

THE PHENOMENOLOGY OF PATIENTS LIVING WITH HIV: ITS IMPLICATIONS ON THEIR COPING MECHANISM

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Abstract

The rapid rise of HIV infections has made Philippines one of the nations in the world with a high risk of full blown AIDS epidemic. Previous studies have shown that stigma and discrimination plays a major role in the perception of the person living with HIV (PLHIV) as many painful experiences result from being labelled as HIV/AIDS positive. This study aimed to determine the phenomenology of patients living with HIV as a disease and its implications on their coping mechanisms. Using the phenomenological research approach, the researchers conducted an audit trail and a semi-structured interview with purposively chosen PLHIV, belonging to 19-34 year old age group, and living in Metro Manila for the past 10 years. The participants were chosen regardless of their sex, profession and civil status. To understand the lived experiences of the participants and how they make sense of their experiences, the researchers analyzed the data by first reading and re-reading the transcribed copies of the interview and then they came up with emerging themes. Findings revealed that FGD participants view HIV as a disease that can kill them however they still believe that knowledge about the virus is the key to prolong their life and cope with their condition. They believed that HIV can control them but they are the ones who will decide whether how to face the disease. Most of the PLHIVs are in the acceptance stage but there were moments that they regret their condition. FGD participants used adaptive mechanism wherein they face their situations positively – in thoughts, acts and views. Implications of HIV did not only change the lives of PLHIVs but also the people around them especially their family. The study concludes that HIV changed their perception in life and helped them appreciate what they have. HIV helped them know their 'self' more and live a healthy life.

Keywords: HIV/AIDS, phenomenology, coping mechanism, stigma, lived experience

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks and kills the immune system (World Health Organization, 2015). The virus weakens the immune system's ability to fight infections and disease which can lead to "immune deficiency". Thus, the system can no longer protect an individual's health against infections and diseases. As this virus occurs in the body, it can lead to Acquire Immune Deficiency Syndrome (AIDS). This syndrome leads to the breakdown of the immune system which in turn, makes the person vulnerable to cancer and other diseases.

According to *Averting HIV and AIDS* (2016), Simian Immunodeficiency Virus (SIV) is related to HIV because it is a virus that also attacks the immune system however, it affects the monkeys and apes rather than humans. In 1999, a strain of SIV was found on a chimpanzee that was almost identical to HIV in humans (Sharp & Hahn, 2011). Some scientists believe that the virus was injected and then mutated into the virus. It is known today when humans hunted the chimpanzees for meat and came into contact with their infected blood.

As of 2014, the World Health Organization (WHO) and Joint United Nation Program on HIV/AIDS (UNAIDS) estimated that there are 36.9 million people living with HIV. In that same year, 2 million people were added to the list and 1.2 million died because of the virus. Most of the people living with HIV take up five to ten years before progressing to AIDS hence making HIV/AIDS a virus that affects many groups of persons.

In the Philippines, the rapid rise of HIV infections has made the country one of the nations in the world with a high risk of full blown AIDS epidemic. According to WHO Philippines Representative Office (WPRO) (2015), there are 22 new cases of HIV a day which makes the Philippines one of the countries with a fastest growing HIV epidemic. The national rate popularity of HIV in the Philippines remains less than 0.1% but rapidly increases because of men having sex with men (MSM) and people who inject drugs (PWD). In 2015, the MSM prevalence reached 14% and one out of two people who injected drugs were HIV positive.

A research on HIV/AIDS done by Saki and his colleagues (2015) suggested that stigma and discrimination plays a major role in the perception of the person living with HIV (PLHIV) as many painful experiences result from being labelled as HIV/AIDS positive. Moreover, social stigma is commonly a big issue for PLHIVs and is seen as a sign of severe social disapproval that results from an individual's deviation from social norms. Social labelling has been a default mind set in a society with PLHIVs. The mental effect is found to be devastating for an individual because for most people, HIV originates from sexual deviances and immorality.

According to the WHO (2015), once someone is infected with HIV, it will remain for the rest of his/her lives. Until now, there is no known cure or medication available in the market to cure HIV infection. There are, however, appropriate treatment courses available to help the infected person to improve his/her condition and to impede the progression of the virus to AIDS.

AIDS Information Fact Sheets (2012) pointed out that there are treatments used for HIV and these are called Antiretroviral Therapy (ART). ART involves three or more anti-HIV medication that can help the infected person to live longer and may help to control the viral load increase in one's body. Once the reproduction of HIV in the body stops, the body's immune cells are able to live longer and provide the body with the protection from infections. Furthermore, WHO (2015) stated that the likelihood of transmission of the virus decreases by 96% if the PLHIV is in ART. Treatments are very helpful because they help the infected person with HIV from advancing AIDS (U.S. Department of Health and Human Services, 2012).

According to the Department of Health's (DOH) HIV/AIDS and ART Registry of the Philippines (HARP), HIV/AIDS cases in the Philippines rose to 28,428 since 1984 with 692 new cases recorded in September 2015. The number of individuals infected in September 2015 is said to be 22% higher compared to the same period in 2014. Most of the cases, however, were still asymptomatic at the time of reporting.

In addition, 364 AIDS cases were reported out of the 5,901 HIV cases in 2015, 45 for September 2015 alone. Of the 5,901 reported HIV cases, 5,648 (96%) were males and 253 (4%) were females. The highest number of age group infected is 25-34 years old comprising 52% of the total cases reported.

The regions with the highest number of reported cases for September 2015 were NCR with 270 (39%) cases, Region 4A with 128 (18%) cases, Region 3 with 60 (9%) cases, Region 7 with 60 (9%) cases, and Region 11 with 38 (5%) cases. One hundred thirty-six (20%) cases came from the rest of the country. Reported Modes of Transmission (MOT) were sexual contact (667), needle sharing among injecting drug users (IDU), and mother-to-child transmission. Eighty-seven percent of the sexually transmitted cases were among males who have sex with males (MSM).

As previous researches suggest, HIV stigma is indeed present in the society, it is in this light that the researchers aimed to understand HIV as seen from the subjective eyes of the people who have it, and the implications it may have on their coping mechanisms.

This study aimed to determine the phenomenology of patients living with HIV as a disease and its implications on their coping mechanisms.

METHOD

This study is a qualitative research that attempted to accumulate existing information regarding the lived experiences of an individual with HIV and how it affects the coping mechanism of the person. This study employed phenomenological research approach which has the main objective of explicating the meaning, structure and essence of the lived experiences of the person or a group of people in a specific phenomenon. The researchers of this study used a non-probability sampling technique. In this particular type of sampling technique, random selection of participants is not involved. Specifically, the researchers employed purposive sampling where the main goal is to focus on particular characteristics of a population that are directly related to what is being studied.

The researchers used two data gathering tools in the conduct of this research in order to generate accurate data to be analyzed. These instruments were used in adherence to the research design. The instruments are as follows: researchers themselves through the use of an audit trail, and semi-structured interview.

RESULTS AND DISCUSSION

Below are the results of the gathered data:

Demographic profile of the participants

In accordance with the selection criteria set out by the researchers, three participants were included in the study. The participants were assigned pseudonyms for the purposes of confidentiality.

Philip was diagnosed with HIV on August 2015. He is single and 25 years old. He is HIV positive for almost one year. As to his confirmatory result, the main cause of his condition is through sexual intercourse. He currently works in a non-government organization and he is also taking up his master's degree and writing his thesis about HIV. Philip is open about his situation to his family and friends but not yet in public.

John, a 25 year old single male was diagnosed with HIV last February 2016. He is an HIV positive for almost six months. The main cause of his condition is the use of contaminated needle. He is a college graduate and had just resigned from his work due to the advice of his physician that he must stay at home due to his condition. John is open

about his condition to his family and to his few friends but not in public.

HIV positive for almost three years, Lian was diagnosed with the condition on June 2013. He is 23 years old, gay and single. The main cause of his condition is through sexual intercourse. He graduated with the degree of Bachelor of Science in Biology and currently taking up his master's degree in Bachelor of Science in Forestry as a scholar. Lian's status is not known to his family and has stated clear that he has no plans to disclose it in the future. He remained firm about the confidentiality of his condition.

PLHIV's definition of HIV

According to the participants, they believed that HIV is a virus which attacks their immune system and bacteria that spread to all sections closely to the body of a person. Philip and John mentioned that they were referring to the virus as a very intelligent virus and it attacks a certain immune system cell.

Lived experiences

According to the participants, their life before acquiring the virus is different. Philip is an extrovert person as he always goes out, spends his time and have fun with his friends. Lian, on the other hand, tries to hide his condition to his family, like getting home drunk, partying with friends and having fun.

Relationship of PLHIV's to their family

The participants were asked about relationship with their family was well as their family's reaction.

Philip and John stated that their families knew their condition while Lian has no intention to disclose his condition to his family. Families of Philip and John were both sad after knowing their condition however the disclosure helped them overcome their situation especially that their family provided them moral support. Lian, on the other hand, stated that being discreet about his condition to his family gave him time to take care and protect himself.

Coping mechanisms

Based on the results, the participants' way of thinking were reflected in their coping mechanisms. The participants were optimists; they tried to avoid complications in their situation. Philip stated that the key of

living with HIV was to know one's self especially one's body. He said that his condition made him more knowledgeable about HIV and molded him to be realistic. John stated that his condition pushed him to share all the things that he knows about HIV. Instead of feeling sorry for himself, he realized that he needs to help others by educating people about HIV. Lian, moreover, realized that he has to bring himself up instead of feeling down.

Based on the results, avoidance of situation is one of the coping mechanisms of the participants; in which they distant themselves to the things that can cause them stress. Participants mentioned that they avoid people or conflicts that will not help them in their condition. They also believe that to further help their condition, they need to avoid conflicts because every time they encounter negative issues, these impact their condition. HIV implicates the coping mechanisms of the participants by changing their lifestyle and their views in life. Coping mechanisms of a person are based on how he/she knows himself/herself as well as his/her views in life.

CONCLUSION AND RECOMMENDATION

FGD participants view HIV as a disease that can kill them however they still believe that knowledge about the virus is the key to prolong their life and cope with their condition. They believe that HIV can control them but they are the ones who will decide how to face the disease.

Most of the PLHIVs are in the acceptance stage but there were moments that they regret their condition. FGD participants used adaptive mechanism wherein they face their situations positively – in thoughts, acts and views.

Implications of HIV did not only change the lives of PLHIVs but also the people around them especially their family. HIV changed their perception in life and helped them appreciate what they have. HIV helped them know their self more and live a healthy life.

Based on the conclusion of the study, the researchers recommend the following:

To the persons diagnosed with HIV, it is recommended that they learn to be more open to their family about their emotions to help them cope with their condition. It is also suggested to PLHIVs to maintain open communication with their family and friends for them to obtain understanding and support.

For the future researchers of the same topic, it is recommended that they consider analyzing the differences of PLHIV's coping mechanisms according to the length of their experience after diagnosis. They may also compare the PLHIV's and AIDS victims' coping mechanisms and determine the similarities and differences of how they

cope with their situation. A quantitative research can also be done to determine the effectiveness of coping mechanisms to their lives.

REFERENCES

- Alvesson M. & Sköldbberg K. (2009). Reflexive Methodology: New Vistas for Qualitative Research. Retrieved March 26, 2016 from [.https://books.google.com.ph/books?](https://books.google.com.ph/books?).
- Averting HIV and AIDS. (2016). Origin of HIV & AIDS. Retrieved February 26, 2016 from http://www.avert.org/professionals/history-hiv-aids/origin#footnote2_74wdjq8.
- Breet, E., Kagee, A., & Seedat, S. (2014). HIV-related stigma and symptoms of post-traumatic stress disorder and depression in hiv-infected individuals: does social support play a mediating or moderating role? *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 26, 947-951.
- Bound M. (2011). Qualitative Method of Research: Phenomenological. Retrieved March 26, 2016 from https://www.academia.edu/1526812/Qualitative_Research_Phenomenological_Method.
- Canoy, N.A & Ofreneo, M.A.P. (2011). Becoming and Being HIV-Positive: The Subjective Experience of Young Filipino Gay Men Living with HIV. Retrieved March 10, 2016 from <http://ejournals.ph/article.php?id=1197>.
- Christensen, Johnson & Turner. (2010). What is Phenomenological Research? Retrieved March 10, 2016 from <http://dissertationrecipes.com/wp-content/uploads/2011/04/Phenomenological-Research>.
- Definition of Atheist. Retrieved September 20, 2016 from <http://www.merriam-webster.com/dictionary/atheist>.
- Department of Health. (2015). Newly Diagnosed HIV Cases in the Philippines. Retrieved March 10, 2016 from http://www.doh.gov.ph/sites/default/files/statistics/EB_HIV_Sept-AIDSreg2015.pdf.
- Division of Mental Health Services Disaster and Terrorism Branch. NJ Department of Human Services. Retrieved March 27, 2016 from www.state.nj.us/humanservices/dmhas/home/disaster/.
- Ekstrand, M. L. et al. (2011). Blame, Symbolic Stigma and HIV Misconceptions are Associated with Support for Coercive

- Measures in Urban India. Retrieved March 27, 2016 from <https://www.ncbi.nlm.nih.gov/pubmed/21290175>.
- Farr, Ann C. & Wilson, David P. (2010). An HIV epidemic is ready to emerge in the Philippines. Retrieved March 26, 2016 from <http://jiasociety.biomedcentral.com/articles/10.1186/1758-2652-13-16>.
- Fischer, A. & Madden, D. (2011). DNA to Darwin Case Study: The Origin and Evolution of HIV. Retrieved March 26, 2016 from <http://www.dnadarwin.org/casestudies/7/FILES/HIVSG1.2.pdf>.
- Galleta A. (2013). Mastering the Semi- Structured Interview and Beyond. Retrieved March 26, 2016 from <https://books.google.com.ph/books?>.
- Guang Dong University. (2013). Personality Types and Other Concepts. Carl Jung. Retrieved August 24, 2016 from <https://www.google.com.ph/url?>.
- Harvey, William (2012), Strategies for Conducting Elite Interview. Retrieved March 26, 2016 from https://www.researchgate.net/publication/228312871_Strategies_for_Conducting_Elite_Interviews.
- Hancock and Windridge. (2009). An Introduction to Qualitative Research. Retrieved March 26, 2016 from https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf.
- Hernandez-Vargas, E. & Middleton, R. (2013). Modeling the three stages of HIV infection. *Journal of Theoretical Biology*, 320, 33-40.
- HIV. (2016). Retrieved March 27, 2016 from <http://www.fpa.org.uk/sites/default/files/hiv-information-and-advice.pdf>.
- HIV and Its Treatment. (2012). Retrieved March 28, 2016 from https://aidsinfo.nih.gov/ContentFiles/HIVandItsTreatment_cbrochure_en.pdf.
- Jung, Carl. (2013). Jung's Theory of Introvert and Extrovert Personalities. Retrieved September 21, 2016 from <https://fractalenlightenment.com/31622/life/jungs-theory-of-introvert-and-extrovert-personalities>.
- Juzwlak, Rich. (2016). Man on Daily PrEP Regimen Contracts HIV, According to Study. Retrieved February 25, 2016 from <http://gawker.com/man-on-daily-prep-regimen-contracts-hiv-according-to-s-1761282343>.
- Kendra, Cherry. (2016). What is Extroversion? Retrieved September 29, 2016 from <https://www.verywell.com/what-is-extroversion-2795994>.
- King & Horrocks. (2010). Reflexivity and Qualitative Interviewing.

- Retrieved March 26, 2016 from https://books.google.com.ph/books?hl=en&lr=&id=_rtJUbpLLtAC&oi=fnd&pg=PP2&dq=king+%26+horrocks+2010+r.
- Krohne, H.W. (2002). *Stress and Coping Theories*. Retrieved February 25, 2016 from http://userpage.fu-berlin.de/schuez/folien/Krohne_Stress.pdf.
- Lavoie, Sarah. (2016). *Self-Identity: Theory & Definition*. Retrieved March 27, 2016 from <http://study.com/academy/lesson/self-identity-theory-definition-quiz.html#lesson>.
- Lazarus, Richard & Folkman, Susan. (2012). *Stress and Coping Mechanisms*. Retrieved February 25, 2016 from: <https://explorable.com/stress-and-coping-mechanisms>.
- M'ikanatha, N. and Iskander, J. (2015). *Concepts and methods in infectious disease surveillance*. Chichester, W Sussex: Wiley-Blackwell.
- Newton, N. (2012). *The use of semi-structured interviews in qualitative research: strengths and weaknesses*. Retrieved March 26, 2016 from https://www.academia.edu/1561689/The_use_of_semi_structured_interviews_in_qualitative_research_strengths_and_weaknesses?auto=download.
- Noyes et al. (2008). Chapter 20: *Qualitative Research and Cochrane Reviews*. Retrieved March 26, 2016 from https://lirias.kuleuven.be/bitstream/123456789/250867/2/chapter_7-cochrane.doc.
- Olesen, Jason. (2014). *Fear of Death Phobia- Thanatophobia*. Retrieved September 20, 2016 from <http://www.fearof.net/fear-of-death-phobia-thanatophobia/>.
- Origin of HIV & AIDS. Retrieved February 26, 2016 from http://www.avert.org/professionals/history-hiv-aids/origin#footnote2_74wdjq8.
- Pribram, V. (2011). *Nutrition and HIV*. Chichester, W Sussex: Wiley-Blackwell.
- R.A. 8504. (1998). *Philippine AIDS Prevention and Control Act of 1998*. Retrieved March 26, 2016 from: http://www.lawphil.net/statutes/repacts/ra1998/ra_8504_1998.html.
- Purposive Sampling. Retrieved March 26, 2016 from <http://dissertation.laerd.com/purposive-sampling.php>.
- Roy, Garima. (2014). *Jung's Theory of Introvert and Extrovert Personalities*. Retrieved August 25, 2016 from <http://fractalenlightenment.com/31622/life/jungs-theory-of-introvert-and-extrovert-personalities>.

- Sabina, Caroline A. & Lundgrenb, Jens D. (2013). The natural history of HIV infection. Retrieved March 26, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4196796/>.
- Saki Mandana et al. (2015). Perception of Patients with HIV/AIDS from Stigma and Discrimination. Retrieved March 7, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4537784/>.
- Schumaker, Erin. (2016). Most Sexually Active Teens Are Never Tested for HIV. Retrieved February 26, 2016 from http://www.huffingtonpost.com/entry/hiv-testing-among-teenagers_us_569e8335e4b00f3e98630e5c.
- Simpson, H. B., Neria, Y., Lewis-Fernandez, R., & Schneier, F. (2010). Anxiety disorders: Theory, research and clinical perspectives. Cambridge, Cambs: Cambridge University Press.
- Sincero, Sarah Mae. (2012). Theories of Coping. Retrieved March 9, 2016 from <https://explorable.com/theories-of-coping>.
- Sincero, S.M. (2012). Stress and Coping Mechanisms. Retrieved March 9, 2016 from <https://explorable.com/stress-and-coping-mechanisms>.
- Smith J.A, Flower P., Larkin M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. Retrieved March 7, 2016 from <http://www.tandfonline.com/doi/abs/10.1080/14780880903340091?journalCode=uqrp20>.
- Smith & Osborn. (2007). Interpretative phenomenological analysis. Retrieved March 26, 2016 from <https://thepsychologist.bps.org.uk/volume-24/edition-10/methods-interpretative-phenomenological-analysis>.
- S. Palmer, L. Josefsson & J. M. Coffin. (2011). HIV reservoirs and the possibility of a cure for HIV infection. Retrieved March 26, 2016 from <https://demystifyingmedicine.od.nih.gov/DM14/2014-02-11/JIM-y2011v270p550.pdf>.
- Tacoma University of Washington. Acute HIV infection. Retrieved February 26, 2016 from <http://www.tacoma.washington.edu/studentaffairs/SHW/documents/Health%20topics/Acute%20HIV%20infection.pdf>.
- University of California Dual Diagnosis Program Information and Admission Retrieved March 7, 2016 from https://www.semel.ucla.edu/dual-diagnosis-program/Our_Program.
- Vyas, Jatin M. (2013). HIV/AIDS. Retrieved February 26, 2016 from <http://www.nytimes.com/health/guides/disease/aids/overview.html>.

- Watson, Stephanie. (2014). Antiretroviral HIV Drugs: Side Effects & Adherence. Retrieved March 7, 2016 from <http://www.healthline.com/health/hiv-aids/antiretroviral-drugs-side-effects-adherence#Overview1>.
- What is Coping? Retrieved March 9, 2016 from <http://au.reachout.com/what-is-coping>.
- World Health Organization, Combination antiretroviral therapy (ART) prevents the HIV virus from multiplying in the body. Retrieved March 26, 2016 from <http://www.who.int/features/factfiles/hiv/facts/en/index4.html>.
- World Health Organization. (2015). HIV/AIDS. Retrieved March 26, 2016 from <http://www.who.int/features/qa/71/en/>.
- World Health Organization-Philippines Representative Office. (2015). Strengthening the fight against HIV in the Philippines. Retrieved March 26, 2016 from http://www.wpro.who.int/philippines/mediacentre/features/strengthening_fight_against_HIV_Philippines/en/.