

“POSITIBO”: ACHIEVING WELL-BEING AMONG YOUNG PEOPLE LIVING WITH HIV IN CEBU CITY

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The sense of well-being is often significantly appreciated in terms of the meaning that we attach to suffering. This paper examines the cases of three young people living with HIV (YPLHIV), discussing the transformations in their understanding of what it means to be HIV-positive, as they contracted HIV, were diagnosed, and continue to suffer both physically and socially from being HIV-positive. Narratives about being ‘*positive*’ provide tropes for understanding the experiences of those that have been diagnosed HIV-positive, an increasing percentage of which are the youth. The concept of well-being, and alternatively that of suffering, held by these three YPLHIV currently living in Cebu City, are analyzed as constructs within socio-economic and political frames, to interrogate the discourses on being ‘*positive*’ and the practice of agency among the HIV-positive as a marginalized sector of our society.

Keywords: *Suffering, youth vulnerability, identity, YPLHIV*

*...there are many forms of resistance not recognized in
orthodox revolutionary strategy -Nadine Gordimer
(Something Out There, quoted in Comaroff 1985:0)*

Introduction

How does an individual cope with a life-changing event that has physically and socially debilitating consequences? How does a person respond when these are systemically perpetuated? This study inquires into the meaning of ‘being well’ held by three young people living with HIV (YPLHIV) in Cebu City.

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Meanings of well-being will be reconstructed and explored in this article within the “project of recreating normality” (Das et al. 2001) which young people may undertake after the traumatic event of being diagnosed HIV-positive. By examining their practices in everyday life, the processes by which YPLHIV negotiate their new identity label and engage with institutions and social groups are unveiled. Within the narratives of YPLHIV of their everyday struggle to find a voice in a society that has assigned them a role apart from the rest, can be identified “agentive moments” (Daniel 1995) for recognition in the socio-political spheres of their society. Agency is understood in this work as a “form of resistance to collective representations” (Das 2001).

This work is focused on how YPLHIV activists, and at times volunteers, have responded to the conditions that beset them, problems which are perpetuated by social forces that construct “structured risks” (Farmer 1996) for sectors of the society that are marginalized due to poverty, sexism, and even regionalism. I am also using the lens of ‘Youth Studies’¹ to understand the plight of my informants. It is my argument that the youth of society experiences a set of structured risks that is further imposed on them by the general older population.

YPLHIV in Cebu City

In May 2012, a raid was conducted by the Cebu City Police Office at Barangay Kamagayan where 19 suspected drug users were arrested. One of the suspects, a 21-year-old female, stated that she had been doing drugs to cope with personal issues rooted in lack of financial support and the distance from her parents who are residing in Negros Occidental (Maru 2012). “Most of the female IDU [Injection Drug User] that I know in Kamagayan are also involved in paid sex,” recounted Bro. Paul Bongcaras, a member of the Divine Word Missionaries (SVD) who has been working with females in prostitution and IDUs for two decades. He added that these women are vulnerable to HIV as they practice unsafe sex and unsafe injecting drug use. The socio-economic strains that they are experiencing range from being orphans to being single parents without formal education and hence, less chances of accessing good-paying employment. Suffice it to say that the majority of the people subject to HIV vulnerability in Cebu City are those that occupy the base of the social ladder, which is permeated by issues of poverty, sexism, and regionalism.

¹[‘Youth’ ends at around age 35.]

Cebu City has been identified by the Philippine National AIDS Council (PNAC) as a region with a growing population of PLHIV. According to the report of the Cebu City Multi-Sectoral HIV/AIDS Council (CCMSC), it was in 1989 when the first three cases of HIV positives were reported to the regional office of the Department of Health. This number increased minimally over two decades, with just a few accounted cases per year. It was in 2010 when a significant increase was observed: 176 cases were found.

Cumulatively, between 1989 to 2012, a total of 565 cases have been recorded, of which 419 were related to Injecting Drug Use (IDU). The CCMSC also reported that the ages of the registered HIV-positives range from 17 to 79 years old (CCMSC 2012). The initial outbreak of HIV in the city was identified in specific barangays that were known as centers for acquiring illegal drugs and sexual commerce. The statistics alone do not effectively convey the extent of the people's experience of this social issue. As Farmer put it, "the 'texture' of dire affliction is perhaps best felt in the gritty details of biography" (1996:262-263).

It is through the lived experiences of Matet, Christopher, and Nanette that I shall illustrate the interrelationships of social forces and personal responses to HIV. In their accounts, individual responses can be understood within the context of structured risks that define and even delineate their exercise of agency.

We cannot suffer with the poor when we are unwilling to confront those persons and systems that cause poverty. We cannot set the captives free when we do not want to confront those who carry the keys. We cannot profess our solidarity with those who are oppressed when we are unwilling to confront the oppressor. Compassion without confrontation fades quickly to fruitless sentimental commiseration (McNeill, Morrison, & Nouwen 1982:122).

Matet's story. Matet grew up in a home environment of daily struggle against abject poverty. Her mother worked as an entertainer in a nearby town while her father (whom she had only met at age 9), was known to be a member of the New People's Army. Matet grew up accustomed to seeing her mother with various men whom she knew were her customers. Their house is situated opposite of a nightclub where women serve as entertainers. Matet, however, had not been enticed into participating in this economy. Apart from serving as an informal car attendant for the club, she was attending to her studies.

When Matet was in high school her father came back and offered a more stable home for them. Her mother agreed despite knowing that he was living with another female companion. They shared a house in an informal settler area in the city. This situation did not last long as her father was recalled by the organization and was assigned to a different province. Having experienced the ill-temperedness of her father in several instances of physical abuse, Matet was disposed to leave the area with her mother and seek a more economically and socially liberating environment.

Their decision led them to Manila. There, Matet dropped out from high school and opted for employment abroad. She said, "I saw my neighbors who left to work abroad come back with a lot of cash and gold jewelry. I thought to myself, this could be the thing that could get us out of poverty". Despite underage status, Matet was able to maneuver getting employment overseas. According to her, the regulations of the Department of Foreign Affairs at that time were not as strict as today. She was a 17-year-old Overseas Filipino Worker (OFW) in Qatar. She narrated that her experiences there were not what she expected. She was serving several employers who required her to work from five o'clock in the morning to 12 midnight. While in Qatar, she developed a relationship with another OFW in Saudi Arabia through correspondence. They agreed to get married when they would go home to the Philippines. At the end of her 2-year contract in Qatar, she came back to the Philippines, but waited in vain for her partner was not able to comply with their arrangement. With her mother pressing for financial support, Matet found herself applying for an overseas post again. This time she got a placement in Malaysia.

Her new employers were considerably different from the previous ones. On her day off she would go to a shopping mall frequented by other OFWs. There she became acquainted with various personalities and the activities of fellow OFWs. To earn more money, some female OFWs would indulge in buy-and-sell activities, some would find lovers who might give them extra money, or even provide sexual services to foreigners. She later met a Malaysian who became her lover. They soon rented a house where they would spend their days-off together. A crisis in their relationship started when she got pregnant and soon after learned that her lover was married. Due to existing laws on overseas workers in Malaysia, her condition could not be publicized. She did not inform her employers about her condition even after she left on her fifth month of pregnancy. She lived with her partner until she gave birth. However, when the 1997 economic recession hit Malaysia, her partner was imprisoned for unpaid debts. This left her and their daughter to fend for themselves. From experiencing unpaid utility bills to total absence of food supply, Matet and her daughter saw themselves in

desperate need and without institutional aid as she was already overstaying at that point. It was only through the help of a fellow Filipina who lived in the same housing complex that she was able to mitigate the situation and be able to get back to the Philippines with her daughter. They entered the country with fake papers.

With her daughter and family to support, Matet applied for placement abroad again, this time in Dubai. Her employers were not as affluent as her former employers in Qatar and Malaysia. Her male employer turned out to be both physically and sexually abusive. She was raped multiple times, and in some occasions by the male employer's brother, whenever her female employer left to attend to her business. When I asked her why she did not try to fight him off or even run away, she answered, "I cannot possibly risk killing him because the laws in Saudi [Arabia] may not support me. I also did not know anybody who can help me. My mother needs the money that I was sending especially for my daughter". It was when her female employer, who at that time was already suspecting something going on in her home, confronted both Matet and her male employer that she partially disclosed the abuses that were being done to her. She did not reveal that she was raped because she was still wary of her female employer's motives and possible reactions. The latter escaped with her when the male employer attempted to kill both of them. The female employer later helped her get to the embassy where she was assisted to travel back to the Philippines.

Upon her return to the Philippines, Matet found that her mother had not saved anything from the money that she had been sending. Her daughter has also grown quite detached from her. As their unpaid bills posed economic stress on the family, she considered, yet again, overseas work. After having the mandatory medical exam, Matet was led to a series of alternative procedures. It was then that she realized that there was something wrong. She was later informed that she was positive with HIV. "When they told me that I was '*positive*', everything just went blank. I have heard of HIV with the Sarah Jane talks that were being given but I never knew that it could be so real. I thought of not being able to work abroad anymore. I thought of not being able to support my daughter and my family," recounted Matet.

Like most YPLHIV, her initial and greatest dilemma was how to disclose this status to members of her social circle. "During the first months of knowing, I was highly depressed. I did not know how to cope with my situation nor how to inform my family about it," Matet said. It was through the counseling program of the Positive Action Foundation Philippines, Inc (PAFPI) that Matet received help. Initially, she served as a volunteer and was tasked to give counsel to other YPLHIV. She was later asked to create

satellite projects to cater to PLHIV outside of Metro Manila. Asked about her current thoughts on being ‘*positive*’, she answered, “Sometimes I even forget that I am ‘*positive*’. I am living a good life with my husband and two children. I have good relationships with the members of our organization and we are reaching out to a lot more people needing counseling and care”. Matet recently gave birth to their third child who is, just like his sisters, HIV-negative. Today, Matet lives with her husband, a fellow activist and PLHIV, and their three children.

While many of the challenges facing gay, bisexual, and trans men are daunting, it's important to recognize that many gay men, both HIV-positive and -negative, remain healthy and make important changes to further improve their health, individually and in the communities where they live.
—David Ferguson, Utah AIDS Foundation (Highleyman 2005)

Christopher’s Story. Christopher and his team involve themselves in fundraising activities for their PLHIV organization: from producing tumblers and pins, printing shirts, and making souvenirs for sale, to providing technical services to Manila-based NGOs. Christopher’s brother has also been a constant source of financial support. “So technically, all of us are volunteers. What I’m trying to do now is personally get projects and then I’m hiring people in order to really sustain the people’s needs—in order to address the needs of the *kapositan*”. “*Kapositan*” is a term used by YPLHIV to refer to themselves. According to Christopher, this term was first used by PLHIV activists based in Manila. It is derived from “*positibo*” (positive).

When a YPLHIV lacks financial support, in some cases the alternative is to return to their former mode of subsistence, which may include risky behaviors such as commercial sex and drug trafficking. During this study, two wards of Christopher’s organization left without notice to return to their villages and continue the risky behaviors that had already made them vulnerable to HIV. When asked about the situation, Christopher lamented that he felt helpless when the two took off and decided to go back to drugs and commercial sex, especially given that they both left their infants who are still in need of maternal nurturing. “They left because they were not yet part of the paid workforce of the organization. I had to make sure that they are already rehabilitated before I could give them jobs,” said Christopher.

Another challenge that Christopher faces as president of the organization is the scrutiny that they get from other NGOs and even from his social circle of ‘men having sex with men’ (MSM). The organization’s members who are MSM have been accused of hypocrisy as they are believed to be practicing

unsafe sex with multiple partners. As a member of another NGO in Cebu City who I interviewed claimed, “How can you possibly believe in the work of those people? I know them. I have seen them with multiple partners and it is a known fact that they are having unprotected sex with those they pick up in bars.” Christopher did not deny that some members continue to practice risky behaviors. However, he argues that this is not a general practice and that members are given intensive counseling about unsafe sex.

Today, one of the key operations of the organization is the campaign with MSM. The number of MSM diagnosed positive with HIV in Cebu is increasing, especially within the age range of 17-29 years old (CCMSC 2012). Christopher and his team have intensified their campaign, launching various programs intended to attract the attention of the MSM.

However, the pervading attitude towards MSM inclines toward mockery and disdain. “*Bakla kasi* [because he’s gay], are the comments that we hear from the public when we try to explain to them the vulnerability of the MSM to HIV”, explained Christopher, getting the MSM to participate in these activities is a challenge.

The obscenities of this country are not girls like you. It is the poverty which is obscene, and the criminal irresponsibility of the leaders who make this poverty a deadening reality. The obscenities in this country are the places of the rich, the new hotels made at the expense of the people, the hospitals where the poor die when they get sick because they don't have the money either for medicines or services. It is only in this light that the real definition of obscenity should be made.
(Jose 1994:25).

Nanette’s Story. The province of Leyte was identified in 2009 as among the country’s top 10 provinces with the highest percentage of poor families, at 2.9 percent or 110,214 poor families (NSCB 2011). The main sources of livelihood in this province include fishing, agriculture, and woodcraft. In Nanette’s village, her father’s source of livelihood depends on the demand for laborers, “if there’s a need for a fisherman, he gets to be a fisherman. If they need a carpenter, he becomes one”. To augment their family’s income, Nanette and her three sisters would accompany their mother to sell barbeque and fried bananas.

Nanette’s parents insisted that education is their only leverage to be alleviated from poverty. With her three sisters all in college, Nanette had to wait for her turn. The crisis in the family started when her two elder sisters

got pregnant while still in school—Nanette’s chance of being sent to college was dependent on the possibility of them having jobs after college. Through the help of her third sister, she got into college and got a scholarship as part of the school’s Dance Troupe. During this time, she was in a relationship with a man five years older than her. As she was living in the College’s dormitory, they were able to have a more intimate relationship. “I was okay with the kissing but I did not want to have sex with him. He was always insisting that if I truly love him, I would have sex with him. After two years, and because I thought I love him already, I gave in and we had unprotected sex”. A few months later, Nanette was pregnant. She was in her senior year; she related that breaking the news to her parents was the most difficult part. “I was worried about how my father would react. We will be the talk of the village again and I was an SK [*Sanguniang Kabataan*] chairman then. What would people say?”

After giving birth and finishing her college degree, Nanette went to Manila to apply for jobs. Call centers became her primary goal as she learned they could provide high compensation. However, due to her regional accent and the unpopularity of her university, she was not accepted in any of the establishments that she applied to. She considered being a saleslady then but she was not hired due to over-qualification.

Not wanting to ‘appear unsuccessful’, she opted to stay in Manila as an entertainer in a small nightclub. “I took the job despite the fact that I had a college degree because... I was hoping to go to Japan as an entertainer just like my cousin”. The demands of her family and her son prompted her to engage in other activities related to her job. She learned from her co-workers that “extra service” would earn her three times her salary as an entertainer. It was at this point that she ventured into commercial sex. From a meager ₱3,000 a month pay as a dancer and videoke singer, her income leaped to ₱30,000 per month. She would send this money to her family in the province. They were not aware of how she was earning it. “At times I felt like I was being abused by my family. Before I would only send ₱3,000 and they would make it through a month with that. Then, I started sending more and they would still call me up to ask for additional support. I asked my father, what have you been doing with the money that I’m sending you? What if I get sick? What will happen to all of you?”

When the plan to go to Japan did not materialize, Nanette considered an offer to go to Dubai as a commercial sex worker. There she served under a “*mamasang*”.² Nanette was earning well by being an escort or performing

² [‘*Mama-san*’ - female controller of a group of prostituted women.]

sexual services for multiple customers. She also took a day job as a Café waitress. As she merely had a tourist visa she needed to exit the country every two months, and re-enter after a week. On one such attempt to re-enter, she underwent a mandatory health test. She found out she was positive for HIV. “Everything collapsed. I was told that I was going to die in a few months by the health professional. I thought of my son and my family. How was I going to support them now? Who would help them now? I went into a state of depression. I had no hope.”

Nanette and her companions who tested positive were detained in an isolation center for 14 days as part of the country’s protocol. She was then deported back to the Philippines. To confirm the findings, Nanette went to a clinic in Manila to have herself tested again. The clinic confirmed that she was HIV-positive. Concerned that she may be putting her family at risk for HIV, not to mention the social stigma for them once the story gets out, and given the lack of health facilities for dealing with HIV in Leyte, Nanette went to Cebu where, using her own savings, she subjected herself to a series of tests to know more about her health status. To date, there are few laboratory tests that are free for PLHIV, they also need to pay for some necessary vaccines. The PLHIV are lobbying the government to allocate more for the treatment and care of PLHIV, most of whom are financially challenged.

In Cebu, Nanette was introduced to Christopher’s organization. She was later drafted to be one of the volunteers involved in the facilitation of treatment and care or assistance for fellow YPLHIV. “My father questioned my decision to be part of the organization in Cebu. I told him that it was better for me to get out of our house and be involved in this advocacy because I feel more stressed seeing the concerns my sisters have and the secret that I have to keep on hiding from my mother”.

Today, Nanette is an active member of a PLHIV organization. Her son visits her in the Cebu during school breaks.

Structured Risks and Structural Violence

Within a system which denies the existence of basic human rights, fear tends to be the order of the day. Fear of imprisonment, fear of torture, fear of death, fear of losing friends, family, property or means of livelihood, fear of poverty, fear of isolation, fear of failure. A most insidious form of fear is that which masquerades as common sense or even wisdom, condemning as foolish, reckless, insignificant or futile the small, daily acts of courage which help to preserve man's self-respect and inherent human dignity. It is not easy for a people conditioned by fear under the iron rule of the principle that

might is right to free themselves from the enervating miasma of fear. Yet even under the most crushing state machinery courage rises up again and again, for fear is not the natural state of civilized man. (Suu Kyi 2010:194)

The Philippines unemployment rate in 2000 was identified at 11 percent as a result of the fall of agricultural employment which was theorized to be a backlash of the 1996 Asian Financial Crisis. In 2001, the United Nations Public Administration Network (UNPAN) in cooperation with the International Monetary Fund released a report documenting the country's Labor Market Indicators. It must be highlighted that the most affected sectors of unemployment are women who are residing in urban areas. In terms of underemployment, the typical profile is that of a woman in a rural area (Brooks 2002). According to the recently published report of the United Nations Population Fund, 53 out of 1,000 Filipinas aged 15-19 have experienced teenage pregnancy (*Inquirer News* 2012). This phenomenon is attributed to several factors such as media exposure, lack of proper sex education, and drug abuse. As early as 2002, high incidence of teenage pregnancy has been identified in Leyte (Gorne 2006), Samar (Reyes 2010) and Cebu (JGA 2012).

The stories of Matet, Nanette, and Christopher are not so unique. The behaviors that put them at risk to the biological disaster known as HIV-AIDS are merely their responses to the enveloping realities of Philippine society that they have faced. Even before Matet was raped in Saudi Arabia and Nanette found the work of commercial sex to be her main option, they were already made vulnerable by systemic risks. Philippine society has structurally imposed such risks on women as members of a sector—the poor. I am highlighting the combination of being poor and being a woman as integral to their structured oppression. Both Matet and Nanette were subjected to their circumstances not just because they are women but also because they are poor women. This does not imply though that the lives of poor men in the country are not part of a systemic form of violence as they face alternative forms of structured risks. However, a poor Filipina would be at greater risk of being raped, trafficked, and generally commoditized compared to her male counterparts.

In the post-diagnosis experiences of the three informants, it can be observed that Matet and Nanette had more difficulty coping with the financial and health repercussions of being 'positive' than Christopher who was financially stable.

Another social force that put Matet and Nanette at risk is the pervading urban-centric perspective in the country— that is to say, economic mobility,

and correspondingly social mobility, is perceived to be more possible in the urban centers than in rural areas (Jolipa 1980, Dumaraog et al. 2012). The high underemployment rate in rural areas and the perception that urban areas offer options for employment, drives rural residents to the urban centers. However, as discussed earlier, this is also a myth.

It can be noticed that the final option for both Nanette and Matet when their goal of economic mobility was not accomplished in Manila was to seek placement in overseas employment. These careers would more often be in the service industry. It was through this experience, after being subjected to various layers of structurally-defined violence against women—from being raped to being trafficked—that both acquired their '*positive*' status. In the accounts that they have provided, it can be observed they did not claim for the injustice done them in these forms of violence against women. They opted to embrace their circumstances with the thought that employment, and hence income, is more important since their families are economically dependent on them.

Youth vulnerability

It is an illusion that youth is happy, an illusion of those who have lost it; but the young know they are wretched for they are full of the truthless ideals which have been instilled into them, and each time they come in contact with the real, they are bruised and wounded. It looks as if they were victims of a conspiracy; for the books they read, ideal by the necessity of selection, and the conversation of their elders, who look back upon the past through a rosy haze of forgetfulness, prepare them for an unreal life. They must discover for themselves that all they have read and all they have been told are lies, lies, lies; and each discovery is another nail driven into the body on the cross of life. (Maugham 2006:260)

The social forces that make the youth sector vulnerable to HIV could be linked to the general “social infrastructures” (Farmer 1996) that were discussed in the preceding section: poverty and economically-related issues. In some cases however, the forces that oppress the youth come from “social superstructures” such as gender and religious affiliation. In the case of Christopher, poverty was not an issue that he had to combat as a young person. In fact, his financial support had even allowed him to experience alternative lifestyles. What made him vulnerable was the systemic blocking of information on safe sex and reproductive health in Philippine society. Even as a student of health sciences, he was not fully informed of the threat of HIV for sexually active people. He was not aware of how vulnerable the gay population is to HIV. In a majority Catholic nation where the usage of

condoms is not condoned by the Church, sexual activities among youth are more often performed without any form of protection.³

Although Philippine society acknowledges the gay population, information campaigns on HIV-AIDS usually target the heterosexual group. The stigma that comes with being gay or lesbian puts this sector at greater risk as they attempt to live double lives to fit the social stereotypes. The pervading culture of masculinity also imposes the behavior of “silence” that disables men from disclosing their issues (Moffat 2012). This exacerbates the lack of awareness of gay men of the risks in their practice of their sexuality and hence increases their vulnerability to HIV.

Counseling and education on HIV prevention could have mitigated the vulnerability of the youth sector. However, with the rate of youths being diagnosed positive with HIV constantly increasing both nationally and globally, it is apt to say that the campaigns are not as efficiently reaching their clientele. The youth are experiencing layers of stigmatization, oppression, and marginalization; voiceless, uneducated, and socio-economically challenged (IRIN 2007).

Suffering and ‘well-being’

Injustice, poverty, slavery, ignorance — these may be cured by reform or revolution. But men do not live only by fighting evils. They live by positive goals, individual and collective, a vast variety of them, seldom predictable, at times incompatible.
(Berlin 1950:93)

The concept of well-being is often signified by the meaning that we attach to suffering. As the YPLHIV experience marginalization through the status of being HIV-positive, they have reconstructed the meaning of ‘being well’ which provides them with a new identity. Das et al. (2001) have argued that “the experience of subjugation may itself, when owned and worked upon, become the source for claiming a subject position”. Through the challenges being YPLHIV has imposed on them, Christopher, Nanette, and Matet have repositioned themselves in society by accepting their health status and reinventing themselves as pertinent voices in society through HIV advocacy work. After retrieving their voices through advocacy work, their healing, and consequently their sense of well-being, commenced. A statement that they would often say concerning their status is: “We are ‘*positive*’ but we are not negative.”

³ A similar observation has been made in Zanzibar, a predominantly Muslim society where the use of condoms is forbidden (IRIN 2007).

In the lives of Christopher, Matet and Nanette, we saw the social forces that induced suffering and which ultimately led to their status as *'positives'*. We have seen how, after they tested HIV-positive, their voices were further muted through systemic forms of abuse that social structures, which favor certain sectors of our society, made acceptable. We have seen how from being oppressed, these people redefined their notions of themselves and their *'positive'* status.

Their *'positive'* status had initially subjected them to various forms of suffering: being ostracized by family members, discriminated against by members of society, and even feeling personal guilt and shame. In one of our conversations, Matet said "I would not have been incapable of helping my family if I did not contract HIV." A similar sentiment was voiced out by Nanette who said, "my son could have had a better life if I'm not *positive*". These statements relate the feeling of guilt both shared as they narrated to me their financial struggles; they do not have a "regular" well-paying job and only a meager income as NGO workers. Apart from this, they struggle about whether to inform their families who subscribe to a 'local moral world' (Kleinman 1988) wherein being HIV-positive could be equated with being stricken by misfortune for offenses that are committed against the prescribed morality. Nanette said, "I can't tell my parents because they will think that we were hit by karma or *gaba*". "Karma" as used in this context does not refer to the Hindu belief. Instead it relates to punishment to an erring individual in his lifetime. *Gaba* is similarly believed to happen when a person has committed transgression against another individual. The supernatural- or God-given punishment could be in the form of losing possessions, sickness, or even death.

This perception is also linked to out-of-marriage pregnancies, deemed as disgraceful in a widely Catholic area. Nanette added that she did not tell her eldest sister that she is *'positive'* as the latter has a tendency of telling such stories to everyone she knows: "If the word comes out that I have a disease that one can get through sex, we will all be ostracized: me, my son, my family. No one will eat in our cafeteria anymore because they would not want anything to do with me".

For this reason, Nanette hid her *'positive'* status from her family and neighbors for months. When she was in her hometown and was not being seen outside her home, Nanette's neighbors circulated the story that she had gotten pregnant again out of wedlock. This was what led Nanette to the health services located away from her province. This is a trend that can be observed in other provincial HIV health centers: the 'shame' that PLHIV

feel drives them to secure treatment from clinics distant from their hometowns, as they seek to ensure the confidentiality of their status.

Das has argued that “(b)eing cast out of the social community coupled with a diminished sense of worth reduces the capability of the afflicted person to seek help even when this is in objective terms, easily available” (2001:4). Matet who lives with her husband and children in a house adjacent to her husband’s relatives’ houses, has experienced being ostracized by her in-laws. This was noticeable especially when she decided to disclose on national television about her status and that of her husband. She narrated of their confrontation, “they told me not to disclose publicly because people may think that their area is *contaminated* with their disease”. It is apparent that there is the notion of the “spoilt identity” (Das 2001) in the perception that Matet and her husband are contagious.

The experiences of Christopher in relation to his ‘*positive*’ status are distinct from those of Nanette and Matet in the sense that people would often associate his status with the lifestyle that he had. He had multiple male sexual partners and was working in a call center when he found out that he was ‘*positive*’. In one interview, he said that “people would always say that I had it coming: I was sleeping around and I was in a call center.” The perception that HIV is primarily acquired by people belonging to the gay sector and call center industry has been further perpetuated by the media. Headlines like “HIV cases soar among Filipino yuppies, call center workers” (abs-cbnNEWS.com 2010) and “Gay sex spikes HIV figures” (Naval 2013) promote discriminatory perceptions which engage the public in a “geography of blame” (Farmer 1996) instead of alleviating the worsening social condition in which PLHIV live.

It is in the process by which the YPLHIV regain their voice in a socio-political setting where their opinions and needs are muted, that healing is experienced. As they remake their identities from being females in prostitution or sexually active young gays to being NGO workers actively engaged in policy formation for the PLHIV society, their “spoilt identities” were reconstructed and healed.

During our informal discussions, I asked each of them how they felt about themselves at this stage of their lives. Christopher said that this is his proudest period as he has been able to make meaning of his life beyond the mundane pursuits that he used to have. “Before, I would just be concerned with how and where to spend my salary. Now, with the advocacy at hand, I have a greater purpose. I am helping my fellow PLHIV.”

Nanette shares the same sentiment, “my priorities have changed now. I don’t feel the need to just keep on toiling for money so I could support my family. Now, I feel freer.” The transformation in her role in society, from being a female in prostitution to a peer counselor, has given her the self-worth that she has lost that day that she took off her clothes in a club in Manila for ₱500. She also reoriented her notions of sexual activity as something that should be done in consensual and unpaid circumstances.

Matet, after 11 years of activism, decided to retire and focus on her family. She explained her reasons saying, “I believe that it is now time for me to prioritize my husband and my children after years of serving my fellow PLHIV. I can see that our organization is gaining more volunteers who are young and are in need of experience. By stepping down, I know that they would be given chances of performing tasks on their own. We need a new generation of PLHIV activists.”

Matet, Christopher, and Nanette, though already claiming that they are experiencing better days, are still subjected to structural violence. Suffering is perhaps a constant companion of the marginalized sectors of our society as the forces that make them suffer are continuously reified by the benefiting sectors. The fate of a victim of HIV whose life is ‘meaninglessly ending’ is being circumvented by these three informants through their engagements as NGO workers who are helping their fellow PLHIV. However, given the limitations of the Philippine legal framework relating to the resolution of the increasing numbers of people testing positive of HIV and given the challenges that the PLHIV sector faces, the extent to which HIV advocates like Christopher, Nanette and Matet could exercise and extend their agency becomes limited.

The failure of Republic Act 8504 (“The Philippine Aids Prevention and Control Act of 1998”) to address the growing HIV epidemic demonstrates the inherent gaps in policy. One example is how the broad application of the law neglects sectors like the IDU who are identified to be statistically significant in Cebu, Zamboanga, and Davao (Bagas 2012). Another systemic problem is that of the colliding perspectives of laws that are pertinent to the resolution of the HIV epidemic. For example, RA 9165 or the “Comprehensive Dangerous Drugs Act of 2002” is punitive in its treatment of people who inject drugs. Therefore harm reduction strategies that the RA 8504 could accommodate like a needle and syringe exchange program could not be implemented because the RA 9165 considers needles and syringes to be drug paraphernalia (De Jesus et al. 2013).

The lack of social mechanisms that could secure the education of Matet’s and Nanette’s children could perpetuate the same social suffering that they

have experienced. The denial of state allocation in the budget to enable a more aggressive and comprehensive campaign on HIV and reproductive health could lead to more cases like Christopher's in the next generation of young MSM. Alas it could be a vicious cycle of systemic oppression and neglect. The social and economic forces that further the social suffering of vulnerable sectors of our society need to be addressed. It is then that papers such as this will be written in a different light—where a discourse on well-being need not be predicated by that of suffering.

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