

6<sup>th</sup> International Conference and Exhibition on

# OCCUPATIONAL HEALTH & SAFETY

September 13-14, 2017 | Dallas, USA

## The lived experiences of filipino males with HIV dealing with stigma

Ryan M Empleo  
MDCC, Philippines

According to most people living with HIV, one of the main reasons why there is little knowledge about HIV in the country is the growing stigma and connotation with the disease. The moment people hear the terms HIV and AIDS, people think of the entities as negative and disgusting. These topics are taboo and should not be discussed freely in the normal Filipino family setting. The people also have discriminatingly biased connection between HIV/AIDS and homosexuality. People believe that if a man develops HIV/AIDS, he is homosexual or has been engaged in homosexual activities. This pre conceived notion about the disease somewhat contributed to the existing fear of PWHAs. Therefore, their feelings and ideas regarding this concern are not properly verbalized and addressed. This stigma creates a boundary separating health care providers and the PWHAs, and thus resulting to inefficient health care delivery. This is the primary reason for conducting this study- to use the experiences of the participants themselves as lens in defining what HIV-related stigma is. By defining it, necessary actions to reduce it or if possible to completely eliminate it can be taken. By destroying the stigma, positive and negative people alike can work harmoniously together in fighting HIV/AIDS in general. This research is a qualitative descriptive study that utilized phenomenology as a technique. This study explored the lived experiences of Filipino males by selecting 6 participants through purposive sampling. Data collection were done through triangulation using in-depth interview as main data source supported by field notes and observation. The data that was gathered were analyzed using Colaizzi Phenomenological technique. After translating, coding and interpreting the data. 10 general themes were formed namely: HIV equated to death, denial leading to non disclosure, depression: feeling of sadness and worthlessness, paranoia: PLWHAs as part of stigmatizing group, fear fuels stigma, damage: negative impacts on physical, emotional and socioeconomic aspects, direct discrimination, doubt: knowing but still doubting, stigma by association and silence creates a bigger fire. These themes were then categorized into 3 general factors: personal, interpersonal and symbolic stigma. Despite the belief of many that stigma is just composed of direct discrimination. The study explored that HIV-related stigma is multi-factorial. There is a stigma that is coming from the patient themselves- personal stigma, the more common type of stigma that involves direct discrimination- interpersonal stigma and a stigma that cannot be seen- symbolic stigma. These factors collectively create the stigma that forms a barrier between the HIV positive and negative groups and a gap between the health care providers and the patients.

ryanmanaloempleo@yahoo.com