



## **SELF-CARE PRACTICES OF NEWLY DIAGNOSED MALE PERSONS LIVING WITH HIV IN BICOL REGION, PHILIPPINES**

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### **ABSTRACT**

Self-care is crucial for individuals newly diagnosed with HIV for several reasons and has an impact on improving their quality of life and managing their health outcomes as they continue in this new phase of their lives as persons living with HIV (PLHIV). This descriptive quantitative study examined the self-care practices of newly diagnosed male PLHIVs to understand their demographic profile, lifestyle, knowledge, health practices, and the impact of nurse-patient relationships on their condition. Thirty-four respondents aged 21-45 participated in the convenience sampling. The majority identified as bisexual (50%) or homosexual (41.2%), Roman Catholic (79.4%), college graduates (55.9%), and unemployed (29.4%). Respondents generally agreed (weighted mean of 1.82, 1.55, and 1.78) that changing lifestyles enhances quality of life. While they demonstrated a sufficient understanding of their infection (weighted mean of 2.33), there was a belief in the curability of HIV and uncertainty regarding unprotected intercourse between infected parties. Self-care practices included counseling sessions, support groups, acceptance from loved ones, and spiritual engagement (weighted mean of 1.94, 1.40, and 1.81, respectively). A strong therapeutic relationship with nurses was associated with medical compliance and self-management (weighted mean of 1.55). The study revealed common yet unique self-care practices among male PLHIV. Recommendations include developing measures to enhance self-care and improve health outcomes, such as promoting physical and social activities and encouraging participation in treatment interventions. PLHIVserving institutions and support groups could utilize these findings to tailor interventions effectively, recognizing the diversity in self-care needs among male PLHIV.

**Keywords:** *Human Immunodeficiency Virus, HIV, Self-care, sexual health, persons living with HIV*

## **INTRODUCTION**

Human Immunodeficiency Virus, commonly known as HIV, causes one of the most serious health challenges in the world and is accountable for the cause of deaths of approximately 40.1 million people since the epidemic started. The causative agent of AIDS is HIV and is communicated through biofluids such as blood, semen, and vaginal secretions, as well as sharing of syringes and breastfeeding. If the said virus, HIV, is not given any medical attention, the immune system will weaken more and will struggle to fight off infections and diseases. The first virus case in the Philippines was reported in 1981; the virus has infected 84 million people worldwide (UNAIDS, 2022). According to the Global AIDS Update, the people currently living with HIV in 2020 are approximately 38 million people. Moreover, in 2021 alone, 650,000 people in the world died due to HIV-related illnesses.

In the Philippines, Sexual and Reproductive Health (SRH) has always been an issue due to social and political barriers to accessing SRH services (Melgar, 2018). HIV has been around in the Philippines since 1984. Furthermore, the country has the fastest-growing HIV epidemic in the Asia-Pacific Region (Salvana et al., 2020). From January 1984 to September 2022, there were a total of 105,794 HIV cases recorded in the Philippines.

Cases of HIV are continuously rising, and it was reported by the Department of Health-HIV/AIDS and ARTS Registry of the Philippines that from January to September 2022 alone, there were 11,476 new individuals with confirmed diagnoses of HIV-positive. Along with the growing cases of HIV-positive in the country, the level of awareness regarding sexual and reproductive health has been declining. According to the Young Adults Fertility Survey in 2021, they concluded that the awareness of Filipino youth regarding HIV is at its lowest (de Vera, 2022).

Self-care practices became popular during the pandemic due to isolation from the community. It has been proven effective and unique among different individuals, and it leads to a significant improvement in the quality of life of patients and plays a significant part in managing the health of people living with HIV. As of the moment, HIV can only be controlled because there is still no cure for the virus. Understanding how people take care of themselves while living with HIV plays a vital role in reaching the highest possible optimal health of newly diagnosed HIV-positive patients. According to the myHIVteam members in the United States of America, 94% of the participants believe that self-care is essential in managing their condition (Mugambi et al., 2021).

HIV in Filipino 'men from having sex with men' (MSM) is rampantly more common and on the rise than HIV from the opposite sex. From a heterosexual mode of transmission, from

2003 to 2010, there was an increase of 112 percent of MSM who are bisexual and 214 percent who are homosexual, primarily because of unhealthy sexual behaviors such as engaging in unprotected penetrative sex and being under the influence of alcohol (Tuppal et al., 2019). New cases of HIV are getting younger and younger, aged 18 to 30 years old, primarily due to engaging in sex work, having sex without condoms, risk-taking sexual behaviors, and poor access to testing facilities, along with insufficient awareness about sexual health (Restar et al., 2020; Ditangco R. 2022, and Italia W. and Oducado R. 2014). In addition, many of those young persons who tested positive were college students and already in their postgraduate education (Italia et al., 2014).

Studies on the lifestyle and physical activity of PLHIVs found that they faced challenges in their physical, social, and sexual health (Khoshtarash et al., 2019; Kitilya et al., 2022). At the same time, another study highlighted that PLHIVs change their lifestyles for the worse. In contrast, PLHIVs who smoke despite their conditions show highly prevalent ways of dealing with their depression and anxiety (Nansseu, 2020).

In terms of death, a study by Navasero (2020), which aims to evaluate the nutritional care service for Filipinos with HIV, revealed that only 12 of the 112 participants received a meal plan that included low fat, low sodium, and other dietary restrictions, while the rest did not. Information sources on diet and self-care activities mainly were from healthcare workers and others from untrustworthy sources. Additionally, according to Wallace et al. (2021), a study about the perception of healthy eating for PLHIVs showed that eating more natural fruits and vegetables and fewer vices is the best way to maintain a healthy diet.

In this study, the researchers seek to understand the self-care practices of male persons living with HIV (PLHIV) from the Bicol Region, Philippines. Ultimately, to aid care providers such as health and social workers, including civic society and families caring for PLHIVs, in understanding how life changes due to HIV would have an impact on newly diagnosed male individuals.

## **Research Questions**

Considering the phenomenon in the background of the study, the researchers aim to look at the current self-care practices of male persons living with HIV in the Bicol Region, Philippines, who are newly diagnosed or at least 6 to 12 months prior to their diagnosis. Specifically, this research will be finding out the self-care practices that have an impact on the physical and mental wellbeing of persons living with HIV by seeking the answers to these research questions as follows:

1. What is the demographic profile of persons living with HIV in the Bicol Region, Philippines, in terms of age, sexual orientation, level of education, socio-economic status, occupation, and religion?
2. What is their lifestyle status, indicatively their hobbies, activities, hygiene, and diet?

3. What are their current knowledge and practices in dealing with their condition?
4. What are the self-care practices of male persons living with HIV in terms of social, mental, and spiritual aspects?
5. What is the impact of the patient-nurse relationship on the condition and self-care practices of a person living with HIV?

## **METHODOLOGY**

The researchers employed descriptive quantitative non-experimental research methods to assess the self-care practices of newly diagnosed male individuals living with HIV in the Bicol Region of the Philippines. Online surveys were utilized to gather data and determine the effectiveness of various self-care practices. The study followed a cross-sectional design involving data collection, comparison, and analysis at a single point in time.

The research locale for this study is Region 5 (Bicol Region), Philippines. The study targets newly diagnosed persons living with HIV in the Bicol Region of the Philippines in 2022, specifically focusing on males who have sex with males (MSM) and are over 18 years old. Online questionnaires will be distributed via Google Forms to major HIV treatment hubs in the region, with 34 respondents. Convenience sampling was used, with community-based volunteers aiding newly diagnosed with HIV accessing health services from two of the major treatment hubs. The selection criterion requires that the participants be newly diagnosed within the past year during the study.

This study adapted Catherine Cook-Cuttone's Mindful Self-Care Scale and the HIV SelfManagement Scale to develop a questionnaire to gauge various self-care and disease management aspects. The validity of the survey questionnaire was ensured through evaluation by public health professionals to check content suitability, lack of bias, and relevance. Feedback was welcomed for potential revisions. Reliability was assessed using Cronbach's alpha, yielding a score of 0.78 in a pilot survey of 24 participants, indicating reliability. The instruments were approved for use in the study, with anonymity guaranteed for participants and use restricted to research and academic purposes.

Before data collection, the researchers sought assistance from two major treatment hubs in the Bicol Region, Philippines, to reach potential participants. With the help of HIV community-based screening motivators and case managers, the online questionnaire consisting of 60 questions was then deployed to PLHIVs. Finally, the researchers analyzed, interpreted, and tallied the survey responses.

## RESULTS

This present study involved the collection of data from 34 participants who are males newly diagnosed with HIV. This looked into the self-care practices of people with HIV by looking at their demographic profiles, lifestyle, knowledge of and habits for managing their condition, social and mental wellbeing, spiritual beliefs, and the nature of their relationship with the nurse, among other variables. The researchers interpreted and presented the data after conducting the survey. Data was analyzed and interpreted using the statistical tools mentioned in the previous chapter. The gathered data were tabulated and analyzed to answer the questions stated in the statement of the problem of this study. The tables presented are based on the survey questionnaire given to the respondents using Google Forms.

### 1. Demographic profile of persons living with HIV in Bicol Region

**Table 1.1 Age of Persons Living with HIV in the Bicol Region**

Age	Frequency	Percentage
21-25 Years Old	10	29.4
26-30 Years Old	9	26.5
31-35 Years Old	7	20.6
36-40 Years Old	3	8.8
41-45 Years Old	5	14.7
<b>Total</b>	<b>34</b>	<b>100.0</b>

Table 1.1 Presents the age bracket-based profile of the respondents. The study involved a sample size of 34 participants, with the majority falling within the age range of 21-25 years old, comprising 29.4% of the total sample. The next highest age group was 26-30, accounting for 26.5% of the sample with 9 participants. The age range of 31-35 represented 20.6% of the sample, with a total of 7. The age range of 36-40 comprised 8.8% of the sample with 3 participants. Lastly, the age range of 41-45 years old was represented by 5 participants, accounting for 14.7% of the total sample.

**Table 1.2 Sexual Orientation of Persons Living with HIV in the Bicol Region**

Sexual Orientation	Frequency	Percentage
Bisexual	17	50.0
Heterosexual	2	5.9
Homosexual	14	41.2
Pansexual	1	2.9

<b>Total</b>	<b>34</b>	<b>100.0</b>
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Table 1.2 shows the sexual orientation profile of the respondents. The study indicates that individuals who identify as bisexual constitute the most significant proportion of participants, accounting for 50% of the sample. Homosexuals represent the second largest group, comprising 42.2% of the sample. In contrast, the percentage rate for heterosexual individuals is 5.9%, while for pansexual individuals it is 2.9%.

**Table 1.3 Level of Education of Persons Living with HIV in the Bicol Region**

Highest Educational Attainment	Frequency	Percentage
High School Completed	6	17.6
Senior High School Graduate	3	8.8
College Level	1	2.9
College Graduate	19	55.9
Post Graduate	5	14.7
<b>Total</b>	<b>34</b>	<b>100.0</b>

Table 1.3 presents the respondents' highest educational attainment. The majority of the participants hold a college degree, comprising 55.9% of the sample. After the secondary education level, there was a recorded proportion of 17.6%. This was followed by an individual holding a postgraduate degree, with a percentage of 14.7%. Afterward, individuals who have completed senior high school constitute 8.8% of the total, while college students comprise 2.9% of the population.

Table 1.4 shows the socio-economic status of the respondents. The findings indicate that the most significant % of participants, comprising 35.3%, reported having no work. The second most common income bracket was the 15,000–20,000/month category, which accounted for 23.5% of the sample. The 20,000 and above/month category represented 7% of the respondents, while the 10,000–15,000/month category accounted for 11.8%. The most minor proportion of participants, at 8.8%, reported earnings below 10,000/month.

**Table 1.4 Socio-Economic Status of Persons Living with HIV in Bicol Region**

Socio Economic Status	Frequency	Percentage
Below 10,000/month	3	8.8
10,000 - 15,000/month	4	11.8
15,0000 - 20,000/month	8	23.5
20,000 and above/month	7	20.6

No work	12	35.3
<b>Total</b>	<b>34</b>	<b>100.0</b>

Table 1.5 presents the occupations of the respondents. The study reveals that the most significant proportion of participants, comprising 29.4%, are without employment, while the second largest group, accounting for 17.6%, are individuals who own businesses. A percentage of 14.7% applies to both Business Process Outsourcing (BPO) agents and government employees. The percentage of students is 11.8%. Finally, a proportion of 2.9% exists among the professions of chef, finance advisor, freelancer, and hospitality industry.

**Table 1.5 Occupation of Persons Living with HIV in the Bicol Region**

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Unemployed	10	29.4
Business owner	6	17.6
BPO agent	5	14.7
Government employee	5	14.7
Student	4	11.8
Finance adviser	1	2.9
Hospitality industry	1	2.9
Chef	1	2.9
Freelancer	1	2.9
<b>Total</b>	<b>34</b>	<b>100.0</b>

Table 1.6 presents a visual representation of the religious affiliations of the individuals involved in the study. Most participants identified as adherents of the Roman Catholic faith, comprising 79.4% of the sample. Subsequently, individuals identifying as Born-Again Christians constitute 4% of the population. Afterward, Iglesia ni Cristo collected a proportion of 5.9%, while Adventists obtained a percentage of 2.9%.

**Table 1.6 Religion**

<b>Religion</b>	<b>Frequency</b>	<b>Percentage</b>
Adventist	1	2.9
Born Again Christian	4	11.8
Roman Catholic	27	79.4

Iglesia Ni Cristo	2	5.9
<b>Total</b>	<b>34</b>	<b>100.0</b>

## 2. Lifestyle status of Male Persons Living with HIV in the Bicol Region

Table 2.1 lists the self-care routines of persons living with HIV in terms of their hobbies and activities. With a weighted mean of 1.65, respondents are more passionate about listening to music now than before the infection. With a weighted mean of 1.41, the respondents agreed to be more motivated to be healthy and physically active due to their current condition. Prior to the start of their infections, individuals who had previously used alcohol had a weighted mean of 2.12, as opposed to those who had previously smoked, who had a mean of 2.53.

**Table 2: Hobbies and Activities of Male Persons Living with HIV in the Bicol Region**

Hobbies and Activities	Mean	Verbal Interpretation
I listen (e.g., to radio and music) much more often than before having the infection.	1.65	Strongly Agree
It is essential to maintain physical activity after having the infection.	1.41	Strongly Agree
I become more motivated to exercise (walking, jogging, and working out) for at least 30 to 60 minutes.	1.41	Strongly Agree
I like to smoke before being infected	2.53	Agree
I like to drink alcohol before being infected	2.12	Agree
I reduced or discontinued my use of tobacco and alcoholic beverages because of my condition.	2.03	Agree
I am more interested in watching documentaries and searching for my conditions online.	1.26	Strongly Agree
I read more novels, stories, and/or manga than before.	2.71	Neutral
After being diagnosed, I had some difficulty sleeping or had a poor sleeping pattern.	1.26	Strongly Agree
<b>Overall</b>	<b>1.82</b>	<b>Agree</b>

Additionally, with a weighted mean of 2.03, the respondents' consumption of alcohol and cigarettes has decreased or stopped. Watching documentaries on their illnesses has a weighted mean of 1.26, which is higher than reading books, comics, and/or stories. It has

a weighted mean of 2.76 and is neutral or lower than all respondents' interest. On the other hand, with a weighted mean of 1.26, most respondents agreed that their medical conditions have made it difficult for them to fall asleep. The total weighted mean of hobbies and activities is 1.82.

Table 2.2 illustrates the hygiene-related self-care behaviors of male individuals who are living with HIV in Bicol, Philippines. The results show that participants have a high level of knowledge of the significance of using beneficial hand hygiene before and after meals, with a weighted mean of 1.15. A weighted mean of 1.65 suggests a significant belief in the need to wash one's hands before and after using the restrooms. Based on the results of the data, hand hygiene

**Table 2.2 Hygiene of Male Persons Living with HIV in the Bicol Region**

Hygiene	Mean	Verbal Interpretation
I wash my hands before and after eating any food.	1.15	Strongly Agree
I wash my hands before and after using comfort room.	1.65	Strongly Agree
I wash my hands before and after touching/coming in contact with another person's hand.	2.03	Agree
I take a bath once or twice a day.	1.15	Strongly Agree
I bring rubbing alcohol or hand sanitizers whenever I leave the house.	1.76	Strongly Agree
<b>Overall</b>	<b>1.55</b>	<b>Strongly Agree</b>

Compliance has somewhat decreased in proportion to interpersonal contact, with a weighted mean of 2.03. On the other hand, the participants demonstrated regular bathing practice, as seen by the weighted mean of 1.15, showing that they take a bath at least once or twice daily. Additionally, with a weighted mean of 1.76, people must carry hand sanitizer or rubbing alcohol when they leave their homes. Lastly, 1.55 is the calculated overall weighted mean for hygiene.

**Table 2.3 Diet of Male Persons Living with HIV in the Bicol Region**

Diet	Mean	Verbal Interpretation
Fried and fatty foods are still part of my diet	1.88	Agree
I started to eat more vegetables and fruits than before, having an infection.	1.32	Strongly Agree

I drink more water than before having an infection.	1.12	Strongly Agree
I avoid drinking artificial juices or soft drinks.	2.71	Neutral
I avoid drinking alcoholic beverages.	1.88	Agree
<b>Overall</b>	<b>1.78</b>	<b>Strongly Agree</b>

Table 2.3 shows an overview of the self-care behaviors related to diet among male individuals who are diagnosed with HIV and are currently residing in Bicol, Philippines. The results indicate that the participants tend to include high-fat and fried foods in their dietary patterns, as indicated by a weighted average of 1.88. The respondents' inclination towards consuming vegetables and fruits has increased due to medical conditions, as evidenced by a weighted mean of 1.32.

The data analysis reveals that the respondents' water consumption has increased due to their illness, as evidenced by a weighted mean of 1.12. A significant reduction in the intake of alcoholic beverages has been observed, as indicated by a weighted mean of 1.88. Meanwhile, a weighted average of 2.71 was observed in the statement, "I avoid consuming artificial fruit juices or carbonated beverages." Finally, a weighted mean of 1.78 has been computed to represent the overall diet of the respondents.

### 3. Current knowledge and practices of Male PLHIV in dealing with their condition

**Table 3: Current knowledge and practices of Male PLHIV in dealing with their condition**

Statements	Mean	Verbal Interpretation
HIV and AIDS are the same.	3.44	Disagree
HIV can be treated.	3.35	Neutral
Treatment for HIV is lifelong.	1.56	Strongly Agree
Washing genitals could prevent HIV transmission.	3.47	Disagree
Sexual intercourse with the same gender will not cause HIV.	3.59	Disagree
Birth controls prevent HIV.	4.03	Disagree
Unprotected sex is fine if both partners have HIV.	2.94	Neutral
Using condoms will prevent people from acquiring HIV.	1.50	Strongly Agree
Counseling sessions help ease my anxiety and can improve my mental and spiritual health.	1.53	Strongly Agree
Being honest with your current partner on how many sexual partners you had will prevent the transmission/spread of STIs like HIV.	1.65	Strongly Agree

Spirituality/religion is my motivator to manage my condition.	1.82	Agree
I have been changing some habits related to my health to manage my condition better.	1.26	Strongly Agree
I set aside personal time to do things I enjoy.	1.59	Strongly Agree
If I'm stressed out, I do positive things to relieve my stress.	1.53	Strongly Agree
My condition has been my motivator to take better care of myself.	1.62	Strongly Agree
<b>Overall</b>	<b>2.33</b>	<b>Agree</b>

Table 3 shows the current knowledge and practices of Male PLHIV in dealing with their condition. With a weighted mean of 3.44, male persons living with HIV disagreed that HIV and AIDS are the same, meaning most of the respondents know that HIV and AIDS are different cases. However, there is a partial understanding of respondents that HIV can be treated with a weighted mean of 3.35. Thus, most respondents understand that treatment is for life and continuous; it has a weighted mean of 1.56. Thus, respondents disagreed that washing genitals could prevent HIV transmission, sexual intercourse with the same gender will not cause HIV, and birth control prevents HIV with a weighted mean of 3.47, 3.59, and 4.03. The respondents have a neutral understanding, with a weighted mean of 2.94, that unprotected intercourse with infected patients is acceptable. With the use of condoms, it can prevent the spread of HIV, which most respondents strongly agree with a weighted mean of 1.50.

Mental acceptance is a big part of dealing with HIV. The respondents strongly agreed that counseling sessions do help with anxiety and mental health to improve, with a weighted average of 1.53. Openness to current partners will help in the prevention of spreading infections like HIV, as most respondents strongly agreed with a weighted mean of 1.65. Spiritual support could also be a factor in managing the condition as it could relieve and help in accepting; respondents agreed to the statement with a weighted mean of 1.82.

Adjustments have been part of living with the infection. The respondents strongly agreed with a weighted mean of 1.26, 1.59, 1.53, and 1.62 correspondingly, changing some habits related to the respondent's condition has helped with managing the conditions, setting aside personal time to reduce stress, a time to enjoy doing activities, and most of the respondents have turned the situation from an infection to a motivator to help the betterment of the respondent's health. As an agreeable result, with a weighted mean of 2.33, the respondents have enough knowledge and have adjusted to dealing with and managing the current condition.

#### 4. Self-Care Practices of Male PLHIV

The results showed that the self-care practices of Male People Living with HIV (PLHIV) have uncovered a multifaceted approach encompassing mental, social, and spiritual dimensions.

**Table 4.1 Social Aspects of Self-Care Practices of Male PLHIV**

<b>Statements</b>	<b>Mean</b>	<b>Verbal Interpretation</b>
Joining social gatherings improves my social wellbeing.	2.00	Agree
Sharing or expressing my feelings and experiences with loved ones improves my social wellbeing.	2.50	Agree
Attending a support group is very helpful to cope up with my condition.	1.62	Strongly agree
When I feel overwhelmed, I find that talking to my counselor or attending support groups is very helpful.	1.65	Strongly agree
<b>Overall</b>	<b>1.94</b>	<b>Agree</b>

Table 4.1 illustrates the self-care practices of male persons living with HIV in Bicol, Philippines, in terms of the social aspect. Showing a weighted mean of 2.00 and 2.50, the respondents agree that joining social gatherings and sharing or expressing their feelings and experiences with loved ones improves their social wellbeing. Furthermore, a weighted mean of 1.62 respondents strongly agrees that attending a support group is very helpful to cope up with their condition. With a weighted mean of 1.65, respondents strongly agree that talking to their counselor or attending support groups is very helpful when they feel overwhelmed. As a result, with a weighted mean of 1.94, the respondents agree that the social aspect affects their self-care practices.

**4.2 Mental Aspects of Self-Care Practices of Male PLHIV**

<b>Statements</b>	<b>Mean</b>	<b>Verbal Interpretation</b>
Medication adherence and check-up appointments improve my mental wellbeing.	1.50	Strongly agree
Self-health monitoring and tracking improves my mental wellbeing.	1.53	Strongly agree
Getting 7 or more hours of sleep improves my mental wellbeing.	1.24	Strongly agree
Having a healthy, balanced diet improves my mental wellbeing.	1.35	Strongly agree
<b>Overall</b>	<b>1.40</b>	<b>Strongly agree</b>

Table 4.2 shows the self-care practices of male persons living with HIV in Bicol, Philippines, in terms of the mental aspect. With a weighted mean of 1.50, the verbal interpretation of this section is that respondents strongly agree that medication adherence and check-up appointments improve their mental wellbeing. Through self-health monitoring and tracking, respondents strongly agree that it improves their mental wellbeing, which has a mean of 1.53.

Moreover, with a mean of 1.24, the respondents strongly agree that getting 7 or more hours of sleep improves their mental wellbeing. With a weighted mean of 1.35, they strongly agree that having a healthy balanced diet improves their mental wellbeing. Based on the result, with a mean of 1.40, the respondents strongly agree that the mental aspect affects their self-care practices.

#### **4.3 Spiritual Aspects of Self-Care Practices of Male PLHIV**

Statements	Mean	Verbal Interpretation
Meditation, yoga, and journaling improve my spiritual wellbeing.	2.41	Agree
Praying improves my spiritual wellbeing.	1.18	Strongly agree
Attending mass and religious worship improves my spiritual wellbeing.	1.85	Agree
<b>Overall</b>	<b>1.81</b>	<b>Agree</b>

Table 4.3 depicts the self-care practices of male persons living with HIV in Bicol, Philippines, in terms of the spiritual aspect. With a weighted mean of 2.41, the respondents agree that meditation, yoga, and journaling improve their spiritual wellbeing. Praying, which has a mean of 1.18, interprets that the respondent strongly agrees that it improves their spiritual well-being. With a mean of 1.85, the respondents agree that attending mass and religious worship improves their spiritual wellbeing. As a result, the respondents agree with a mean of 1.81 that the spiritual aspect affects their self-care practices.

### **5. Impact of Patient-Nurse Relationship to the condition and self-care practices of newly diagnosed Male PLHIVs**

Table 5 shows how the patient-nurse relationship affects the condition and self-care practices of a male person living with HIV. Through convenience sampling, most respondents came from one of the major treatment hubs in Bicol, wherein PLHIV interacts with healthcare professionals, particularly nurses. With a weighted mean of 1.47, the nurses treat the respondents with no judgment and respect. With a weighted mean of 1.41, the respondents understand their condition more deeply because the nurses teach them about their illness and answer their questions. A weighted mean of 1.79 shows that

the nurse and respondents have a collaborative relationship in which they gain some control of their situation by telling the nurses what they want to do with their treatment.

Furthermore, with a weighted mean of 1.76 and 1.56, the respondents' nurses make their hospital visits bearable and welcoming and share some self-care tips from proven practices for their condition. With a weighted mean of 1.50, the nurse provides encouragement and emotional support to the respondents. Lastly, with a weighted mean of 1.35, the respondents strongly agreed that their nurses positively impact their self-care practices.

**Table 5: Impact of Patient-Nurse Relationship to the condition and self-care practices of newly diagnosed Male PLHIV**

<b>Statements</b>	<b>Mean</b>	<b>Verbal Interpretation</b>
Nurses listen to me with no judgment and treat me with respect.	1.47	Strongly Agree
Nurses teach me about my illness and answer my questions clearly.	1.41	Strongly Agree
Nurses ask me how I like things to be done or what I want to do, make me feel like I have some control of my situation, and let me express how I want my treatment to be done.	1.79	Strongly Agree
Nurses make my hospital visit experience welcoming and bearable.	1.76	Strongly Agree
Nurses suggest some proven self-care plans for my condition.	1.59	Strongly Agree
Nurses give me encouragement and provide emotional support.	1.50	Strongly Agree
Nurses have a positive impact on my self-care practices.	1.35	Strongly Agree
<b>Overall</b>	<b>1.55</b>	<b>Strongly Agree</b>

## DISCUSSION

This study aims to understand the current self-care practices of newly diagnosed male persons living with HIV in the Bicol Region, Philippines, by looking at their demographic profiles, lifestyle, knowledge of and habits for managing their condition, social and mental wellbeing, spiritual beliefs, and the nature of their relationship with the nurse, among other variables. The researchers utilized a validated questionnaire as the primary instrument

for data collection. Frequencies and percentages, weighted mean, and a 5-point Likert scale were used as statistical data analysis tools. Tuppal et al. (2019) conducted a study that examined the increasing prevalence of HIV in the Philippines. This research addresses the importance of the increase in the prevalence of sexual behavior among males in the Philippines, encompassing individuals in the young adult age group, sex industry workers, substance users, and Filipino nationals residing abroad.

This present study involved the collection of data from 34 participants who have engaged in male-to-male intercourse, utilizing a convenience sampling method. The data collected indicates that individuals living with HIV (PLHIV) fall within the age range of 21 to 30 years old, comprising 55.9% of the population. Results indicate that individuals identifying as bisexual (50%) and homosexual (41.2%) have the highest incidence of HIV infection among various sexual orientations. The above information is supported by Restar et al. (2020) research, which highlights that a majority of gay men who are HIV positive and belong to the age bracket of 25-29 years.

The Philippines is widely recognized as a predominantly Christian nation, wherein discussions on sexual education are deemed inappropriate due to perceived immorality. The data indicates that most participants identified as Roman Catholic (79.4%) and Born-Again Christians (11.8%). Even though a significant proportion of the participants have attained a college degree, amounting to 55.9%, sexual education is absent, particularly about sexually transmitted diseases. Additionally, there is a shortage of healthcare facilities that respond to treating such illnesses. Moreover, our study has revealed that the prevalence of HIV-positive patients is decreasing in age, as evidenced by the fact that a significant proportion of the participants are students and currently without work, making up a total of 41.2% of the sample population.

The second research question highlights the significance of an individual's way of life and their self-care practices because of their illnesses. Khoshtarash et al. (2019) interviewed a person living with HIV (PLHIV), revealing a notable trend wherein a majority of the participants exhibited heightened awareness of their health, particularly about physical activity. Nonetheless, certain patients encountered adverse effects of HIV, including diminished physical strength, physical debility, and a reduction in body weight. The present study involved newly diagnosed individuals, and the findings indicated a profound level of self-awareness regarding their hobbies and activities. The study participants agreed that self-care behaviors such as listening to music, engaging in physical activity, and watching documentaries related to their conditions are crucial for their wellbeing.

The use of tobacco has a significant impact on an individual's health. In the context of PLHIVS, the act of smoking during their illness may result in a range of complications. Nansseu (2020) reported a decrease in tobacco consumption among PLHIVs. This study supports the study of the researchers, which reveals that a majority of the participants initiated a reduction in their intake of alcohol and tobacco as a preventive measure against the advancement of their illnesses.

In general, the hobbies and activities of persons living with HIV (PLHIV) indicate a heightened awareness and acknowledgment of their illnesses. They have demonstrated a commitment to improving their health by engaging in physical activities, gaining a deeper understanding of their illnesses, and reducing their consumption of vices. This is supported by a weighted mean of 1.82 and an interpretation of agreement.

Navasero (2020) conducted a study on the topic. The majority of the participants tended to include dietary sources; however, they required additional guidance regarding handwashing and food safety protocols. The findings of this study indicate that persons living with HIV (PLHIV) require a more profound comprehension of nutritional guidance. In contrast, the present study conducted on the participants demonstrates that hygiene is crucial in preventing the spread of infection and/or contamination—the calculated value-weighted mean of 1.55. Many participants prioritized handwashing before and after meals, after using the restroom, and after physical contact with other people. In addition, it is significant for individuals to engage in daily bathing practices and carry rubbing alcohol or hand sanitizer outside of their residences.

After that, a significant proportion of the respondents increased their consumption of fruits and vegetables in response to their medical conditions, regardless of the continued inclusion of highfat and fried foods in their dietary regimen. The following highlights the significance of increasing water intake, refraining from alcohol consumption, and minimizing the consumption of processed juices. The study findings reveal that the respondents place significant emphasis on the role of diet in their self-care practices when managing their health conditions, as evidenced by their overall weighted mean score of 1.78.

The third research question shows that respondents have enough knowledge and have adjusted to dealing with and managing their current condition, with a weighted mean of 2.23. According to Nubed, those with sufficient knowledge were more likely to display positive attitudes towards PLHIV, and risky sexual practices among study participants can be corrected by reinforcing sex education (Nubed, 2016). The respondents are aware that using condoms can prevent acquiring HIV (weighted mean 1.50) and that using birth control will not prevent acquiring HIV (weighted mean 4.03). They are also knowledgeable regarding the difference between HIV and AIDS (weighted mean 3.44) and prolonged treatment of HIV (weighted mean 1.56). However, there are some aspects that the respondents exhibit a knowledge deficit with the hope that HIV can be treated (weighted mean 3.35), which is contraindicated with the respondents' knowledge that HIV requires life-long treatment and if PLHIVs could have unprotected sexual intercourse if both partners have HIV (weighted mean 2.94). Comprehensive health education must be implemented for PLHIVs in general to correct misinformation they grasped during their journey to understanding HIV.

The fourth research question illustrates the self-care practices of male persons living with HIV in the Bicol Region, Philippines, in terms of the following aspects: (1) Social aspects, (2) Mental aspects, and (3) Spiritual aspects. Showing a weighted mean of 1.94, the

respondents agree that social aspects affect their self-care practices. Furthermore, with a weighted mean of 1.40, the respondents strongly agree that mental aspects also affect their self-care practices. Lastly, With a weighted mean of 1.81, the respondents agree that spiritual aspects affect their self-care practices. According to the study of National Library Medicine, People with HIV/AIDS incorporate spirituality as a way to cope, to help reframe their lives, and to bring a sense of meaning and purpose to their lives in the face of an often devastating situation. According to Sulung et al. (2019), spirituality is integral to nursing care for all types of patients. Spirituality is essential in helping people find meaning and purpose in their lives. They are expressed by attitudes or actions such as listening to music, going to places of worship, reading scripture, connecting with nature, and meditation and feeling the presence of God.

The fifth research question presents that the patient-nurse relationship has an impact as well as influences the condition and self-care practices of male persons living with HIV, with an overall weighted mean of 1.55. It shows that professional nurses encourage the respondents to have the best self-care practices (weighted mean 1.79). According to an International Journal of Nursing Studies study, patients and nurses spoke of the importance of kindness, understanding, confidentiality, and stigma reduction. Patients and nurses regularly mentioned a nurse's greeting or a patient's statement of gratitude as being essential to productive therapeutic interactions. There is an increase in the reliance of people with chronic diseases such as PLHIV on community health workers (Busza J et al. 2018). Thus, the overall data shows that nurses listen to the respondents without judgment, provide health education, and show respect to them, and by means of collaboration with PLHIV, can lead to medical compliance and the practice of self-care.

In relation to the self-care theory of Dorothea Orem, the respondent's activities, hobbies, hygiene, and diet as self-care showed that lifestyle modification is necessary to maintain optimum health. Furthermore, under the self-care agency, it showed that the respondents have sufficient knowledge regarding their condition and an understanding of how the patient-nurse relationship positively impacts their self-care practices. With the demand for self-care, the researchers gathered self-care's social, mental, and spiritual aspects. Its results represent how self-care is not limited to physical health and wellbeing but includes activities such as yoga, worship, journaling, and support groups. Overall, the reflected results provided evidence that self-care practice in different aspects has indeed improved the quality of life of newly diagnosed male persons living with HIV.

## **Conclusions**

The study looks into the self-care practices of newly diagnosed male persons living with HIV and living in the Bicol Region, Philippines. The following conclusions were reached after careful analysis of the data gathered wherein a decision was made:

The majority of the respondents ranged from twenty-one (21) to thirty (30) years old and were diagnosed with acquiring HIV 6 to 12 months prior to launching the survey in their region. Most of the respondents are either bisexual or homosexual, college graduates,

and unemployed. Lifestyle change plays a crucial role in improving the wellbeing of male PLHIVs, from their activities to their mental wellbeing. Although the diet of PLHIVs still includes fried and fatty food, the PLHIVs modified and improved their diet by consuming more vegetables and fruits with their meals and decreasing their consumption of alcoholic beverages.

The current knowledge of male PLHIV is sufficient by understanding that HIV requires continuous and life-long treatment, how the virus is transmitted, and the use of contraceptives, specifically condoms, can prevent acquiring the virus. However, they also believe that HIV is curable and have a neutral understanding if both infected parties could have unprotected intercourse.

Counseling sessions, support groups, and acceptance and openness to their loved ones are huge factors in improving the mental and social well-being of male PLHIVs and leading them to accept themselves and their condition. Spiritual practices such as meditation, yoga, journaling, praying, and attending mass or religious worship are also included in the self-care practices of male PLHIVs.

Respondents have adjusted to dealing with and managing their current condition through medical compliance and self-health monitoring. They have also established a routine, such as setting aside personal time or doing activities that help male PLHIVs deal with and manage their conditions.

Nurses play a significant role in the life of male PLHIVs by building a therapeutic and collaborative relationship that leads to medical compliance due to the welcoming atmosphere in the treatment hubs wherein the male PLHIV feels respected and seen.

In connection to Dorothea Orem's Self-Care Theory, the researchers were able to grasp the evidence that practicing self-care to attain the highest optimal health of male persons living with HIV requires awareness of their need to take care of themselves and consistent effort to stick with their self-care practices, especially with the guidance of healthcare professionals such as nurses.

## **Recommendations**

Based on the stated conclusions, the following recommendations were provided:

1. Self-care practices for newly diagnosed male persons living with HIV should be heavily incorporated into health education and care. The sustainability of quality-of-life gains, especially for those most vulnerable, depends on including self-care practices in health teachings and healthcare.

2. We suggest that the government use this study to implement policies that support the inclusion and promotion of self-care practices in educational programs, employment policies, and community initiatives as part of this effort.
3. It is recommended to conduct a comparable study on newly diagnosed female people living with HIV as well because our study was primarily focused on newly diagnosed male people with HIV.
4. Future researchers may use mixed methods to help them further comprehend the selfcare practices of newly diagnosed male persons living with HIV. A mixed-method strategy would integrate data collection using qualitative and quantitative techniques.
5. Due to this study's time limitations, the researchers recommend considering the necessity for a more rigorous attempt to gather a larger sample size to investigate better the selfcare practices of newly diagnosed male persons living with HIV.
6. This study and its data can be used as a baseline for future studies that will be used to know the in-depth impact of self-care practices on newly diagnosed persons living with HIV on their health and wellbeing.

### **Compliance with Ethical Standards**

In conducting the study, several ethical considerations were prioritized to ensure the wellbeing and rights of the participating PLHIVs. Firstly, the research team extensively consulted with community-based groups leading HIV advocacy in the region. This collaborative effort with individuals deeply connected to the HIV-affected community allowed the researchers to gain valuable insights and feedback on the study's methodology and questionnaire. By incorporating community perspectives, the study design was refined to better align with the needs and interests of the respondents, ensuring that the research process is respectful and culturally sensitive.

To uphold privacy and confidentiality, the data-gathering process was carefully managed through case managers and community-based screening motivators. These intermediaries, who have established relationships of trust with PLHIVs, facilitated the research process while maintaining the participants' anonymity. By entrusting data collection to individuals familiar with the community and committed to confidentiality protocols, the research team minimized the risk of inadvertent disclosure of sensitive information, thus safeguarding the participants' privacy.

The online survey details the purpose of the study during data collection. Clearly, it outlines that respondents may withdraw from answering the questionnaire at any point if they wish not to participate and continue with the data collection. Informed consent was

likewise established before continuing with the survey. Confidentiality of all gathered information was ensured, with data to be used solely for academic purposes.

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