

*Nikka Jane R. Peña*

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## Effects of Organization's Advocacy in lessening HIV/AIDS-related Stigma

### INTRODUCTION

**H**uman Immunodeficiency Virus (HIV) causes HIV infection and attacks the immune system, causing difficulty for the immune system to fight infections while Acquired Immunodeficiency Syndrome (AIDS) is the most advanced stage of HIV (AIDS Info, 2013). As of 2012, there are more than 35 million cases of people affected by HIV worldwide (amfAR, The Foundation for AIDS Research, 2014). According to the records of UNAIDS, since June 1981—start of the epidemic (AIDS.Gov), the reported cases of people affected by HIV has arisen to 75 million (Crisostomo, 2013). In comparison to the reported cases in the past years, there has been an observable decrease in the AIDS epidemic; on the contrary, the Philippines has records that exhibit a significant increase in transition rate (Philippine National AIDS Council: HIV/AIDS Registry, 2014). In the Philippines, the number of people affected by HIV is increasing every month. According to the Department of Health, there are 498 reported cases in March 2014, 393 reported cases in April 2014 and 495 reported cases confirmed in May 2014 (Philippine National AIDS Council: HIV/AIDS Registry, 2013; Department of Health, 2013). Not only does HIV arise as a medical problem, but it also emerges as a social illness (Bacal, 2013) wherein individuals affected by HIV are stigmatized and rendered in fear (Stop the Stigma to Stop the HIV Epidemic, 2012). The felt stigma among people living with HIV (PLHIV) hinders the effective treatment to the illness (Odimegwu, Adedini, & Ononokpono, 2013; Karim, et al., 2008; Bos, Schaalma & Pryor, 2008; Visser, et al., 2009) due to “strong to serious forms of discrimination”, according to the study of ACHIEVE and Pinoy Plus (Stop the Stigma to Stop the HIV Epidemic, 2012).

With that, the partner organizations of the study are: Action for Health Initiatives (ACHIEVE). ACHIEVE is based on Quezon City, Philippines, it is involved in the

development and implementation of programs on issues on HIV and AIDS, Human Rights, Gender, Sexuality, Health, and Migration (Action for Health Initiatives (ACHIEVE), 2014); Take The Test (TTT) is also based on Quezon City, Philippines, it endeavors to promote awareness and spread education about HIV and AIDS, and also provide HIV testing to as many individuals as possible (Take the Test Project, 2010).

This paper argues that NGO plays a major part in the reduction of stigma that is experienced by people living with HIV (PLHIV); that is raising awareness and providing education about HIV. With that in mind, the objective of this study is to delve into how the organizations, namely: ACHIEVE (Action for Health Initiatives), and Take the Test Project lessens the stigma that is felt among the AIDS advocates through their advocacy. The study specifically explores the types of advocacy of the organization and how being an advocate helps them cope with their condition before and after participating in an advocacy. Finally, the study contributes specifically to the AIDS advocates of the selected organizations. The output may serve as a baseline for new programs that will help develop the organization. It may also contribute to other Government and Non-Government organizations/institutions; mainly, to improve the state health systems in the Philippines for PLHIV.

### **RESEARCH PROBLEM**

This research delves into how an organization's advocacy helps in lessening HIV/AIDS-related stigma that is felt among PLHIV. Specifically, this research answers the (1) advocacies of the organization in terms of eliminating HIV/AIDS-related stigma and raising HIV awareness and education, (2) the level of the PLHIV advocates' social reintegration before and after participation in an advocacy, (3) lastly, the extent of access of the PLHIV advocates to livelihood opportunities before and after participation in an advocacy.

### **LITERATURE REVIEW**

This study explores two concepts—HIV/AIDS stigma and HIV/AIDS advocacy—in expounding what PLHIV advocates are experiencing and how these advocacies and how being an advocate help them cope not only to cope to their status but also the stigma and

*HIV/AIDS-RELATED STIGMA*

In many countries worldwide (Surkan, et al., 2010), people living with HIV/AIDS have experienced extreme stigma and discrimination (Bos, Schaalma & Pryor, 2008; Surkan, et al., 2010). Stigma can be triggered through healthcare system, home-based care settings and through healthcare workers but it can also promote anti-stigma interventions (Holzemer, et al., 2007). Moreover, people who hold more stigmatizing attitudes were the ones who have lower level of education, low socio-economic status and are living in rural area (Amuri, Mitchell, Cockcroft & Anderson, 2011) while there is a considerably higher level of personal stigma among males, those who were married, older and lower level of education (Visser, et al., 2009) On the other hand, those who have more knowledge about HIV have lesser stigma levels (Visser, et al., 2009; Amuri, Mitchell, Cockcroft & Anderson, 2011). According to the study of Altenroxel (2000) and Streek (2001), media reports that emphasize discriminatory acts can also be a factor in the high level of stigma perceived in a community (Visser, Makin, Vandormael, Sikkema & Forsyth, 2009). However, in the study of Babalola, et al. (2009) and O' Leary, et al. (2007), the reduction of stigma may also take part in an individual's exposure to media (Amuri, Mitchell, Cockcroft & Anderson, 2011).

As mentioned above, AIDS-related stigma and fear comes with being affected by Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome. Not only does it hinder effective treatment for the illness (HIV/AIDS) (Odimegwu, Adedini & Ononokpono, 2013; Karim, et al., 2008; Bos, Schaalma & Pryor, 2008; Odimegwu, Adedini, & Ononokpono, 2013; Visser, et al., 2009), but it can also cause psychosocial distress (stress, depression, etc.) (Kyaddondo, et al., 2013; Varni, Miller, Mccuin, & Solomon, 2012; Bos, Schaalma & Pryor, 2008) to PLHIV and negatively impact the person's social relationship, access to resources (Bos, Schaalma & Pryor, 2008) and family members (Surkan, et al., 2010)..

AIDS-related stigma restrains PLHIV to voluntary counseling and testing (VCT) (Odimegwu, Adedini & Ononokpono, 2013) (Karim, et al., 2008); as the perceived negative feelings increase, the chances of participation in VCT decrease (Odimegwu, Adedini & Ononokpono, 2013). Stigma impedes HIV-related health promotion and VCT (Visser, Makin, Vandormael, Sikkema & Forsyth, 2009; Bos, Schaalma & Pryor, 2008). Anti-

retroviral Treatment is a vital need for PLHIV as it “enables positive `social and economic participation through which users can begin to reconstruct their shattered sense of social value” (Campbell, et al., 2011). However, treatment does not wholly provide solution for the felt stigma among PLHIV; one’s self-worth may be restored through treatment but it has not decreased “fear and sexual embarrassment in framing community responses to people living with HIV/AIDS” (Campbell, et al., 2011). Reducing stigma and discrimination and providing psychosocial support would help cope with the “negative sequelae of the infection” (Kabbash, et al., 2008) as HIV/AIDS stigma is not only a difficulty in their psychosocial well-being (Kyaddondo, Wanyenze, Kinsman & Hardon, 2013; Varni, et al., 2012; Bos, Schaalma & Pryor, 2008), but also in their social relationships (Bos, Schaalma & Pryor, 2008).

#### HIV/AIDS ADVOCACY

HIV/AIDS advocacies in the Philippines greatly involve contraceptive use, elimination of stigma and fear among PLHIV, and education concerning HIV: prevention and promotion of HIV awareness.

As stated by Dr. Ferchito Avelino, Philippine National AIDS Council (PNAC) executive director, from the gradual increase of HIV cases in the Philippines, there has been a sudden rise in AIDS epidemic rates in the country (GMA News Online, 2013). According to the Department of Health’s (DOH) Philippine HIV and AIDS Surveillance, there are now 13,954 cases of reported HIV infection and 1,272 of them have developed into AIDS from 1894 to May 2013. From PNAC’s record, 95 percent of the growth in number was traced to men who have sex with men (MSM) (GMA News Online, 2013). The 1, 884 cases were due to sexual contact—311 heterosexual, 945 homosexual and 588 bisexual (Philippine Star, 2013). Because of this, the use of condom was promoted (Lopez, 2012) (Philippine Star, 2013). As stated by Jonas Bagas, President of The Library Foundation Sexuality, Health and Rights Educators Collective Inc., DOH’s records show that condom usage among MSM is only 34 percent, even among the heterosexual (Philippine Star, 2013). According to the World Health Organization (WHO), countries that implement and fully support condom use effectively and swiftly control the rise of the epidemic (Lopez, 2012) but as a Catholic country and the issue of Republic Health (RH) Bill arise; the

implementation of condom use has been a difficulty, resulting in hindrance of fighting the AIDS epidemic (Lopez, 2012).

**THEORETICAL FRAMEWORK**

This research uses the concept of Veena Das' Stigma, Contagion, Defect (2001). In Das' (2001) work, she cited Goffman's (1963) application of the term stigma: it is "negatively applied to any condition, attribute, trait, or behavior that symbolically marked off the bearer as "culturally unacceptable" or inferior, with consequent feelings of shame, guilt and disgrace". In which he identified three types of stigma "associated with abomination of the body, blemish of individual character, and with membership of a despised social group". Furthermore, she discussed that stigmatized disease leads patients and their caretakers to conceal their disease because of the "social marks of inferiority or blemish" (Das, 2001). Moreover, she stated that concealing their condition may cause negative effects both to the "health of the individual and the containment of infectious diseases for the population" (Das, 2001).



**Figure 1 Conceptual framework**

This research uses the concept of Veena Das' Stigma, Contagion, and Defect. Das cited Goffman's application of the term stigma, it is "negatively applied to any condition, attribute, trait, or behavior that symbolically marked off the bearer as "culturally unacceptable" or inferior, with consequent feelings of shame, guilt and disgrace". In this framework, it illustrates how organization's advocacy helps in or affects the social integration and access to livelihood opportunities which are hindered by stigma, contagion and defect. Social integration and access to livelihood opportunities are within stigma, contagion and defect because it hinders both growth of PLHIV in terms of social integration and livelihood opportunities. But as they participate in an advocacy, it had given them the sense of belongingness and sense of purpose.

## **METHODS**

Through qualitative approach, the researcher employed focused ethnography—a term coined by Knoblauch (2005). This design is used to conduct short-term field visits, perform field-observation and audio recording for data gathering which is also supplemented by interviews or surveys. In this study, semi-structured interview was utilized for an open discussion on the life narratives of the informants as an advocate. The researcher organized an interview to two (2) advocates from Take The Test (TTT) and two (2) advocates from Action for Health Initiatives (ACHIEVE) who are working or participating in an advocacy within the said organizations. Furthermore, the informants were selected through the use of purposive sampling, in which the participants are selected based on criteria set by the purpose of the research (Sagepub, 2006). The research also explores online community using netnography which is the "ethnography of online groups" (Kozinets, 2010). In this method, the researcher observes the online activities of the selected organization in Facebook to identify their advocacies on HIV/AIDS-related issues.

The audio recordings were transcribed and the transcriptions were coded using WEFT Qualitative Data Analysis. Furthermore, the data observed and gathered from the Facebook posts of the organizations were also coded through WEFT Qualitative Data Analysis.

#### ETHICAL PROCEDURE

The researcher requested the participation of the organization and their advocates before conducting the interview. In addition to this, the selected informants were given informed consent that was based on World Health Organization (WHO) which covered the purpose of the study, benefits, procedures, their rights as a participant and other matters regarding the research. The study assured confidentiality and voluntary participation. Interview guide was also shown prior to the interview. Before conducting netnography, a letter of permission was sent and approved by the organization.

#### LIMITATIONS

One of the limitations the researcher met is the small sample size which restricts the generalizability of the research. The informants are PLHIV advocates from two different groups which are Take The Test (TTT) and Action for Health Initiatives (ACHIEVE). With this, the researcher acknowledges the diversity of each organization and the influence of their differing objectives on the individuals' experiences as an advocate and their way of coping in terms of social integration and livelihood opportunities.

#### FINDINGS

The research centers on PLHIV advocates participating in an advocacy within the organizations: Take The Test (TTT) and Action for Health Initiatives (ACHIEVE). The data were gathered through semi-structured interviews to two (2) advocates from TTT and two (2) advocates from ACHIEVE. For confidentiality and anonymity purposes, the informants were granted the chance to choose a pseudonym that will be used in the study. The four (4) informants have chosen the names: Jehromar, Azon, Owie and Jhun. The data also shows that participation in an advocacy had helped the selected PLHIV advocates in coping with their status and empowered them as PLHIV in terms of social reintegration and access to livelihood opportunities. In addition, the data gathered from the Take the Test (TTT) indicates that organization's advocacy supports in preventing HIV, promoting awareness and eliminating stigma. Moreover, the researcher delved into the experiences of the PLHIV advocates where three concepts were identified: stigma, contagion and defect.

Using netnography, the Facebook page of Take The Test was observed within the period of 8 months (January to August 2014). TTT's advocacy focuses on HIV prevention which promotes free HIV Voluntary Counseling and Testing (VCT). Also, TTT promotes HIV awareness and provides education that eliminates HIV/AIDS-related stigma.

One of the advocacies that were distinguished in TTT's Facebook posts was HIV prevention. It encourages free HIV Voluntary Counseling and Testing to all gender and people who are of legal age. The organization conducts free VCT every second and fourth Sunday of the month at Kilinika Bernardo, as well as every third Saturday of the month at Obar and once a year at Puerto Galera. The testing provided by Take The Test assures its participants' confidentiality as posted in their Facebook page. Additionally, they use catchy captions and friendly reminders to encourage HIV VCT. Table one (1) show their campaigns for HIV prevention:

**Table 1: Take The Test's Facebook Posts on HIV Prevention**

Month	Prevention
January	What's your "STATUS"? (-) or (+) Don't Assume! Take the Test! It's the smartest thing to do!
	Don't simply sit there and wait before it's too late. LOVE MAKES ME WORRY-FREE Agree? Visit us at <a href="http://www.facebook.com/takethetest">www.facebook.com/takethetest</a>
	ALAM MO NA BA ANG HIV STATUS MO? Ano pang hinihintay mo? Tandaan: Mas magandang alam moa ng HIV Status mo para worry-free ang buhay mo.
	KAYA KITANG MAHALIN NG WALANG PAG-AANLINLANGAN KASI WORRY-FREE ANG STATUS KO Ready ka? visit us at <a href="http://www.facebook.com/takethetest">www.facebook.com/takethetest</a>
February	Do you have balls? I do! Kaya ano pang hinihintay mo? Mas magandang alam mo ang HIV Status mo para worry-free ang buhay mo.
	I LET GO OF MY BURDENS AND SIMPLIFY LIFE KAYA AKO... WORRY-FREE dapat ikaw din. visit us at <a href="http://www.facebook.com/takethetest">www.facebook.com/takethetest</a>



<b>Month</b>	<b>Prevention</b>
	BEING WORRY-FREE IS AS EASY ABCDE Ask us how. visit us at <a href="http://www.facebook.com/takethetest">www.facebook.com/takethetest</a>
	Tease Me (video) It's a Date! FREE. Private. Confidential.
	IT'S COMPLICATED? KNOW YOUR STATUS. It's a Date!
	Ms. Justine Ferrer, Survivor Philippines Palau runner-up, Inviting everyone to Be Brave, Be Smart and Be Sexy... Video created by Mr. Allan Pua and Mr. Jeric Bastillo of PWU for The "It's Official!" campaign of Take The Test in 2012.
<b>March</b>	I AM CERTIFIED WORRY-FREE! dapat ikaw din. It's a Date!
	BE SEXY THIS SUMMER. KNOW YOUR STATUS. Free. Private. Confidential.
	We want you to... hear, see, & speak to us. white beach Puerto Galera
<b>April</b>	ARE YOU SEXY ENOUGH FOR SUMMER? year 5 white beach Puerto galera free HIV education & testing absolutely open to all
	Because knowing IS sexy.
<b>June</b>	I'M SEXY I GOT TESTED RECENTLY Because Knowing is Sexy. Take The Test. FREE. Private. Confidential.
	FREE, PRIVATE & CONFIDENTIAL HIV Education, Counseling and Screening
	Obar in Partnership with Aware and Take The Test promotes the Pride Party for HIV/AIDS Awareness. June 28 (Sat) at Obar will be conducting FREE HIV education, testing and counseling. KNOW YOUR STATUS! Take the Test!
<b>July</b>	YOU CAN'T TELL ANYONE'S STATUS JUST BY LOOKING free HIV education, counseling & screening absolutely open to all
	THEIR PAST IS YOUR PRESENT. free HIV education, counseling & screening absolutely open to all

Month	Prevention
	Rain or Shine Take The Test will be pushing through the testing tonight Free HIV Education, Counseling and Screening from 10PM-2AM. See you there and know your status!
<b>August</b>	See you all later, Here is the map to Klinika Bernardo, our venue for the FREE & Confidential HIV & Syphilis Screening.
	YOU CAN'T TELL ANYONE'S STATUS JUST BY LOOKING free HIV education, counseling & screening absolutely open to all

Further, TTT promotes HIV awareness and provides education that eliminates HIV/AIDS-related stigma. Their campaigns clear misconceptions about HIV and inform the rate of HIV prevalence in the country. One of their campaigns is inspired by the three wise monkeys, hence, the theme of their advocacy “Hear, See, Speak”. In this campaign, various participants who are well-known and works within and outside of the organization advocates on eliminating fear by knowing their status and reducing the stigma that is attached to HIV. Through this awareness, it enables and encourages people to get HIV VCT. Table two (2) exhibits the promotion for HIV awareness and education.

**Table 2: Take The Test's Facebook posts on HIV Awareness & Education**

Month	Elimination of Stigma
<b>January</b>	Let’s Go Back to the Basic  Hello! Here is a brief post regarding Basic HIV Information, some people call this HIV 101 as this is the foundation on HIV knowledge, hope this could be of great help to you...
	@erictayagSays: 358 new #HIV case in Dec 2013 brings year's total to 4,814 and from 1984-2013 to 16,516
<b>March</b>	Don’t be blinded by fear. See. Don’t keep silent. Speak. Don’t let it fall on deaf ears. Hear.  Know more about the truth on HIV and AIDS. Know your status.
	HEAR... SEE... SPEAK... is the newest campaign ad by Take The Test (TTT). Inspired by the "three wise monkeys" concept, TTT creates awareness to promote speaking, hearing and seeing the truth about HIV in the Philippines.

Month	Elimination of Stigma
	<p>Listen to the voice of reason. Hear.</p> <p>Learn to ask the right questions. Speak.</p> <p>Don't be blinded by ignorance. See.</p> <p>PHL is one of the 9 countries with an increasing number of HIV cases. It's time. Get tested.</p>
	<p>Don't be blinded by fear, ignorance and lies. See.</p> <p>Ask, learn, and know the truth. Speak.</p> <p>Listen, this is the right thing to do. Hear.</p> <p>HIV doesn't discriminate. Everyone is vulnerable. It's time. Know your status.</p>
	<p>Don't be afraid to ask. Speak.</p> <p>Don't keep your eyes blinded by the truth. See.</p> <p>Don't let it fall on deaf ears. Hear.</p> <p>Unprotected penetrative sexual intercourse increases your risk for HIV infection. It's time. Get tested.</p>
	<p>Don't be blinded by fear, ignorance and lies. See.</p> <p>Ask, learn, and know the truth. Speak.</p> <p>Listen, this is the right thing to do. Hear.</p> <p>16, 516: total of recorded cases of HIV in the Philippines. It's time. Know your status.</p>
	<p>To all supporters and people who attended the HEAR, SEE, SPEAK advocacy photoshoot of TAKE THE TEST, first of all we would like to thank you for your support. HEAR... SEE... SPEAK... is the newest campaign ad by Take The Test (TTT). Inspired by the "three wise monkeys" concept, TTT creates awareness to promote speaking, hearing and seeing the truth about HIV in the Philippines.</p> <p>IT IS NOT POSTING WHAT YOUR STATUS IS, it is ENCOURAGING others to KNOW THEIR STATUS by TAKING THE TEST. We ask that you share the same message and not to alter the concept and theme of the photoshoot as it may lead to confusion and misrepresentation. Thank you for your understanding.</p>
<b>May</b>	<p>March 2014 was the highest ever recorded in the history of HIV in the Philippines. 498 HIV cases recorded. So are you still going to wait or ARE YOU SEXY, SMART and BRAVE enough to TAKE THE TEST</p>
<b>June</b>	<p>Sharing this information might encourage someone to Take The Test. Be The Change. Know your status. For more details visit our fanpage and send us a message! Knowing IS sexy!</p>
	<p>1 FILIINO EVERY 1.5 HOURS GETS INFECTED WITH HIV (data as of April 2014)</p> <p>IT'S TIME TO BE THE CHANGE</p> <p>know more about how you could be an agent of change</p>
<b>July</b>	<p>Sharing this video may help encourage others to take the test and know their status. SEE, HEAR, SPEAK the truth about HIV. Be Part of the change.</p>

Additionally, an interview was conducted to four informants: Jehromar, Azon, Owie and Jhun from Action for Health Initiatives (ACHIEVE) and Take the Test (TTT). The informants were asked of their experiences as an advocate in general where the themes that emerged are: acceptance, knowledge, optimism, stigma, contagion and discrimination. Through participation, the informants were able to feel acceptance, gain knowledge and be optimistic about their condition. However, the informants have also experienced different kinds of discrimination. Table three (3) shows the sample statements of the informants.

**Table 3: Overall Experiences as a PLHIV Advocate**

Themes	Sample statement	Meaning
<b>Acceptance</b>	"Naka-go back ako... 13 years na ko dito, isa sila sa kabalikat ko sa kanila yung go back to the mainstream of life."	After participating in an advocacy, the informants were able to go back to their normal lives.
<b>Knowledge</b>	"Kumbaga, nakapag-explore ako ng malawak na malawak, marami akong natutunan."	Participation also gives them opportunity to gain knowledge about HIV.
<b>Stigma</b>	"Nung nag-out ako sa media, nag-aadvocate ako doon... na-discriminate ako ng community. Tas pinalayas ako, pinaalis kasi natatakot yung mga tao doon kasi hindi lang ako yung boarder dun eh. So, pinaalis ako. Lumago ng lumago yung discrimination, kumalat na sa lugar."	The informant was restricted in his own home when he outed as a person living with HIV.
<b>Contagion</b>	"Pag umaakyat ako, umuuwi ako minsan sasabihan ako na 'Hala, andyan na naman yung HIV positive, baka manghahwayan dyan mga ganun."	The informant experienced discrimination where his co-boarder thought of him as contagious because of his illness.
<b>Discrimination</b>	"Na pag mag-invite ka, na kasi among MSM may mga textmate dyan na kahit hindi magkaki- so, parang may nandaan ako na ano, ininvite ko siya for the VCT, tapos sinabihan ko na I'm a counselor, tapos yun. Pero, I don't know kung discriminate or stigma ba yun. Sinabihan niya ko, are you a PLHIV ba? Ganyan, ganyan. So, syempre, parang di naman siya right person na para pag disclose-an, so hindi ko sinabi yung totoong ano ko. Ang sinabi ko lang pagka-HIV counselor ba, HIV positive kaagad?"	Another discrimination reported by the informant is that he was judged because of his work, attaching being a counsellor as a people living with HIV.

Themes	Sample statement	Meaning
<b>Optimism</b>	"Oo, nakakatulong talaga. Kasi, syempre, isa nagiging busy ka. Pangalawa, marami kang nakikilala. Pangatlo, parang dun sa mga nakikilala mo may mga matatagal na. So, parang may pag-asa pa. Kumbaga, may pag-asa pa in life. May, there's a life after HIV na parang, especially, lalo na yung sa '99 pa na-diagnose. So, parang ah, mare-realize mo na hindi pa pala ako mamatay agad kasi madalas na question is, "hanggang kelan ako mabubuhay?" which is hindi naman pala. Mahaba pa ang buhay mo, depende yan sa lifestyle and yun, pag-take ng gamot. Ganun."	Involvement in an advocacy had helped the informant be occupied and meet fellow PLHIV as well that serves as a hope to continue living and clear misconceptions about HIV.

The informants have reported that the beginning of their participation in an advocacy started after knowing that they are living with HIV and they have remained active since then. Jehromar has been participating in an advocacy for two (2) years; Azon for eighteen (18) years; Owie for seven (7) years; and Jhun for almost three (3) years. In table four (4) and five (5), the social integration before their participation in an advocacy are discussed, following with their access to livelihood opportunities before and after participating in an advocacy in table six (6) and seven (7).

Before participation in an advocacy, the informants did not immediately join in an advocacy; there was avoidance prior to the participation. Furthermore, one of the informants has experienced blame to be the cause of an unfortunate event because of his illness, and this blame had led to unacceptance. From the narratives of the selected PLHIV advocates, two themes have emerged: stigma and avoidance. Table four (4) shows the social integration of informants before participating in an advocacy.

**Table 4: Social Integration Before Participation in an Advocacy**

Themes	Sample statement	Meaning
<b>Avoidance</b>	"Noong 2007, active ako, na-diagnosed ako ng HIV. Kaya yung time na umuwi ako ng Pilipinas. Yun dun nag-start, from 2004 to 2005 umuwi ako, 2007 ako nag-involve kasi nagtago ako. Kaya di ako nag-active."	After diagnosis, the informant avoided any involvement and did not join immediately.

Themes	Sample statement	Meaning
<b>Stigma</b>	"Nung pinaalam ko sa mother ko na positive ako sa HIV, di ko alam yung mother ko na may cancer siya. So nung that time, okay na pagtanggap ng mother ko, pero yung mga kapatid ko, alam mo yun, mas lumala yung experience ng mother ko. Napabilis yung buhay niya. So ako yung sinisi ng mga kapatid ko. Kasi ako daw ang dahilan ng pagkamatay. So yun, gusto kong umuwi sa amin kasi ako taga-Davao, so pag gusto ko umuwi sa amin, hindi ako tinatanggap, ayaw ako pauwiin."	An unfortunate event had been blamed to the informant's condition and that led to unacceptance.

Participation in an advocacy has given the informants the chance to meet other people or other fellow PLHIV who they referred to as "dinosaurs" or people living with HIV who have been diagnosed in the 90's. This had not only given them hope to live longer, but also it had also given them a sense of belongingness to know fellow PLHIV. Furthermore, they were able to share their knowledge about HIV to fellow PLHIV and as well as to their family members. Two (2) themes emerged from the informants' responses: facilitative and belongingness. Table five (5) shows the statements of the informants' social integration after participating in an advocacy.

**Table 5: Social Integration After Participating in an Advocacy**

Themes	Sample statement	Meaning
<b>Facilitative</b>	"So, marami din akong natutunan, noong nagkaganito na ko, which is nai-share ko naman sa mga kasamahan ko. Hindi lang sa kasamahan, kasi pati yung apo kong panganay, naka-attend siya ng child's rights, yung ganun ba. Mga kwan. "	The informant was able to share their knowledge about their advocacy not only to their fellow PLHIV, but also to their family members.
<b>Belongingness</b>	"Pangalawa, marami kang makikilala. Pangatlo, parang dun sa mga nakikilala mo may mga matatagal na."	Participation in an advocacy has given them an opportunity to meet different people, giving them the sense of belongingness.

Before participating in an advocacy, two of the informants were deported back in the Philippines after being diagnosed with HIV while the other two informants have planned work abroad but had failed the medical test, thus, disabling them to work abroad. From

the responses of the informants, three (3) themes emerged: stigma, grief and regret. Upon knowing their status, the informants felt grief and regret at not being able to work anymore. However, after participating in an advocacy, the informants were involved in different advocacy works and projects such as being a counselor for Voluntary Counseling and Testing, peer educator, as well as an officer in the organization. This involvement in the advocacy had given them livelihood opportunities that were denied to them because of their condition. The themes that emerged from the narratives of the informants are: involvement, opportunities, awareness, assistance and compassion. Participating in an advocacy has given them opportunities to work, such as a presenter abroad; involvement in projects; assist other PLHIV who have not received any support from their families and who are fearful of life after diagnosis. They have been active since the start of the participation and had developed compassion in their advocacy. Moreover, table six (6) and seven (7) presents the narratives of the informants' livelihood before and after participating in an advocacy.

**Table 6: Access to Livelihood Opportunities**

Themes	Sample statement	Meaning
<b>Stigma</b>	"So, nagpa-test ako doon, na-detect ako doon, tapos ilang months pa bago dumating yung result kasi yung employer ko inaantay. Kasi nga, mas matindi yung discrimination na naransan ko dun sa abroad kasi dun kasi pag nagpa-test kami doon, walang counseling, as in hindi namin alam na may test pala siya, ay, HIV pala siya kasama. Tineest kami tapos lumabas yung result. During testing namin, walang counseling, tapos nung lumabas yung result, dinirekta din po yan. So nung nalaman ng employer, ako naman, dinala sa ospital, tas hindi sinabi sakín ng employer na bakít ako dinala dito. Kasi sinabi lang sakín na may problema. Ngayon na, dinala ako sa isang ospital, hindi na ako nakalabas. Hanggang dumating papeles ko pabalik ng Pilipinas, deportation na siya. So yung mga gamit ko, last salary ko hindi ko na nakuha."	The informant has felt maltreatment abroad during testing and after diagnosis.

Themes	Sample statement	Meaning
<b>Stigma</b>	<p>“So, nagpa-test ako doon, na-detect ako doon, tapos ilang months pa bago dumating yung result kasi yung employer ko inaantay. Kasi nga, mas matindi yung discrimination na naransan ko dun sa abroad kasi dun kasi pag nagpa-test kami doon, walang counseling, as in hindi namin alam na may test pala siya, ay, HIV pala siya kasama. Tineest kami tapos lumabas yung result. During testing namin, walang counseling, tapos nung lumabas yung result, dinirekta din po yan. So nung nalaman ng employer, ako naman, dinala sa ospital, tas hindi sinabi sakín ng employer na bakít ako dinala dito. Kasi sinabi lang sakín na may problema. Ngayon na, dinala ako sa isang ospital, hindi na ako nakalabas. Hanggang dumating papeles ko pabalik ng Pilipinas, deportation na siya. So yung mga gamit ko, last salary ko hindi ko na nakuha.”</p>	<p>The informant has felt maltreatment abroad during testing and after diagnosis.</p>
<b>Grief</b>	<p>“So, yun, di na ko nag, dinala, hindi mag-sink sakín na naging positive ako. So wala ng... okay, tas dun na ako umiyak, di ko kaya ipagsabi, tumawag yung sister ko. Yung nurse na Pilipina yung kumausap sa sister ko na dalhin na lang dun yung mga bag, mga gamit ko kasi anytime, pwede na ako ma-deport, Hintayin lang yung ticket ko galing sa employer ko. So, yun, nag-stay ako ng seven days saka ako na-deport papuntang Philippines kasi di na ako makabalik ng ibang ban— ng Dubai kasi positive ako nung 2012.”</p>	<p>After diagnosis, the informant was in denial of the situation and felt grief at the same time.</p>
<b>Regret</b>	<p>“Kasi syempre, parang, lalo na pag ang experience mo, kaya ka na-diagnose is to work abroad, so parang ang bottom line kaya ka mag-trabaho para magkaroon ng... matupad yung pangarap. So, dahil san na-diagnose ka, nag- turn out to reactive, hindi na... or positive... Hindi na matutuloy yung abroad... so parang nasasayangan...”</p>	<p>There was regret after knowing that they will not be able to work abroad anymore.</p>



**Table 7: Access to Livelihood Opportunities After Participation in an Advocacy**

Themes	Sample statement	Meaning
<b>Involvement</b>	"Nagta-trabaho na ako dito sa NGO, sa ACHIEVE as project assistant and isa akong staff ng ACHIEVE other than parang project. Our project is, what do you call this? Is a, parang is a Coordination of Action Research on AIDS and Mobility in Asia. Ah, ang target dito is *** issue of Overseas Filipino Worker or OFW and... in the Philippines. It's... mga rights ng migrant worker kasi before akong mag-advocate, OFW kasi ako. Then na-involve ako dito kasi ang mga iniinvite lang ng ACHIEVE mga former OFW na naging positive na ngayon. So, yun, inoffer nila sakín yung project na to."	Participation in an advocacy had opened up projects that are offered to PLHIV.
<b>Opportunities</b>	"Ang ano ko dyaan noon... nakarating ang first to first na advocacy ko na abroad ay sa Genting, Malaysia. Yung first Domestic Worker Summit. So nag-present ako dun mga ibang bansa. Ibang bansa."	It also had opened other opportunities such as presenting abroad.
<b>Compassion</b>	Yung pinaka-masarap lang life ko yung sa pagiging ganito, dito ko lang naranasan yung tumulong sa kapareho kong positibo. Napakasarap, napakagaan sa pakiramdam na makatulong ka sa kapwamo. yung puso ko nandito. Siguro kung hindi pa ako naging positibo, wala. Kung hindi pala ako naging HIV positive, hindi ko maiintindihan ang sitwasyon na to.	Being a person living with HIV has enlightened them to understand their situation more and they grew passion in being an advocate.
<b>Assistance</b>	"Ang ginagawa namin ngayon is yung sumu-support kami sa mga PLHIV. Yung may mga kailangan, yung may mga needs, yung may kailangan ng tulong, yung walang sumusuporta sa kanila na family, ganun. Yung takot nilang harapin na kung ano na sila ngayon. *** Tapos yung may kailangan ng mga advices, ganyan, yung mga walang, minsan yung financially, ganyan. Binibigyan din namin ng supporta tapos yung takot kung pano sila mag-start ng treatment nila."	The advocacy work involves advocates helping other PLHIV who have not received any support from their family.

Themes	Sample statement	Meaning
<b>Awareness</b>	<p>"Kaya kung minsan, malakas ang loob ko na mag-out sa media kasi hindi lang sa pang-sarili ko kasi gusto ko din tulungan yung community na mabigyan sila ng awareness at the same time mabawasan yung stigma, discrimination naranasan namin."</p> <p>"Yung unang-una, nasabi ko noon, kung hindi ako na-infect ng ganyan, yung karapatan ko hindi ko alam. Hindi ko alam. Yung usaping pangkakaba- ano ba to? Kababaihan, hindi ko din alam. Yung mga sexuality, gender, mga ano, wala akong alam."</p>	Through participation, they were now aware of HIV and other issues that are related to it. Moreover, as an advocate, they wanted to spread awareness to other people as well.

This study also explored coping strategies of selected PLHIV advocates to HIV/AIDS-related stigma before and after participating in an advocacy. In addition, the informants were also asked of their point of view in joining in the advocacy. The following tables represent the responses from the advocates.

The coping strategy that was identified before their participation in an advocacy was emotional-focused strategy. After knowing their status as a PLHIV, they had distanced themselves and concealed their status from their families and also avoided any involvement following their diagnosis. Table eight (8) presents the sample statements of the informants.

**Table 8: Coping Strategy Before Participation in an Advocacy**

Theme	Sample statements	Meaning
<b>Distancing</b>	"Aware. Pero hindi ko kaagad nasabi yan eh. Kineep ko muna sa sarili ko. Tapos, tuwing matutulog ako nun, pinagdadasal ko na ipadama sa akin ng Panginoon kung papano ko, give me the way."	It took time before the informants were able to disclose their status to their family members.
<b>Avoidance</b>	"Kaya yung time na umuwi ako ng Pilipinas. Yun dun nag-start, from 2004 to 2005 umuwi ako, 2007 ako nag-involve kasi nagtago ako. Kaya di ako nag-active."	After diagnosis, there was avoidance to any involvements among the informant.

After participating in an advocacy, the informants' coping strategy changed into problem-focused strategy. Before diagnosis, they have limited knowledge of HIV. They reported that they were not aware of the issue, however, upon participation, they were able to gain knowledge and became aware of HIV. Thus, it resulted to the informants to advocate for promoting awareness and preventing HIV. Also, advocacy work had kept them occupied; it had given them something to do. Table nine (9) shows the sample statement of the informant.

**Table 9: Coping Strategy After Participation in an Advocacy**

Theme	Sample statements	Meaning
<b>Assertive Action</b>	"Yung sabi ko, inisip ko na lang, tinanggap ko na lang na, sabi ko baka may reason. Which is ngayon na-realize ko na yun pala, na yung reason nito. Yung tumulong. As an SIO, marami kang natutulungan, nase-share mo yung experience mo, na sinasabi mo sa kanila na, ganito yung mag-cope up ng being diagnosed as HIV, ganyan. So, nakakatulong, in a way. Na, ah ganun pala, marealize ng ano. So, may na-iinvite tayo, para mag-involve sa advocacy."	The informant found purpose after diagnosis, which is to help others and be involved in an advocacy.

## DISCUSSION

This study delved into how an organization's advocacy lessens the stigma that is felt among PLHIV, participation in an advocacy; how it helps advocate lessen HIV/AIDS-related stigma and empowers them as an advocate. Moreover, the discussion will evolve in the highlights: Lessening Stigma through Organization's Advocacy and Coping Strategies Before and After Participation in an Advocacy.

### LESSENING STIGMA THROUGH ORGANIZATION'S ADVOCACY

Research shows that HIV/AIDS-related stigma that is caused by misinformation and ignorance can be lessened through awareness by gaining knowledge about HIV prevention and transmission and care (Center for AIDS Prevention Studies; AIDS Research Institute, 2006; AVERT, 2014). Furthermore, according to Ban Ki-moon, the Secretary-General of the United Nations, the keys to fight stigma are enlightened laws and policies; nevertheless, eliminating stigma begins with being open and being able to speak out

(AVERT, 2014). As long as there is a poor understanding of HIV and AIDS and the felt pain and suffering caused by negative attitudes and discriminatory practices, stigma and discrimination will persist to occur (AVERT, 2014). In this study, the researcher explored organizations' advocacy which is the prevention of HIV. Take The Test, for instance promotes HIV prevention. In supporting this cause, they conduct free Voluntary Counseling and Testing (VCT) that is open to all gender and for people who are of legal age. Along with VCT, they share education and information about HIV as well. Furthermore, the organizations also campaign on awareness; Take The Test, for instance, has an awareness campaign which has the theme "Hear, See, Speak", which was inspired by the three wise monkeys. This campaign clears misconception about HIV, lessening the stigma and discrimination that is attached to the illness, encouraging VCT and erasing the fear that accompany to knowing one's status.

#### COPING STRATEGIES BEFORE AND AFTER PARTICIPATION IN AN ADVOCACY

In other studies, the common coping strategies among PLHIV are passive/avoidant, problem-focused strategy and emotion-focused strategy (Kabbash, El-Gueneidy, Sharaf, Hassan, & Al-Nawawy, 2008; Ying-Xia, Golin, Jin, Emrick, Nan, & Ming-Qiang, 2014). Coping strategies are particular attempts, both behavioral and psychological, to control, endure, lessen or minimize stressors. Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (MacArthur Research Network, 2008). This study identified the coping strategies of the informants before and after participating in an advocacy. Before their participation in an advocacy, they employed emotional-focused strategy, a coping strategy which "aims to regulate the experience of distress" (Feist & Rosenberg, 2011). This is evident when the informants had distanced themselves and concealed their status from their families and also avoided any involvement after knowing their status as a PLHIV (see table 8). This coping strategy can be connected to Veena Das' Stigma, Contagion and Defect. Stigmatized disease leads patients and their caretakers to hide their disease because of the "social marks of inferiority or blemish" (Das, 2001). People with stigmatizing illness like HIV/AIDS often conceal their condition because of the stigma they have experienced that result to fear and "strong to serious form of

discrimination” (Stop the Stigma to Stop the HIV Epidemic, 2012). To emphasize, the informants have reported that they have suffered stigmatizing and discriminating experiences:

“Yung last year lang na sa isang ospital na nagpa-dental cleaning ako, hindi ako tinanggap kasi sinabihan ako na walang gamit para sa amin PLHIV. Wala akong ginawa, umiyak lang ako tas sinabi ko na hindi ako papayag na walang gagawing aksyon.

“Nung nag-out ako sa media, nag-aadvocate ako doon...na-discriminate ako ng community. Tas pinalayas ako, pinaalis kasi natatakot yung mga tao doon kasi hindi lang ako yung boarder dun eh. So, pinaalis ako.”

- Owie

“Ininvite ko siya for the VCT, tapos sinabihan ko na I’m a counselor, tapos yun. Sinabihan niya ko, are you a PLHIV ba? Ganyan, ganyan. So, syempre, parang di naman siya right person na para pag disclose-an, so hindi ko sinabi yung totoong ano ko. Ang sinabi ko lang pagka-HIV counselor ba, HIV positive kaagad?”

-Jhun

Further, before participating in an advocacy and upon knowing their status, the informants felt grief and regret at not being able to work abroad any longer; emphasizing Das’ Defect. The informants’ goal was to be employed abroad but pursuing this goal had been made impossible because of their illness. For instance, Jhun’s statement reflected this experience:

“Kasi syempre, parang, lalo na pag ang experience mo, kaya ka na-diagnose is to work abroad, so parang ang bottom line kaya ka mag-trabaho para magkaroon ng... matupad yung pangarap. So, dahil san na-diagnose ka, nag- turn out to reactive, hindi na... or positive... Hindi na matutuloy yung abroad... so parang nasasayangan...”

-Jhun

On the other hand, the informants’ coping strategy changed into a problem-focused strategy after participating in an advocacy. This coping strategy “aims to change the situation that is creating stress” (Feist & Rosenberg, 2011). Upon knowing their status, they took an assertive action which is participating in an advocacy and resulted to the informants to advocate for promoting awareness and preventing HIV (see table 9). Additionally, before joining the advocacy work, they have limited knowledge of HIV, but following their participation, they have become informed about HIV which developed acceptance of status and compassion to advocacy work and advocate awareness to themselves and as well as to others.

"Yung sabi ko, inisip ko na lang, tinanggap ko na lang na, sabi ko baka may reason. Which is ngayon na-realize ko na yun pala, na yung reason nito. Yung tumulong. As an SIO, marami kang natutulungan, nase-share mo yung experience mo, na sinasabi mo sa kanila na, ganito yung mag-cope up ng being diagnosed as HIV, ganyan."

-Jhun

"Yung pinaka-masarap lang life ko yung sa pagiging ganito, dito ko lang naranasan yung tumulong sa kapareho kong positibo. Napakasarap, napakagaan sa pakiramdam na makatulong ka sa kapwa mo. yung puso ko nandito. Siguro kung hindi pa ako naging positibo, wala. Saka yung takot na, ganito pala yung mga may HIV. Syempre HIV pa lang. Kung hindi pala ako naging HIV positive, hindi ko maiintindihan ang sitwasyon na to."

-Jehromar

"Siguro sa experience ko lang ano, siguro para sa sarili ko, mas nage-gain knowledge ko in terns sa usapin sa HIV lalo na sa mga, like ako, out ako sa media, lumalabas ako sa TV. Nagpapa-interview ako, at the same time international, globally. Lumalabas din ako dun. Kararating ko lang, last, last week galing Australia. Yung ginawang International AIDS Conference. So, di lang siya... pang-apat na bansa ko ng napuntahan. Nagsasalita ako dun ng migration issues. So, naiisip ko, hindi lang pang-sarili ko yung natutulungan ko, kundi yung ibang tao rin."

-Owie

"Yung unang-una, nasabi ko noon, kung hindi ako na-infect ng ganyan, yung karapatan ko hindi ko alam. Hindi ko alam. Yung usaping pangkaka-ba- ano ba to? Kababaihan, hindi ko din alam. Yung mga sexuality, gender, mga ano, wala akong alam."

-Azon

HIV/AIDS-related stigma and discrimination refer to prejudice, negative attitudes, abuse and maltreatment directed to people living with HIV and AIDS (AVERT, 2014). Moreover, stigma and discrimination are usually based on ignorance and prejudice (aidsmap, 2014). Prejudice is an unreasonable and inaccurate (usually negative) attitude towards an individual based solely on the individual's social group (McLeod, 2008). Consequently, reduction of stigma can be done by diminishing prejudice. Researchers have explored different ways to reduce or eliminate prejudice; one of the ways is gaining public support and raising awareness (Cherry, 2014). As an illustration, in the informants' narratives, their family members were not able to immediately accept their condition upon knowing their status.

"Pag positive ka na, may papel ka na na confirm ka na na positibo ka. Ire-require nila na may treatment partner ka. Ang treatment partner ko yung mother ko, pero pag sinabi kasing partner, kailangan mag-undergo kayo ng counseling. May counselling... ang first counseling nadi-discuss na sa kanila kung ano yung lifestyle namin. Second counseling, hindi niya na ako sinamahan, hindi na kami naging okay."

-Jhun

As an advocate, the informants promote education and raise awareness to lessen the stigma that is attached to HIV. Correspondingly, by eliminating prejudice through education and awareness, there is acceptance, thus, lessening the stigma that attached to HIV.

So, yun, pero ngayon nagiging okay-okay na kami ng mama ko kasi hindi naman... hindi naman mabilis sa kanila na tanggapin yun ako ngayon.”  
-Jehromar

“Nakakatulong ako sa ibang tao. Para, alam mo yun, para kasi ang goal ko kasi sa sarili ko na diba padami ng padami? Sana, ayoko nung dumating sa punto na mga kamag-anak ko yung magkaganun nito sa akin. Kaya lumalabas ako sa media para malaman ng mga kamag-anak ko kung ano nangyayari sa akin. Kaya kung minsan, malakas ang loob ko na mag-out sa media kasi hindi lang sa pang-sarili ko kasi gusto ko din tulungan yung community na mabigyan sila ng awareness at the same time mabawasan yung stigma, discrimination naranasan namin.”

-Owie

Moreover, their participation had allowed them many opportunities such as being able to meet fellow PLHIV that did not only made them optimistic about life after HIV but also gave them the sense of belongingness. According to Abraham Maslow's hierarchy of needs, he believed that the need for belonging helped people to experience companionship and acceptance through family, friends, and other relationships (Cherry, 2014).

“Pangalawa, marami kang makikilala. Pangatlo, parang dun sa mga nakikilala mo may mga matatagal na. So, parang may pag-asa pa. Kumbaga, may pag-asa pa in life. May, there's a life after HIV na parang, especially, lalo na yung sa '99 pa na-diagnose.”

-Jhun

Also, one of the opportunities they had is being able to work and be involved in projects and conferences to share their knowledge and experiences as a PLHIV. After participation in an advocacy, the informants were involved in different advocacy works such as being a counselor for Voluntary Counseling and Testing, peer educator, as well as an officer in the organization; and being involved in projects such as assisting other PLHIV who have not received any support from their families and who are fearful of life after diagnosis; and a presenter in conferences abroad. Consequently, this has given them a sense of purpose after having been denied of employment following their diagnosis.

“So, yun, parang ang experience ko ngayon, ito yung pagbibigay ng kaalaman, education or knowledge dun sa mga newly diagnosed nag HIV.  
-Jhun

“Nakakatulong ako sa ibang tao. Para, alam mo yun, para kasi ang goal ko kasi sa sarili ko na diba padami ng padami? Sana, ayoko nung dumating sa punto na mga kamag-anak ko yung magkaganun nito sa akin. Kaya lumalabas ako sa media para malaman ng mga kamag-anak ko kung ano nangyayari sa akin. Kaya kung minsan, malakas ang loob ko na mag-out sa media kasi hindi lang sa pang-sarili ko kasi gusto ko din tulungan yung community na mabigyan sila ng awareness at the same time mabawasan yung stigma, discrimination naranasan namin.”

-Owie

Following this further, the informants' social reintegration and the gained access to livelihood opportunities have allowed them to cope with their status and re-experience the sense of belongingness through acceptance of oneself and the acceptance of others. As a result, this has allowed them to return to their normal lives.

“Naka-go back ako. Kumbaga, nakapag-explore ako ng malawak na malawak, marami akong natutunan pagkatapos yung ah, katulong ang organisasyon, kasi 13 years na ko dito eh. 13 years na ko dito, isa sila sa kabalikat ko sa kanila yung go back to the mainstream of life. Saka yung namnamin mo yung natitira mo pang buhay, to the fullest na...”

-Azon

“Oo, nakakatulong talaga. Kasi, syempre, isa nagiging busy ka. Pangalawa, marami kang makikilala. Pangatlo, parang dun sa mga nakikilala mo may mga matatagal na. So, parang may pag-asa pa. kumbaga, may pag-asa pa in life. May, there's a life after HIV na parang, especially, lalo na yung sa '99 pa na-diagnose. So, parang ah, mare-realize mo na hindi pa pala ako matatay agad kasi madalas na question is, “hanggang kelan ako mabubuhay?” which is hindi naman pala. Mahaba pa ang buhay mo, depende yun sa lifestyle and yun, pag-take ng gamot. Ganun.”

-Jhun

## **CONCLUSION**

The study delved into how an organization's advocacy lessens the stigma that is felt among PLHIV. With this, the study explored online advocacy of the organization. Moreover, the researcher also explored the experiences of selected PLHIV advocates and connected Veena Das' Stigma, Contagion and Defect to make meaning of their experiences as an advocate.

In this study, stigma is caused by ignorance that results to prejudice and discrimination which then leads to PLHIV to conceal their status. In this process, PLHIV lose their livelihood, friends and family. Along with that, concepts of Veena Das' Stigma, Contagion and Defect have arisen in the informant's narratives where they have experienced different forms of discrimination. Further, the data gathered shows that there is a change



in the experiences of the selected PLHIV advocates upon participating in an advocacy. After their participation, they were able to cope better and this had also given them livelihood opportunities and to belong in a community who shares the same experience with them.

### **RECOMMENDATION**

Awareness is important in reducing stigma associated with HIV/AIDS. With increased awareness and understanding, individuals with HIV would not feel humiliation in seeking appropriate health care services. Advocacies promoting awareness can encourage people to be actively involved in community sensitization activities. Creating awareness about HIV, AIDS, and stigma and discrimination can be facilitative in working towards promoting stigma reduction in the general community. Furthermore, with the support of non-government organizations to its PLHIV advocates, they can cultivate and enforce programs, working on the improvement of the state health systems in the Philippines for PLHIV.

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