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The Familial Background of Selected Individuals Diagnosed with HIV and Their Personal Experiences: A Case Study

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ABSTRACT

Human immunodeficiency virus remains a global public health challenge. Individuals affected with this virus continue to experience significant social stigma, leading to feelings of shame, anxiety, and depression. Despite the enormous efforts to prevent and control the spread of HIV, this virus does not select or exempt individuals from getting infected. Using case study analysis, this study intends to examine the familial background, psychosocial struggles, and coping strategies of five persons living with HIV (PLHIV) in Cagayan de Oro City. In adherence to ethical considerations, the researchers ensured the participants' anonymity, confidentiality, and risks and discomfort. Findings indicate that participants came from broken families, had financial struggles and constraints, had unsupportive parents, and experienced interpersonal conflict. Additionally, their psychosocial struggles included social isolation, religious belief, challenges accessing healthcare, difficulties in disclosing their status, and issues related to legal and human rights. To cope with these social challenges, participants reported employing various strategies, including seeking counselling and treatments, as well as working towards better access to resources.

INTRODUCTION

Cases of human immunodeficiency virus are rising quickly in the Philippines. HIV spreads more swiftly with population growth, and with population growth come socioeconomic factors, family histories, and the demographics of those living with HIV, which in turn contribute to social difficulties and changes.

The familial background, which includes cultural heritage and customs passed down from one generation to the next, is one of the present societal components that has not altered. The breadth of a deeper comprehension of HIV is realizing the person's family history might reveal information about their origins, morals, and social concerns.

Those who are diagnosed with HIV are subject to discrimination and social stigma. HIV is a complicating factor that contributes to social health problems, as people living with the virus feel as though their regular lives have come to an end, isolate themselves from friends and family, and avoid social situations. HIV presents social relationship issues, including social stigma, discrimination, inequality, and the demographics of those affected.

This social stigma has great power because it can be used to marginalize and exert pressure on people living with HIV, as well as to create social rejection and social isolation. By demonizing those who receive an HIV diagnosis and face discrimination, this virus has strengthened societal stigma by allowing individuals, communities, and society as a whole to absolve themselves of the duty to provide care.

This study utilized the notion of symbolic interactionism to pinpoint the respondents' individual experiences in order to comprehend the dynamics of the structural symbolic interactionism between the respondents, religion, and society. People with HIV diagnoses and society interpret social items and social interactions. Symbolic interactionism examines how social symbols affect the meaning of their social relationships in their social networks, and their personal experiences are influenced by the Structural functionalism of their family history, religion, and social institutions; these meanings may have varying interpretations and comprehensions for the individuals involved.

REVIEW OF THE LITERATURE

Misperceptions, ignorance, and the stigma associated with HIV diagnosis, which negatively impacts the social well-being of those who receive a diagnosis, human immunodeficiency virus is one of the biggest and most recent risks to physical health. The likelihood of developing hidden instances of HIV infection can be raised by social stigma, discrimination, and rejection from others and society. These factors can also cause medical, mental, and social issues that can result in the revelation of HIV infection status.

Societal stigma and prevailing social views cause negative social repercussions. Apart from the psychological consequences of living with HIV, individuals can experience discrimination, loss of social position and role, altered social relationship dynamics, loss of employment and jobs, financial hardship, and challenges of obtaining and sustaining medication (Masoumeh, D. et al. 2015).

HIV stigma is a complex issue that manifests itself in various ways. It may stem from a combination of fear and ignorance regarding HIV, empathy, and/or both. HIV stigma can make those who are infected feel afraid or alone. It is challenging for people to get over their concerns about the infection because of the stigma that HIV carries in our society (Acon, 2017).

The family affected by HIV could be under a lot of stress. When a person's HIV status is made public in a relationship, it can expose aspects of their behavior that they would have preferred to remain private. This may lead to emotions of guilt and blame, as well as the breakdown of the partnership. Multiple HIV-positive family members can raise healthcare costs and result in greater psychological and financial burdens and challenges. The family could also suffer a loss. Stigma and prejudice may cause people to conceal their condition, which could limit their ability to get support from their extended family and from society (AAMFT, 2022).

HIV-positive people start to internalize the stigma they come across and develop a poor opinion of themselves. If others are aware of their HIV status, they may fear discrimination or unfavorable treatment. When someone internalizes negative preconceptions and stereotypes about people living with HIV, they start to apply those assumptions and beliefs to themselves. HIV- positive people start to internalize the stigma they come across and develop a poor opinion of themselves. If others are aware of their HIV status, they may fear discrimination or unfavorable treatment. When someone internalizes negative preconceptions and stereotypes about people living with HIV, they start to apply those assumptions and beliefs to themselves (Centers for Disease Control and Prevention, 2021).

HIV-positive individuals' experiences at work shed light on the tragedy inside the tragedy of the HIV epidemic in the Philippines. The difficulties faced by HIV-positive individuals at work have a big influence on their family troubles. HIV-positive workers and employees there experience prejudice at work. People with HIV opt to stay silent and are reluctant to submit complaints regarding work discrimination, which includes pressuring them to leave and refusing to hire them, since they are afraid of being exposed to the public and facing social rejection (Conde, C. 2018).

HIV infection's potential socioeconomic repercussions in the Philippines, with a focus on the situations of two vulnerable groups: sex workers and foreign contract workers. Given the recent occurrences in the Philippines, including the prospective implications of HIV disease are taken into consideration, along with the economic downturn, widespread poverty, and income disparity. Next, the contributions of sex workers and foreign workers are analyzed at the macro and local levels (Tan, ML, 2017).

Some adherents of Catholic dogma hold the stigmatizing belief that HIV is a disease that gay men are meant to contract as payback for their transgression of homosexual behavior. The Philippine government intervened because the Catholic Church opposed a pilot program of sexuality education that would have included HIV instruction in two Manila schools (Bustamante, J, & Plankey, M.W. 2022).

The Philippines is the only predominantly Christian country in Asia. Many MSM still find it difficult to embrace their own sexuality, serostatus, and the potential effects these factors may have on their connection with God because of their continued devotion to the Roman Catholic tradition (Miller, J. 2022).

Explore and clarify the significant role of Catholicism and the Catholic Church as both a continuing source of marginalization and oppression, as well as strength and support, for Canadian gay men living with HIV/AIDS today. Examine religion's anti-homosexuality teachings and contributions to the stigmatization of HIV/AIDS y (Laborer, 2016).

It has been demonstrated that discrimination connected to HIV/AIDS makes it more difficult to put into practice effective preventive measures since it discourages HIV-positive individuals from seeking out social and health services as well as other persons. This argues that issues related to PLWHA's human rights must be taken into consideration in order for the Philippines to maintain its low HIV prevalence rate or even lessen prejudice against them (Ortega, NL. Et al. 2005).

People may now obtain the medications they need to minimize the effects of HIV/AIDS and continue living their regular lives, and social stigma and discrimination are rapidly decreasing. The local response is an essential part of the country's HIV/AIDS prevention effort. The program in Region X revolves around the two local governments (LGUs) and Cagayan De Oro City. Through the Sustainable Development Goal (SDG) and through the HIV and AIDS Medium-Term Plan (AMTP), they pledged to reduce HIV infection (Sobradil, M. 2020).

MATERIALS AND METHODS

In-depth interviews (IDIs), a descriptive and purposeful research method, are used in this study to determine the degree of societal stigma and discrimination experienced by the chosen HIV-positive persons. The information acquired in this manner is a guiding interview question intended to elicit information that supports a deeper understanding of the reason for the illness. The main focus of descriptive research is preoccupied with determining "what is." The fundamental goal of this study's qualitative methodology was to determine "what is." To gather data, observational methods and interview guide questions were employed (Borg & Gall, 1989).

The province of Cagayan de Oro City, 9000, and Nazareth were the study's locations. An NGO (non-governmental organization) that assisted those in need in the city with HIV. A non-governmental organization that promotes human rights and sexual health in a nondiscriminatory, gender-responsive society has established an HIV center that provides a secure environment for everyone looking for a free screening for HIV and other sexually transmitted illnesses. The Oro Pia Lounge, named for the beauty queen, has a custom logo created featuring a silhouette of Pia, the Asia-Pacific ambassador for UNAIDS Goodwill.

The chosen people at Oro Pia Community Center who have been diagnosed with HIV were the research respondents for this study. The interview guide questions were addressed by the respondents. The chosen respondents undergo purposeful sampling and audio-visual documentation to pinpoint respondents' true responses while interpreting the data accurately. After that, the audio-visual recording is erased. There are just five people who make up the research subject population at Oro Pia Community Center, and only those who responded.

Five clients of the Oro Pia Community Center were selected as the study's subjects and respondents. The respondents scheduled times for the private interview and gave the researchers their informed consent. The researchers then provided the respondents with a list of twenty interview questions. The one-on-one interview is conducted at the respondents' desired time and location.

Two portions of the interview guide questions were utilized in the study, along with an in-depth interview to collect data. The demographic profile, which includes the respondents' age, religion, marital status, occupation, number of siblings in the household, and level of education, is the first section. Twenty qualitative, in-depth interview questions comprise the interview guide, which forms the second section. The form included a straightforward guide for the qualitative questions, and the researchers promptly gathered the responses. The audio-video replies were captured, and they were removed once the data was transcribed, captured, and they were removed

A guiding interview question was used during data collection. Prior to conducting the interview, the researchers wrote a letter requesting the dean of the College of Arts and Sciences to sign a consent form. Secondly, the researchers composed a letter to the Oro Pia Community Center requesting authorization to carry out the study there. Third, the researchers did not receive approval from the Oro Pia Community Center regarding its approval or disapproval. Instead, they approached the targeted respondents in private and inquired about their willingness to participate in the study. If they agreed, they were then given a consent form. Fourth, the researchers scheduled a one-on-one interview with Oro Pia Community Center clients. Fifth, the researchers followed up with the clients after the interview was scheduled. Gave the respondents a non-disclosure agreement that said the respondents' identities would be disguised and the data would be kept private. The responder granted permission to record the interview, with the understanding that the information would only be used to record everything. This way, material not collected during the written interview could be reviewed during data tabulation, and the recordings would be removed after serving their original purpose. The responders acknowledged that their faces could be obscured in photos. Confidentiality and security are maintained for the respondents' names and responses.

In order to find and arrange the common key themes of the data, the study's methodology involves coding, creating themes, and comparing the data with the respondents' responses. By reading with an open mind, searching for themes and explanations, and assembling those themes into a cohesive whole, the researchers were able to gain knowledge about the material.

Prior to performing the research, the researchers obtained consent from the respondents; this time, we scheduled an in-person interview as well as one conducted via online platforms. The participants were not coerced by the researchers to respond to the questionnaire and ensure that all of the respondents' personal information is kept private. The respondents who were face-to-face interviewed signed a non-disclosure agreement after receiving an informed consent letter. The researcher made sure that before any data was collected, the interview procedures would respect the respondents' specific cultural values, norms, traditions, and even taboos. They also made sure that the research process would be transparent by allowing the personal information collected to be made public, and that the respondents' right to privacy would not be violated or that they would be observed without their knowledge.

RESULTS

The result of this study addressed the issues raised in the problem statement and provide the evidence in an unbiased, academic manner based on the research method.

1. What is the familial background of selected individuals who are diagnosed with HIV?
    - Came from a broken family
    - Financial Struggles and constraints
    - Education background (informed and uninformed family and society)
    - Familial authority
    - Unsupportive Parents
    - tense interpersonal relations
    - religion that stigmatizes
    - Cultural context
    - Cultural background that fuels discrimination and stigma.
2. What are the psychosocial struggles of the respondents?
    - Religious belief
    - Honoring the Family history
    - Social Isolation
    - Discrimination
    - Limited communication to their families
    - Lack of emotional bond
    - Financial hardship
    - Social relationship problems
    - Access to healthcare
    - Difficulties with disclosing their status
    - Legal and human rights issue
3. Do the selected individuals diagnosed with HIV received social support?
    - Mending relationships that established bonds
    - Free access to health care
    - Counselling and Community organizations, e.g., love yourself, Oro Pia, Alagad Mindanao
    - Emotional Support from the Family
    - Acceptance of the society
    - Education and information
    - Financial and legal assistance
4. How do the selected individuals diagnosed with HIV cope with social struggles?
    - Through support systems, e.g., family, peers, and government
    - Educating others about HIV
    - Counselling and treatment
    - Empowerment of PLHIV in overcoming the barriers of society

- Resources accessibility, e.g., healthcare services, financial assistance program, legal support, and community organizations and NGO that helps reduce stress.
- Establishing limits in order to make you feel valued and secure, it respects your needs and desires.
- Social services and programs of DSWD and MSWD, e.g., employment assistance, case management

DISCUSSIONS

There are highlighted questions 4, 15, 16, 18, and 19 that represent the indicators on stigma, prejudice, and social struggles.

Question 4. Talking about your religion, how do you feel about it? Does your religion have a huge impact on your situation right now that you have HIV? 3 out of 5 of the respondents, equivalent to 60% said that their religion had a huge impact on their situation, whereas 2 out of 5 respondents, equivalent to 40% said that their religion did not impact them as being diagnosed with HIV. Therefore, the respondents' situations and conditions are determined by the influence of religion. Religion plays a crucial role; it has a negative effect if it is too strict or too shallow.

Question 15. Having been diagnosed with HIV, do you feel that social structure and social institutions provided you support and collaborate with your relationship to you family, peers and community/neighborhood? 4 out of respondent or 80% of the respondents felt and experienced that they were supported by a support group, whereas 20% of the respondent or 1 out of 5 had a negative experienced with social support where the respondent did not receive any assistance from social support. Therefore, the social support has a major role in how the respondents will respond to the social stigma, and those who are deprived of support because of some other external factors.

Question 16. How do you feel about the opinions of your relatives, family members, and neighbors regarding your condition of having been diagnosed with HIV? 80% or 4 out of 5 respondents are okay with the opinions of others, regardless of what it is, and will not be affected by unsolicited comments, whereas 1 out of 5 or 20% of the respondents will be affected by the opinions of others. Therefore, social support groups have a great impact on how respondents diagnosed with HIV face social struggles.

Question 18. Do you think that people who are active in sex and have been into sex should be tested for HIV? 5 out of 5 or 100% of the respondents said that people who are engaging in sexual contact should be tested. Therefore, being aware of your situation empowers you to make decisions that will maintain the health of both you and your partners. You can receive medications, extend your life, and have a healthy life if you are HIV positive.

Question 19. How did you cope with the struggles of having been diagnosed with HIV? 100% or 5 out of 5 respondents coped with their struggles through optimism or having a positive outlook. Therefore, having a social support group, such as friends, families, and other forms of social support groups makes the respondents feel that they belong to a community that loves them, cares for them, and values them, which helps the respondents to overcome setbacks, be able to solve problems, allows them to improve self-esteem, and even manage their psychosocial problems. These supports may be tangible or intangible.

CONCLUSION

The researchers have arrived at the following results regarding the familial background of individuals diagnosed with HIV, based on the theories of structural functionalism and symbolic interactionism. Symbolic Interactionism of the status of the Familial Background of Individuals who are 98 Diagnosed with HIV will be present at all times, and they were stereotyped. Therefore, both society and the respondents interpret their knowledge about HIV in their personal experiences.

We discovered that some people do not receive social support from social institutions. As a result, the social institution does not offer enough chances for people with HIV diagnoses to interact and get support. The respondents' descriptions of their circumstances and experiences focused solely on isolation and discrimination. Consequently, the respondents were reluctant to discuss their status.

About their behavior toward society, restrictions and limitations have been added to the structural functional significance of a person's family history who has been diagnosed with HIV. Due to the stigma attached to HIV, those who have been diagnosed with it choose not to acknowledge their situation. Social support from the Philippine government in terms of free access to medical and psychosocial care is low. Society as a whole has very little knowledge of HIV. The interventions made by family members, friends, and institutions of social support have strengthened those who have been diagnosed with HIV despite the low levels of awareness and acceptance of people with HIV. The respondents' internalized stigma, social issues, stigma, and the negative symbolic meaning of HIV are thereby protected by enhanced social support.

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