The Philippine AIDS Prevention and Control Act of 1998, which are directly against the human rights of PLHIVs. The law states "the right of privacy of individuals with HIV shall be guaranteed" and "strictly observe confidentiality in the handling of all medical information, particularly the identity and status of persons with HIV." Gretchen preferred not to prolong the negotiation, albeit being well-educated with her rights, by compromising with what happened.

*"...pero nasolusyunan naman po 'yun. Naalis naman sa ano (isip) nila mula nung isosinabi ko naman sa treatment camp ko na ganun...Nung pinagharap-harap kami, natakot ako na nahihiya. Parang nakonsensya ako, baka 'di na nila ako alagaan. Sabi ko, okay na lang sa akin, naintindihan ko naman."*

-Gretchen

With the presence of misconceptions and poor understanding of HIV and AIDS along with the pain and suffering caused by negative attitudes and discriminatory practices, stigma and discrimination will persist to occur (AVERT, 2014).

#### ON COPING WITH THEIR STATUS

In coping with their illness, PLHIVs mostly face the difficulty in disclosing their status to their social circle (Gonzalez, 2012)—immediate family members, peers, co-workers, and including their sexual partners. Gretchen decided to disclose her status to her live-in partner a week after. Her partner accused her of acquiring the virus from the customers of the bar where she used to work. However, throughout the process of disclosing, she was able to explain to her partner that she never went out with any bar customer—until she decided to bring her partner to a social hygiene clinic, and found out that her partner is also positive with HIV. Sleeping Beauty, on the other hand, revealed her status to her younger sister in compliance with the treatment hub’s rule—in case they are incapable of getting their medicine, a family member would still be allowed on receiving it. However, Lovely is still emotionally unprepared on disclosing her status to her family.

Based on the illness narratives, the informants claimed that they have been receiving intervention in terms of family relations from another organization, the Family Planning Organization of the Philippines. This organization seeks the process on disclosing their status to the families of PLHIVs. Giving ideas is the initial step in disclosing your status. Proper education regarding HIV/AIDS is what the organization basically promotes. Hence, HIV awareness education remains as an avenue in lessening the stigma and misconceptions about HIV/AIDS.

#### ON HEALTH STATUS

Both lifestyle and medication are the two vital components that have direct effect on one’s health status. Antiretroviral treatment (ART) is taken by PLHIVs to prevent the growth of the virus. According to Kazatchkine (2008), the goal of the ART is to reduce mortality rates and to increase life expectancy of people living with HIV. This kind of medication is significantly dependent to PLHIV’s CD4 count results. CD4 cells or T cells are essential in human immune’s system to fight off viruses, bacteria, infection, and complications.

According to the informants, if your CD4 count result ranges from 500/mm<sup>3</sup> and below, you have to consult your healthcare provider regarding your medication; but, if it ranges from 500/mm<sup>3</sup> and above, it is considered a normal CD4 count. This test must always be accomplished every 6 months. For Lovely, she assesses her health status through her CD4 counts result.

*“Kaya lang sa lagay ko kasi, tumataas yung CD4 count ko, kaya hindi ko pa kailangan mag-anti-retroviral. Kasi ang limit, last 2 years, kailangan 350. Pero yung sakín kasi 394. Tapos after 6 months ako nagpa-CD4 count ulit, tumaas ulit siya, naging 430. 3 beses na pala ako nagpa- CD4 count, tumaas siya ng 403 tapos sa pangatlong beses, tumaas siya ng 430. Kaya hindi pa talaga ako.”*

-Lovely

The baseline of ART before was 350/mm<sup>3</sup>, and was later changed into 500/mm<sup>3</sup>. Lovely, albeit mindful of the 500/mm<sup>3</sup> baseline, still refuses to take ART as she perceives her health as not severe due to her results showing that her CD4 count has been increasing—from 394 to 430. On the contrary, at the time when Gretchen and Sleeping Beauty received their confirmatory, they were immediately advised to take the medication.

#### “NEW LIFE”

Supported by the work of Robbins (2006), the stigma-related experiences and discrimination creates the conditions for HIV/AIDS survivors’ commitment to “new life”. According to Robbins, “illness experiences and enrollment in treatment programs has, under certain circumstances, dramatically altered the lives, subjectivities, identities, life narratives, and futures” of PLHIVs. This part discusses on how counseling programs and health-related interventions affected the well-being and life development of the informants.

ON THEIR INVOLVEMENT TO SISTER PLUS, ANGELES CITY AIDS COUNCIL, AND FPOP  
Voluntary Counselling and Testing (VCT) is the prime program offered by Sister Plus. This intervention created impact on the well-being of the three informants.

*“Kung halimbawa, may mga katanungan ka, siyempre kapag na-diagnose ka, marami kang tanong sa isip mo, mas magandang andyan sila kaya ayun.”*

-Lovely

*“Nung hindi pa nila ako naka-counselling, hindi ko talaga tanggap, parang ang hirap. Parang katapusan ko na, ganun. Simula nung naka-counselling na nila kami at natutulungan nila kami ng pinansyal, okay na rin.”*

-Sleeping Beauty

*“Sa counselling na binibigay nila sa amin, doon tinuturo kung paano naming mahalín sarili namin kasi nung una di talaga namin tanggap. Sa lamok nga lang nag-aalala kami kasi pag nakagat kami ng lamok baka mahawa yung iba, hindi naman pala.”*

*-Gretchen*

These changes can be thematized into proper knowledge and self-acceptance. According to the informants, through counselling, they were able to acquire the proper knowledge concerning their illness specifically on how HIV is being transmitted.

*“Kinakausap nila kami, tinatanong nila kung hanggang ngayon ba tanggap namin o hindi tapos pinapaliwanag nila yung about sa HIV at sa AIDS, na pwede ka pa ring mamuhay nang normal kahit positive ka.”*

*-Sleeping Beauty*

Being engaged in VCT, based on the illness narratives, informants have been educated about their illness. They became aware of the risks as they reconstructed their lifestyle and was able to break the self-stigma.

At the present, Lovely, Sleeping Beauty, and Gretchen are all working as a volunteer of Angeles City AIDS Council. The economic mobility of these informants has been dependent with their involvement in this organization. The only source of income is the stipend they get from this health city council. Most of the business operation in their locale starts at a very late hour; hence, being involved in this organization became their alternative source of living.

## **CONCLUSION**

In conclusion, the important research insight that this study found out is that PLHIVs such as Lovely, Sleeping Beauty, and Gretchen are receiving interventions not only from the support group they belong to, but also from other organizations present in their milieu. The PLHIVs were able to acquire proper education about HIV/AIDS and improved emotional health from Sister Plus, dealing with family relations from Family Planning Organization of the Philippines, and mobility on economic and employment status through Angeles City AIDS Council.

This research has also found out that PLHIVs such as Lovely, Sleeping Beauty, and Gretchen are dependent on the funds given by the local government unit on the respective organizations and treatment hubs they belong to. In case of lack of funds, Lovely, Sleeping



Beauty, and Gretchen gets lesser stipend from the Angeles City AIDS Council. Also, Jose B. Lingap Memorial Hospital could not release fund for the CD4 count tests of PLHIVs in case lacking of fund is present.

However, this also highlights that the efficiency of interventions produces positive impacts on the lives of PLHIV in terms of social and health well-being. This proves the framework of Robbins (2006) that “illness experiences and enrollment in treatment programs has, under certain circumstances, dramatically altered the lives, subjectivities, identities, life narratives, and futures” of PLHIVs.

## REFERENCES

- Ahmed, A. (2003). Feminism, Power, Sex Work in the context HIV-AIDS: Consequences for Women Health. *Journal of Interpersonal Violence*, 1-34.
- AIDS Society of the Philippines. (2013, July 08). *An Appreciation of HIV and AIDS Counseling*. Retrieved from AIDS Society of the Philippines: <http://www.aidsphil.org/2013/07/an-appreciation-of-hiv-and-aids-counseling/>
- AIDS Society of the Philippines. (2013, March 26). *Preventing HIV is morally correct*. Retrieved from AIDS Society of the Philippines: <http://www.aidsphil.org/2013/03/preventing-hiv-is-morally-correct/>
- Asian Development Bank. (2009). *Intersections - gender, HIV, and infrastructure operations: lessons from selected ADB-financed transport projects*. Mandaluyong City: Asian Development Bank.
- AVERT (2014). HIV and AIDS Stigma and Discrimination. Retrieved from AVERTing HIV and AIDS: <http://www.avert.org/hiv-aids-stigma-and-discrimination.htm>
- Dabu, B. R. (2014, October 27). Olongapo Health Office, inoobliga ang mga nagtatrabaho sa mga bar na kumuha ng pink card. Retrieved from GMA News Online: <http://www.gmanetwork.com/news/story/385339/ulatfilipino/balitangpinoy/olongapo-health-office-inoobliga-ang-mga-nagtatrabaho-sa-mga-bar-na-kumuha-ng-pink-card>
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The Qualitative Research Interview. *Making Sense of Qualitative Research*, 314-332.

- Farr, A. C., & Wilson, D. P. (2010). An HIV epidemic is ready to emerge in the Philippines. *Journal of the International AIDS Society*.
- Germain, A., & Kidwell, J. (2005). Not Separate, Still Unequal: The Beijing Agreement and the Feminization of HIV/AIDS. *American Sexuality Magazine*, 2.
- Ghosh, S. (2009). NGOs as Political Institutions. *Journal of Asian and African Studies*, 475-495.
- Greene, R. R. (2006). *Social Work Practice: A Risk and Resilience Practice*. Belmont, CA: Thomson Learning Academic Resource Center.
- Higginbottom, G., Pillay, J. J., & Boadu, N. Y. (2013). Guidance on Performing Focused Ethnographies with an Emphasis on Healthcare Research. *The Qualitative Report*, 1-16.
- Hilhorst, D. (2003). *The real world of NGOs: discourses, diversity, and development*. London: Zed Books.
- HIV, Gender and Human Rights A Community of Practice and for Asia-Pacific. (2011, May 19). *Babae Plus*. Retrieved from HIV, Gender and Human Rights A Community of Practice and for Asia-Pacific: <http://www.hivapcop.org/community-feature/babae-plus>
- Holmén, H., & Jirström, M. (2009). Look Who's Talking! Second Thoughts about NGOs as Representing Civil Society. *Journal of African and Asian Studies*, 429-448.
- Institute for Social Development Studies International Center for Research on Women Horizons Program. (2008). *Improving Hospital-based Quality of Care in Vietnam by Reducing HIV-related Stigma and Discrimination*. Washington, DC: The Population Council, Inc.
- Knoblauch, H. (2005). Focused Ethnography. *FORUM: Qualitative Social Research Sozialforschung*.
- Luhman, J. T., & Cunliffe, A. L. (2013). *Key Concepts in Organization Theory*. London: SAGE.
- Macaraig, M., & Agence, F.-P. (2011). *Amid budget shortfall, Philippines struggles with worsening AIDS crisis*. Quezon City: InterAksyon.
- Magilvy, J. K., McMahan, M., Bachman, M., Roark, S., & Evenson, C. (1987). The Health of Teenagers: A focused ethnographic study. *Public Health Nursing*, 35-42.

- Mesquita, F., Jacka, D., Ricard, D., Shaw, G., Tieru, H., Yifei, H., . . . Singh, N. (2008). Accelerating harm reduction interventions to confront the HIV epidemic in the Western Pacific and Asia: the role of WHO (WPRO). *Harm Reduction Journal*, 1-13.
- Onwuegbuzi, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A Qualitative Framework for Collecting and Analyzing Data in Focus Group Research. *International Journal of Qualitative Methods*.
- Payne, G., & Payne, J. (2004). *Key Concepts in Social Research*. SAGE Publications.
- Philippine HIV and AIDS registry. (2013). *Newly Diagnosed HIV Cases in the Philippines*. Manila: Department of Health.
- Philippine NGO Council on Population, Health and Welfare. (2013, February 7). *Resource Center*. Retrieved October 3, 2013, from Philippine NGO Council on Population, Health and Welfare, Inc.: <http://pngoc.org/resource-center.html>
- Pinsky, L., & Douglas, P. H. (2009). *The Columbia University Handbook on HIV and AIDS*. New York: CDM Publishing.
- Piot, P. (2007). *Written Testimony to the Senate Committee on Health*, . Retrieved 2008, from UNAIDS: [http://data.unaids.org/pub/Speech/2007/20071211\\_piot\\_help\\_testimony\\_en.pdf](http://data.unaids.org/pub/Speech/2007/20071211_piot_help_testimony_en.pdf)
- Salvana, E. M. (2012). *HIV in the Philippines: A Prime Target for Elimination Through Test-and-Treat*. Manila.
- Santos, T. G. (2013). *New HIV cases highest recorded in one month*. Manila: Philippine Daily Inquirer.
- Shaver, F. M. (2005). Sex Work Research: Methodological and Ethical Challenges. *Journal on Interpersonal Challenges*, 1-25.
- Shrikhande, L. (2009). HIV in Women in South-East Asia and India. *South Asian Federation of Obstetrics and Gynecology*, 1-4.
- Ulleberg, I. (2009). The role and impact of NGOs in capacity development From replacing the state to reinvigorating education. Paris, France: International Institute for Educational Planning.
- World Health Organization. (2008). *The World Health Report 2008: Primary Health Care Now More Than Ever*. Geneva: WHO Library.

World Health Organization. (2013, November 25). *Adolescents falling through gaps in HIV services*. Retrieved from World Health Organization: <http://www.who.int/mediacentre/news/releases/2013/hiv-adolescents-20131125/en/>

Yu, D., Souteyrand, Y., Banda, M. A., Kaufman, J., & Perriens, J. H. (2008). Investment in HIV/AIDS Programs: Does it help Strengthen Health Systems in Developing Countries. *Global Health*.