

# A Close Encounter with “Teacher AIDA:” A Phenomenology of Teachers Living with HIV

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**Abstract** – This study explored the lived experiences of teachers living with HIV and AIDS (Teacher AIDA). Utilizing phenomenological research design through the use of interview, observation, and journal methods, the study was participated by four key informants selected via snowball sampling. Findings showed that acquiring HIV has caused significant impact into the lives of the Teacher AIDAs. This includes stigma and discrimination, somatic debilitation, and stress and depression. The key informants have both positive and negative perceptions about their future in the midst of living with HIV. They generally anticipate the future with anxiety, intrepidity, feeling of dependence, and sense of survival. Also, as Teacher AIDAs, they plan to start an advocacy, remain in shape, get disclosed about their condition, and engage in safe sex practices. The major scope of this study is the lived experience of teachers living with HIV and AIDS. The study did not focus on the lived experience of other people outside the practice of the teaching profession. While there are different kinds of sexually transmitted infections, HIV and AIDS was the sole subject of the study. The results of this study could serve as a basis in planning for a health promotion program essential in instilling among the teachers the importance of HIV and AIDS awareness in reducing stigma and discrimination in the workplace.

**Keywords** – Sexually Transmitted Infection, HIV and AIDS, Health, Health Promotion, Academe

## INTRODUCTION

The increasing number of HIV and AIDS cases remains a major public health concern in the globe. Since it was recognized as a deadly disease in 1981, it has affected the lives of millions of individuals. The UNAIDS data reported that 36.9 million people around the globe are living with HIV and AIDS. HIV, which refers to human immunodeficiency virus, is the pathogen that causes the disease, acquired immune deficiency syndrome, also known as AIDS [1]. According to Pietrangelo [2], HIV, which later becomes AIDS, attacks the healthy cells of the body, specifically the CD4 cells. This then makes the human body more vulnerable to infections and different kinds of cancer. HIV is a communicable pathogen. It can be transferred from one person to another through bodily fluids such as blood, semen, vaginal and rectal fluids, and breastmilk. The virus, however, does not spread in air or water, or through casual contact.

Being one of the world’s most serious public health challenges, the curse of HIV and AIDS never spared the Philippines. Its first case in the country was recorded in 1984 and since then, the number of cases continually increases despite government efforts to eradicate it. According to Montemayor [3], around 65,463 cumulative cases have been recorded from 1984

to 2019 in the Philippines and the predominant mode of transmission is sexual contact. The region with the most number of HIV and AIDS cases remains to be the National Capital Region (NCR). Region IV-A is the second having the province of Cavite with the most number of reported cases. According to the Department of Health [4], there have been a total of 3,295 cases of HIV in the province since 1984; 695 of which were detected in 2018 alone. Among the cities and municipalities in Cavite, Bacoor has the highest reported cases followed by Dasmariñas and Imus. Such result can be due to the fact that the province, especially the three mentioned cities, is just beside NCR where the highest rate of HIV has been reported.

A person infected with HIV or diagnosed with AIDS are acceptably called as “people living with HIV or AIDS” or PLWH. In the Philippines, however, the feminine name ‘AIDA’ is colloquially used to refer to them [5]. Statistically, the AIDAs in the Philippines generally rise from the 25-34 years old age group (HIV/AIDS and ART Registry of the Philippines, 2019). Such finding is alarming since this age group generally refers to the productive group of the country, being the young professionals who contribute to the nation’s economy. An unhealthy population in this cohort would potentially retard the economic growth of the country [6].

There are various factors that lead to the significant increase of HIV and AIDS cases in the Philippines. One of which is the spread of false information and misconceptions about the disease. According to Giron [7], although majority of Filipinos have heard of AIDS, only a fraction of them know the preventive methods and transmission of HIV. The same was cited by Lucero (2017) in his study conducted with young adolescents as his participants. He cited that while young adolescents are generally aware about what HIV and AIDS is, they practically have low awareness on its mode of transmission and disease process. Another factor that contributes to the swelling cases of HIV and AIDS is stigma and discrimination, which is also a result of low knowledge of the disease. Because of stigma and discrimination, people tend to decline access and utilization of facilities and services gearing towards HIV-related prevention and care.

Schools are an ideal place for young people to be aware about HIV and AIDS since it is where they learn new information through their teachers. Also, aside from being sources of knowledge, teachers serve as advocates of a healthy school environment and role models for their learners. Indeed, teachers carry on their back a quite high expectation of the people in their society. Nevertheless, we cannot deny the fact that teachers are not only teachers. They have this personal side which engages them to splurge in their personal habits and activities, i.e., dating, travelling, and even professing vices, which would later cause them stress or illness. They themselves are not even exempted from being infected by HIV. In fact, based on the HIV/AIDS Registry of the Philippines [8], there are several 'Teacher AIDAs' (teachers living with HIV and AIDS) who are actively practicing their profession in the academe. Nevertheless, not much attention has been given to what they undergo as individuals infected by HIV. This is supported by the fact that there is a dearth number of studies focusing on the lived experiences and challenges faced by professionals, particularly, teachers, in the midst of being infected with HIV.

This research aims to explore the lived experience of 'Teacher AIDAs' in Cavite, specifically, the impact of HIV infection to their life and how they perceive the future in the midst of living with HIV. It is hoped that through this work, people would gain better understanding of the challenges faced not only by the 'Teacher AIDAs' but also by the PLWH, in general.

## **OBJECTIVES OF THE STUDY**

The study generally aimed to explore the lived experiences of teacher living with HIV and AIDS in the midst of practicing their profession. In order to fulfill it, the study specifically sought to answer the following questions: (1) What are the challenges brought by HIV infection to the key informants? (2) How do the key informants perceive their future in the midst of living with HIV?

## **MATERIALS AND METHODS**

### **Research Design**

This study utilized the decriptive phenomenological approach of qualitative research. In here, the lived experience of teachers diagnosed with HIV was explored. This experience was obtained by interviews, observations, and journals. Specifically, hermeneutic phenomenology was used to identify and describe the key informants' lived experiences.

### **Key Informants of the Study**

A total of four key informants were asked as primary sources of information for the research. Network or snowball sampling was done in order to find and identify the key informants. In here, a person living with HIV who was subscribing for anti-retroviral treatment in the nearest treatment hub was approached and asked to participate in the study. Upon giving his consent, he was asked to refer others who could also serve as key informants of the study. In selecting the key informants, the following criteria were observed: (1) teacher in active service to the academe; and (2) with certification that he or she is diagnosed to be positive with HIV in not less than two years.

It was ensured that each key informant gave their informed consent before participating in the study. The informed consent clearly described the purpose of the study, research procedure, and a guarantee to maintain anonymity, privacy, and confidentiality of whatever personal information they would disclose. During the interview, no information regarding the key informants' identity was recorded. Likewise, transcripts were made confidential for the researcher. These were all stored in a password-protected file to ensure that no one could gain access on the gathered data.

Table 1 summarizes the personal information permitted by the key informants to be included in the study. It has to be noted that the names were hidden through a code for each key informant hence for reference purpose only.

As shown in Table 1, there are four key informants who gave their consent to participate in the study. All of them teach in the province of Cavite. Teacher A and B work as high school teachers while Teacher D is an elementary school teacher. Teacher C, on the other hand, works as a faculty member in a higher education institution. According to them, they acquired HIV through sexual intercourse with their partner.

Table 1. Key informants' profile

TEACHER	AGE	SEX	EDUCATIONAL ATTAINMENT	CIVIL STATUS
Teacher A	23	Male	Bachelor's	Single
Teacher B	29	Male	Bachelor's	Single
Teacher c	34	Male	Master's	Single
Teacher D	36	Female	Bachelor's	Married

### Data Gathering Procedure

Using an interview protocol containing the questions aligned to the statement of the problem, each key informant was interviewed from 30 to 60 minutes. Audio recording was done to ensure that none of the key informants' response was missed while the interview was going on. Keen observation on how they answered each question was likewise done to seek clarification in re the veracity or validity of their response should it be deemed necessary. To gather a more comprehensive set of responses, a set of questions was given to each key informant for them to answer in a journal. Each was given a week to answer each question through writing.

The starting point of the data gathering process was listening to each key informant's story during the interview session. The first question asked about how they acquired the virus. Follow up questions were then made to explore how aware the key informants were on HIV and AIDs before having it acquired. The next set of questions focused on the key informants' experiences upon having HIV and AIDS. They were asked to share what impact it brought to their personal and professional lives. The last set of questions asked about how they perceive the future in the midst of living with HIV and AIDS. They were asked about how they see themselves five years from now and their plans in life as they continue living with the virus in their system. During the entire session, meanings were interpreted from the knowledge and behavior of the key informants. Throughout the study, the sensitivity of the issue being tackled was ensured to be observed.

### Data Analysis

The recorded interviews were individually transcribed by the researcher. After finishing the transcription, a phenomenological aide was made

following the Colaizzi method for the reduction of statements from the transcribed data. This was used in observing both cool and warm analyses. Cool analysis included reading the transcribed data and looking for significant statements. These statements were then used in warm analysis. In warm analysis, the statements were categorized to form the themes. These analyses also included reading and re-reading the data for validations. The researcher also sought help of an expert critic who checked and validated the themes that were raised and did a cross validation of the themes formulated by the researcher.

## RESULTS AND DISCUSSION

### Challenges Brought by HIV Infection to the Key Informants

On the subject of exploring challenges brought by HIV into the key informants' lives, they have expressed similar a set of experiences in their respective workplaces. Upon careful analysis of their responses the themes that emerged to describe the impact of HIV into their lives can be summarized with the mnemonic **3S's**, which corresponds to the following: **stigma and discrimination, somatic debilitation, and stress and depression**.

**Stigma and Discrimination.** In various settings, it has been proven that people living with HIV and AIDS continually experience stigma and discrimination [9]. The key informants in this study are never an exception. Their responses imply that they experienced stigma and discrimination among their colleagues:

*"Sabi nga ng co-teacher ko, nakakatakot tumabi sa may HIV ngayon. Baka mahawa ka." (Teacher C)*

*"Nung tinanong ko yung katrabaho ko kung dapat pang magtrabaho yung may HIV, dapat daw dun na lang sila sa bahay at magpahinga na lang." (Teacher A)*

All of the key informants shared that their colleagues suspected them of having acquired HIV because of the sudden changes in their body appearance and frequent absence from work. Their experience coincides with the claim of Mbonu et al., [10] that through stigma and discrimination, people resort to cruelly labelling PLWH with undesirable characteristics to make them recognizable, erroneously or correctly, by markers such as weight loss, skin lesions, and untreatable cough and colds. Sadly, some of the key informants' workmates look at HIV as something that can be

transferred through touch or by sharing things that is why they prevented close physical proximity with them. Those instances augment to the key informants' feeling of fear and uncertainty of disclosing their condition to others.

*"Pa-joke akong tinanong ng katrabaho ko kung may HIV daw ako kasi di na raw nawala ang sipon ko.."* (Teacher B)

*"Simula nang napansin nila yung pagbabago sa itsura ko, parang medyo lumayo sila sa'kin. Tsaka kahit ballpen, parang ang hirap nila akong pahiramin."* (Teacher A)

*"Nakwento nga nung best friend ko sa trabaho na pinagtsitsismisan ako ng ibang teacher na AIDA raw ako kaya yung taga-ibang department sa'min, nagtatakip pa ng panyo kapag nakakasalubong ako."* (Teacher A)

Because of the stigma and discrimination that the key informants have experienced even before disclosing their condition, they had this more fear of being judged and rejected by the people around them. They were troubled by fear, anger, and uncertainty about their future which then resulted to strained relationships with their colleagues, friends, and relatives. The stigma and discrimination that they experience keep them from feeling ostracized and isolated.

**Somatic Debilitation.** Having been infected with HIV, the work performance of the key informants were badly affected. They were frequently absent from work either to attend to their follow up check-ups with their attending physician or rest for not feeling well. Because of the opportunistic infections associated with HIV, their productivity as an individual indeed declined.

*"Simula nung na-diagnose ako, lagi na akong napapa-absent para magpa-check up at ayusin 'yung mga papeles ko."* (Teacher A)

*"Lagi akong nilalagnat non. Hindi na nga ako makapagklase."* (Teacher B)

*"Pinapakiusapan ko na lang 'yung kasama kong mag-sub (substitute) sa'kin kasi hindi ko talaga kayang pumasok."* (Teacher C)

*"Dahil hindi rin naman ako makapagklase, nag-file muna ako ng leave. Nagpalakas muna ako."* (Teacher D)

Apparently, it is not only the health of the teachers that are affected by HIV but also, the school operations and services. Because of losing physical strength brought by their sickness, their students suffer from missing their lessons that are supposed to be taught by their teachers who are sick. Also, some of the key informants have their ancillary tasks in school, aside from teaching. Because of their sickness, they declined to function well in these tasks causing the school to be late in submitting their reports to the higher offices.

*"Ako 'yung ICT coordinator sa'min. Dahil nga lagi akong absent, hindi ko nami-meet yung deadline nung mga report na dapat kong ipasa sa DO (division office) namin."* (Teacher B)

**Stress and Depression.** In this study, the key informants' responses showed that they experienced psychological stress and depression upon knowing that they were infected by HIV. According to them, since they had discovered that they were inflicted by HIV, they experienced sleepless nights and too much sadness. Whenever they are alone, they constantly weep because of their condition. They started to isolate themselves fearing that no one would understand them. One key informant likewise mentioned that he reached the point of harming himself because of the extreme sadness he felt due to his condition. Another key informant mentioned that he was at first able to cope with his situation until he learned that other people already knew his being HIV positive because of his trusted colleague who disclosed his condition to others. That situation caused him to experience weighty psychological stress.

*"Siguro ilang linggo rin akong hindi nakatulog nung nalaman kong may HIV ako."* (Teacher A)

*"Ang hirap ng pakiramdam. Parang ang lala ng sitwasyon. Kusa na lang ako'ng napapaluha kapag naiisip ko itong nangyari sa'kin."* (Teacher D)

*"Pakiramdam ko, sobrang nakakahiya itong nangyari sa'kin. Gusto ko ngang magpakamatay na noon."* (Teacher C)

*“Ok naman ako nung una. Na-upset lang ako nang sobra nung nalaman kong may pinagsabihang iba yung pinagkwentuhan kong guidance counselor sa'min.” (Teacher B)*

Clinical depression is the most commonly observed mental health disorder among those diagnosed with HIV, affecting 22 percent of the population [11]; Chibanda [12] cited that depression in PLWH could be triggered by stress, difficult life events, side effects of medications, or the effects of HIV on the brain. Depression might even accelerate HIV's progression to AIDS; hence, the need to address it accordingly should it manifest among PLWH. The findings in the study, however, showed that the key informants did not receive any form of psychological support despite being infected with HIV. The perceptivity on the issues pertaining to HIV and AIDS makes it hard for them to seek psychological treatment and discuss about their condition. Based on the responses of the key informants, it can be seen that they are all adamant to discuss about their condition because of their fear to be judged by the people around them. According to them, their colleagues perceive acquiring HIV as something tantamount to death sentence; hence, their very negative attitude towards it. Also, the key informants were uncertain if they would receive the emotional and psychological support, they necessitate should they disclose their current condition to others. These 'Teacher AIDAs' were troubled by anger, fear, and uncertainty of a future leading to a life with stained relationships with the people in their surroundings.

### **Perceiving the Future with HIV**

The Joint United Nations Programme on HIV and AIDS (UNAIDS) launched an ambitious program in 2015, which is to end the AIDS epidemic in 2030. The program's aims are that no child will be born with HIV and that anybody already infected will be treated with medicines that give the best opportunity for healthy living. Today, with the advancement of technology in medical science, scientists have already developed means and solutions to somehow realize this dream. While HIV remains to have no cure yet, anti-retroviral treatments (ART) have been significant in prolonging the life span of those infected with HIV. Likewise, pre-exposure prophylaxis (PrEP) has now been developed by medical scientists, which has been instrumental in preventing additional number of HIV cases. According to the Center for Disease Prevention and Control [13], PrEP is a way for people who do not have HIV but who are at very high risk of getting HIV to prevent HIV

infection by taking a pill every day. When someone is exposed to HIV through sex or injection drug use, PrEP can work to keep the virus from establishing a permanent infection. In light of the aforementioned science breakthroughs on HIV and AIDS, Lundgren et al. [14] can be correct when they stated that HIV has changed from a deadly disease to a manageable disease.

When asked about the current practices and advancements in the management of HIV and AIDS, the key informants affirmed that they are all knowledgeable about it. In fact, they mentioned that all of them subscribe to ART in their preferred social hygiene clinic. They have been under ART as soon that they were found to be infected with HIV.

Amid living with HIV and receiving treatments to suppress it, the key informants were asked how they perceive their lives in the future. Summarising their diverse responses, it appeared that the key informants are concerned about their feelings on what their future would bring to them and their plans to live it.

The key informants express several feelings on what their future would bring to them with HIV thriving within their system. According to them, looking at what would be ahead of them in their future with HIV is full uncertainty and questions in mind. Nevertheless, their responses signified common themes which are generalized with the acronym AIDS, which means anxiety, intrepidity, dependence, and survival.

**Anxiety and worry to face tomorrow.** Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure [15]. As cited by Felman [16], anxiety is a normal emotion and is healthful for an individual. Nevertheless, it may become a medical disorder when a person regularly feels disproportionate levels of it. While living with HIV, it is probable that the key informants are developing anxiety disorder in them. It is apparent in their responses that they are anxious about their future because of being infected with HIV. All of them verbalised that they are worried about what will happen to them as time passes by. Some likewise mentioned that they experience symptoms such as palpitation and nervousness whenever they think about their future with HIV in their lives. One key informant confided that she is anxious not only about herself but the welfare of her family. Another expressed anxiety about how he is going to sustain his finances for his medical treatments and other personal expenses if his condition continued to deteriorate.

"Ang hirap! Hindi ko alam kung ano nang mangyayari sa'kin dahil nga HIV positive na ako." (Teacher A)

"Ang hirap ng pakiramdam. Parang ang lala ng sitwasyon. Kusa na lang ako'ng napapaluha kapag naiisip ko itong nangyari sa'kin." (Teacher D)

"Paano na anak ko kung mawawala kaagad ako? 'Yun 'yung kinakatakot ko." (Teacher D)

"Minsan, sa kaiisip ko kung ano ba itong nangyari sa buhay ko, kumabog bigla ang puso ko. Kinakabahan ako. Baka hindi ko ito m-survive." (Teacher C)

"Natatakot ako kasi baka dumating yung araw, maubusan na ako ng pampagamot sa sarili ko." (Teacher B)

**Intrepidity to surmount life challenges.** In the face of anxiety about the future because of having been infected with HIV, the key informants still find in themselves this feeling of intrepidity or sense of courage to surmount the life challenges brought about by the virus. They mentioned that despite this feeling of being cursed because of HIV, they still find the motivation to continue living. This includes their loved ones and obligation to their family. It is interesting to note that their teaching profession also is the source of their courage to face the challenges of being a Teacher AIDA. One key informant said that being a teacher, he has the mission of curing ignorance among his students. Another added that HIV should not stop him from sharing his knowledge to his students. He mentioned that teaching has been his passion and he wants to die teaching.

"Andiyan 'yung partner ko. S'ya yung 'yung nagpapalaks ng loob ko." (Teacher A)

"I believe, my mission is to cure ignorance in my students. Pa'no ko magagawa 'yun kung papatalo ako sa sakit ko." (Teacher B)

"Mahal ko 'yung anak ko. Dun ako humuhugot ng lakas ng loob." (Teacher D)

"Trabaho ko 'yung nagbibigay ng lakas sa'kin. Buhay ko na ang pagtuturo kaya gusto

kong mamatay nang nagtuturo pa rin." (Teacher C)

### **Dependence to treatment, others, and God.**

Because of having been infected by HIV, the key informants realised that they would forever be dependent to many things in order for them to live longer. First, they will be dependent to a lifetime dose of anti-retroviral drugs. Also, the key informants said that they will be dependent to the social hygiene clinic that they should visit frequently to receive ART. They also thought of the scenario when they will be fully reliant to others by the time their health starts to deteriorate, causing them to be weaker. Reflecting on the above scenarios, which is generally they being dependent to other people, they ascertained that life is not about living for yourself. To live life is to live it with others because no one could survive without the aid of one's fellows. Ultimately, their level of spirituality deepens. Because of the struggles they experienced as people living with HIV, they learned to direct themselves more on God and believe in His plans for their lives.

"Ngayong nagka-HIV ako, mas nakilala ko ang Diyos... na dapat mas idepende ko ang buhay ko sa gusto at plano N'ya para sa'kin." (Teacher A)

"Wala na. Forever na ako iinom ng gamot. Kung gusto ko pa talagang mabuhay, wala akong choice. I have to undergo ART. Magiging tambay na ako lagi sa clinic (social hygiene clinic)." (Teacher B)

"Ngayon ko mas kailangan ang suporta ng pamilya ko. Hindi ko iniwan ang asawa ko. Kami-kami na lang ang magdadamay sa problemang 'to eh... Andito na ito (HIV). Kami na lang ang dedepende sa isa't-isa." (Teacher D)

"Habang iniisip ko itong nangyari sa'kin, na-realise ko 'yung value ng family ko. Sila lang naman ang matatakbuhan ko para hingan ng tulong." (Teacher C)

**Survival from a curse.** All of the key informants believe that someday, they will survive the curse brought by HIV infection. That includes being free from stigma and discrimination and, ultimately, being free from the infection itself. With the recent

advancements of science, they are hopeful that a cure that would totally eliminate HIV from the human body system would be discovered through research and development. One key informant, on the other hand, expressed his desire to survive it by dying happily and peacefully in the midst of being infected.

*“Hindi ako nawawalan ng pag-asa na makakawala rin ako sa sakit na’to (HIV).” (Teacher A)*

*“Inaanatay ko rin ‘yung time na mawawala na yung negative perception sa taong may HIV; na hidi na kami ma-discriminate.” (Teacher B)*

*“May nabasa ako online na malapit na raw madiskubre sa London ‘yung gamot sa HIV eh. Mangyari lang ‘yon eh lilipad ako kagad doon para makabili. Gusto ko nang maka-survive sa sakit na’to.” (Teacher D)*

*“Ok na ako dun sa hindi ko na abutin yung gamot sa HIV. Yung mamatay lang akong hindi nahirapan dahil sa komplikasyon, parang naka-survive na rin ako nun sa HIV.” (Teacher C)*

When asked about their plans in the future in the midst of living with HIV, the key informants generally responded with a positive attitude. According to them, having acquired HIV crushed their being as a person thinking of the mean judgement they might get from other people should they discover their condition. They also have this fear of becoming a burden to their family because of the debilitating effect of the deadly pathogen that invaded their system. Nevertheless, their unwavering hope that a cure will be discovered soon and the motivation given by their respective support groups keep their desire to live and continue fighting. According to them, they plan to do **AIDS** as they face what life brings to them as Teacher AIDA. AIDS in this context means **ADVOCACY for HIV and AIDS awareness, remain IN SHAPE, get DISCLOSED, and engage in SAFE SEX.**

**Advocacy for HIV and AIDS Awareness.** According to the The Well Project [17], an HIV advocate is a person who publicly supports or recommends a particular cause or policy towards the control and management of HIV. They added that an HIV advocate can be a self-advocate, peer advocate, community advocate, or public advocate. A self-advocate is someone speaks for the interest of oneself or others while being a

peer advocate refers to supporting someone when they need help or trying to find a solution when someone has a problem. On the other hand, being a community advocate involves joining groups of people acting to affect positive change while a public advocate is someone interested in politics and policy to help make a difference on a national or international level.

Looking at the responses of the key informants, they all signified the desire to become HIV advocates and have HIV awareness and control be part of their life advocacy. Regardless of what kind of being an advocate they desire, they are in unison in saying that to acquire HIV is something extremely heartbreaking and they should do something to prevent others from feeling the same.

*“Nagkaron ako ng HIV dahil hindi naging malinaw sa’kin kung pano napapasa ang HIV. Gusto kong maraming makaalam na hindi lahat ng masarap ay nakakabuti.” (Teacher A)*

*“Gusto kong sumali sa mga organization na nag-e-educate about HIV.” (Teacher B)*

*“Mas naintindihan ko ang meaning ng stigma and discrimination ngayong naging HIV positive na ako. Ayokong maramdaman ng iba ‘yun kaya gusto kong mag-educate sa iba.” (Teacher D)*

*“There is this dire need to raise HIV awareness talaga. Gusto kong maging part ng social groups para makatulong on educating the youth about HIV and other STIs.” (Teacher C)*

**Stay In Shape.** Once HIV enters the human body, it primarily attacks the immune system, which makes a person with HIV prone to infections, cancers, and other diseases [18]. Knowledgeable of the aforementioned fact, the key informants expressed that they should do their best to keep themselves healthy. According to them, they have to remain healthy for themselves and their family. Likewise, they all believe that they still have a mission to accomplish and living with HIV cannot hinder them from fulfilling it.

In order to keep themselves healthy, the key informants stated that they religiously submit themselves to ART. They likewise provide themselves healthful diet and ensure that they get sufficient amount of rest period. Nevertheless, the bulk of work brought by being a teacher sometimes do not spare them from being

stressed. With their own health as their priority, they admit that the quality of their work performance sometimes is sacrificed.

*"Kailangan kong maging fit kaya pinipilit kong kumain nang ayos at makapahinga nang tama." (Teacher A)*

*"Itutuloy-tuloy ko lang 'yung ART ko. Ayoko naman umabot na magiging AIDS ito." (Teacher B)*

*"Kailangan kong maging malakas para sa mga anak ko." (Teacher D)*

*"Piniplit kong maging healthy. Kaya lang, hindi mo rin maiwasan ma-stress dahil sa trabaho." (Teacher c)*

**Get disclosed to the public.** Another plan that the key informants thought of as they think about their future is revealing their HIV status to others. According to them, they want to do it step-by-step, starting from their family members, their friends, their workmates, and, finally, to the public, in general. Nevertheless, what halts them from realizing it is the stigma and discrimination that they might receive from other people as they disclose their health condition. That is why they hope to first change people's attitude towards HIV and the people living with it by spreading awareness about HIV and AIDS. The key informants desire to disclose their being HIV-positive to others because they want to be freed from that feeling of hiding themselves behind a mask of denial and pretension. Also, they feel dismal and guilty of making numerous excuses and lies to conceal their actual condition to their significant others.

*"Plano kong sabihin sa kanila (workmates) na HIV positive ako; pero sa tamang panahon." (Teacher A)*

*"Gusto ko na rin aminin kung ano talaga ang lagay ko kasi nakakapagod na rin mag-isip ng mga idadahilan." (Teacher B)*

*"Nag-iipon lang din ako ng lakas ng loob. Pero plano ko na ring sabihin sa mga kapamilya ko 'yung sitwasyon naming mag-asawa kasi sila rin naman 'yung makakatulong sa'min." (Teacher D)*

*"Piniplit kong maging healthy. Kaya lang, hindi mo rin maiwasan ma-stress dahil sa trabaho." (Teacher c)*

**Safe Sex Practices.** The key informants were asked about their plans on their sex life amid having been infected with HIV since it is a human nature to have sexual urge and people living with HIV are not an exemption to that. Most of them responded that they will still engage sexual intercourse with their partner. This time, however, they will ensure that they do it safely to avoid transferring the virus to others. When they say safe sex, it means being loyal to their partner, using correct protection, and strict adherence to ART. One key informant, however, said that having been infected with HIV was very traumatic that he decided to practice abstinence and never have sexual contact with another person again. He does masturbation, instead, to relieve his perceived sexual urges.

*"Nung nalaman kong may HIV ako, nag-decide na akong never na maki-pag-sex ulit sa iba. Parang 'dun na ako natauhan... Kapag nakaramdam ako ng libog, nagsasarili (masturbation) na lang ako." (Teacher A)*

*"Makikipag-sex pa rin ako. Human nature 'yun eh. But this time, I have to be conscientious in using condom. Kawa naman 'yung makaka-sex ko kung mahawa rin s'ya." (Teacher B)*

*"Pwede ka pa rin naman magka-sex life eh. Just be faithful to your partner. Sa kanya ka na lang makikipag-make love kung ang intention mo talaga is not to spread the virus." (Teacher D)*

*"Makikipag-sex pa rin. Pero dapat continuous pa rin ang gamutan (ART). Ang sabi kasi ng doktor ko, hindi na ako makakahawa kapag dire-diretso 'yung paggagamot ko." (Teacher c)*

### Overall Essence

The key informants of this study are representatives of other PLWHA struggling from the challenges brought by being infected with HIV. Just like the key informants, other PLWHA could have experienced the same challenges such as stigma and

discrimination, somatic debilitation, and stress and depression. In the midst of experiencing these challenges, they still chose to live and continue and anticipate the future with hope that they will someday conquer this struggle they are enduring. At present, the key informants are preoccupied with feelings of anxiety, intrepidity, dependence on others and hope for survival. Still, it is noteworthy that they still look into the future with optimism as they plan to advocate for HIV and AIDS awareness, remain healthy, open their condition to the public, and still engage in safe sex practices to avoid having the virus transmitted leading to the augmentation of HIV cases in the world.

### CONCLUSION

This study primarily aimed at exploring the lived experience of teachers living with HIV, also known in this study as Teacher AIDAs. It specifically tried to explore the challenges brought by HIV into their lives and find out how they perceive the future while living with HIV. In light of the findings generated from the study, the following conclusions were formulated:

Acquiring HIV has caused significant impact into the lives of the Teacher AIDAs. This includes stigma and discrimination, somatic debilitation, and stress and depression.

The key informants have both positive and negative perceptions about their future in the midst of living with HIV. They generally anticipate the future with anxiety, intrepidity, feeling of dependence, and sense of survival. Also, as Teacher AIDAs, they plan to start an advocacy, remain in shape, get disclosed about their condition, and engage in safe sex practices.

### RECOMMENDATION

The study was able to generate significant pieces of knowledge that allows its readers to understand more the life challenges faced by teachers living with HIV as they assume the role of being an educator and a sick person. In light of the generated findings, the following are hereby recommended:

A more comprehensive health education and promotion on HIV and AIDS program should be developed for the general population. This should aim at providing accurate information that gears towards eliminating stigma and discrimination among PLWH so they can disclose themselves and seek treatment without fearing negative judgment and treatment from others people.

Teachers and other professionals are encouraged to undergo HIV testing especially if they engage themselves in risky sexual activities.

Since sexual intercourse is the major mode of HIV transmission, safe sex measures should be reiterated to people of reproductive age.

The finding of this study can be validated by conducting the same which involves people from other professions.

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