

A Close Encounter with “Teachers AIDA”: 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 in by four key informants chosen via snowball sampling. Findings showed that acquiring HIV has caused significant impact on 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 were 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: *Academe, Health, Health Promotion, HIV and AIDS, Sexually Transmitted Infection*

INTRODUCTION

The increasing number of HIV and AIDS cases remains a major public health concern in the globe, which includes the Philippines. Since the virus was first detected in the country in 1984, around 65,463 cumulative cases have been recorded in 2019 with sexual contact as the predominant mode of transmission (Montemayor, 2019). The region with the most number of HIV and AIDS cases in the Philippines 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. Among the cities and municipalities in Cavite, Bacoor has the highest reported cases followed by Dasmariñas and Imus. Such result can be because the province, especially the three mentioned cities, is just beside NCR where the highest incidence rate of HIV has been reported (Geronimo, 2015).

A person infected with HIV or diagnosed with AIDS is 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 (Chan, 2014). 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 (Singh & Jain, 2009).

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. Lucero (2017) cited that while people 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 on 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, teachers are not only teachers. They are individuals with this personal side that engages them to splurge in their personal habits and activities, i.e., dating, travelling, and even vices, which would later cause them stress or illness. They themselves are not even exempted from being infected with HIV. Actually, the HIV/AIDS Registry of the Philippines (2019) reported that there are a number of 'Teacher AIDAs' (teachers living with HIV and AIDS) who are actively practicing their profession in the academe. Nevertheless, a little attention has been given to what they undergo as individuals infected with HIV as evidenced by a dearth of studies focusing on the lived experiences and challenges faced by HIV-positive professionals, particularly teachers.

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

METHODOLOGY

Research Design

This study utilized the descriptive phenomenological approach of qualitative research. In here, the lived experience of teachers diagnosed with HIV was explored. This experience was obtained through 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 sampling was done in order to find and identify the key informants. In here, a person living with HIV who was subscribing for antiretroviral treatment (ART) 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 had given 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 to the gathered data.

Table 1 summarizes the personal information permitted by the key informants to be included in the study. It must be noted that the names used for each key informant are just pseudonyms solely utilized for reference purposes 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. Sirs Jam and Gel work as high school teachers while Mam Shine is an elementary school teacher. Sir Den, 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.

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 responses.

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 responses of the key informants 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

Table 1. Key informants' profile

TEACHER	AGE	SEX	EDUCATIONAL ATTAINMENT	CIVIL STATUS
Sir Jam	23	Male	Bachelor's	Single
Sir Gel	29	Male	Bachelor's	Single
Sir Den	34	Male	Master's	Single
Mam Shine	36	Female	Bachelor's	Married

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 a similar 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 (Chao, Gow, Akintola, & Pauly, 2010). The key informants in this study are never an exception. Their responses imply that they experienced stigma and discrimination among their colleagues:

"My colleague once said that it feels terrifying to sit beside a person with HIV. You might get infected, too." (Sir Den)

"When I had asked my colleague if people with HIV should still work, he responded that they should just stay at home and rest." (Sir Jam)

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. (2009) 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 and initiating conversation with them. Being avoided by their colleagues sometimes caused them to miss some announcements in their workplace. Also, due to the fear of being exposed to HIV, some of their co-workers refused to help them in completing their tasks. Those instances heighten the key informants' feeling of fear and uncertainty of disclosing their condition to others.

"My colleague kiddingly asked me if I had HIV since I never got rid of my colds." (Sir Gel)

"Since they noticed the changes in my appearance, my colleagues started to avoid me. It has been hard for them to lend me their personal belongings such as their pen." (Sir Jam)

"My friend mentioned that our workmates had been gossiping around that I was infected with HIV. That made the staff from other departments cover their nose with their handkerchief whenever they passed by me." (Sir Jam)

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 in 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 was 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 teachers indeed declined.

“Since I was diagnosed with HIV, I have been frequently absent from work to seek medical check-up and process my papers.” (Sir Jam)

“I was frequently febrile, which prevented me from attending my classes.” (Sir Gel)

“I often ask my colleague to be my substitute in my class because I was really not feeling well.” (Sir Den)

“Because I could not hold my class for being sick, I just filed for a leave of absence and opted to regain my strength.” (Mam Shine)

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.

“I am the school ICT coordinator. Because of my frequent absence from work, I failed to submit necessary school reports to our division office on time.” (Sir Gel)

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.

“I experienced sleepless nights for several weeks since I had been diagnosed with HIV.” (Sir Jam)

“It really felt hard. The situation seemed to get worse. I just burst into tears whenever I think about what happened to me.” (Mam Shine)

“I feel so embarrassed of what happened to me. I even thought of committing suicide then.” (Sir Den)

“I was OK at first. I just turned upset when I had learned that our guidance counselor mentioned my situation to other people.” (Sir Gel)

Clinical depression is the most observed mental health disorder among those diagnosed with HIV, affecting 22 percent of the population (Lieber, 2019). Raguram, Weiss, Channabasavanna, and Devins (2016) 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 their condition. Based on the responses of the key informants, they are all adamant to discuss 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 a 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 AIDs' 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, antiretroviral treatments (ART) have been significant in prolonging the lifespan of those infected with HIV. Likewise, pre-exposure prophylaxis (PreP) has now been developed, which has been instrumental in preventing an additional number of HIV cases. According to the Center for Disease Prevention and Control (2019), 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. (2015) 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 as 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. Summarizing 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 of 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 (American Psychological Association, n.d.). As cited by Felman (2018), 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 verbalized 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.

"It really is burdening! I do not know what would happen to me for being HIV positive." (Sir Jam)

"The feeling is really hard. It seems like I am in a really bad situation. My tears constantly burst whenever I think of what has happened to me." (Mam Shine)

"What will happen to my son if I'm gone? That is my biggest worry right now." (Mam Shine)

"I sometimes experience sudden palpitation whenever I think of this mess in my life. I really felt anxious fearing that I might not survive." (Sir Den)

"I feel worried that one day, I will run out of resources to fund my treatment." (Sir Gel)

Intrepidity to surmount life challenges. Amid anxiety about the future because of having been infected with HIV, the key informants still have the intrepidity or sense of courage to surmount the challenges brought about by the virus. They mentioned that despite being positive with HIV, they still find the motivation to continue living. This includes their loved ones and obligations in their family. Interestingly, their teaching profession is their another source of courage to face the challenges of being a Teacher AIDA. One key informant said that as 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.

"I have my partner who has been my source of strength." (Sir Jam)

"I believe that my mission is to cure ignorance in my students. How would I do that if I let my disease defeat me?" (Sir Gel)

"I get my strength to face this challenge from my love to my son." (Mam Shine)

"My profession gives me the strength to thrive. Teaching is my life and I would like to spend the rest of my life teaching." (Sir Den)

Dependence to treatment, others, and God.

Because of HIV infection, the key informants realized that they would forever be dependent on many things in order for them to live longer. First, they will be dependent on a lifetime dose of antiretroviral drugs. Also, the key informants said that they will be dependent on the social hygiene clinic that they should visit frequently to receive ART. They also thought of the scenario when they will be fully reliant on others by the time their health starts to deteriorate, causing them to be weaker. Reflecting on the above scenarios pertaining to them being dependent on 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 PLWH, they learned to direct themselves more to God and believe in His plans for their lives.

"I realized to know God more upon having been infected with HIV. I learned that I should depend on His will and His plans for me." (Sir Jam)

"I have to accept that I'll be undergoing antiretroviral therapy for life. I really am obliged to visit the social hygiene clinic for my therapy." (Sir Gel)

"This is the best moment that I should seek the full support of my family. I did not abandon my husband who infected me. We have to support each other to face the challenges of being HIV positive." (Mam Shine)

"While reflecting on what has happened to me, I realized the value of my family. They are the only ones whom I can depend on amid this crisis in my life." (Sir Den)

Survival from a curse. All of the key informants believe that someday, they will survive the curse brought by HIV. That includes being free from stigma and discrimination and, ultimately, the infection, itself. With the recent scientific advancements, they are hopeful that a cure to totally eliminate HIV from the human body would be discovered. One key informant, however, expressed his desire to survive it by dying happily and peacefully despite being HIV positive.

"I never lose hope that someday, I would break away from this disease." (Sir Jam)

"I am actually waiting for the time that the negative perception towards people with HIV would soon be diminished; that moment when we would not experience discrimination." (Sir Gel)

"I read an article online saying that a cure for HIV would soon be developed in London. Once available, I would fly to London right away to be treated. I really want to survive from this disease." (Mam Shine)

"I am fine with living with HIV. What I do not want to happen is to die suffering from the complications that the virus could cause to my body." (Sir Den)

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 them, 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 virus 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 AIDs. 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 (2019), 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 who 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 heartbreaking and they should do something to prevent others from feeling the same.

"I got HIV because it wasn't clear to me how the virus is transmitted. I want many people to know that not all that's satisfying is good for the health." (Sir Jam)

"I would like to join organizations that promote HIV awareness." (Sir Gel)

"Now that I am positive with HIV, I understood the meaning of discrimination and stigma. I do not want others to experience it; that is why I would educate people about HIV." (Mam Shine)

"There is this dire need to raise HIV awareness. I want to be a part of various social groups that educate the youth about HIV and other STIs." (Sir Den)

Stay In Shape. Once HIV enters the human body, it primarily attacks the immune system, which makes a person with HIV prone to various diseases (Pietrangelo & Cherney, 2017). Knowledgeable of the aforementioned fact, the key informants expressed that they should do their best to keep themselves healthy. They must 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.

To keep themselves healthy, the key informants stated that they religiously submit themselves to ART. They likewise provide themselves a healthful diet and ensure that they get enough rest periods. Nevertheless, the bulk of work brought by being a teacher sometimes does 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.

"I have to keep myself fit. I make sure to eat nutritious food and have sufficient rest." (Sir Jam)

"I shall continue receiving my ART to prevent my condition from progressing to AIDS." (Sir Gel)

"I have to be strong for my child." (Mam Shine)

"I do my best to be healthy, but I cannot really prevent myself from being stressed because of my job." (Sir Den)

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 with their family, their friends, their workmates, and, finally, the public, in general. Nevertheless, what halts them from realizing it is the stigma and discrimination that they might receive from others as they disclose their condition. That is why they hope to first change people's attitude towards HIV and the people living with it by spreading awareness about the disease. The key informants desire to disclose

their being HIV-positive to others because they want to be free from 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.

"I plan to disclose my condition to my colleagues at the right time." (Sir Jam)

"I would really want to tell them what is happening to me because I sometimes run out of reasons to justify my absences." (Sir Gel)

"I'm just gathering enough courage to disclose my and my husband's condition to our family because it is still they who could help us in this crisis we are facing." (Mam Shine)

Safe Sex Practices. The key informants were asked about their plans on their sex life amid having been infected with HIV. Most of them responded that they will still engage in sexual intercourse with their partner. This time, however, they will ensure that they do it safely to avoid transferring the virus. 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 sexual urges.

"The moment I learned that I have HIV, I decided to practice abstinence. Whenever I feel lust, I just masturbate to relieve it." (Sir Jam)

"I would still engage in having sex with others since that is a human nature. But this time, I have to be conscientious in using condoms. It is a pity for the one I shall have sex with if he would also get infected." (Sir Gel)

"I can still have my sex life. I just have to be faithful to my partner. Exclusively

have sex with your partner if your intention is not to infect others.” (Mam Shine)

“I would still engage in sexual activities provided that I continuously subscribe to my ART. My doctor told me that I would not be contagious anymore if I would not stop my treatment.” (Sir Den)

Overall Essence

The key informants of this study are representatives of other PLWH struggling from the challenges brought by being infected with HIV. Just like the key informants, other PLWH could have experienced the same challenges such as stigma and discrimination, somatic debilitation, and stress and depression. Amid experiencing these challenges, they still chose to live 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 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 to others.

CONCLUSIONS

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

Acquiring HIV has a caused significant impact into the lives of the Teacher AIDAs, particularly in fulfilling their roles as teachers. This includes stigma and discrimination, somatic debilitation,

and stress and depression. Because of stigma and discrimination, the personal and professional relationship of the Teacher AIDAs with their colleagues diminish resulting to them being uninformed of some announcements being disseminated within the school and having limited or no assistance and help from their coworkers in accomplishing their school tasks. Somatic debilitation and stress and depression made them fail to facilitate their classes and be frequently absent from work to seek medical attention or isolate themselves because of sadness and frustration.

The key informants have both positive and negative perceptions about their future amid 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.

RECOMMENDATIONS

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 connection, the following are hereby recommended:

A more comprehensive health education program on HIV and AIDS 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 other people.

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

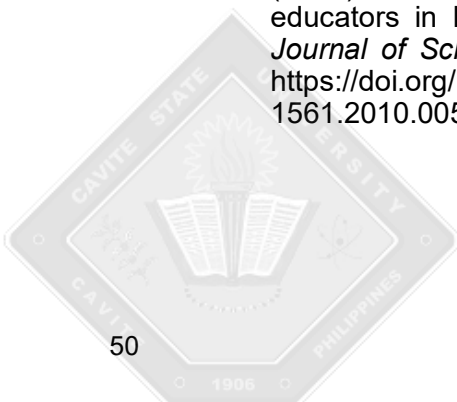
Since sexual intercourse is the major mode of

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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