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Exploring the Lived Experience of People Living with HIV Undergoing Antiretroviral Therapy

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Abstract

This study explored the lived experiences of people living with HIV (PLHIV) undergoing antiretroviral therapy (ART) in Camarines Sur, focusing on the challenges affecting treatment adherence and overall well-being. A qualitative research design using Interpretative Phenomenological Analysis (IPA) was employed where six participants were purposively selected and data were collected through in-depth, semi-structured interviews. Findings revealed that participants experienced emotional and psychological challenges, particularly emotional distress and mental struggles following diagnosis, but gradually demonstrated adjustment and coping over time. Participants showed clear knowledge and perception of ART as a lifelong, non-curative treatment, although concerns about side effects persisted. While many exhibited strong adherence practices, barriers to adherence such as work demands and stress were also evident. In terms of physical experiences, participants reported initial side effects during treatment but later noted improved health conditions. The study further found that strong family and social support enhanced adherece to antiretroviral therapy, whereas lack of disclosure led to isolation. Positive experiences with healthcare providers and system support for adherence were also highlighted. However, stigma and societal barriers, along with access and system issues, continued to affect treatment continuity. The study concluded that a holistic, patient-centered, and stigma-free approach is essential to improve retention in care and enhance the quality of life among PLHIV.

Keywords: *HIV; lived experiences; antiretroviral therapy; qualitative research*

Introduction

Human immunodeficiency virus (HIV) is a virus that is known to attach the immune system of a person, when left untreated could become acquired immunodeficiency syndrome (AIDS) which can quickly cause death (CDC, 2025). It is a public health concern because those who contract HIV tend to be asymptomatic or dismiss their symptoms with other benign causes. From 2015 to the present day, the World Health Organization recommends antiretroviral therapy (ART) for people living with HIV to reduce its transmission and improve life expectancy (Ford et al., 2025).

The Philippines, especially, is witnessing the most rapidly increasing HIV epidemic in the world, with the number of new infections growing by a staggering 57% in early 2025 relative to last year (Shakeel & Shahid, 2025). As of June 2025, only 66% of the cases are taking ART (Melgarejo & Ganibe, 2025). Nonetheless, the Philippines still has much to do concerning the UNAIDS 95-95-95 goals, and only half of the population has been identified, two out of three are on medication, and a quarter of them are able to suppress the virus (Shakeel & Shahid, 2025). HIV testing and taking of the treatment is a problem in the country that is further worsened by the lack of access to pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART)(Eustaquio et al., 2022). Conversely, the world has experienced a growth in the use of PrEP, yet its adoption among youths is still low because of structural factors (Schaefer, Peralta, Radebe, & Baggaley, 2023). The case in the Philippines highlights the necessity to promptly intervene in the situation, such as conducting more tests, raising awareness, and enhancing access to treatment and prevention strategies (Shakeel & Shahid, 2025; Eustaquio et al., 2022).
Social-cultural issues, especially the use of drugs and sex work play a vital role in the spread of HIV in the Philippines. Drug use and sex work are intertwined; thus, a vulnerable population, in which those who practice these activities tend to experience social injustices, abuse, and stigma, makes it difficult to access HIV testing and treatment (Estacio Jr., Estacio, & Alibudbud, 2021). An example is a study that emphasized employees of sex work have reduced chances of having an HIV test, which will further develop the epidemic (Estacio Jr., Estacio, & Alibudbud, 2021). Also, chemsex, or taking drugs during sexual activity, has been identified to put men at risk of risky behaviors like unprotected sex and lack of adherence to antiretroviral therapy, which further elevates the rates of HIV transmission in men who have sex with men (Olete, Strong, Leyritana, Bourne, & Monica-Ko, 2024). A worrying trend is the alarming increase in the new cases of HIV in the Philippines especially among the young people with sexual transmission as the major pathway to the infection (Shakeel & Shahid, 2025). Community-based interventions and harm reducing measures should be used to address these socio-cultural determinants to respond to effective HIV prevention and treatment (Busza, Matambanadzo, Phiri, Meki, & Cowan, 2022; Spire & Ciaccio, 2026).

According to DOH HIV/AIDS and ART Registry, the Bicol Region had 3,300 active cases of HIV, 37% of which come from Camarines Sur (Ateneo de Naga University, 2025; Atento-Altea, 2025). In order to address the alarming cases of HIV in the region, the DOH-Bicol Center for Health Development advocated for promoting "ABCDE" strategy along with establishing free HIV screening and counseling to health centers (Atento-Altea, 2025). The "ABCDE" strategy involved promotion of responsible behaviors in activities where HIV can potentially be transmitted (e.g. unprotected sex and drug use). However, this strategy still perpetuate social stigmas regarding sexual intercourse among youth and do not resolve their underlying root causes. Current literature exploring HIV cases tend to focus on public health implications, and studies that explore the nuances behind low ART uptake (Melgarejo & Ganibe, 2025).

HIV prevalence in the Philippines is on the rise and thus requires a holistic approach that goes beyond the biomedical aspects of treatment to include the daily lives of people whose lives are impacted by the illness (Shakeel & Shahid, 2025; CDC, 2025). Current local literature emphasize that silence, stigmatization, and misinformation still shape how HIV is experienced in communities, which means that exploring personal narratives can provide deeper insight into barriers to treatment, disclosure, and psychosocial adjustment (Ateneo de Naga University, 2025; Atento-Altea, 2025). The relevance of this research is further supported by evidence that psychosocial factors, risk environments, and social vulnerabilities influence the lives of Filipino individuals affected by HIV, suggesting that adherence and coping cannot be fully understood through quantitative outcomes alone (Estacio Jr., Estacio, & Alibudbud, 2021; Olete, Strong, Leyritana, Bourne, & Monica-Ko, 2024). Additionally, the empirical research on HIV care and advocacy in the Philippine context preemptively predicts the emotional trauma of HIV-related events, thus the need to document how HIV patients in antiretroviral therapy perceive treatment, stigma, support, and survival in their own narrative reports (Melgarejo & Ganibe, 2025).

The study aimed to address the challenges experienced by people living with HIV who are undergoing Antiretroviral Therapy (ART). Many patients still face issues such as stigma, emotional stress, lack of knowledge about the treatment, and difficulty maintaining adherence to lifelong medication. The study also focused on individuals living with HIV right at the heart of Camarines Sur where the highest HIV cases in the country can be found. Understanding their lived experiences can guide health professionals, the government, and community-based programs in coming up with more responsive, humane, and acceptable intervention, thus resulting in higher levels of retention in care and well-being among HIV persons (Eustaquio et al., 2022; Spire & Ciaccio, 2026).

METHODOLOGY

Research Method

The current research was a qualitative study, particularly with an interpretative phenomenological analysis (IPA). This approach focused on understanding the personal experiences, perceptions, and feelings of people living with HIV who are undergoing ART. In-depth interviews were conducted to gather detailed information about their lived experiences.

Participants of the Study

The participants of the study were people living with HIV who are currently receiving ART. These participants were accessed through HIV treatment hubs, healthcare facilities, or support groups. They shared their experiences, challenges, and perspectives regarding their treatment and daily life while undergoing ART. The study ensured to respect the privacy and confidentiality of the participants.

Sampling Techniques

Purposive sampling was used which involved the use of criteria to select participants that fit the objectives of the study. Participants were considered eligible when they were clinically diagnosed with HIV, living in Camarines Sur, and is actively undergoing ART at the time of the study. These criteria were used in selecting from the population of active HIV cases found in health clinic.

Research Instruments

A semi-structured interview guide was used as the main research instrument. This was constructed by the researcher and underwent content validation to ensure the relevance and appropriateness of each interview items.

Data Gathering Procedures

The researcher obtained the required permissions of the relevant institutional authorities and the ethics review committee before data is collected. The consent was also received in the chosen healthcare facility or treatment hub, where the participants under antiretroviral therapy are enrolled.

Upon the approval, the potential participants that were selected and matched to the inclusion criteria were selected by coordinating with the healthcare personnel with appropriate strict confidentiality and voluntary participation. The participants were notified about the study purpose, nature of their participation, as well as their rights as respondents. A form of informed consent was handed out and properly explained to the participants prior to any actual data gathering being done. The researcher then conducted the interviews in a convenient and comfortable time and place to the participants so that privacy and confidentiality was maintained during the process. The discussion was conducted with the help of a semi-structured interview guide because it helped participants in sharing their experiences of living with HIV and receiving antiretroviral treatment freely. The interviews were audio-taped to capture the responses of the participants with the consent of the participants. Data retrieval was done immediately after every interview session. To record the significant observations, emotions, and contextual information, provided in the interview, the researcher recorded the audio recordings and made field notes. Transcription of the recorded interviews were done word-for-word to ensure that the genuineness of the narration of the participants was maintained. Data was safely stored and only the researcher was able to access all the gathered information to ensure confidentiality and preserve the identity of the interviewee. The interview transcripts and the field notes were organized for analysis. Data interpretation was done through Interpretative Phenomenological Analysis (IPA). Finally, data presentation was done by identification and coding themes based on the interview transcripts. The results were reported using narrative format accompanied by verbatim quotes of the interviewees to demonstrate their experience. Themes and subthemes were suitably grouped so as to reflect the similar and different experiences of people undergoing antiretroviral therapy.

RESULTS AND DISCUSSIONS

Table 1. Demographic Profile of the Participants

Participant	Age	Sex	Educational Level	Profession
P1	29	Male	College Graduate	Health Care Worker
P2	35	Male	College Graduate	Educator
P3	32	Male	College Graduate	Health Care Worker
P4	29	Male	College Graduate	Health Care Worker
P5	35	Male	Post Graduate	English Professor

P6	30	Male	Post Graduate	Educator

The study involved six (6) participants, all of whom were male and currently undergoing antiretroviral therapy (ART). Their ages ranged from 29 to 35 years old. In terms of their highest educational attainment, most participants were college graduates, while two had completed postgraduate education. Professionally, the participants were primarily employed in education and healthcare-related fields, including health care workers, educators, and an English professor.

Table 2. Challenges Experienced by People Living with HIV Undergoing Antiretroviral Therapy (ART)

Theme	Sub-Theme
Emotional and Psychological Challenge	Emotional distress and mental struggles
	Adjustment and coping over time
Knowledge and Perception of ART	ART as lifelong, non-curative treatment
	Concerns about side effects
Treatment Adherence and Barriers	Strong adherence practices
	Barriers to adherence
Physical Experiences and Health Changes	Side effects during treatment
	Improved health condition
Social Support and Isolation	Strong family and social support
	Lack of disclosure / isolation
Healthcare Provider Support and Services	Positive healthcare relationships
	System support for adherence
Structural and Social Challenges	Stigma and societal barriers
	Access and system issues

Emotional and Psychological Challenge

Emotional distress and mental struggles

Participants described experiencing emotional difficulties such as anxiety, depression, and shock following diagnosis and during treatment. Several participants reported changes in mood and mental state. P2 shared, *"It still adds to my depression… my life is fragile",* while P6 expressed, *"I was very shocked and disappointed with myself".* Similarly, P1 noted behavioral changes, stating, *"I easily get irritated… I lack patience now unlike before".* These responses reflected the psychological burden associated with living with HIV, particularly during the early stages of diagnosis and treatment.

Adjustment and coping over time

Despite initial distress, participants gradually developed acceptance and resilience. P1 stated, *"I have already good mental state… I become more cautious",* while P6 shared, *"This challenge makes me stronger".* Likewise, P5 expressed a sense of relief, saying, *"I feel more relieved and somehow secured with my health status".* This indicated that over time, individuals are able to adapt emotionally, especially with continued treatment and support.

The participants reported significant emotional distress following diagnosis, including anxiety, depression, and shock. These emotional responses reflected the psychological burden of living with HIV, especially during the initial stages of diagnosis when individuals struggled to process their condition. According to Melgarejo and Ganibe (2025), individuals living with HIV often experienced intense emotional labor as they navigate stigma, fear of mortality, and identity disruption. So, the participants' narratives, such as feelings of fragility and disappointment, highlighted how HIV diagnosis deeply affected mental health and overall well-being.

Over time, however, the participants demonstrated resilience and gradual emotional acceptance, suggesting that continued engagement in Antiretroviral Therapy (ART) contributed to improved psychological stability. Many participants described becoming stronger, more cautious, and more hopeful as they adjusted to their condition. This is supported by Eustaquio et al. (2022), who found that sustained treatment engagement and supportive environments help PLHIV developed coping mechanisms and improve emotional well-being. Thus, while emotional and psychological burden was prominent at the beginning, long-term adaptation was possible through consistent treatment and support systems.

Knowledge and Perception of ART

ART as lifelong but non-curative treatment

Participants demonstrated awareness that Antiretroviral Therapy (ART) is a maintenance therapy rather than a cure. P1 explained, "*This is just a maintenance… not totally a cure*". while P5 stated, "*This is just a lifetime medication… I'm gonna live a longer life*". Similarly, P3 noted, "*HIV medicines help people live longer and healthier lives*". This reflected adequate understanding of ART, which is essential for long-term adherence.

Concerns about side effects

Despite their awareness, participants expressed concerns about medication side effects. P2 shared, "*I am worried about the side effects in my kidneys*", while P4 reported, "*Sleepy, gives me headache, easily gained weight*". P6 also described discomfort, stating, "*I felt dizzy… not comfortable every night*". These concerns highlighted ongoing physical challenges that may influence adherence.

Participants showed adequate knowledge about Antiretroviral Therapy (ART) as a lifelong but non-curative treatment, which played a critical role in promoting adherence. Their understanding that ART helped control the virus and prolong life reflected effective health education and counseling. Just like what the Center for Disease Control (2025) highlighted, patient awareness and understanding of HIV treatment were essential in achieving optimal health outcomes and preventing disease progression. Knowledge about ART could empowered individuals to take responsibility for their health and maintain consistent medication intake.

However, despite this awareness, concerns about side effects and long-term health risks remained evident among the participants. Fears related to organ damage, dizziness, and other physical discomforts influenced their attitudes toward treatment and adherence behaviors. Even Ford et al. (2025) noted that while ART was highly effective, side effects still posed challenges, particularly during the early stages of treatment. So, addressing these concerns through proper counseling and monitoring was essential to ensure sustained adherence and reduced anxiety among HIV patients.

Treatment Adherence and Barriers

Strong adherence practices

Many participants emphasized the importance of strict adherence to Antiretroviral Therapy (ART). P3 stated, "*I never missed a single pill*", while P6 described routine behavior, "*It's always a system before I go to bed*". P4 also emphasized, "*Take your pill, stay alive*". These responses showed strong commitment to treatment, reflecting awareness of its importance for survival.

Barriers to adherence

However, some participants experienced challenges in maintaining adherence. P2 admitted, "*I forgot taking it because of stress and work*", and added that "*It is inconvenient… for those working more than 12 hours*". P3 also highlighted structural barriers such as "*stigma… lack of transport… emotional issues*". These findings indicated that adherence was influenced not only by personal motivation but also by external factors.

While many participants demonstrated strong adherence practices, such as maintaining routines and recognizing the importance of daily medication, several barriers or challenges were also identified. Participants highlighted challenges such as work demands, stress, and forgetfulness, which interfered with consistent medication intake. Olete et al. (2024) also reported that behavioral and lifestyle factors significantly influenced Antiretroviral Therapy (ART) adherence among individuals in the Philippines. This suggested that even motivated HIV patients struggled with adherence due to competing responsibilities and daily pressures.

In addition to personal barriers, structural and social factors such as stigma and transportation issues were also identified as challenges. Limited access to healthcare services and fear of discrimination discouraged some individuals from attending appointments or continuing treatment. Spire and Ciaccio (2026) emphasized that adherence was influenced not only by individual behavior but also by broader social and systemic conditions. Therefore, addressing these barriers required both individual-level interventions and systemic improvements in healthcare accessibility.

Physical Experiences and Health Changes

Side effects during treatment

Participants reported experiencing various physical side effects from Antiretroviral Therapy (ART). P3 shared, "*Nausea and fatigue… lasted for a couple of weeks*", while P4 reported "*headache… sleepy*". P2 also mentioned "*…difficulty sleeping*". These physical effects affected their daily functioning, especially during early treatment.

Improved health condition

Despite side effects, some participants noted improvements in their health over time. P2 stated, "*I have a strong immune system now*", while P3 shared, "*I felt more healthier since I started the treatment*". P6 also expressed, "*I feel secured… I will not die early*". This suggested that ART contributed significantly to improved physical well-being.

Some participants reported a range of physical experiences associated with Antiretroviral Therapy (ART), including both negative side effects and positive health improvements. Initial reactions such as nausea, dizziness, fatigue, and sleep disturbances were commonly reported, particularly during the early stages of treatment. These experiences reflected the body's adjustment to medication and could have been temporarily affected their daily functions. Actually, Ford et al. (2025) noted that while ART was generally well-tolerated, some patients experienced short-term side effects that required monitoring and management.

Despite these challenges, participants also reported significant improvements in their overall health, including stronger immune systems and a sense of physical security. Many expressed that they felt healthier and more confident in their ability to live longer lives. In fact, Center for Disease Control (2025) emphasized that consistent use of antiretroviral therapy led to viral suppression, improved immune function, and enhanced quality of life. These positive outcomes reinforced the importance of adherence and highlighted the long-term benefits of treatment.

Social Support and Isolation

Strong family and social support

Many participants emphasized the importance of family and social support. P1 described their family as "*my light of hope*", while P3 shared, "*They always remind me to take my medication*". Similarly, P6 stated, "*My family… served as my wings*". These responses highlighted the role of social support in promoting adherence and emotional stability.

Lack of disclosure and isolation

In contrast, some participants experienced isolation due to non-disclosure. P2 revealed, "*My family is not aware… I am fighting alone*". This indicated that stigma and fear of disclosure can lead to emotional and social isolation.

The presence of strong family and social support was found to play a crucial role in improving adherence and emotional well-being among the participants. Support systems provided encouragement, reminders to take medication, and emotional comfort during difficult times. Community and family involvement significantly enhance retention in HIV care and improve treatment outcomes (Eustaquio et al., 2022). Participants who received support reported feeling more hopeful and motivated to continue their treatment.

Conversely, some participants experienced isolation due to lack of disclosure of their HIV status, often driven by fear of stigma and discrimination. This lack of support negatively affected their emotional health and adherence behaviors. According to Estacio et al. (2021), stigma and fear of rejection remained major barriers to disclosure and social support among PLHIV. These findings highlighted the importance of creating safe and supportive environments where individuals feel comfortable sharing their experiences and seeking help.

Healthcare Provider Support and Services

Positive healthcare provider relationships

The participants expressed positive experiences with healthcare providers. P1 shared, "*They are very accommodating and supportive*", while P5 stated, "*Excellent… I will forever be indebted*". These responses reflected trust and satisfaction with healthcare services.

System support for adherence

Healthcare systems also provided practical support mechanisms. P1 noted, "*They make incessant follow-ups through calls and texts*", while P4 used "*Google calendar for reminders*". These strategies helped ensure continuity of care and adherence for some of the participants.

The participants reported positive experiences with healthcare providers, describing them as supportive, approachable, and actively involved in their treatment. Regular follow-ups, reminders, and open communication contributed to better adherence and trust in the healthcare system. It was Spire and Ciaccio (2026) who underscored that strong patient-provider relationships were essential in ensuring continuity of care and improving treatment outcomes. The responsiveness of healthcare providers played a key role in maintaining patient engagement.

On the other hand, structural barriers such as transportation difficulties and access to healthcare facilities continued to affect some participants. These challenges hindered regular clinic visits and medication refills, particularly for those living in geographically isolated areas. According to Atento-Altea (2025), there was a need for improved healthcare accessibility in regions with high HIV prevalence. Addressing these systemic issues was essential in ensuring equitable access to HIV care and improving overall treatment adherence.

Structural and Social Challenges

Stigma and societal barriers

Participants acknowledged stigma as a persistent issue. P3 stated, "*Stigma… affects adherence*", while P1 shared, "*I am conscious with how others see me*". This highlighted the ongoing impact of stigma on the lives of PLHIV.

Access and systemic issues

Structural barriers such as transportation and healthcare access were also identified. P3 mentioned "*lack of transport*", while P6 emphasized the need to "*ensure that everyone has*

> *access to HIV healthcare*". These findings underscored systemic challenges affecting treatment continuity.

It seemed stigma has remained a significant challenge affecting the participants' experiences, influencing both their emotional well-being and treatment behaviors. Participants expressed concerns about how others perceive them, which has led to fear, shame, and reluctance to disclose their status. Shakeel and Shahid (2025) also identified stigma as a persistent barrier in addressing the growing HIV epidemic in the Philippines. Stigma not only affected individuals psychologically but also limited their access to support systems.

Furthermore, it was the stigma that contributed to social isolation and had discouraged individuals from seeking healthcare services or adhering to treatment. Busza et al. (2023) stated that stigma and discrimination continued to hinder effective HIV prevention and treatment efforts globally. That is why, addressing stigma through education, awareness campaigns, and inclusive policies was therefore essential in improving both psychological outcomes and adherence among PLHIV.

CONCLUSION

This study explored the lived experiences of people living with HIV (PLHIV) undergoing antiretroviral therapy (ART) where findings revealed that the participants experienced significant emotional and psychological challenges, particularly during the early stages of diagnosis, including anxiety, depression, and fear. However, over time, many of the participants developed resilience and acceptance, demonstrating the capacity to adapt to their condition with the help of continuous treatment and support. The study also found that the participants generally possessed adequate knowledge about antiretroviral therapy (ART) as a lifelong but non-curative treatment, which supported adherence. Despite this, side effects, work-related demands, stigma, and structural barriers such as transportation continued to pose challenges in maintaining consistent treatment. Importantly, social support from family and healthcare providers emerged as a critical factor in improving adherence and emotional stability, while lack of disclosure contributed to isolation among some participants.

Overall, the study highlighted that the experiences of PLHIV were shaped by a complex interaction of individual, social, and systemic factors. By providing insight into people's lived experiences, this study emphasized the need for holistic, patient-centered, and stigma-free interventions to improve retention in care and overall quality of people living with HIV (PLHIV) undergoing antiretroviral therapy (ART).

RECOMMENDATIONS

Based on the findings of this study, several actions are recommended to address the challenges experienced by people living with HIV (PLHIV) undergoing antiretroviral therapy (ART). There is a need to strengthen psychosocial support through the provision of regular counseling services, mental health programs, and peer support groups to help HIV patients cope with emotional distress and psychological burden. Healthcare providers should also enhance HIV patient education by continuously informing individuals about antiretroviral therapy (ART), including its benefits, limitations, and proper management of side effects, to promote better adherence and reduce anxiety related to treatment. To address structural barriers, healthcare systems should implement more flexible and accessible treatment strategies such as community-based ART distribution, multi-month dispensing, and alternative medication pick-up arrangements for individuals with demanding work schedules or limited access to transportation. In addition, intensified anti-stigma campaigns should be conducted by government agencies and health institutions to reduce discrimination and encourage openness, in doing so improving social support and treatment adherence. Family involvement should also be encouraged through education and awareness programs, as strong support systems have been shown to positively influence patients' well-being. Lastly, healthcare providers should continue delivering compassionate, patient-centered care, including consistent follow-ups and adherence monitoring, to ensure sustained engagement in treatment and improved quality of life among PLHIV.

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