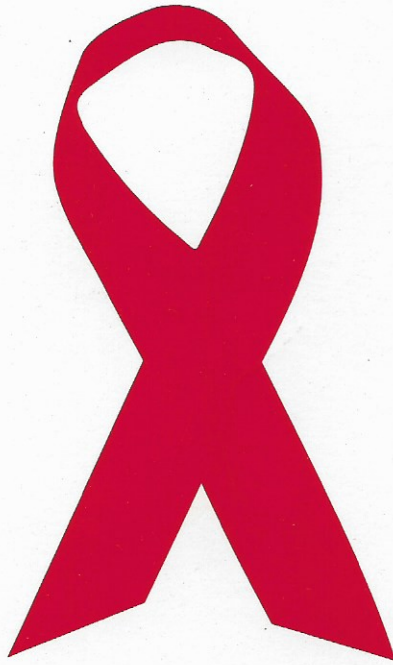


LIVING WITH HIV/AIDS

Case Study on Filipinos Living with HIV/AIDS



**Health
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I. INTRODUCTION

Acquired Immune-deficiency Syndrome or AIDS was first diagnosed in the Philippines in 1984. By the end of March 2000, the cumulative number of HIV-positive cases has reached 1,374, out of which 456 have AIDS. To date, 203 individuals have died of this disease.

In a country with a population of 76 million however, the numbers presented above are a mere drop in the bucket. Based on the said figures, which were derived from the national HIV Sentinel Surveillance system, and factoring in underreporting, experts have estimated the number of HIV infections in the Philippines to be "no more than 13,000 for the year 2,000". This estimation is considered low compared to other countries. In fact, epidemiologists have characterized the Philippine epidemic as "low and slow."

But, as the same epidemiologists have also stated, having a low and slow epidemic is no reason to be complacent. In the Philippines, HIV is most commonly transmitted through sexual intercourse. Most of those infected are from the 19-49 years age group, i.e., people who are most likely to be sexually active, as well as economically and socially productive. As more people of this age group fall ill to HIV/AIDS, it becomes clear that studies are needed in order to assess the existing and potential impacts of the epidemic.

During the 1990s, impact studies usually try to project how AIDS will affect the macro-economy, focusing on indicators such as GNP and GDP. The assumption behind this is that AIDS would reverse economic growth by reducing the productivity level of people, and by reallocation of resources from other concerns to health care. However, as Barnett and Whiteside (1998) observed,

measuring impact from this perspective is not accurate, because an HIV/AIDS epidemic is a long wave event. Due to the long asymptomatic phase that is typical of the disease, by the time some people are diagnosed to be HIV-positive, many more would have been infected. Furthermore, the economy has an ability to adjust to changes (e.g., replaceability of the labor force) so that by the time the impacts become manifest at the macro-level, prevalence rates for HIV/AIDS would have become extremely high (which is exactly what prevention programs are trying to avoid).

For low prevalence countries such as the Philippines, it becomes imperative then that we go beyond technical studies to look into impacts of HIV/AIDS at the meso and micro-levels, where changes are bound to be more visible and devastating. HIV, after all, is not a numbers game. Behind each of the 1,374 cases is a human life. And for every infected individual, several others are affected. As eloquently expressed by Geena, an HIV-positive woman, “...*di lang naman ikaw ang maapektado, siyempre pati yung pamilya mo, lalo na kung ikaw yung inaasahan ng buong pamilya. Para siyang puno, pag namatay yung ugat, patay yung buong puno.*” (You’re not the only one affected, even your family is, especially if the entire family depends on you. It’s like a tree, if the roots die, the whole tree dies.)

The main purpose of this study then, is to look at how HIV/AIDS has impacted on the lives of individuals and households, especially on the personal, social and economic dimensions. That is, the researchers would like to draw out patterns that characterize the experiences of PHA’s – how life was before HIV came, how HIV/AIDS changed their lives, how they cope with these changes, and what are society’s responses to PHAs. Moreover, the research focuses on patterns of susceptibility and vulnerability – what are the factors that make a person prone to infection and, once he/she is infected, how capable is he/she to withstand, even surmount, the impacts of the disease. The researchers hope that the insights gained from the study be useful for programs in HIV prevention and impact alleviation.

1.1 Methodology and Sampling

To carry out the study, the researchers used qualitative methods. We conducted in-depth interviews with PHAs or people with HIV/AIDS, supplemented by interviews with key persons who are involved in HIV/AIDS treatment, care and support. In addition, a focus group discussion on AIDS and human rights violations was also conducted.

The study was conducted from January to July 2000. Because AIDS is a sensitive topic, in which privacy and confidentiality are especially important, convenience sampling was employed; the researchers located participants primarily from organizations and institutions that are known to work with PHAs. As such, the sample was, in a sense, skewed because the people interviewed are those with contacts with the Department of Health (DOH), and with supportive non-governmental organizations (NGO's). Still, the researchers endeavored to interview participants from both sexes and from various age groups, sexual orientations, occupations, and geographical locations.

The sample for the in-depth interviews consisted of 15 respondents living with HIV or AIDS. Of these, six are females, five are heterosexual males and four are homosexuals. We also interviewed four people who work closely with people living with HIV.

The ages of the interviewees range from 23 to 45 years. Three of them are aged 20-29, eight are aged 30-39, and four are from the 40-49 age group.

Most of the respondents (11) are presently living in Metro Manila, and some of them stay in Bahay Lingap, a halfway home for HIV-positives. Others are residing in Laguna, Angeles and Cebu City. However, many originally come from other regions in the Philippines, as far north as Pangasinan and as far south as Bacolod and Bohol.

Majority (9) are single at the time of interview. Four are married, one female has a live-in partner and one male is a widower (the wife had died of AIDS). Eight of the respondents have had at least one child.

The respondents' occupational background was also taken into consideration. At the time of diagnosis, four of the females were working as bar girls and two were housewives. The males had more formal occupation backgrounds (see Table 1). At present, six are working for NGOs as volunteers or regular employees. Four are self-employed, taking on contractual jobs. One woman owns a small sari-sari store. Four depend on their partner, family members and/or institutions for economic support.

Table 1. Demographic background of PHA interviewees.

Assumed Name	Sex	Age	Marital Status	Current Residence	Place of Origin	Previous Occupation	Present Occupation
Ana	F	41	Widowed	Angeles City	Manila	Sex worker	—
C.A.	F	45	Married	Manila	Bohol	Housewife	—
Geena	F	26	Single	Manila City	Angeles	Sex worker	Outreach
Glenda	F	23	Single	Manila	Manila	Sex worker	—
Liza	F	33	Married	Manila City	Bacolod	Housewife peer educator	Part-time
M.A.	F	36	Single	Angeles	Pangasinan	Sex worker	Sari-sari store owner
Archie	M	33	Single	Manila	Manila	Factory worker	NGO worker
Bobby	M	35	Single	Laguna	Negros	Operations supervisor	NGO volunteer and counselor
Dong	M	28	Married	Manila	Camarines Sur	Skilled worker	Skilled worker
Gabriel	M	33	Widower	Cebu City	Cebu	Electrician	Electrician
Jojo	M	40	Single	Manila	Manila	Canteen manager	—
Joshua	M	37	Single	Manila	Manila	Working in an embassy	Owns a travel agency
Mar	M	32	Married	Manila	Quezon	Seafarer	NGO worker
Jim	M	44	Single	Manila	Manila	Interior designer	Interior designer
Boyot	M	36	Single	Manila	Bulacan	Tax researcher	NGO worker

1.2 Concepts

The study revolved around two key concepts: **susceptibility** and **vulnerability**. According to Barnett and Whiteside (1998), susceptibility is a term that is used to describe an individual or social unit's predisposition to infection. It describes the degree to which the social, economic, cultural, and physical environment increases or decreases the rate at which the disease spreads. Vulnerability, on the other hand, describes the features of a social entity that makes the entity adversely affected by the primary consequences of HIV/AIDS, which are prolonged illness and death. Both of these concepts operate on a number of levels e.g., the overseas contract worker is susceptible but his wife and children are vulnerable. In addition, the concepts may sometimes overlap e.g., poverty makes a person more susceptible to HIV, and it is also poverty that intensifies its impact.

Barnett and Whiteside view **impact** as mainly a negative thing, defining it a shock to an existing system of livelihood at various levels (including the household) which reduces the levels and expectations of life and welfare and means, so that the unit is coping less well than before. However, the researchers also recognized that impact has positive aspects. For instance, as will be discussed later in this report, AIDS either strengthens the social unit or breaks it apart. It is also important to note that the impact of HIV/AIDS may be an immediate stroke, and/or a long and slow process.

To look more clearly into this process, the report is presented in several sections:

- Life Before HIV
- Finding Out
- Social and Economic Impacts of HIV
- Positive Social Responses

Much of the report consists of actual quotes from the PHAs (with English translation), as the authors believe that PHAs themselves are in the best position to recount their life-stories and experiences, as well as articulate their concerns and needs.

II. LIFE BEFORE HIV

In this section, we describe the respondent's lives before HIV – their hopes and dreams, socio-economic background, their perceptions of AIDS, as well as the circumstances that lead them to HIV infection.

2.1 Hopes and Dreams

The people who were interviewed all had high hopes for the future. Like most Filipinos, personal aspirations mainly revolved around the family. Some look forward to eventually setting up their own business and establishing their own families:

Ako... Magkaroon ng tatlong anak lang para masubaybayan ang paglaki... pangarap ko sana mag-ipon ako ng pera. Tapos, kapag may puhunan na, magtatayo ako ng shop, vulcanizing shop gaya ng trabaho ko noon... *(Me, to have three kids to watch over till they're grown... I had hoped that I could save some money. Then, when I have enough capital, I would open a shop, a vulcanizing shop like the one I was working in before.) [Dong]*

Mahilig din kasi ako sa bata, sabi ko, gusto kong magkaroon ng sarili kong pamilya... Tapos, magkaroon ako ng sariling bahay at lupa. Magkasama kami doon, masaya kami. *(I'm also fond of children, I said, I want to have my own family... Then, I'll have my own house and lot. We will be together there, we'll be happy.) [Archie]*

Others simply want to earn enough money to support their siblings or children.

Ang paniniwala ko education lang ang pwedeng mag-free sa akin sa poverty. Tapos noong makapagtrabaho na ako, education pa rin ang nasa isip para ma-free yong mga kapatid ko sa poverty. (*My belief is that only education can free me from poverty. And when I was working, I still think that education can free my brother from poverty.*) [Boyet]

Sapat na yung mapakain ko yung anak ko, mapatapos siya sa pag-aaral hanggang sa paglaki niya para hindi naman siya mahirapan. (*It is enough for me that I can feed my child, that she can finish her studies, so that when she's grown she won't have a hard time.*) [M.A.]

Several male respondents looked to overseas contract work as the way to achieve their goals:

Paalis na ako noon. Gusto kong magkaroon ng sariling bahay, sariling sasakyan, sariling pamilya, sariling negosyo. Balak ko kasi mag-iipon ako ng pera sa abroad tapos pag-uwi ko, magtatayo ako ng business. (*I was about to go away. I had wanted to have my own house, own car, own family, own business. My plan was to accumulate money abroad so that when I come home, I will start a business.*) [Bobby]

2.2 Source of Livelihood

Because each participant came from a different work background, it is difficult to come up with a typical income amount for the entire group. For a clearer picture, the authors have tabulated the participants' former occupations and average annual incomes, from which figures their general socio-economic classes can be derived.

Table 2. Table showing the respondents' source of livelihood and average annual income

Name	Source of Livelihood	Average Annual Income
<i>Jim*</i>	<i>Architectural interior designer</i>	<i>1,000,000</i>
<i>Liza</i>	Housewife	300,000 (income of live-in partner, a warehouse owner)
<i>C.A.</i>	Housewife	260,000 (income of husband, a seafarer)
<i>Jojo*</i>	Canteen manager	240,000
<i>Mar*</i>	Seafarer	200,000
<i>Bobby*</i>	Operations supervisor	180,000
<i>Glenda</i>	Entertainer / Sex worker	170,000
<i>Boyet*</i>	Tax researcher	165,000
<i>Geena**</i>	Bar girl/Sex worker	120,000
<i>Archie</i>	Factory worker	85,000
<i>Gabriel</i>	Electrician	75,000
<i>Dong</i>	Manual labor	45,000
<i>Ana**</i>	Dancer/ Bar girl/ Sex worker	120/day as bar girl and dancer
<i>M.A.**</i>	Bar girl / Sex worker	35/day as bar girl
<i>Joshua*</i>	Worked in an embassy	No data

* college graduate

** excluding tips, drinks, sex work

As can be seen from the table, most of the interviewees had regular income sources. A couple of them were even holding supervisory positions in well-known establishments. Several were supporting themselves and their families by working overseas. Some of the respondents, although they earned relatively less than the others, have nonetheless carved a niche for themselves in their respective occupations, and were earning enough to live comfortably. However, all of these changed when HIV came into their lives.

infect ako. (*Maybe before, if somebody had done some outreach, or testimonials, like what I'm doing now, I would have avoided being infected.*) [Geena]

Yet some admitted that even with the correct information, they would still be at risk for HIV infection because of attitudinal and behavioral factors. This drives home the fact that knowledge does not necessarily translate into practice:

Ayaw niyang magcondom, kahit na alam niyang may sakit ako. (He wouldn't use a condom, even if he knows that I am sick.) [Ana]

Kahit na alam mo ang tungkol sa HIV... Sa mga STD na lang eh. Alam mong makakakuha ka ng STD kung hindi ka gumagamit ng condom... Pero yung behavior na 'Hindi ako magkakaroon niyan.' Lalo na kung lasing. Kahit na may dala kang condom, hindi mo na gagamitin yun kasi lasing ka na. 'Sa susunod na lang ako gagamit.' So gumamit ka sa susunod. Tapos sa susunod, hindi na naman. Eh kung nagka-baligtad — yung ginamitan mo wala, yung di mo ginamitan yan yung meron. (Even if you are aware about HIV...even STDs — you know that you can get STDs if you don't use condoms, but your behavior of 'I won't get that.' Especially if you're drunk. Even if you bring condoms, you won't use them if you're drunk. 'I'll use the condoms next time.' So you do use it the next time. But then the time after that, you don't use it again. What if the reverse happens: when you use a condom, your partner doesn't have it (STDs) and when you don't use it, your partner has it.) [Mar]

Even among sex workers who are targets of HIV/AIDS education programs, work conditions did not always make it easy to protect themselves. Geena describes her outreach with sex workers, in which one of her main tasks was to distribute condoms:

Pag naka-drugs kasi, madaling i-ano na sige, ibigay ko na. Kahit na mali, nagiging tama pag naka-droga ka. Lalo na kung guwapo yung customer tapos ayaw gumamit... naku, wala na. Nung bago pa lang ako nag-a-outreach, iniiyakan ko talaga sila pag may sinasabi silang Geena, may masakit sa puson ko, o Geena, buntis ako. Parang... anong ginawa niyo sa mga condom? Di ko naman pinapakita, pero kung mag-isa ako, talaga naiiyak ako... *(If you're on drugs, it is easy to give in. Even if it is wrong, it becomes right when you're on drugs. Especially if the customer is handsome but refuses to use (condoms)... naku, you're a goner. When I was newly into outreach, I cry whenever they say Geena, my belly aches, or Geena, I'm pregnant. It's like... what did you do with the condoms? I don't show it to them but when I'm alone, I really cry...)* [Geena]

2.4 Circumstances Surrounding Infection

All of the people interviewed were infected via sexual transmission, specifically through unprotected sex. The reasons for unprotected sex or non-condom use are varied:

Never talaga akong gumagmit ng condom nun. Tsaka hindi ko alam. Alam ko ang hitsura ng condom pero di ko alam kung paano ang gamit, saan ka bibili, parang nakakahiya... (I never used condoms before. Besides, I didn't know. I know how it looks like but I don't know how to use it, where to buy, it's kind of embarrassing.) [Archie]

Alam ko na lahat – kung paano, saan nakukuha. Kaso siyempre drug user nga ako nun, isa sa mga causes iyan eh di ba, kung bakit nagkakaroon ng maling desisyon. Ayun, nakalimutang gumamit ng kapote, ng

condom. (I knew everything – how, where I can get it. But of course, I was a drug user before, that’s one of the reasons why people make wrong decisions. So there. I forgot to use a ‘raincoat,’ a condom.) [Bobby]

Yung mga customer kasi sa Maynila ayaw magcondom eh. Eh hindi naman puwedeng ikaw ang magsuot ng condom. Di ba lalaki lang naman. Nakikipag-away kami noon. Pero wala ka ring magagawa kung ayaw, pipilitin ka, masasaktan ka lang. Mga well-known naman kasi ang mga customer nun sa Manila. (The customers in Manila don’t like to use condoms. Eh, you can’t be the one to use condoms. Only men could do that. We used to quarrel with them. But you can’t do anything if they don’t want to, they’d force you, you’d just be hurt. The customers are well-known in Manila.) [Ana]

In one instance, the respondent was well aware of the risks he took when he engaged in unprotected sex with his HIV-positive partner. However, after much consideration, he still decided to take his chances:

Desidido talaga kaming magkaanak... yan naman daw, kahit wala naman yatang condom, kung wala kang sugat sa ano mo, point of entry na tinatawag, wala kang tulo o ano, matagal naman daw yan... Ako, ni minsan hindi ako nagkasakit ng ganyan, STD. So ayun, pinabayaan na lang namin na unsafe sex, ba. Hindi na ako gumamit ng condom. So, nagkaanak kami. (We are determined to have children... they said that even without condoms, if you don’t have wounds there, what they call point of entry, you don’t have gonorrhea or whatever, it takes a long time (before you get infected)... Me, I never had STDs. So, we just let it go, we had unsafe sex. I did not use a condom. So we had a child.) [Dong]

The decision to (or not to) practice safer sex comes from carefully weighing different factors. Often, a person tends to give in to his/her partner if this is someone whom he/she knows very well, someone with whom he/she has more than a sexual relationship – a boyfriend, husband, or trusted friend:

Nagkaroon kami ng business transaction... May trust ako sa kanya kasi akala ko safe siya... humiling na i-anal sex ko siya. Gusto kong tumanggi kasi alam ko kung ano ang pwedeng mangyari sa akin. Nagdalawang-isip ako pero sabi niya 'parang hindi ka naman kaibigan.' (We had a business transaction... I trusted him because I thought that he was safe... he wanted me to have anal sex with him. I wanted to refuse because I knew what could happen to me. I was having second thoughts but he said, 'you act like you're not my friend.')

 [Boyet]

Yung boyfriend ko, nakilala ko sa bar. Dati siyang customer na naging kaibigan ko. Positive na siya nun, at sa tingin ko alam niya kasi may mga gamot siya eh. Once, nung wala siya, doon ako first nagpunta sa San Lazaro... Pinakita ko yun kay Doktora... sabi niya, gamot ito sa mga opportunistic infections. Sabi ko, hindi ko alam... ibig mong sabihin siya pala yung nakahawa sa akin? Kasi nung time na magkasama kami, sabi ng boyfriend ko, 'Tatal di ka naman sumasama sa iba, ako lang naman ang partner mo, tanggalin na natin yung condom,' kaya hindi na ako nag-condom. Pero may time na talagang pinagko-kondom ko siya. (I met my boyfriend at the bar. He was a former customer who became my friend. He was already positive at that time, and I think he knew because he had medicines. Once, when he was away, that was the first time I went to San Lazaro... I showed them to the Doctor... she said, 'These are drugs for opportunistic infections.' I said, 'I didn't know... you mean he was the one who infected me?' Because when we were together, my boyfriend said, 'Since you don't go

with anyone else, I'm your only partner, let's take off the condom.' So I didn't use condoms. But there are times that I really made him use condoms.) [Geena]

Then again, for many people, condom use is more known as a family planning method than as a means for protecting oneself from sexually transmitted infections (STIs), as shown by this quote from C.A.:

Di naman kami gumagamit ng ganon, kasi hindi naman namin alam na ganoon ang mangyayari. Simula nang naging mag-asawa kami, hindi talaga kami gumagamit ng contraceptive. Kahit na pills, hindi, wala kaming ginagamit. Kasi nung nag-asawa kami, anim na taon bago kami nagka-anak, kaya hindi kami nagco-control. Nung nagka-anak naman, every three years o two years kami nagkikita so hindi pa rin kami gumagamit ng mga ganoon... (We don't use those (condoms), because we didn't expect this to happen. From the time we got married, we never used contraceptives. Even pills we did not use. Because it took 6 years before we started to have children, so we didn't use control. And when we had children, we see each other every three or two years so we still didn't use things like that.) [C.A.]

Not all of the respondents have a clear idea of when they were infected, or who passed on the virus to them. Some simply attributed the infection to their lifestyles, of which casual sex was a part:

I practiced almost everything in the book, both actively and passively, oral, anal, manual. Foreign, domestic, commercial, non-commercial. I'm very liberal. At times, I pay some of them, of course, but it was mutually beneficial. It was the "in" thing. Very wide range of partners... I have partners who are business executives and partners who are construction workers. That range. [Jim]

Pag suwelduhan, kung saan-saan kami nakakarating...nagkaroon ako ng maraming bisyo – sa drugs, inom... Minsan may mga babae din akong nakakasama na hindi ko masyadong kilala... (During payday, we used to go to a lot of places...I had many vices – drugs, drinking... Sometimes, I was with some women whom I did not know very well.) [Archie]

There were male respondents who think that they were infected through sexual relations with female sex workers. Medically speaking, it is easier for a male to transmit the virus to a female than vice versa. However, if at the time of intercourse they had cuts or wounds on their penis, HIV entry can be facilitated. Such wounds occur when a person has ulcerative STIs or when they insert objects like bolitas, as in the case of Mar:

May open wounds kasi ako, dahil sa pag-experiment namin sa barko. Nag-testing testing kami. Nagkabit ng mga foreign body, minsan insertion, nag-bolitas, ganoon. May nakasama ako na mahilig magkabit eh katulong niya ako sa pagkabit. Ako naman, 'Ah ganoon pala yun,' so... ginawa ko sa sarili ko. Nagkataon na paparating kami sa puerto. Sa ibabaw, nag-heal na yung sugat, pero sa ilalim, sariwa pa pala... (I had open wounds because we were experimenting on the ship. We were doing some testing. I put on foreign bodies, sometimes inserted them – bolitas, things like that. I had a companion who liked to do that, and I was helping him to put them in. For me, 'Ah, so that's how you do it...' so I did it to myself. It so happened that we were approaching the port. On the surface, the wound was healed, but underneath, it was still fresh...) [Mar]

2.5 Culture and Society

In looking at susceptibilities, it is important too, that we go beyond the notions of risky behavior and lifestyles. Human decisions and actions are better understood when we put them into context. In fact, one of the striking things about some of the stories from the HIV-positives is the way society may have, whether directly or indirectly, created their susceptibilities. Gender and class intersect to put people at risk when they are deprived of opportunities. This quote from Geena, a former sex worker, shows this only too clearly:

Pangarap ko nun, makatapos sa pag-aaral, gusto ko kasi nun mag-Air Force. At that time, bali from grade 6, nag-jump ako ng 3rd year. Down na down ako nun, kasi wala akong pambili ng books. Yun na lang eh, kasi libre na lahat. Pero kahit na yung mother ko, di niya ako tinulungan kahit na gustong-gusto kong mag-aral. Sabi sa akin ng mother ko, mag-aaral ka pa, mag-aasawa ka rin lang naman. Nag-focus siya doon sa kapatid kong lalaki, sabi niya iyan ang maghahawak ng pamilya, makakatulong sa kanya ang pag-aaral. Eventually, tumigil din ako nung 3rd year. (My dream before was to finish school. I wanted to join the Air Force. At that time, from grade 6, I jumped to 3rd year. I was so down because I didn't have money for books. Everything else was free. But my mother, she didn't help me even if I wanted so much to study. She said, you want to study but you're just going to get married anyway. She focused on my brother, she said he'd be the one to take care of the family, and it would be more useful for him to study. Eventually, I stopped school that 3rd year.) [Geena]

It is generally accepted that Filipino families are close-knit and intimate. However, dysfunctional families are also present in our society. A case in point is Glenda's story:

Daming ibinibintang, ang daming ginagawa sa 'yo. Naging molested child ako... Ang huling-huli kong ano ay yung kinalbo ako sa amin. Tapos, lumayas ako. Nung umalis ako, nagtrabaho ako kung saan-saan. Pinabayaan ako ng nanay ko... (They blamed you for a lot of things. They did a lot to you. I was a molested child... The last straw was when they cut off my hair. After that, I left. When I left, I worked... My mother had forsaken me.)
[Glenda]

Glenda was eventually recruited to work abroad as a “model”, which turned out to be a euphemism for sex work. When she came back to the Philippines, she changed from one job to another and finally became a bar girl and entertainer. “*Nalulong ako sa drugs, dahil ayaw mong maalala yung nakaraan mo... Malakas ako kumita, maraming nakakagusto sa iyo... pero yung kita ko napupunta lang sa bisyo. Magulo buhay ko... Nagkaroon ako ng ka-live in. Naging bugbog sarado ka. Kinakaladkad ka dahil puta ka...*” (I became hooked on drugs, because you don’t want to remember your past...I used to earn a lot, lots of men liked me... but I spent my money on vices. My life was chaotic... I have a live-in (partner). He beat you, dragged you because you’re a whore....) It was from one of her boyfriends that Glenda acquired HIV. Although Glenda’s experience is an extreme example, it shows us how society may set off a chain of events that put people in circumstances that make them more susceptible to HIV.

Migration and mobility also put people into situations of risk. Separated from families and social support systems, as well as familiar environments, migrants often experience loneliness and stress. At the same time, by working overseas or even in local urban areas, they have more freedom and financial independence. In response to these factors, migrants often do things they normally would not do at home, such as engaging in casual and/or paid sex. Sometimes, as in the case of seafarers, engaging in risky behavior becomes part of one’s way of life:

Alam mo naman pag ilang linggo kayo sa dagat, ilang buwan, pag dadaong sa puerto... meron kasing puerto na maganda, may masasalubong kayong barko na galing dun sa pupuntahan niyo. Magtatawagan iyan sa radyo... 'O pare, magaganda ang mga babae dito, mura lang!' Ganon. So kami, excited naman kami. Pag bukas dadaong yung barko... 'O pare, di pa tayo duty, 4 hours pa, labas muna tayo! Balik na lang tayo mamayang ano!' Hanggang sa hindi na nakabalik. (If you're at sea for a few weeks or a few months, when you arrive at the port... some ports are nice, there would be ships that came from the port where you are headed. You'll call each other on the radio... 'O pare, the women here are pretty and cheap!' So we're excited. Tomorrow, the ship will dock... 'O pare, it will be four hours before our duty, let's go out! We'll just come back later!' But you won't be able to come back on time.) [Mar]

III. FINDING OUT

In this section, we will look at the participants' experiences in HIV antibody testing and diagnosis, as well as their initial responses to the results. We will also discuss the psychosocial impacts of HIV upon the infected individual. Lastly, this section describes how the issue of HIV/AIDS influenced the PHAs decisions concerning disclosure, as well as sexual and reproductive matters.

3.1 Diagnosis

One characteristic of the HIV disease is its long asymptomatic period. Because of this, people are usually slow to realize that they have already been infected. Some of the respondents only thought of undergoing an HIV antibody test when some physical signs began to appear, and when they experienced prolonged or recurring symptoms:

... maraming naglitawan sa akin na blisters, parang bilog na mapulang-mapula at may nana sa ibabaw... Meron din akong mga mouthsores non na matagal ding gumaling kahit gumagamit ako ng mouthwash. November, nangangayayat na ako at parang madali akong mapagod... December, may nagpo-protrude na parang laman sa anus ko... Pinatingnan ko sa PGH, pistola daw... nilagnat ako for two weeks. Hindi bumababa 'yong lagnat ko. Doon pa lang ako ni-require ng PGH na magpa-test. Dumaan ako sa counseling. Kinunan ako ng dugo. Iyak ako ng iyak. February 28, nalaman ko 'yong CD4 count ko below 200. (A lot of blisters, round, reddish with pus appeared on my skin... I also had mouthsores that took a long time to heal, even when I used mouthwash. November, I was becoming thinner and

I tired easily... December, something protruded from my anus... I went for a check-up in PGH, they said that it was a pistula... I had fever for two weeks. My fever did not subside. That was the time that PGH required me to have a test. I underwent counseling. They took some blood. I cried and cried... February 28, I found out that my CD4 count was below 200.) [Boyet]

Apparently, even when the person is beginning to suspect that something is wrong, he/she is reluctant to face the truth:

Sabi niya, alam mo ang dugo mo hindi pwedeng maisalin sa pasyente kasi marumi. Mula nong sinabi sa akin na marumi ang dugo ko hindi na ako nagpatingin ulit... pero kinakabahan na ako. (He said, you know, your blood cannot be donated because it is unclean. From the time he said that my blood is not clean, I never went to see (the doctor) again... but I was already nervous.) [Gabriel]

I was very conscious about it (HIV). In fact, the reason why I was diagnosed so late, 1994, was because of resistance. What good will getting tested do? At that time, late 80s, if you were diagnosed, that was a death sentence. There was nothing the doctors could do. There were no anti-retrovirals at that time. So you hear horrifying reports that everybody is dropping off like fireflies. So I said, Shit! Do I need this bad news? So we kept on delaying and delaying. [Jim]

In Angeles City, an area with a thriving sex industry, Social Hygiene Clinics conduct HIV anti-body testing once or twice a year. Occasionally, NGOs on medical missions perform similar tests. Respondents who have been former sex workers related that they found out about their status through these:

Five months lang ako sa bar. Tapos, kinuhaan ako ng dugo. Nasa social hygiene clinic kami, kinuhaan kami ng dugo... Na-find out na positive ako. (*I was in the bar for only five months. Then, they took some blood from me. We were in a social hygiene clinic, they took our blood... It was found out that I was positive.*) [M.A.]

Several HIV-positives found out they were infected just as they were about to go overseas:

Papunta sana ako ng US, nagkaroon ng requirement ang US embassy na AIDS test. (I was about to go to the US, and the US embassy required an AIDS test.) [Bobby]

Paalis na ako sana nun, sa pang-apat ko na kontrata. Eh sumabit sa medical nga dahil required ng company na lahat ng seaman na paalis ay dapat mag-undergo ng AIDS test... Kinuhaan ako ng dugo... tapos, di marelease-release yung result. Pagpunta ko sa clinic, sabi sa akin blood sugar ko mataas... Hindi nila kayang sabihin sa akin kung ano ba talaga yung sakit. (I was about to go, it was my fourth contract. I was held up because of the medical, because the company required all departing seamen to undergo an AIDS test... They took my blood... then they couldn't release the result. When I went to the clinic, they told me that my blood sugar is high... They couldn't tell me what my illness was.) [Mar]

3.1.1 Responses to Diagnosis: Psychosocial Impacts of HIV

When a person is newly diagnosed with HIV, he/she goes through stages of shock and deep depression. Initially, most of the respondents experienced mixed emotions of anger, disbelief, and fear:

When I came here, lumabas na HIV-positive ako. I was angry, I was really angry. Sabi ko, I never fucked

around, I didn't have sex other than my boyfriend. So nandoon na. So siyempre nandiyan yung takot. I thought that my job, my life is ruined. Kasi I thought of HIV as a death sentence. I'm gonna die. [Joshua]

Natulala ako nun. Siyempre di mo akalain na magkakaroon ka. Una kong naisip nun yung mga anak ko, paano na kako kami. Hindi madaling tanggapin. *(I was stunned. Of course, you don't expect that you'll have it. The first thing I thought of was my children, what will happen to us. It's not easy to accept.)* [Ana]

There is, too, a sense that they have done something wrong, and that the authorities would come after them:

Di ako umiyak, sabi ko kasi sa sarili ko ayaw kong umiyak. Tapos, dumating sa isip ko: paano kung hulihin ako ng pulis? Kasi di ba si Sarah Jane hinabol siya ng pulis. So anong gagawin ko? Ikukulong din ba ako? *(I didn't cry. I told myself I don't want to cry. Then it came to my mind: what if the police comes after me? Didn't the police go after Sarah Jane? What will I do? Will they put in me in jail?)* [Geena]

One respondent, however, was not surprised by the results. At that time, he was already quite knowledgeable about HIV/AIDS and this knowledge helped to lessen the shock that he would have felt otherwise:

I would have been happy if it had shown negative. It came out positive, so yeah, considering what I was doing before, so it's not surprising. You would probably say I was preconditioned for it already. [Jim]

Accompanying the shock is the fear of immediate death and anxiety about the future, both theirs and that of the people they would leave behind. The impact is perhaps more keenly felt by overseas workers and their families, because aside from acquir-

ing a costly disease, the OCW is also automatically unable to return to their former employment, or to seek jobs abroad. In general though, PHAs worry about job security, and about what would become of their children after they have passed away.

Overwhelmed by such legitimate concerns, they sometimes take drastic measures. For instance, one of the respondents related that shortly after she was diagnosed with HIV, she found out that she was pregnant. She felt that the baby would have no future as both she and her boyfriend are HIV-positive. Thus, she decided to have an abortion:

Naisip ko kasi pareho kaming positive, paano na yung baby kung ano...? Kahit na gaano pa kaganda yung anak ko, ayoko. Natatakot ako na... ok pa yung ako na lang ang maghirap, wag lang yung anak ko... Tingin ko di ko kakayanin, na may anak ako, tapos single ako... kabre-break up lang namin ng boyfriend ko. (*I thought that we are both positive, what will happen to the baby if...? No matter how beautiful my child is, I don't want to. I'm afraid... it's ok for me to suffer, as long as my child doesn't... I didn't think I will survive if I'm single and I have a child...I just broke up with my boyfriend.*) [Geena]

There were also cases of putting the baby up for adoption. A respondent related that his girlfriend, also an HIV-positive, had given their child to a relative. They were living apart from each other at that time and he did not know about the adoption until it was too late.

Ang katwiran niya hindi niya kaya. Ang akala niya, yung naramdaman niya tuloy-tuloy na yun. Babagsak na kaagad ang katawan niya. Yun ang time na nagchichill siya. Gabi yun, nilalagnat as in talagang hindi mo maintindihan. (Her reason was she couldn't bear it. She thought that the illness would continue till the end, that her body immediately break down. That time, she was

having chills at night, fevers that you couldn't understand.)
[Dong]

Most PHAs have experienced depression. It seems as if life has lost all meaning, and there is the feeling of wanting to give up. It is in this stage that they fall prey to harmful practices such as drug abuse, and alcoholism:

Nung una, nakakapagtrabaho pa ako, pero after two years, nag-early retirement ako kasi lagi akong depressed. Ang laki ng epekto sa akin ng sakit psychologically... hanggang sa na-hook ako sa mga drugs, nagpalipat-lipat ako ng trabaho, akala ko hindi na ako makakawala. May savings ako dati. Pero siyempre nasa stage ako ng denial, good time dito, good time doon. (At first, I was able to work but after two years, I went for an early retirement because I was always depressed. The disease had a huge impact on me psychologically... I became hooked on drugs, I constantly changed jobs, I thought that I couldn't escape. I had savings before. But of course, I was in the stage of denial, so it was good time here, good time there.) [Bobby]

Nung umuwi ako... parang walang nangyari. Pero kung nag-iisa na ako, mas lalong tumitindi yung pagtake ko ng drugs, para lang makalimot. Pag-inom-inom. Tapos pag nawawala, tahimik na naman. Tapos, bumabalik-balik siya. Hanggang sa naisip ko na mag-stop ng trabaho. *(When I went home, it's as if nothing happened. But when I'm alone, I started to take more drugs, just so I can forget. I drank. Then, the feeling's gone, everything's quiet again. But it keeps on coming back. So I thought of quitting work.)* [Geena]

Dumaan ako sa punto na talaga patapon na yung buhay ko, wala akong pakialam. Nag-drugs ako, gabi-gabi nasa disco. Sarado pa ang disco nandoon na ako

eh... Buti malakas ang family support. Kasi kung ako lang noon, magpapakamatay na ako, wala na akong pakialam! (There was a point when I was throwing my life away and I didn't care. I did drugs, discoed every night. The disco was still closed but I was already there... It's good that I had strong family support. Because if it were just me, I would have committed suicide, I didn't give a damn!) [Liza]

Because of the stigma attached to HIV/AIDS, the PHAs tended to isolate themselves. One respondent mentioned that she had been scared to go out of the house, for fear of being recognized by someone who knew of her status. Other interviewees also shared similar thoughts:

May time na ayaw mong makisalamuha. Ayaw mong may nagtatawanan. Parang takot ka sa tao. (There are times when you don't want to mingle. You don't want people laughing. It's like you're afraid of people.) [Glenda]

Ayokong umuwi sa amin kasi... magtatanong sila o, kailan ka dumating? Kailan ka aalis? Nahihirapan na akong mangatwiran sa sagot ko. (I didn't want to go back to our place...they will ask, o, when did you arrive? When will you leave? I was having difficulty in answering those questions.) [Mar]

Eventually, after much searching, and with moral support from family or peers, the PHAs learn to accept their status, recovering their former disposition. Some find inspiration and the will to live in their children:

Masakit din pero anong magagawa ko, nandiyan na iyan eh. Kung didibdibin ko naman, kawawa naman yung mga anak ko, tsaka ako rin. Linakasan ko na lang yung loob ko. (*It hurts but what can I do? It's there. If I take*

it too much to heart, that would be pitiful for my children and for me. So I just strengthened my inner self.) [C.A.]

Some of the PHAs knew the identity of the partner that transmitted the virus to them. What is touching is that after they got over the initial anger, they are able to forgive and even provide emotional support for that partner. This is a quote from Joshua, who had experienced a sense of cleansing when he reconciled with a former boyfriend:

So we talked about it, he was very apologetic. He was HIV-positive for the last 15 years na pala eh! He did not disclose it to me. Nandoon yung anger, but it was still a relationship naman di ba? I supported him until God took him away. [Joshua]

Yet there is a lingering anxiety of PHAs, and that is the risk of infecting others. Many of the interviewees have voiced out this fear. In a sense, they feel a tremendous responsibility to protect other people from themselves. This perception has consequences upon the choices they make in their personal lives, especially in matters of sexual relationships, marriage, and procreation. For instance, those who are single at the time of interview expressed their wish to remain so. Some consider themselves uneligible for marriage. Some of the respondents would also prefer to have sexual relationships with fellow HIV-positives:

Hindi na ako naghahanap. Una, positive ako, may responsibility ako. Although kung pare-parehas kaming HIV-positive, go lang... Wala akong naging boyfriend na ako positive, siya hindi. Kasi takot ko lang, mamaya ma-demanda pa ako tulad ni Sarah Jane. (I don't go looking (for a partner) anymore. First, I'm positive, I have a responsibility. Although if both of us are HIV-positive, I'd go for it... When I became positive, I never had a boyfriend who was negative. I am afraid of being sued like Sarah Jane.) [Geena]

HIV/AIDS has, to a great extent, affected the PHAs' sexual lives. Whether they disclosed their status or not, PHAs tend to protect their partners by urging them to use condoms. One participant related how HIV changed his sex life, as he became conscious of the virus:

Before, sex was very different. But now, having HIV is like having an orgy. Living with the virus, myself, and my partner. Threesome! There's the virus, then your partner, then you! Gusto mong sabihin na, 'O! Dito ka muna!' [Joshua]

HIV/AIDS has also set limitations on the PHAs' reproductive lives. Having children is an important aspect of Filipino life, and is often viewed as the fulfillment of one's adulthood. In spite of this, none of those interviewed had wanted to have any more children. This is out of fear of infecting the child, as well as concern for the child's emotional and financial needs:

Siyempre hindi na ako puwedeng magkaroon ng pamilya. Puwede pa rin pero magte-take ako ng risk. Mag-aasawa ako positibo rin, tapos mamaya yung anak namin... kawawa naman. Ay, ayoko nang magkarelasyon! Takot ako! Baka magkaroon pa ako ng kasalanan. Baka gumawa pa ako ng bata na may sakit. Mahirap mag-take ng risk. Kaya wag na lang. *(Of course, I cannot have a family now. I could but I would have to take a risk. I would marry someone who is also positive, then what if our child is...how pitiful. Ay! I don't want to have a relationship. I'm afraid that I might commit a sin; I might produce a sick child. It's hard to take the risk. So I won't.)* [Bobby]

Di ko na balak magka-anak. Responsibility din kasi, dapat mo ring isipin kung ano ang magiging buhay ng mga anak mo, ayoko namang maging tulad lang nila ako.

Hindi ko naman maibibigay ang lahat ng mga pangangailangan nila, lalo nang may sakit na ako ngayon. (I have no plans to have children. It's a responsibility too, you also have to think of how your children will live. I don't want them to be like me. I can't give them all their needs, especially now that I have this illness.) [Geena]

3.1.2 Disclosure

One of the major concerns of a PHAs is how, when, and to whom will he/she communicate one's HIV-positive status. Most of the respondents felt that it is their responsibility to inform their partners and families about their condition. Yet disclosure is often a stressful matter, as PHAs try to assess potential reactions and the degree of acceptance:

Yung anak kong lalake na nakatira sa kapatid ko, sinabi ko sa kanya, 'Halimbawang nagkasakit ako ng malubha, kung nagkaroon ako ng yun nga, yung sakit na ganito, aalagaan mo ba ako, mamahalin mo ba ako?' Sabi niya, oo daw. Sa eskuwelahan kasi ng anak ko, pinalabas yung tungkol dito, sa sakit namin. Di napanood daw ng pamangkin ko, ng anak ko... Pero di ko sinasabi sa anak ko na meron talaga ako... kaya di ko masabi, siyempre magtataka yun kung saan ko nakuha 'to. Ano ang sasabihin ko? Alam nila na nagtrabaho ako sa bar, pero ang alam nila sa restaurant, waitress ako. Pero di nila alam yung... siyempre hindi rin naman maganda pakinggan di ba? *(My son was living with my sister. I asked him, 'What if I had a serious illness, what if I had you know, this disease, would you take care of me, would you still love me?' He said yes. Their school had a show about our disease. My nephew and my son were able to watch it... But I didn't really tell him that I have (HIV)... I couldn't disclose it because he will wonder where I got it. What will I say then? They knew I worked in a bar, but in*

a restaurant, as a waitress... but they didn't know the...after all, it won't be good to hear about that, wouldn't it?) [Ana]

Some are wary of disclosing their status to people whom they are not close to, as in the case of Mar:

Hindi alam ng barkada ko na positive ako. Di ko maplanong sabihin. Kasi di ba uso yung tagay-tagay, pag nalasing na, magkaakbayan na, isa lang yung iniinuman na baso... di ko tuloy alam kung ano ang gagawin nila... kung ok pa rin maglasing, kung ok pa rin magtagay-tagay. (My peers do not know I'm positive. I don't plan to tell them. You know how we go when we drink. When you're drunk, you embrace each other, you drink out of one glass... I don't know what they'd do... if it'd still be ok to do toasting.) [Mar]

Some went to great lengths to keep their condition a secret from the public. One respondent related that when his wife died, he took the death certificate and erased the word 'AIDS' so that only the immediate causes of death are listed.

Fears of rejection and stigmatization are the foremost considerations in disclosure. For many PHAs, these fears appear to be unwarranted as the people to whom they broke the news are able to accept the situation. For others though, their worst fears were confirmed — by disclosing their status, they made themselves vulnerable to discrimination and rebuff. These will be further discussed in the following sections.

Disclosure may be immediate or protracted, and could be anytime from several days to several years. Most of the respondents eventually tell the truth to parent/s, siblings, or a trusted relative or friend. Many PHAs delay disclosure to their children, preferring to wait until they are 'old enough' to understand, or until the PHAs develop more serious illnesses. Some of the par-

ticipants however, encouraged by the support they received from their families, are willing to reveal their status to the public. To them, this is their way of spreading correct information about HIV/AIDS.

IV. SOCIAL & ECONOMIC IMPACT OF HIV/AIDS

When HIV comes into one's life, many things change. In this section, the PHAs relate the difficulties of living with HIV/AIDS. There are many issues to contend with: stigma and human rights violations, economic decline and rising medical costs, and social costs as well.

4.1 Facing Discrimination and Human Rights Violations

There are many consequences of being HIV-positive, and one of them is having to deal with discrimination and stigma from society. Social stigma arises from the association of HIV/AIDS with the notions of 'immorality' and 'shame.' In the Philippines, AIDS is often perceived to be the disease of certain groups, for instance sex workers, foreigners, and gay men. In some areas, attitudes such as 'people who get HIV have only themselves to blame' are quite prevalent. These negative attitudes generally arise from lack of knowledge, as well as persistence of misconceptions about the nature of the HIV disease:

Gusto ko lang mag-come out kasi gusto kong ipaliwanag sa lahat ng tao na hindi ako sex worker. Ang dami kasing nagcri-criticize sa akin nun kasi foreigner asawa ko eh. Ang dami-daming nagtatanong sa akin kung sa Olongapo ba ako o sa Angeles... (I just wanted to come out (to the public) because I wanted to explain to everyone that I'm not a sex worker. A lot of people criticized me because my husband was a foreigner. Many were asking me if I was from Olongapo or Angeles...)
[Liza]

Gustong ipasunog yung bahay na tinirahan ko nang isang taon. Sabi ng matanda, naku may mga AIDS pala

sila, ano ang gagawin ko sa bahay na iyan? Pasunog na raw yung bahay, buhusan ng Lysol... (They want to burn the house where I stayed for a year. The old woman said, naku, they have AIDS, what will I do with that house? Burn the house, pour Lysol all over the place...) [Liza]

Pati baso pinandidirihan nila. Ayaw nilang uminom sa iniinuman ko. Kahit saan ako pumunta sa lugar na yun, buong bayan alam na may sakit ako... Daig mo pa yung may ketongin. (They loathed touching my glass. They didn't want to drink from where I drank. Everywhere I go, the whole town knew that I have a disease... you're worse than a leper.) [Glenda]

Tapos yung mga dating friends ko, nawala. Yung mga nanay ng mga classmate ng anak ko. Kasi dati pumupunta ako sa bahay nila, nagme-merienda. So sinubukan ko kasi parang umiiwas sila sa akin. 'Punta ako sa bahay niyo,' sabi kong ganyan, 'mag chika-chikahan,' kasi normal lang naman na ginagawa yun eh. 'Ay day!' sabi niya, 'Kung puwede tsaka na lang kasi may sakit yung tatay ko, baka mahawa ka pa. Next time na lang.' Next time sinubukan ko uli. May sakit naman yung nanay niya! Sabi ko, sige na lang. Ako na lang ang lumayo sa kanya. (My former friends are gone. They are the mothers of my daughter's classmates. I used to go to their house, to have merienda. So I tried because I sensed that they were avoiding me. 'I'll come by your house,' I said, 'let's chat,' because it's normal for me to do that. 'Ay day!' she said, 'Maybe some other time because my father is sick, you might get sick too. Next time.' The next time I tried again. This time it is her mother who is sick! I said, that's ok. I just distanced myself from her.) [Liza]

Perhaps the most painful rejection of all comes from being shunned by members of one's own family. This usually happens

when the family has not been properly counseled, or family bonds are not strong enough to withstand the shock. Two respondents recalled this painful experience:

Noong malaman ng mga magulang ni J.A. na naging HIV-positive siya dahil sa akin, galit na galit sa akin. Minumura ako, putang ina mo! Kung alam lang namin na may sakit kang ganyan. Nandamay ka pa. Kapatid pa namin ang dinamay mo. Dapat ikaw na lang ang mamatay. Pero wala akong naisagot sa kanila na masama, hindi ako kumibo kasi alam kong ako ang may kasalanan. Humingi ako ng patawad.... (When J.A.'s parents found out that she became HIV-positive because of me, they were really furious. They cursed me, 'You son of a whore! If only we knew that you have that kind of disease. And you got her involved in this. You infected our sister. You should be the one to die.' I didn't answer back at them. I didn't do anything because I knew I was to blame. I asked for forgiveness....) [Gabriel]

Mahirap ang magkasakit ng ganito. Umaasa ka sa awa. Tapos, pinandirihan ako ng mga half-brothers ko, kahit na yung mga pamangkin ko, alam mong iba ang tingin sa iyo. Although minsan, may mga pamangkin din ako, yung mga maliit pa, kini-kiss ako, naglalalambing ba. (It's hard to have this illness... My half-brothers despise me; even my nieces and nephews, you know that they look at you differently. Although sometimes, some of my nephews and nieces, those who are still small, they kiss me and cuddle.) [Jojo]

Sila nga hindi nagpupunta roon. Nandidiri sila. Hindi kasi sila na-counsel. Akala nila nakakahawa. Pagkatapos ng counseling nila kay Doktor, mula noon dumadalaw na sila pero hindi pa rin katulad ng dating care nila sa kapatid nila nong hindi pa alam na HIV-positive siya, niyayakap nila. Nong nanghihina na ang

asawa ko, dumadalaw sila pero hindi lumalapit sa asawa ko. (They loathed to go there. Because they were not counseled. They thought that it is contagious. Since they had been counseled by the doctor, they have been visiting but their care for their sister was unlike before; they used to embrace her before. When my wife was becoming weaker and weaker, they called on her but did not come near.) [Gabriel]

There are occasions wherein after proper counseling, family members gradually come to accept the situation. However, it is also sad to note that there are accounts in which the ashes of PHAs who had already passed away are still unclaimed to this date, either because their families did not know of their status, or their families have rejected them even after death.

For many PHAs, having to deal with human rights violations is one consequence of living with HIV/AIDS. According to those interviewed, although such experiences are painful, they realize that these happen because people fear what they don't understand. Hoping to eliminate these fears and negative attitudes, some PHAs have decided to come out to the public through various means, such as the mass media. Yet taking this step requires careful consideration as past experiences have shown that incidences of violation are common in mass media. Such incidences include sensationalism, erroneous reporting, the use of derogatory terms to refer to PHAs, and other forms of discrimination, as well as divulging or showing the PHA's identity without his/her consent. Archie shares his experience on this matter:

Kasi nag-guest ako sa TV. Kay _____ (a TV host). Bastos yung hayop na yun! ... Yung mga bato ng tanong niya eh talagang... 'O! HIV-positive ka pala, paano mo nalaman? Bakla ka ba? Naga-anal sex ka ba?' Yung mga tanong na below the belt, which is hindi naman talaga dapat dun mapunta yung tanungan. . . Komo ba

positive ka na, babastusin ka na lang nila on the air? (I was a guest on TV, with ___ (a TV host). The animal! It was my first TV interview. He started asking me all these questions. O, you're HIV-positive. How did you find out? Are you bakla? Do you engage in anal sex? Questions that are below the belt, which shouldn't be asked. Just because you are positive, can they just humiliate you on air?) [Archie]

What angered the respondents the most is the observation that the people who made the AIDS law, and supposedly know its provisions, are also the ones who break the law. It is remarkably ironic that many instances of human rights violations cited by the respondents actually came from people working in the medical field. Discrimination is expressed in many ways, both through words and actions. The quotes cited below show that even among medical practitioners, there was lack of sensitivity, compassion, and respect for PHAs:

Hindi ako naka pre- and post-test counseling. Yung mga tanong sa akin eh, nagpapakantot ka ba sa puwet? Anong style? Ilang lalake? Nag-blo-blow job ka ba? Which is...! Tapos pinik-up nila ako sa bar, ambulance, di ko alam kung ano yung kaso ko. Ang sabi lang sa kin, natapon yung dugo mo, kailangan ka uli kunan sa Maynila. Tapos habang daan, sinasabi na, papano kung may AIDS ka? Pagbalik mo, alam na ng buong bar. Actually, nung kinuha ako, hindi ko pa nga alam yung status ko. Eh nung na-diagnose ako 18 years old. (I wasn't given pre and post-test counseling. Their questions were, well, did I get fucked in the ass? What style? How many men? Do you give blow jobs? Which is...! Then they picked me up at the bar, an ambulance, I didn't know what my case was. They told me, we spilled your blood, we have to take a new sample in Manila. And on the way, they asked me, "What if you have AIDS?" When I got back, the whole bar knew. Actually, when they took me,

I didn't know what my status was. I was 18 when they made the diagnosis.)

No counseling at all. Sabi ko, well, HIV is a sakit na mamamatay talaga ako no, kasi walang gamot... So I said to the doctor, 'What do you think? Am I dying?' Sabi niya, 'Oo, mamamatay ka talaga.' (No counseling at all. I said, well, HIV is a disease that will really kill me, because there is no cure... So I said to the doctor, 'What do you think? Am I dying?' He said, 'Yes, you sure are.')

Dun sa office nagpapa-schedule kung kailan magpapa-opera, merong nakalagay dun, 'HIV-positive patient, please refer to Dr. Villanueva. If the patient Geena Dickenson arrives, please ask her to go up...' Di ko siya makuha kasi ang dami-daming tao tapos naka-display yun sa filing cabinet nila... (In the office where they schedule surgeries, they put up a notice saying 'HIV-positive patient, please refer to Dr. Villanueva. If the patient Geena Dickenson arrives, please ask her to go up...' I couldn't get the note because there are so many people and it was displayed on their filing cabinet...)

There were instances wherein doctors and nurses have gossiped about PHAs, even publicly disclosing their identity and status without their knowledge and permission. Some of the respondents experienced this when they went to get the results of their HIV test, or when they go to the clinic for medical check-up and/or treatment.

Nung nagkasakit ang asawa ko, pinasok namin iyan sa hospital. Kasi yung mga nurses na nagtrabaho doon nakatira sa kapitbahay namin. Nagkabulgaran talaga nun. Kaya maraming nakaalam sa amin. (When my husband became sick, we confined him in the hospital. The nurses there were our neighbors. They told ev-

eryone. That's why a lot of people from our place knew about it.) [Liza]

Ngayon nga nagtatanong na siya, ma, ano ba talaga ang sakit mo? ...Kaya iyan naghinala, kasi yung hipag ko, nagpunta iyan dito sa may social hygiene, kasama niya ang anak ko. Kinausap niya hipag ko, sabi niya, kilala ko iyan. Alam mo ba na yung nanay nito may sakit? Nagalit ako. Pinuntahan ko si Doktora, sabi ko bakit ganyan yung kaibigan mo... wala ngang nakakaalam sa pamilya ko tungkol sa akin tapos sasabihin niya sa hipag ko! Kailangan ko bang i-bulgar yung kalagayan ko? Ginusto ko ba ito? Bakit niya ako pinapakialaman, di naman niya ako matutulungan? (She was asking, what are you sick of? My daughter was suspicious because my sister-in-law went to the social hygiene clinic with her. Somebody talked to my sister-in-law saying, I know her, did you know that her mother is sick? I became angry. I went to the Doctor and said, why is your friend like that? Nobody in my family knew about me, yet she told it to my sister-in-law! Did she have to do that? Did I ask to be like this? Why was she meddling, when she couldn't help me anyway?) [M.A.]

There is, too, a discrimination in the way PHAs are given medical treatment. One of the participants in the focus group discussion tells of her harrowing experience at a well-known hospital in Manila when she delivered her second child:

Pagka-dextrose ko, nilagyan nila ako ng parang binebenta na "Universal Precautions Please," ang laki-laki... Bawat tao na dumadaan, ke doktor o nurse o sino man na tao na nakabantay doon, 'Bakit universal precaution?' 'Kasi may AIDS siya.' So yung buong OB, yung buong room na yun, nalaman nila status ko, so linabas nila ako ng room, tinabi nila ako sa may CR. Yung intern ko kasi mabait yun, pinapasok niya ako uli, kasi alam niya

doon pinapasok kapag nagle-labor ka na talaga. Tapos nagagalit yung mga doktor, 'Ilabas niyo iyan dito! Hindi iyan puwede dito. Ilabas niyo iyan doon.' So nahihilo na ako, paganun-ganun ako... Basang basa ako ng dugo, nanginginig na ako sa lamig, masakit na masakit na yung tiyan ko, gutom na gutom na ako... Ang tagal-tagal kong mag-labor kasi parang natatakot din (yung anak ko) lumabas, kasi di ko rin alam kung ano ang kahihinatnan ng bata. So nung talagang palabas na, inakyat nila ako sa operating room, doon ako pinaanak. Dalawang doktor ang nagpa-anak sa akin. Tinahi nila ako, nagkamali pa ng tahi, kasi mukhang nataranta, tinastas ulit. Ramdam na ramdam mo kasi walang anesthesia... Tapos, wala pang isang oras akong nakapanganak... biglang binaba na ako, pinauwi na ako, pinik-up ako ng San Lazaro. Di ako nilinisan, yung anak ko, hindi yun nilinisan. Nung nakita ko yung bata, sabi ko kulot yung buhok? Yun pala yung dugo, yung lahat, hindi siya nilinisan. Pakiramdam ko nun, putang ina, prino-promote ng Department of Health na maganda yung facilities ng PGH, bakit ganito yung nangyari sa akin?

(After they put on the dextrose, they put up a big sign which said "Universal Precautions Please." Everyone who passed by, be it a doctor or a nurse or whoever was there, was asking, 'Why universal precaution?' 'Because she has AIDS.' So the whole OB, the whole room, knew of my status. They put me out of the room, they placed me near the toilet. The intern was kind to me, he wheeled me back into the room because he knew that women who are in labor should be inside that room. But the doctors became angry: 'Get her out of here! She can't stay here. Put her outside.' So I was dizzy, they moved me back and forth... I was soaked with blood, shivering because of the cold, my belly was aching, I was so hungry... I was in labor for a long time because it seemed that my son was also afraid to come out, because I didn't

know what will become of him. So when it was time, they brought me to the operating room. Two doctors delivered my child. They put me aside, they even made a mistake in sewing me up because they seem agitated, so they undid the sewing. I could feel everything, there was no anesthesia... Then, barely an hour had passed after I had given birth, they brought me down, they sent me home. I was picked up by San Lazaro. They did not clean me up, my child, they did not wash him. When I saw the child, I said, 'Why is his hair curly?' Then I saw that it was the blood and everything, they did not clean him up. At that time I felt like, putang ina, the Department of Health is promoting that the facilities of PGH are good. Why did this happen to me?)

Aside from medical practitioners, there are instances also in which interest groups, in the guise of providing support to PHAs, have taken advantage of the situation. Liza cites how a local NGO had used her name in soliciting donations:

Marami din ang gumamit ng pangalan ko para mag-solicit ng pera... Nung namatay yung husband ko sa Bacolod, ako mismo ang hiningian. Nasa boutique kami ng anak ko para mamili ng damit, medyo mamahaling boutique yun. E nakaburol yung husband ko 'nun. Sabi ng babae sa amin, 'Nagsosolicit lang ho kami.' Sabi ko, 'Saan 'to?' Sabi niya, 'Kasi may namatay hong may AIDS sa atin, isang foreigner...' Tinginan kami ng Auntie ko tsaka nung bestfriend ko. Sabi namin, 'Talaga? Kelan namatay?' Sabi niya, nung ganito, kasi ho kailangan namin ng pera kasi ho walang ganyan... Sabi ko, 'Eh sino ang nagbigay sa inyo ng pahintulot?' Sabi nila NGO daw sila, pero nakalimutan ko na kung anong pangalan ng NGO. Imbis na hindi ko sabihin na ako yung asawa ng Italiano na namatay sa AIDS, sinabi ko na lang tuloy. (Many had used my name in Bacolod to solicit money... When my husband died, they actually asked me. I was in

a boutique buying clothes with my daughter, it was a fairly expensive boutique. At that time, it was my husband's funeral. The lady told us, 'We are asking for solicitations.' I said, 'What for?' She said, 'We have a foreigner here who died of AIDS...' My aunt, my best friend, and I exchanged looks. We said, 'Really? When did he die?' She said, on this date, and we needed money because they didn't have this... I said, 'Who gave you the permission?' They said that they are an NGO; I forgot the name. I hadn't planned on telling them that I was the wife of that Italian who died of AIDS, but eventually I did.) [Liza]

Indeed, some individuals and organizations have been known to capitalize on the AIDS issue at the expense of PHAs. During the FGD, one respondent mentioned that there was even a case of PHA impersonation; that is, there was a person who pretended to be HIV-positive in order to gain financing from funding agencies. Eventually, it was found out that the money was used by the same person to pay for the costs of attending a conference. According to the respondent, such behavior is unethical because aside from misusing the funds, the impersonator violates the PHAs' right to self-representation, undermining the PHAs' right to think and speak for themselves.

Discrimination can also extend beyond the individual PHA to include their families and significant others. Here, Dong describes the community's reaction to him as a boyfriend of a female PHA:

Sa amin sa probinsya, hindi naman sa may narinig ako pero... kapag naglalakad ako sa kalsada, noon talagang okey lang. Ngayon, kapag nakikita kami ng mga nakakakilala sa amin, ang tingin sa 'yo parang sinusuri, mula ulo hanggang paa. Parang hinuhusgahan nila ako. (In our province, I don't hear anything...but whenever I walk in the streets, before it was ok. Now, whenever we are seen by those knew us, they look at you

from head to toe, like they're studying you. Like they are passing judgment on me.) [Dong]

Even children are not spared, as this account from Liza shows:

Naranasan din ng anak ko na tinukso sa school nung nag-come out ako ng June. Umiiyak iyan kasi sinasabing may sakit siya na hepa. Nung nag-come out ako nun, kinausap ko yung principal tsaka yung may-ari ng school na tulungan yung anak ko, kasi wala namang sakit iyan. Ok naman sila. Tapos nung wala na ako doon, yung anak ko umiiyak kasi walang nakikipaglaro. Seven years old siya nun. In-open ko na sa kanya yung status ko bago ako nag-come out eh. *(After I came out last June, my daughter has experienced being teased in school. She used to cry because they said she had hepatitis. When I first came out, I talked to the principal and the owner of the school. I asked them to help her because she is not sick. They were ok. But when I left, my child cried because nobody wanted to play with her. She was seven at that time. I had opened my status to her before I came out.)* [Liza]

Despite the passage of Philippine AIDS Prevention and Control Act of 1998 (Republic Act 8504), violations of the rights of PHAs still persist. Understandably, PHAs are traumatized by these experiences, whether they personally encountered violations or not. Such incidents sometimes cause PHAs to be stronger and more assertive of their rights. Yet, more often than not, human rights violations cause PHAs to be severely depressed and defensive, so that even their health and well-being are compromised. The respondents related that because of such accounts, PHAs tend to lose their trust on health professionals and NGOs altogether. Some PHAs even prefer to die at home than to seek medical advice or treatment, due to fear of being discriminated against.

4.2 Economic Costs

HIV/AIDS is a costly disease, entailing many socio-economic impacts not only for the individual PHA but also for the entire household. Direct impacts include opportunity costs, loss or decline of income, and the difficulty of coping with expenses due to long-term illness and death.

Ang HIV sakit sa katawan, sakit sa bulsa... Mahal ang mabuhay, mahal din ang mamatay! (HIV is both a pain to the body and to the pocket. It's expensive to live, and it's also expensive to die!) [Liza]

Wala akong bahay, as in... wala nga akong bank account ngayon. Meron, pero walang laman, tinapon ko na yung card. (I don't have a house, and I don't even have a bank account now. I have one but it is empty, I threw away the card.) [Bobby]

Faced with emotional turmoil as well as some physical discomforts, the person is unable to hold on to his/her former occupation. Thus, there is a loss of income. One-third of the interviewees do not have regular incomes. They manage to get by through selling or pawning assets such as their house, land, jewelry, appliances or furniture. Occasionally, when the need arises, they borrow money from friends or relatives. One was even forced to occasionally purloin cash from her live-in partner's pockets whenever he comes home drunk. These PHAs are fully dependent on their partner, relatives, and/or friendly organizations and institutions. Liza recalls a time when she was jobless, how she had been reduced to having to ask for money:

Ako nga pag umuuwi ako sa Bacolod, pumupunta ako ng hospital. Diretso ako sa hospital, sa director... Sabi ko, Director, wala po akong pera kailangan ng anak ko sa school... Tatawag iyan sa DSWD para bigyan ako

ng pera, 2,000 pesos. O kaya pupunta ako ng Maynila, wala akong pamasaha, pupunta ako doon. Susulat iyan sa Negros Navigation na bigyan ako ng one-way free ticket. Pag sa Manila naman, mas walang problema kasi may mga NGOs na puwedeng tumulong. Kung saan-saan talaga ako (nanghihingi)... (Whenever I go home to Bacolod, I go to the hospital. I go directly to the hospital, to the director. I tell him, 'Director, I don't have money but my child needs it in school.' Then he will call the DSWD to give me money, 2,000 pesos. Or when I'm going to Manila and I don't have money, I'll go there. He will write to Negros Navigation to give me a one-way free ticket. When I'm in Manila, it's less of a problem since there are a lot of NGOs who can help. I really went from place to place (to ask for money)...) [Liza]

Organizations for PHAs also help their members financially, though in a limited capacity. For instance, Boyet of Pinoy Plus Association is given PhP1,500 a month, which comes from dole outs and an allowance for participating in the organization's projects. Bobby, a volunteer of Positive Action Foundation Philippines, Inc. (PAFPI), also earns a small sum from participating in the organization's livelihood activities. All the proceeds are remitted to the organizations's treasurer, but Bobby is given an allowance, which he uses for his daily expenses.

Some PHAs have been directly employed by NGOs or the Department of Health (DOH), becoming involved in outreach, counseling and office work. Still, there is a noticeable decline in income. Two of the respondents have experienced working in social hygiene clinics, doing manual tasks such as data recording, cleaning, preparing the things needed in the clinics. Other employment opportunities for PHAs consist of giving lectures and testimonials as health educators. They are invited to speak in schools and over the radio. On the average, a PHA earns PhP500 for each speaking engagement:

Naranasan kong magtrabaho sa Pinoy Plus, tsaka sa DOH. Although alam kong yung trabaho namin panandali lang, nadedevelop kaming mag-lecture. Tsaka yung mga trabaho sa office, tulad ng pag-type, pag-computer. Ang minimum namin doon ay 3,500 plus yung mga kikitain bawat lecture. Depende na yun sa lakad... Ang pinakamalaking kita ko noon mga 14,000 a month! Kaya maraming nae-enganyo mag-come out dahil akala nila pera yun. (I've experienced working at PinoyPlus, as well as at the DOH. Although I knew that our work was only temporary, we were developed to give lectures. Even in some office tasks, such as typing and using the computer. We had a minimum of 3,500 plus what we earn for every lecture. It depends on the way things go...the biggest that I've earned was about 14,000 a month! Many are motivated to come out because they think that there's money in it.) [Liza]

Pag nagle-lecture ako, 500 ang binibigay per lecture, pero depende din yun sa school. Minsan ang binibigay 1,000. Pero depende din yun sa dating ng letter, minsan nga sa isang buwan wala eh. Pero nung nag publicly out ako nun, siyempre ako yung first male na nag-out, ang daming nag-invite. Dami! Siguro sa isang buwan, nasubukan kong kumita ng 11,000... (When I give a lecture, they pay me 500 per lecture, but it also depends on the school. Sometimes they give 1,000. But it also depends on the arrival of the letter, sometimes in one month not even a single letter comes. But when I came out to the public, since I was the first male to do it, many invitations came. There were so many! Maybe in just one month, I have experienced being able to earn 11,000.) [Archie]

Maraming nag-iinvite kung World AIDS Day. Nakarating na ako ng Antique, Aklan, Davao, sa mga probinsiya. Ang gumagastos dun yung local NGO na nag-

invite. Minsan may nagbibigay ng honorarium, minsan wala. Kung meron, thank you. Kung wala, ok lang din kasi ok na yung nakatulong ako. Basta libre ang pamasaha. *(Many do their inviting during World AIDS Day. I have been to Antique, Aklan, Davao, to the provinces. Expenses are shouldered by the requesting NGO. Sometimes, they give me honorarium, sometimes they don't. If they did, thank you. If they didn't, it's still ok because at least, I was able to help. As long as the travel expenses are free.)* [Mar]

As can be seen from the quotes, although such activities may pay quite well, they are not a steady source of income. Depending on the volume of invitations one gets, a person can earn as much as more than PhP10,000 this month, and earn nothing the next. Moreover, by giving lectures and testimonials, they are "coming out" to the public or giving up their anonymity, and this may have consequences not only to the individual PHA, but also to their families.

To cope with daily expenses, PHAs, like M.A., sometimes engage in multiple tasks to earn extra income:

Sa tindahan na lang ang hanap-buhay ko ngayon. Depende sa araw ang lakas ng kita. Pag sabado, linggo, malakas ang kita, mga 500 isang araw, kasi nandiyan yung mga bata. Pero pag mahina, mga 150, 300. Depende. Minsan, may kaibigan ako sa Diamond, tatawagan niya ako, tulungan ko raw siya maglinis, bibigyan niya ako ng 300. Minsan... nagya-yarda ako doon. Minsan bibigyan nila ako ng 100, gupitin ko lang ang mga halaman. Pwede na rin kaysa wala. Sa totoo lang, hindi naman ako mapili sa trabaho. (My livelihood now comes only from the store. How much you earn depends on what day it is. During Saturdays and Sundays, I earn a lot, about 500 per day, because the children are there. But during slow days, about 150, 300. It

depends. Sometimes, I have a friend at Diamond who calls me up and asks me to help her do a cleaning work, she gives me 300. Sometimes...I do gardening. Sometimes they give me 100 just for trimming the plants. It's better than nothing. To tell you the truth, I'm not really choosy when it comes to work.) [M.A.]

Again, economic costs are perhaps most evident in the case of overseas workers, such as seafarers who lose most in terms of work opportunities. One former seafarer said that after three years at sea, he had attained the position of a Fourth Engineer with an income of PhP20,000 a month. Had he continued, he could have been promoted for higher positions with even higher salaries:

Makakakita ka sana ng 30,000. Tapos, after four years, baka maka-second engineer na ako. 50,000 ang suweldo nun, o 40,000. (You would have earned 30,000. Then after four years, maybe I would have been second enginner. The salary's 50,000 or 40,000.) [Mar]

Instead he got infected with HIV, was denied any more opportunities to work abroad, and now had to make do with a salary of PhP5,000 to PhP6,000 a month.

Another HIV-positive, whose husband was a former seafarer, describes what has happened:

Cook kasi siya sa barko, chief cook ba. Yung monthly allotment niya sa akin, mga 22,000. Ako naman, si waldas, halos di nag-iipon ng pera... di ko iniisip na ganun ang mangyayari sa kanya... Wala kaming hanap-buhay ngayon kasi nandito siya, na-admit, kasi na full-blown siya eh, kaiisip ba... Hanggang sa yung mga naipundar naming mga gamit, unti-unti naming ibinenta, kasi wala na kaming pantustos sa mga bata. (He was a

cook in a ship, the chief cook. His monthly allotment for me then was 22,000. Squanderer that I was, almost did not save any money... I didn't think that this was going to happen to him... We don't have a livelihood at present because he is here, he was admitted because his disease has gone full-blown, due to too much thinking perhaps... Eventually, we sold away the things that we had acquired, one by one, since we did not have anything to spend for the children.) [C.A.]

Even respondents who were former sex workers said that they have experienced a decline in their income:

Nung nasa Angeles ako, pinagtatawanan nga nila ako. Sabi nila, 'tang ina Geena! Anong nangyari sa iyo? Noon, ang lakas-lakas mo kumita, ngayon nagbibigay ka ng condoms! Pati nga yung mga foreigners... pag nakita ako, oh! 'The condom lady is here! Where's my condom!' (When I was still in Angeles, they used to laugh at me. They said, "tang ina, Geena! What happened to you? You used to earn a great deal, now you are giving out condoms! Even the foreigners... whenever they see me, they say 'Oh! The condom lady is here! Where's my condom!') [Geena]

Among the respondents, those who have been self-employed were able to retain their former jobs.

No impact sa employment since I'm my own boss. I don't go around telling everybody that I have it but some of my clients do know of my status. They were never bothered because they see that it doesn't bother me. [Jim]

I still go to work... I earn enough money for me to travel domestically and internationally. And enough for me to buy nice clothes, the same quality of life I used

to... Well, you see, I have these picture frames, I sell them in the malls, department stores, in the market. Then I have my travel agency. [Joshua]

The researchers also noticed that those whose families are more stable financially are less vulnerable to the economic impacts of HIV, than those who belong to the middle and lower income classes. In other words, they are able to more or less maintain the same quality of life that they had before. The economic aspect is very important because being less vulnerable in this matter usually means being less vulnerable in other aspects as well.

4.3 Cost of Illness and Death

A PHA's basic needs are nutritious food, clean water and a comfortable living space. Sometimes, it is already difficult to provide themselves with these. Yet PHAs also have to contend with tremendous and ever-increasing medical costs. Today, treatment for HIV consists of using combinations of anti-retroviral drugs or cocktail therapy. For the use of these medicines, a patient would require at least PhP30,000 per month, or PhP360,000 per year. Below are lists of anti-retroviral drugs, together with their costing and dosage (see Tables 3 & 4):

These would have to be accompanied by regular laboratory tests that monitor the patient's condition. People on anti-retroviral therapy need to have their viral loads monitored and each test costs PhP7,000. Together with other laboratory tests, costs could run up to PhP50,000 a year. Moreover, once a PHA starts taking the drugs, they have to stay on the treatment for life. Stopping treatment midway would cause a surge in the viral load as the virus multiplies rapidly in the body. For all these, anti-retroviral drugs do not eradicate HIV. At most, they are only able to prolong the patient's life for approximately 10 years.

Table 3. Costing and dosage of non-protease inhibitors

Name of Drug	Wt. Per Unit	No. of Units Per Bottle	Cost Per Bottle (PhP)	Dosage
<i>Retrovir (AZT)</i>	100 mg	100 capsules	4,488.00	2 capsules , 3 x a day
<i>Zalcitabine (HIVID/DDC)</i>	375 mg	100 tablets	4,200.00	2 tablets, 3 x a day
<i>Didanosine (Videx/DDI)</i>	50 mg	60 tablets	2,509.24	3 tablets, 2 x a day
<i>Lamivudine EPIVER/3TC)</i>	150 mg	60 tablets	9,000	1 tablet, 2 x a day
<i>Stuvudine (Zerit/D4T)</i>	30 mg	60 capsules	9,011.31	1 tablet, 2 x a day

Source: Research Institute for Tropical Medicine

Table 4. Costing and dosage of protease inhibitors

Name of Drug	Wt. Per Unit	No. of Units Per Bottle	Cost Per Bottle (PhP)	Dosage
<i>Invirase (Saquinavir)</i>	200 mg	270 capsules	10,800.00	3 capsules, 3x a day
<i>Veracept (Nofinavir)</i>	250 mg	270 capsules	16,700.00	3 capsules, 3x a day
<i>Crixivan (Indinavir)</i>	400 mg	80 capsules	12,510.00	2 capsules, 3x a day
<i>Retonavir 100 mg (Norvir)</i>		84 capsules	13,500.00	First 6 months: 4 capsules, 3 x a day Second 6 months: 4 capsules, 2 x a day Remaining months: 2 capsules, 3 x a day

Source: Research Institute for Tropical Medicine

Sometimes, after taking the drugs for a long time, HIV begins to develop resistance. When this happens, the doctors would have to increase the dosage or change the drug combination altogether. Stronger drugs may be more effective, but they also entail higher financial costs and more side effects. One of the participants, Jim, has been taking anti-retrovirals for several years:

When I was first diagnosed, I started with AZT, which was the most common drug that time, monotherapy. I was taking it for 2-3 years. That was the time before the cocktail therapy came about, the protease inhibitors. But as soon as they came out, the doctors switched me to the new medication and I responded very well on the first few cocktails. The effectivity was maybe 1-2 years, then you have to change again... I've had maybe three or four changes of medication with various side effects like nausea, dizziness and diarrhea. Those were, for me, the most serious side effects... The doctor put me on a quintuple therapy, meaning I'm taking five drugs... In one day I take about 27 pills at various times of the day. At the beginning, it's a bit of a hassle because certain medications... you can't take anytime. Say two hours after a meal or half an hour before a meal, and preferably taken apart from other drugs so that they don't interact with each other. I'm quite faithful with my regimen, and especially because I work at home, I'm always reminded to take my medication. So far, it's going very well. Quickly, I adjusted.
[Jim]

Because of the prohibitive costs, only a few PHAs are able to avail of these cocktail therapies. At present, only around 20 known PHAs are undergoing treatment. Most of those taking the drugs are supported by institutions such as the Philippine Charity Sweepstakes Office. In 1999, PCSO allocated PhP1.9 million to the Research Institute for Tropical Medicine (RITM) in support of anti-retroviral treatment. Due to difficulty of sourcing

funds, no more patients can be accommodated. Anti-retroviral drugs are also donated by foreign contacts and NGOs to organizations and government institutions, who in turn, distribute these among the PHAs for their consumption. One respondent said that:

If I were to buy all my medication without subsidies, no free medication from RITM or elsewhere, I would probably be spending something like PhP55,000 per month. But as I've said, we get some medication for free, by some friends when they come from abroad to attend workshops or seminars, or some foreign NGOs. They usually give a small supply of complimentary medication and some of it filters down to me. It's very irregular but on the average maybe PhP30,000 per month. [Jim]

Pregnant women are also advised to take drugs such as AZT during their pregnancy as this is known to reduce the risks of mother-to-child transmission.

For PHAs not on anti-retroviral treatment, the medical expenses are much lower. Even so, they would have to regularly go for check-ups. Laboratory tests for such patients amount to about PhP5,000 per session, or PhP20,000 per year. Usual laboratory tests include blood chemistry, CD4, and CBC, among others.

As the disease progresses, PHAs would begin to have opportunistic infections. The cost of treatment then depends on the number and type of infections that the PHA experiences. In the Philippines, it is common for PHAs to get tuberculosis, the treatment of which costs about PhP20 a day or about PhP2,400 for six months.

Drugs for other opportunistic infections can be quite expensive. Furthermore, HIV causes the immune system to deteriorate, making the person constantly vulnerable to infections. The patient needs to be given lifetime maintenance treatment to keep

There is also the difficulty of long-distance child rearing. Many of the PHAs are in Manila due to economic and medical reasons, while their children are staying with relatives in the provinces. The separation is bound to be hard for both parent and child:

Ako mismo, gusto ko mang umuwi doon para makapiling yung anak ko, mahirap talaga... Tumatawag ako doon every weekend kasi wala siyang pasok. Minsan sabi niya, wag ka na nga tumawag mommy dito, di ka naman nagpapakita. Sabi ko, umuuwi naman ako minsan kung weekend. Sabi niya, umuwi ka pa, sandali ka lang naman dito...! (I myself want to go home so I can be with my child, it's really difficult. I call him up there during weekends because he doesn't have classes. One time he told me, 'Mommy, stop calling me up since you don't even show up.' I answered, 'I do go home at times during weekends.' He replied, 'What's the use? You come here yet you only stay for a while.')

V. POSITIVE SOCIAL RESPONSES

The challenges of living with HIV are many. There is the question of disclosure, the dilemma of having “relationships,” the desire to bear children, the stretch on limited household budgets, the gradual decline of their physical bodies. All of the respondents said that the realization and assurance that they are not alone in the world helped them come to terms with their status, as well as cope with such challenges. Indeed, social support can do wonders to lessen one’s vulnerability to the impact of HIV. A most positive example of this is Jim, who said:

I don't feel stigmatized because the community who matters to me accepts me. So as far as I am concerned, nothing has changed. Hindi ako gumagamit ng pseudonyms like Mr. X. (...I don't use pseudonyms like Mr. X.) [Jim]

For many PHAs, the family is the most important source of encouragement, companionship, and care. Because of this, PHAs try to overcome their fear of rejection, disclosing their illness to their families and loved ones. In general, partners and family members who are aware of the PHA’s status offer much needed acceptance and support.

Nung malaman kong HIV-positive siya, kung magagalit ba ako o ano, wala akong naramdaman na galit sa kanya. Sumama ba ang loob ko dahil hindi niya sinabi sa akin ang totoo? Bakit nagkunwari pa siya? Hindi. Basta inunawa ko siya. (When I learned that she was HIV-positive, as to feeling angry or what, I did not feel any anger toward her. Did I feel bad because she did not tell me the truth? Why did she pretend? No. I just tried to understand her.) [Dong]

Hindi naman sila yung tipong anong sasabihin ng tao...' At least, *sabi ko, suwerte pa rin ako na binigyan ako ng family na ganito, anak na maunawain, never ako nakatikim sa kanila ng salitang masasakit, wala yung 'eh kasalanan mo rin naman yan eh.'* Kahit na *tatay ko, sinasabi pa rin niya na mahal ko pa rin ang anak ko. Sabi niya, kahit anong sabihin ng tao, wala akong pakialam basta hindi tayo magkahiwa-hiwalay. Kasi sa family namin, naranasan naming maghirap na sama-sama kami, naranasan din naming maginhawa na sama-sama kami.* (They were not the type who would say 'what will people say...' At least, I told myself, I'm still lucky I was given this kind of family, even a child who is understanding. I never received any painful words from them. I didn't hear them say, 'It's your fault eh.' Even my father, he says that he still loves his daughter. He said, no matter what others will say, I don't care as long as we are together. You know, in our family, we have experienced going through sufferings together, we have also experienced good times together.) [Liza]

What helped me a lot was my family. I disclosed to my family immediately. I told them, look, I may not be able to help you financially now kasi I need my money, kasi I'm dying. They laughed, dying of what? So I told them, close the door, this is it, I'm infected with HIV. They got very quiet... My sister said, 'some people got cancer, they're still alive; people get HIV, doesn't mean you'll die tomorrow. You will have it for years. The thing is you have to look for yourself... we're here for you. We're family. Whatever happens, you're with your family.' [Joshua]

The family provides financial resources, and cares for the PHA's physical needs. For PHAs who live alone, family members shoulder their expenses for food, utilities, rent, etc. Children of

PHAs usually stay with their grandparent/s (usually already in their 70's and 80's), aunt or uncle. The parents regularly send money to their families, in order to help with the living expenses and other needs. Of course, for most middle and lower-income households, it is sometimes difficult to ends meet, as the people they are relying on also have their own families and burdens. Still, amidst the uncertainties in life, the family is a source of comfort for many PHAs:

Mahirap kasi kung may sakit ka... kung may anak ka, inaalala mo yung mga anak mo. Pero kung tutuusin, di na rin ako nag-aalala na mamamatay ako, kasi yung mga anak ko mahal na mahal naman ng kapatid ko. (It's hard if you're sick... If you have children, you worry about your children. But come to think of it, I don't worry that I will die, because my sister loves my son very much.)
[Ana]

Family support is especially important if both parents are HIV-positive. An example of this is Liza, who recently gave birth to her second daughter. Liza expresses the hope that her eldest daughter, with whom she has a close relationship, would take care of her baby:

At least, yung panganay ko 12 years old na ngayon, kung mawawala man kami, nandiyan pa yung ate niya, na nakakaalam ng buhay ko, so may magga-guide pa rin sa kanya. (At least, my eldest is now 12 years old. When we are gone, her (the baby's) sister is there. She knows about my life, she will be the one to guide her.) [Liza]

Friends and other non-positives also give moral support to PHAs:

I told my friends first then my family. At first, they were shocked; little grief. Friends are always easier. Persons with the same feather. They are more knowledgeable

about this. I was assuming more immediate acceptance, which is what happened. [Jim]

Una kong pinagsabihan tungkol sa kalagayan ko mga kapatid ko, then mga officemates ko, ibang kapitbahay ko sa Tondo... Kilala naman nila ako. Naawa sila sa akin. Wala 'yong paninisi. Palagay ko 'yong stigma nasa akin, eh... Kapag hindi ako nakakapunta dun, sinasabihan ng matanda 'yong mga kaibigan ko, dalawin niyo naman si Boyet gusto kong malaman kung anong kalagayan niya. (I first disclosed to my brother, then to my office mates, and some neighbors in Tondo... They knew me. They pitied me. There was no blaming. I think that the stigma is actually from me. Whenever I don't go there, the old ones would tell my friends, 'Go and visit Boyet, I want to know how he is doing.) [Boyet]

Ngayon nga nasa bahay ako ng friend ko... Ayaw akong pakilusin sa bahay! Kahit na yung mga bata. Kuya, kami na lang iyan... once nagaayos ako ng gamit, sabi nila kuya, ba't nag-aayos ka ng gamit mo? Hindi ka na dito? Huwag ka ng umuwi doon. Dito ka na lang sa amin... *(I'm now living in my friend's house... They don't want me to do anything! Even the children. 'Kuya, we'll do that...' Once, when I was tidying up my things, they said, 'Why are you doing that? Won't you be staying here anymore? Don't go home. Just stay here with us...')* [Archie]

5.1 Support from Fellow Positives

Most touching are the ties of solidarity that the HIV-positives build among themselves. It is clear that having organizations such as Pinoy Plus and PAFPI contribute to the well-being of PHAs. Belonging to these groups and being able to talk to peers helped them to accept their positive status and cope with its

implications. Some of the respondents talked about how discovering these organizations became the turning point in their lives:

...kasi lumaki ako na di kasama ang pamilya, parang may friend ka ngayon, bukas mawawala na, makikita mo sila ngayon, tapos sa susunod, wala na. Parang dito, nakita ko talaga ang pamilya. (I grew up apart from my family. It's like you have a friend now, but tomorrow he'll be gone; you'll see them today, but they're gone after a while. But here, I have really found a family.) [Geena]

Peers give moral support, especially in times of emotional stress. A participant said that she was able to overcome her fears of rejection through her friends' continued encouragement:

Nakita ko yung pagiging supportive ng mga pamilya nila, hanggang sa unti-unti ko na ring sabihin sa mother ko yung status ko...Sinamahan ako ni Jeramie. (I saw how their families support them, until I too was able to disclose my status to my mother... Jeramie accompanied me.) [Geena]

For PHAs, being involved with these organizations also fostered a sense of commitment to give care and support to fellow PHAs. Some of the respondents have volunteered to become peer counselors. They felt that they could understand better the needs and feelings of PHAs, since they themselves have gone through the same process.

Bago ako nakaharap ng kapwa positive, limang years na ang nakadaan. Akala ko mag-isa lang ako sa mundo. After five years, tsaka ko lang nalaman marami pala akong kakampi... Ayokong mangyari yun sa mga bagong positives. (Before I came face to face with a fellow positive, five years have already passed. I thought that I was all alone in the world. It was only after five years that I realized I have a lot of comrades after all... I

don't want that to happen to other positives.) [Bobby]

Sometimes, the ties are so strong that when someone passes away, the burden is also quite heavy. Many become depressed over the death of a fellow PHA, especially if they have a close relationship with the deceased:

Lahat ng nakasabay namin, sina Roger, Ricky, Romy, Susan patay na. Misis ko wala na rin... minsan pag dumadaan ako doon, nasasaktan din ako kasi nakikita ko sila, pare-pareho kami ng sakit. Ang ginagawa ko naman pinagdarasal ko na lang. Minsan pag naghingalo na, pinapayuhan kong huwag bumitaw sa Panginoon. Mula noong mamatay ang asawa ko parang ayaw ko nang magtagal doon dahil nakikita ko sila. Nakakaawa, minsan nangingitim sila. Pag namamatay, sinusunog. Nilalagay sa parang lutuan ng tinapay, oven. Tapos pag sinusunog pala ang tao, pumuputok ang mga taba natin. Sumilip ako sa butas na maliliit noong sinusunog ang bangkay ni Mang Caloy at nakita ko 'yong ulo pala natin pumuputok. Seaman siya, pinaka-close ko nong buhay pa. Ano kaya dong, magkikita pa kaya tayo?

(All of them who were with us, Roger, Ricky, Romy, Susan, all of them are dead now. My wife is also gone... Sometimes whenever I pass by that place, I also feel hurt, we all have the same illness. What I do, I just pray for them. Sometimes when they are already despairing, I advise them not to let go from the Lord. Ever since my wife died I didn't want to stay long there because I keep on seeing them. So pitiful! Sometimes their bodies darken. When they die, they are burned. They are placed in something like a furnace for baking bread, an oven. I realized that when they burn a human being, our fats burst. I peeked through a small opening when Mang Caloy's

body was being burned and I saw that our heads burst when burned. He was a seaman and the closest to me when he was still alive. What do you think dong, will we still see each other?) [Gabriel]

Yet for many, life and work have to go on. Here, Geena remembers a promise she made to a friend:

May pangako rin kasi ako kay Gigi. Yung anak niya kasi mag-isa sa probinsiya, kasama lang yung nanay niya na matanda na rin. Bago siya namatay, kausap ko siya. Sabi niya...gusto kong makita yung anak ko. Sabi ko, magpagaling ka muna para makauwi ka sa inyo, para makita mo yung anak mo. Sabi niya, gusto kong makita yung anak ko. Sabi ko, oo nga bakla, pero kung talagang oras na, kung gusto mo nang magpahinga, kahit papano, gagawan namin ng paraan. Tapos, nagpray pa kami, kasama namin yung nurse na mag-pray. Tapos, sabi ko, sige ah, punta muna ako sa labas, may titingnan lang ako, babalikan kita. Paglabas ko, medyo natagalan ako nun kasi may nakalamay din nun. Pag pasok ko patay na siya. Sabi ko, Diyos ko, sana magawa ko kahit papano yung mga sinabi ko sa kaniya. Ang daling sabihin, pero ang hirap gawin. Lalo pa na wala kaming address, pero kung tutuusin, kung gusto mo talagang tumulong, madali mong makukuha yung impormasyon tungkol doon. Ang problema, hindi alam ng bata na ganoon ang ikinamatay ng nanay niya. Mabigat kasi para sa mga bata, lalo na hindi natin alam kung OK ba sila sa extended family nila, iba pa rin kasi yung magulang. Sana magawa ko. Maumpisahan man lang...

(I have made a promise to Gigi. Her child is in the province, living with her mother who is already quite old. Before she died, I was with her. She said...I want to see my child. I said, you should get well first so that you can return to your home, so that you can see your child. She

said, I want to see my child. I told her, yes bakla, but if it is time now, if you want to rest, we will try our best to take care of it... Then we prayed, with the nurse we prayed. Then, I said, ok, I'll step outside, I have to attend to something, I'll be back. When I went out, I was delayed because I went to see another person who is also gravely ill. When I returned, she was dead. I said, my God, I hope I could accomplish what I said to her. It is so easy to say it, but so hard to do. Especially we don't have the address, but actually, if you really want to help, it is easy to get the information. The problem is, the child doesn't know why his mother died. It is burdensome for children, especially if we don't know if they are ok with their extended families; parents are different. I hope I can do this. Even if just to start...) [Geena]

Such stories remind us of all the tenacity of the human spirit, that the most adverse of situations also bring out the most noble in people. They are sad stories, there to offer whatever lessons we choose to recognize.

VI. CONCLUSION

From the stories of people living with HIV, we can see that there are patterns of susceptibility and vulnerability. First, their experiences show that when it comes to HIV/AIDS, virtually everyone is at risk. The respondents' profiles have made clear that HIV/AIDS is not inherently limited to certain "high-risk groups," but cuts across social and physical boundaries such as sex, gender orientation, age, income class, and geography. However, certain individuals and populations are more prone to HIV infection because they are put into situations of risk. While it is true that knowledge and proper attitudes regarding HIV/AIDS may prevent people from being infected, we also have to recognize that there are background forces at work. Socio-economic trends, social statuses, power relations, as well as cultural meanings and practices create certain environments that influence people's behavior, making it difficult for them to protect themselves from the virus.

The respondents' accounts also show that once people became aware of the presence of HIV in their bodies, they experience shock, trauma, and severe psychological stress. Generally, the process of accepting one's HIV-positive status takes a long time, as the person tries to cope with fears and anxieties, as well as discrimination and social stigma. Although most PHAs eventually learn to accept the situation, it is evident that HIV has left indelible marks on their lives, especially on their perceptions and decisions concerning disclosure, sexual relationships, marriage, and child bearing. For many, HIV has brought about drastic changes in their financial situation, as incomes decline and opportunities are lost, while medical costs continue to rise. Furthermore, the impacts of HIV may extend beyond the infected person to include his/her parents, children, relatives and partner.

However, as can be seen from the PHAs' experiences, there are factors that lessen one's vulnerability to the impacts of HIV/AIDS. Personal vulnerability is reduced when the PHA receives strong social support from the family, friends and peers. Positive social responses help the PHA understand and cope with the consequences of living with HIV/AIDS. In other words, these enable the PHAs to assess or take stock of the situation, so that they are able to regain a certain degree of normalcy and productivity in their lives. It is especially important for a PHA to form strong bonds with fellow HIV-positives. For several years now, PHAs have organized themselves into NGOs. These groups not only provide care and support to PHAs, they are also arena in which PHAs learn to articulate and advocate for their rights. It was partly due to their lobbying efforts that the Philippine AIDS Prevention and Control Act of 1998 became a law.

Though living with a deadly virus called HIV, PHAs are by no means defeated. Here, the respondents expressed their hopes and plans for the future:

Hanggang malakas pa ako, susubaybayan ang mga bata. Baka raw magbigay ng pera ang DOH sa mga HIV-positive. Kung sino ang may gusto, pauutangin ng pera. Kung anong gusto mong itayo na negosyo, sari-sari store, piggery, poultry. Gusto ko sanang mag-apply at kung pumayag, magtatayo ako ng negosyo sa probinsiya para sa mga anak ko. (While I'm still strong, I'll watch over my kids. They say DOH might give money to HIV-positives. They will lend money to whoever wants it. You can set up any kind of business – sari-sari store, piggery, poultry. I want to apply for that and if they allow me to, I'll set up a business in the province. For my children.) [Dong]

Ngayon, balak kong magbuo ng support group para sa mga na-orphan ng PHAs... Pero para mag-umpisa ka ng support group, kailangan alam mo yung mga needs

ng mga bata... Sana maging maayos yun... Sana bigyan pa kami ng malakas na pangangatawan para magawa namin yung... hindi naman actually responsibility, pero parang part na rin yun ng ginagawa mo. (I have plans to establish a support group for those orphaned by PHAs... But before you start, you have to know what are the children's needs... I hope it will work out... I hope that we will be granted strong bodies so that we can accomplish this... It's not really a responsibility, but I see this as a part of my work.) [Geena]

I want to live a normal life, relatively speaking. I would like to maintain my lifestyle. I want to be proud of my work. I want to leave something like, 'Wooh! That building was designed by Jim.' And if I can help others in the process, it becomes easier for me to do it. [Jim]

References:

Barnett, Tony and Alan Whiteside. 1998. *Guidelines for preparation and execution of studies of the social and economic impact of HIV/AIDS.* Geneva: UNAIDS. 1998.

Romano, Ester M., Ofelia T. Monzon, Mari Rose A. Aplasca, and Rosemari T. Santana-Arciaga. 1994. *Socioeconomic impact of HIV infection/AIDS on filipino family/household.* Muntinlupa: Research Institute for Tropical Medicine.

Van Woudenberg, Judith.. 1998. *Women coping with HIV/AIDS: We take it as it is.* Amsterdam: Royal Tropical Institute. 1998.

Republic Act 8504, The Philippine AIDS Prevention and Control Act of 1998 Implementing Rules and Regulations. Manila: Philippine National Aids Council.

Notes from the Training Workshop on "Planning for the Social and Economic Impact of HIV/AIDS." Pasig City. April 2000.

Roquero, Loreto B. Policy Insurance for PHIV/AIDS. Presented at the 1st Mindanao HIV/AIDS, STD Convention, May 24-26,2000.

Key-informant Interviews:

Alban, Perla, San Lazaro Hospital
Apilado, Merceditas, HAIN.

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