STUDENTS WITH SPECIAL NEEDS IN A STATE UNIVERSITY IN THE PHILIPPINES

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Abstract

This study focuses on profiling university students with disabilities, indigenous students, and single parents. The descriptive research design was utilized to describe the students with special needs in terms of their grade level, degree program, age and gender, scholarships, grants and loans, other benefits availed of and problems encountered, and needs. The tribe and language spoken by the indigenous students, the prevalence of the student's disabilities, and the source of income and number of dependents of solo parents were also described. Using the aforementioned descriptions, this study determined the significant profiles of indigenous students, single-parent students, and students with disabilities. It has been noted that indigenous students' dialects and proximity were some factors in choosing the higher education institution they enrolled in. Regarding the students with disabilities, 2 out of every 1000 college students have either a psychosocial disability, an orthopedic disability, or a hearing impairment. Meanwhile, the solo parents are pursuing their tertiary education despite being separated from their partners or spouses with the aid of their family members. Moreover, the higher education institution and the government lack financial support solely intended for students with special needs while pursuing their respective degrees. It is hereby recommended that the program chairperson assign lecture rooms and laboratories for students with orthopedic disabilities on the first floor. Further, to proactively determine the students with special needs and elicit empirical data, admission forms, enrollment forms, cumulative record forms, and other necessary documents may be revised and used.

Keywords: *indigenous students, solo parents, students with disability*

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1.0 Introduction

The World Conference on Education for All, an international conference focused solely on education, took place in 1990 in Jomtien, Thailand. The Global Declaration on Education for All was adopted as a result of the Conference, which was organized by UNESCO, the World Bank, UNICEF, and the United Nations Development Programme (UNDP) (the Jomtien Declaration). Following this meeting, governments of industrialized countries and international organizations started concentrating on supporting education for all (EFA) as a goal that should be shared by all countries. EFA then gained international traction as a slogan for educational cooperation. Such a concentration had a significant impact on low-income countries' educational policies (Kuroda, 2016). The Millennium Development Goals (MDGs), which launched a global initiative to combat poverty in 2000, came after the EFA. In addition to other development targets, the MDGs established quantifiable, broadly accepted goals for combating extreme poverty and hunger, eliminating fatal diseases, and providing universal primary education. The Sustainable Development Goals (SDGs), which were formed during the 2012 United Nations Conference on Sustainable Development in Rio de Janeiro, took the place of the Millennium Development Goals (MDGs). The purpose was to create a set of global objectives that addressed the pressing environmental, political, and economic issues facing our planet (United Nations Development Programme, 2021).

In the SDGs, Goal 4 was designated as education. SDG 4 highlights the idea of inclusive education, which covers education's quality, equity, and diversity in addition to access to it. The ten (10) targets that form the basis of SDG4 are also distributed among other educational domains, including pre-primary education, higher education, adult education, gender, and peace education. According to Nishimura and Sasaoka (2016), equity refers to the distinct educational treatment of persons in different circumstances to attain equality. Equality refers to a situation in which all people are equal. From the perspective of equity, it is acceptable to provide extra assistance to groups that are at a disadvantage (Miwa, 2005). Thus, UNESCO (2017) analyzed the equity of education based on gender equality, geographical conditions, income status, language, and disability. On the other hand, reducing inequalities is embedded in SDG 10. This SDG calls for reducing inequalities in income as well as those based on age, sex, disability, race, ethnicity, origin, religion, or economic or other status within a country. The goal also addresses inequalities among countries, including those related to representation, migration, and development assistance.

Higher education institutions (HEIs) play critical roles in achieving the SDGs, especially SDGs 4 and 10. The localization of the SDGs offers HEIs the chance to research and increase the body of knowledge for a future generation with sustainable ideals. By assisting local communities in forming partnerships with government organizations, HEIs may play a vital role in connecting the local and global implementation of the SDGs. Local sustainability concerns could be addressed by identifying gaps between regional sustainability practices and national SDG policies. Approaches that are inclusive and participatory are crucial for enabling civil society to own common sustainability visions. It is imperative that HEIs collaborate with one another and assemble social capital from various organizations both inside and outside of communities (Smith et al., 2018) to cater to various students, such as students with disabilities, solo-parent students, and students who are part of indigenous communities.

Indigenous peoples are often not well known or understood at higher education institutes. This incomplete knowledge has contributed to the notion that Indigenous student populations are homogeneous (Shotton, 2018), exacerbated by the dearth of statistics on Indigenous students. The perception of indigenous students as belonging to a single racial group is frequently mistaken, and generalizations about their experiences are made. The truth is that Indigenous kids come from a variety of origins, places, and experiences. Although Indigenous students in higher education share certain common experiences, there is no single Indigenous higher education experience (Minthorn & Shotton, 2015; Shotton, 2018). Microaggressions toward Indigenous students frequently take the form of misconceptions and preconceptions. Although each incident may appear insignificant on its own, over time, they add up and can have a significant, substantial impact on one's well-being. Because of their encounters with prejudice, Indigenous students frequently feel like they do not belong in colleges (Shotton, 2018; Tachine *et*

al., 2017). In addition, Indigenous college access programs can be crucial sources of information for Indigenous students when high-quality college counseling and academic guidance are not generally available (Waterman et al., 2018). This is supported in the study by Pidgeon *et al.* (2014), which emphasized that a formal aboriginal mentorship program created improvements in self-esteem, self-efficacy, and graduation rates, which caters to the specific needs of the indigenous students as well as family engagement and involvement. Moreover, mentorship interactions produced significant effects on students' resilience and confidence, contributing to an effective post-secondary learning experience.

In the promotion of inclusive education in Higher Education Institutions (HEIs), vulnerable ones like students with disabilities should also be taken into consideration. According to Lamichhane and Kawatsu (2014), the negative effect of disability suggests that due to discriminatory behavior and other barriers in families and institutions, children with disabilities are less likely to attend school. Hence, the study of Carmit-Noa *et al.* (2021) highlighted the role of the Disability Support Center in supporting the processes of disability identification among students with disabilities as individuals and as a group. The study emphasizes the need for holistic and inclusive change in higher education policy and practice.

One of the new vulnerable groups in higher education institutions that needs more support is students who are single parents. People may have varied perspectives on single parents attending college. People may believe that a lone parent engages in risky sexual and social activities. Peers and lecturers may also view single parents as promiscuous. Hence, even though the stigma associated with single parenting has vanished in modern communities, it might still exist in college (Agarwal, 2009).

The SDG Goals are in harmony with the 1987 Philippine Constitution which declares that the state shall protect and promote the rights of all Filipino citizens to quality education at all levels and shall take appropriate steps to make education accessible to all. In Philippine Higher Education, to attain students' holistic development, all Higher Education Institutions (HEIs) shall ensure the delivery of support services and programs. One support service is the Institutional Student Programs and Services, which is designed to proactively respond to the basic health, food, shelter, and safety concerns of students, including those with special needs and disabilities, and the school. In addition to admission, scholarship, and financial assistance, multi-faith services are the concerns of the unit. On the other hand, students with special needs include persons with disabilities, indigenous people, and solo parents (Commission on Higher Education Memorandum Order [CMO] No. 9, 2013).

The HEIs shall ensure that academic accommodation is made available to persons with disabilities and learners with special needs with proper consultation and conference with the students with disabilities themselves, together with their teachers, parents, guardians, personal assistants, and other concerned professionals, whenever necessary (CMO No. 9, 2013). The success of students with special needs in higher education institutions requires the concerted effort of the different stakeholders—the academy, the home, and the community. CHED requires all HEIs to conduct monitoring and evaluation of the programs and services, which is equally reflected as one of the required documents by any higher education accrediting body such as the Accrediting Agency of Chartered Colleges and Universities in the Philippines (AACCUP), Inc.

Currently, the Tarlac Agricultural University's Office of Student Services and Development (OSSD) has newly created Student Inclusion Services in addition to the existing services of the office, which will greatly help to realize the mandate of the University provided in the aforementioned memorandum. The department is responsible for designing programs and services for students with disabilities, indigenous students, and solo parents. Moreover, the department is also responsible for providing the necessary information needed by the different agencies like CHED, the Philippine Association of State Universities and Colleges (PASUC), the Department of Social Welfare and Development (DSWD), the National Council for the Welfare of Disabled Persons (NCWDP), the Commission on Indigenous Peoples, etc.

This study conducted a profiling of the students with disabilities, Indigenous students, and students with solo parents enrolled in the second semester of Academic Year (AY) 2018-2019 at the University. This profiling aims to provide empirical data on crafting policies, programs, and other developmental initiatives to be conducted by the newly established unit and the University as a whole to better serve the most vulnerable sectors of the students. This will also contribute to the realization of SDGs 4 and 10 at the University. Likewise, these profiles elicited in the study were significant data that are needed by several government agencies and are required by several government laws such as RA 10931, otherwise known as the "Universal Access to Quality Tertiary Education Act; RA 11291, otherwise known as the "Magna Carta for the Poor; RA 8371, otherwise known as the Indigenous Peoples Rights Act of 1997; RA 8972, otherwise known as the "Solo Parents' Welfare Act of 2000; and RA 7277, otherwise known as the "Magna Carta for Persons with Disability" (as amended in RA 10754). Specifically, this study sought to (a) describe Indigenous Students in terms of their tribe and their dialect/language spoken, as well as scholarships/grants/loans and other benefits/services availed as Indigenous Student; (b) describe Students with Disabilities in terms of their disability/prevalence and scholarships/grants/loans and other benefits/services availed as Student with Disabilities (c) describe Solo-parent Students in terms of their source of income, number of dependent children, and scholarships/grants/loans and other benefits/services availed as Solo Parent Student; and (d) determine problems encountered and needs by the Students with Special Needs while pursuing their respective degree programs.

2.0 Methodology

The descriptive research design was utilized in this study to describe the students with special needs in terms of their year level, degree program, age and gender, scholarships/grants/loans and other availed benefits, problems encountered and needs. The tribe and language spoken by the indigenous students, the prevalence of the student's disability, the source of income, and number of dependents of solo parents were also described.

All students who declared themselves as students with disabilities, Indigenous students, and solo parent students enrolled in the University during the 2nd semester of the academic year 2018–2019, were the subjects of the study. Total enumeration was used in this study.

According to Chapter 3, Article 2, Section 2 of the Tarlac Agricultural University Code, "No student shall be denied admission because of race, sex, age, socio-economic status, religious belief, political affiliation, ideology, or physical disability." This provision in the University's Code reflects inclusivity in the admission of students. Table 1 presents the year level, degree program, gender, age, and marital status of the students with special needs in the University for Academic Year 2018-2019.

To gather the needed data on the profile of students with special needs, a questionnaire was used as an instrument, which was supplemented with interviews. In the data analysis, frequency counts and percentages were used to describe the profile of students with special needs. Tables were utilized to give the reader a comprehensive picture of the gathered data and information.

Ethical considerations were given appropriate attention through informed consent, explaining the participants' right to withdraw, non-disclosure of personal data, and other responses deemed confidential.

3.0 Results and Discussion

Few studies relative to indigenous people have been conducted in the Philippines (Capistrano, 2010; Fiagoy, 2000; Licen *et al.,* 2012; Mahinay, 1995). Most of these studies have focused on the daily lives, rights, cultures of the Filipino Indigenous people, and their integration into mainstream society. Very few studies have focused on the education of Indigenous people. Indigenous Peoples are distinct social and cultural groups that share collective ancestral ties to the lands and natural resources where they live, occupy, or have been displaced. The land and natural resources on which they depend are inextricably linked to their identities, cultures, livelihoods, including their physical and spiritual well-being. They often subscribe to their customary leaders and organizations for representation that is distinct or separate from that of the mainstream society or culture.

Table 1 Demographic profile of students with special needs

Characteristics	Frequency (n=19)	Percentage
Year Level		
1st Year	9	47.00
2nd Year	3	16.00
3rd Year	1	5.00
4th Year	3	16.00
5th Year	3	16.00
Degree Program		
BAS (Bachelor of Animal Science)	1	5.26
BECED (Bachelor of Early Chilhood Education)	1	5.26
BEED (Bachelor of Elementary Education)	1	5.26
BSA (Bachelor of Science in Agriculture)	4	21.05
BSABE (Bachelor of Science in Agricultural and Bio System Engineering	1	5.26
BSE (Bachelor of Secondary Education)	3	15.79
BSIT (Bachelor of Science in Information Technology)	1	5.26
BSP (Bachelor of Science in Psychology	1	5.26
DVM (Doctor of Veterinary Medicine)	6	31.60
Gender		
Male	6	32
Female	13	68
Age		
19-20	8	42
21-22	4	21
23-24	3	16
25-26	3	16
27-28	0	0
29-30	0	0
31-32	1	4
Marital Status		
Single	19	100

Many Indigenous peoples still maintain a language distinct from the official language or languages of the country or region in which they reside (World Bank, 2021). Table 2 presents the tribal groups and the dialect/language spoken by the students who identify themselves as Indigenous people.

Table 2 Description of indigenous people students

Description	Frequency (n=8)	Percentage
Indigenous Students' Tribe		
Abelling	4	50
Igorot	4	50
Dialect/Language Spoken		
Kankana-ey	4	50
Ilocano	8	100
Zambal	4	50

Note: *Multiple response

It is revealed in the table that a percentage of students who were enrolled in the University during the Academic Year 2018-2019 belong to the Abelling and the Igorot Indigenous tribes. Little is known about the Abelling Tribe (spelled also as Aberling or Abellen) except that it is a tribal group found mostly in the hinterlands of Tarlac Province. It is believed that the Abellings are also descendants of the most popularly known Aeta tribes like the Mag-indi, Magan-tsi, Ambala, and Mariveleño. Their physical features are slightly bigger than the popularly known size of the aborigines. Their hair is not so kinky, unlike those of the Magan-tsi's, that others dubbed them "aeta mestizos". The Abellings also stay together in communities scattered all over the highlands of Bamban, Capas, San Jose, Mayantoc, and Tarlac City (Sunstar, 2014). On the other hand, the Igorot (Tagalog for 'mountaineer'), or ethnolinguistic groups in the Cordilleras, are any of various ethnic groups in the mountains of northern Luzon, Philippines, all of whom keep or have kept until recently, their traditional religion and way of life. Some live in the tropical forests of the foothills, but most live in rugged grassland and pine forest zones higher up (Britannica, 2019).

Since all of the students who belong to tribal groups come from the Highlands of Benguet and some western parts of Tarlac, all of them are capable of speaking the Ilocano dialect, all of them can also speak and understand Filipino. This means that there is almost no language barrier to pursuing their education at the University as majority of the students, staff, and faculty members are Ilocano and Filipino/Tagalog speakers. The Igorot students also speak Kankana-ey, while the Abelling students speak Zambal in addition to Ilocano as their tribal dialects.

On the other hand, findings of this study reports that these students have not received any Scholarships/Grants/Loans and other benefits, which are specifically offered for Indigenous students during the academic year 2018-2019. The present status of Indigenous students may be of great baseline data for the HEIs to provide necessary assistance since home-going behaviors can empower indigenous students to persist in college, providing them with the support that they need to succeed like high-quality college counseling and academic guidance, which are not generally available (Waterman, 2012; Waterman et al., 2018). Nonetheless, the students are hopeful that they will be given a chance to be part of the Tertiary Education Subsidy offered by the government in the next academic year through the Universal Access to Quality Tertiary Education Act, officially designated as Republic Act 10931. This government program offers free tuition and other fees, including

monthly stipend and book allowance.

In this study, the definition of disability is drawn from RA 7277, also known as the Magna Carta for Disabled Persons, wherein disability shall mean 1) a physical or mental impairment that substantially limits one or more psychological, physiological, or anatomical functions of an individual or activities of such individual; 2) a record of such an impairment, or 3) being regarded as having such an impairment (Section 4.c). On the other hand, disabled persons are those suffering from restriction or different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being (Section 4.a). Moreover, impairment is any loss, diminution, or aberration of a psychological, physiological, or anatomical structure or function (Section 4.b) (National Council on Disability Affairs, 1992).

The keywords in this definition are the limitation of major life activities, such as vision, hearing, physical mobility, cognition, learning, emotional control, and intellectual capacity. Thus, disabilities that are readily visible such as blindness, deafness, and physical disabilities are a part of this definition; however, disabilities that cannot be seen, such as learning disabilities, autism, and mental illness, are also a part of this definition as these too can impact major life activities. Table 3 presents the prevalence of disabilities of students with additional needs.

Table 3 Prevalence of disability among respondents

Description	Frequency (n=5)	Percentage
Disability		
Psychosocial Disability	1	20
Orthopedic Disability	3	60
Hearing Impairment	1	20

Table 3 presents the data of the students with disabilities at the time of the conduct of the study. The profiling determined 4 types of disabilities: psychosocial disability, cerebral palsy, orthopedic disability, and hearing impairment. Findings revealed that most of these students have an orthopedic disability due to chronic illness.

According to the Philippines' Department of Health (DOH), psychosocial disability includes bipolar disorder, depression, ADHD, epilepsy, and other long-term and recurring mental or behavioral issues. Based on the interview conducted with the family of the participants with psychosocial disability, their child's [psychosocial] disability is due to epilepsy. With this, the student is taking a lifetime maintenance with regular computerized tomography (CT) scans and angiograms. The DOH also declares that Orthopedic (Musculoskeletal)/ Physical disability includes people with dwarfism and amputated hands or feet, cerebral palsy, as well as individuals with scoliosis. The three students with orthopedic disabilities have their devices, such as wheelchairs and prosthetics. These devices help the students with disabilities to partially utilize, if not fully, the facilities and amenities of the University. Further, individuals who are deaf or can hardly hear are considered impaired by the DOH. Based on the follow-up interview with the families of the student, she is supported by a hearing aid to cope with the daily tasks and activities at the University. They also revealed that the student is taking medicines for her impairment.

The provision in RA 7277, Sec. 13 states that "the State shall provide financial assistance to economically marginalized but deserving disabled students pursuing post-secondary or tertiary education. Such assistance may be in the form of scholarship grants, student loan programs, subsidies, and other incentives to qualified disabled students in both public and private schools. At least five percent (5%) of the allocation for the Private Education Student Financial Assistance Program created by R.A. 6725 shall be set aside for disabled students pursuing vocational or technical and degree courses" (National Council on Disability Affairs, 1992). Although, the participants claim that they are recipients of the Free Higher Education Act, which provides free tuition and other fees in the University, findings of this study report that none of the students with a disability during the school year 2018-2019 are enjoying any scholarship or grant from the government and/or private individuals, which are specifically given to students with disabilities. They do not have a loan from the government or private individuals, either.

In this study, a solo-parent is defined based on the Solo Parents' Welfare Act of 2000 or RA 8972. Section 3.a of the said act states that "Solo parent is any individual who falls under any of the following categories: (1) a woman who gives birth as a result of rape and other crimes against chastity even without a final conviction of the offender: Provided, that the mother keeps and raises the child; (2) a parent left solo or alone with the responsibility of parenthood due to death of spouse; (3) a parent left solo or alone with the responsibility of parenthood while the spouse is detained or is serving sentence for a criminal conviction for at least one (1) year; (4) a parent left solo or alone with the responsibility of parenthood due to physical and/or mental incapacity of spouse as certified by a public medical practitioner; (5) a parent left solo or alone with the responsibility of parenthood due to legal separation or de facto separation from spouse for at least one (1) year, as long as he/she is entrusted with the custody of the children; (6) a parent left solo or alone with the responsibility of parenthood due to declaration of nullity or annulment of marriage as decreed by a court or by a church as long as he/she is entrusted with the custody of the children; (7) a parent left solo or alone with the responsibility of parenthood due to abandonment of spouse for at least one (1) year; (8) an unmarried mother/father who has preferred to keep and rear her/his child/ children instead of having others care for them or give them up to a welfare institution; (9) any other person who solely provides parental care and support to a child or children; and (10) any family member who assumes the responsibility of head of family as a result of the death, abandonment, disappearance or prolonged absence of the parents or solo parent (LawPhil, 2000).

Tehan (2007) argued that single-parent students are a special population who require different avenues of advice than traditional students. Stresses ordinarily present in an average college student's academic experience can present extraordinary challenges for single parents. For example, having to schedule child care, caring for sick or special needs children, meal planning and preparation, assisting with children's homework, taking children to doctor's appointments, and prioritizing work/financial support with the allocation of time for study to ensure academic success are just a few of the obstacles that single mother students face weekly. Understanding such challenges and resources is important in advising this student populace to stack the odds of success as greatly in their favor as possible (Tehan, 2007).

Gasman and Conrad (2015) noted that ensuring equal access to college is only half of the challenge of equal access to educational opportunities in a diverse society. Equal access and opportunity mean institutional grasp and valuation of the cultural, social, and educational resources unique students bring to college, including

the underserved populace of single-parent mothers who are students matriculating into higher education institutions.

However, with the challenges of single mothers who are at the same time undergraduate students, this study does not only include students who are single mothers but also single fathers who are pursuing their tertiary education in the University.

Table 4 Description of solo-parent students

Description	Frequency (n=8)	Percentage
Source of income/financial support		
Family	4	67
Small business	2	33
Number of Dependents		
One	5	83
Two	1	17

Table 4 reveals that most of the solo-parent students at the University are supported by their families in their higher education pursuits. Some of them are making extra efforts to sell merchandise, like opening a sari-sari store and selling snacks in their respective communities and at the University, to support their schooling and their children while pursuing their respective degrees. Based on the interview conducted with parents of single-parent students, most of them have had their children during their high school years and were eventually left by their partners before they enrolled in college.

The solo-parent students' views when they took the risk to pursue their higher education is similar to Duncan's (2011), who argued that education can help minimize the economic burden of early parenthood by helping young parents to attain the educational resources necessary to achieve their economic and other desired life goals. More and more people recognize education is a game-changer in the global economy. Their motivation for studying is to have a promising future for their babies.

The mandate of RA 8972, section 9, which states that "The DECS, CHED, and TESDA shall provide the following benefits and privileges: (1) Scholarship programs for qualified solo parents and their children in institutions of basic, tertiary and technical/skills education; and (2) Non-formal education programs appropriate for solo parents and their children (LawPhil, 2000). Although, the solo-parent student claim to be recipients of the Free Higher Education Act, the findings of this study report that, like the students who are part of Indigenous groups and students with disabilities, the solo-parent students are not enjoying any scholarship or grants specifically given to solo-parents during the school year 2018-2019.

Financial support is the most pressing need and the problem of students with additional needs. Since the students who are part of Indigenous groups come from remote areas, additional financial support for their travel or boarding expenses is needed. Students with disabilities have medical needs, including devices to support their mobility and access to facilities and amenities of the University. Lastly, solo-parent students have dependents to support them while pursuing their higher education. Secondary to this is the teacher- and University-support. Some professors are not considerate enough when some of them cannot attend classes and miss some activities and quizzes due to the pressing financial problems and other needs. In addition, the students with orthopedic disabilities can hardly attend classes on the second floor due to their motor disability. The third is a minor cultural adjustment and hot weather conditions at the University. The students from the highlands are experiencing cultural adjustment, while food services and community norms are

some of the changes they are encountering.

4.0 Conclusion

The current study determined the significant profiles of Indigenous students, single-parent students, and students with disabilities. It has been noted that Indigenous students' dialects and proximity were considerable factors in their choice of higher education institution to enroll in. Regarding the students with disabilities, 2 out of every 1000 college students have either a psychosocial disability, an orthopedic disability, or a hearing impairment. Meanwhile, the solo parents are pursuing their tertiary education despite being separated from their partners or spouses, with the aid of their family members.

Further, the findings of this study reveal that higher education institutions and the government lack financial support solely intended for students with special needs while pursuing their respective degrees. Thus, based on the findings and conclusions, it is recommended that the University, through the Office of Student Services and Development, seek financial support from government agencies and/or private individuals and organizations to provide scholarships and/or education grants to the students with special needs. Each program chairperson can also assign lecture rooms and laboratories for students with orthopedic disabilities to the first floor. In terms of the Indigenous students, the University, through the Office of Student Services and Development, may conduct activities to help them adjust culturally. Finally, to proactively determine the students with special needs and elicit empirical data, admission forms, enrollment forms, cumulative record forms, and other necessary documents may be revised and used.

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When the Tide is not Turning: Exploring the Mental Health of a Select Group of Filipino Youth Living with Human Immunodeficiency Virus (YLHIV)

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ABSTRACT. Literature from worldwide revealed that poor mental health is evident among youths living with HIV (YLHIV). However, literature exploring their mental health in the Philippines is limited despite the alarming increase of HIV cases among young people. Hence, this descriptive phenomenological study purported to characterize the mental health of a select group of Filipino YLHIV. In-depth interviews with ten fully consented male participants aged 18-30 were conducted. Field texts were subjected to Collaizi's (1978) seven-step data analysis method. Interestingly, the *Mental Health Tower of Youth Living with HIV* emerged after thoroughly analyzing the data. This model typifies the mental health of YLHIV, which operates in an environment where both internal and external pressures make them experience (a) disruptive thoughts, (b) depressive mood, and (c) deteriorative behavior. The study has vividly described the instability of the YLHIV's mental health. Therefore, it is vital to develop a mental health program specifically designed for youth living with HIV.

1.0. Introduction

In 2016 the World Health Organization (WHO) reported that the Human Immunodeficiency Virus (HIV) continues to be a major public health concern affecting approximately 36.7 million people worldwide, 1.8 million of whom were newly diagnosed (WHO, 2018). Although the rate of the disease varies between countries and regions, it remains most prevalent in Sub-Saharan Africa, which affects one in every 25 adults, almost two-thirds of the worldwide HIV population. Conversely, other parts of the world, like the United States of America, reported a 10% decline in HIV infection from 2010-2014 due to the HIV prevention efforts of the government. However, those men having sex with men (MSM) was the sole group that did not decline (Centers for Disease Control and Prevention [CDC], 2015). In Europe, despite the public health effort of the government, the significant transmission of the virus continued affecting 29, 444 people in 2016 (European Centre for Disease Control and Prevention, 2017).

Similarly, the Western Pacific region, including the Philippines, reported an increase in HIV infection from 1.25 million in 2010 to 1.48 million in 2016. For several years, the Philippines had a minimal increase in HIV infections. However, in recent years, cases of people with this disease amplified dramatically. The Philippines has been tagged as one of the countries with fast-growing HIV cases worldwide, with a more than 50% increase from approximately 4,300 cases in 2010 to an alarming 10,500 cases in 2016 (WHO, 2018).

Globally, it is estimated that 30% of all new HIV cases occur among young people aged 15-25. Alarmingly, the Philippines is one of the ten countries in Asia and the Pacific with increasing rates of HIV among young people (United Nations International Children's Emergency Fund [UNICEF], 2015). Consistent with the report of the Philippine government thru the Department of Health (DOH), the percentage of HIV cases among Filipino youth aged 15-24 years increased from 25% in 2006-2010 to 29% in 2011-2017. In April 2022 alone, the HIV/AIDS and ART Registry of the Philippines (HARP) recorded 1,198 new HIV cases, 29% of which occurred among youth aged 15-24 years (DOH, 2022).

According to Bekker et al. (2015), the prevalence of HIV among youth is due to many transitions (e.g., social, psychological, structural, and developments) they encounter during this period of their lifespan. Consequently, YLHIV is at high risk of experiencing mental health problems, as supported by several western studies. For example, a meta-analysis of 38 articles, mostly from the United States and Europe, indicated that youth living with HIV experienced behavioral and emotional problems higher than other high-risk groups (Mellins & Malee, 2013). The latter findings support the cross-sectional analysis of 1706 youth living with HIV, revealing that 727 (42.6%) participants reported clinical symptoms. Only 39.7% of 727 reported mental health care and 21.9% are taking medications for emotional concerns (Whitely et al., 2014). In another cross-sectional study conducted in Jamaica, youth with HIV ages 15- 25 years were found to have high rates of anxiety (71%), stress (64%), and depression (63%). The participants also reported smoking cigarettes (16.1%), drinking alcohol (11.4%), and use of marijuana (8%) (Brown & Morgan, 2013). In Rwanda, a cross-sectional analysis of 193 youth living with HIV revealed that 26% had depressive symptoms, and 12% had attempted suicide (Smith Fawzi et al., 2016). Another study in America found that 44% of youth with HIV aged 16-21 years were diagnosed with depression a year after HIV diagnosis (Pao et al., 2000).

Qualitative studies also revealed that people living with HIV are prone to experience mental health problems, like the study of Jena (2014) in South Africa depicting those adolescents with HIV showed sadness, anxiety, fear, and pain in their lived experiences. Particularly, they were anxious regarding death due to their illness and reported fear of rejection, stigma, and discrimination (Jena, 2014; MacQueen, 2017). Similarly, the Aboriginal people living with HIV in Canada reported feelings of depression. They responded to their medical condition with shock, disbelief, and often anger (Cain et al., 2013). Meanwhile, the explorative study of Landry (2014) indicated that youth living with HIV reported experiences of isolation, depression, and thoughts of suicide. This suicidal tendency is triggered by the burden accompanying the long-lasting implication of being HIV positive (Kalichman et al., 2000). Further, stigma, discrimination, low self-esteem, and lack of social support are other factors directly associated with suicidal thoughts and behaviors of people living with HIV (Casale et al., 2019; Wang et al., 2018). The study participants, being youth, may account for their vulnerability to being persuaded by a misconception about the said illness. Also, youths today tend to access information from the internet without checking its veracity. This may result in misleading information about their medical condition. Another phenomenological study in Africa, specifically in Botswana, showed that HIV-AIDS diagnosis resulted in internal (self) and external stigmatization that impacted the lives of people with HIV. The progression of the disease and stigmatization led to emotional disturbance, relationship problems, poverty, dependence, and concerns about their family members (Setlhare et al., 2015).

The foregoing discussions of foreign literature established that mental health problems are evident among youth living with HIV. This aspect of YLHIV's health is critical and often neglected (Vreeman et al., 2017) and calls for more empirical investigation adopting various theoretical and methodological lenses. Despite the alarming increase of HIV cases among Filipino youth in the Philippines, there is a lack of literature exploring their mental health status. Hence, this phenomenological study was conducted to characterize the mental health of a select group of Filipino YLHIV.

2.0. Methodology

Research design. In recent years, there has been a growing interest in the use of phenomenology to explore the experiences of people who have HIV and mental health issues (Sharma & Babu, 2017; Zhou, 2010; Cain et al., 2013; Jena, 2014; Landry, 2014; McLeish, 2015). The current study utilized the aforementioned design, particularly the descriptive phenomenology, which is appropriate for understanding the subjective experience of a select group of Filipino YLHIV. According to Lopez and Willis (2004), descriptive phenomenology aims to describe the universal essence of an experience as it is lived by the participants. Hence, it represents the true nature of the phenomenon being studied.

Participants. The ten male participants of the current study were recruited via Pinoy Plus Advocacy Pilipinas, Inc., a pioneer support group dedicated to the welfare of PLHIV in the Philippines. They were identified from the pool of potential participants of the study. The participants were purposively chosen based on the following inclusion criteria: (a) diagnosed with HIV; (b) 18- 30 years old, and (c) Filipino citizen.

The participants were diagnosed with HIV from the year 2007-2018. Regarding their employment, four (4) of them are currently studying, three were employed, and the other three (3) were

unemployed. One of those unemployed participants has a pending case against his employer for forcing him to resign because of his HIV status. Of the 10 participants, two worked as sex workers and were strongly convinced that they had acquired the virus from their customers. All of them signed informed consent and were given meal and transportation allowance for voluntarily participating in the study.

Data Collection procedure. Prior to the conduct of this qualitative inquiry, ethical clearance from the local ethics committee was secured. Permission from the study site- Pinoy Plus Advocacy Pilipinas, Inc., was also sought. Preliminarily, informed consent was secured from the participants, including the consent to record the interviews; participation was stressed to be voluntary without remuneration and that they are free to discontinue during the interviews without any bias.

The researchers adopted the interview protocol of Seidman (2006), which consists of three phases, namely: (a) rapport-building phase, (b) exploratory phase, and (c) clarificatory phase. In the first phase, the researchers established rapport by displaying friendly gestures to the participants. Then, in the exploratory phase, a semi-structured interview guide was employed to uncover the lived experiences of the youth living with HIV in relation to mental health. Lastly, the researchers raised clarifications during the clarificatory phase to better capture the participants' responses.

Mode of Data Analysis. The recorded interviews were individually transcribed and converted into field texts. Since the language used by the participants is Filipino, their responses were properly translated into English and interpreted to preserve their original meaning. The translation was accomplished with the help of an English Editor with a Ph.D. degree in Language Education and a Master of Arts in Teaching English Language. Then, the researchers used Colaizzi's (1978) seven-step method to analyze the data. The process included: (1) familiarizing with the field texts by reading and reading them; (2) pulling out significant statements from the field texts; (3) formulating meaning units from the significant statement; (4) categorizing the meaning units into clusters of themes; (5) developing a full and inclusive description of the phenomenon by incorporating all the themes produced at step 4; (6) condensing the exhaustive description down to a short, dense statement that captures just those aspects deemed to be essential to the structure of the phenomenon; and (7) returned the fundamental structure statement to all participants.

3.0. Results

This qualitative study yielded interesting findings about the mental health of youth living with HIV. Three themes collectively described the mental health of YLHIV, namely (1) disruptive thoughts, (2) depressive moods, and (3) deteriorative behaviors.

Disruptive thoughts

Learning that they were infected with HIV was very disturbing for the participants. They experience disturbing or troubling thoughts such as irrational, anxious, and suicidal thoughts.

The participants were besieged by several irrational thoughts, such as overestimation of danger and illogical interpretation of their diagnosis. Particularly, they are terrified by the thoughts of dying at a young age and are worried about their future. As verbalized by the participants:

> "That time, I keep on thinking that I was dying, that there is no treatment for HIV. I was worried for my family because I am the breadwinner" (Participant 2, personal communication, January 23, 2020).

> "I thought I was dying. I was thinking what will happen to the dreams I have for my family. Moreover, I was bothered on how to tell my parents about my health condition" (Participant 10, personal communication, January 25, 2020).

Besides entertaining irrational thoughts, the participants were likewise disturbed by anxious thoughts as manifested by their fear of being rejected and discriminated against by family, friends, romantic partners, and the workplace. As expressed by the participants:

> "How can I work if I have this illness? They might trace it through medical examination" (Participant 1, personal communication, January 23, 2020).

> "I am afraid to form romantic relationship because I might transmit the virus, I don't want my partner to get sick because of me" (Participant 3, personal communication, January 23, 2020).

"My fear was rejection especially if it is from my own family" (Participant 10, personal communication, January 25, 2020).

Cognizant of their present health condition, the participants were also bombarded with suicidal thoughts, as evidenced by their death wish, thinking of killing themselves, and thoughts that other people are better off without them. As expressed, "Sometimes, I was thinking that instead of dying from the opportunistic infections of this virus, I wish I would not wake up the next day" (Participant 1, personal communication, January 23, 2020). Another participant verbalized, "There was a time that I thought of hanging myself to die. After knowing that I am HIV+, I seldom go to work, most of the time I locked myself in the room, I thought of slitting my wrist, and taking all my medicine at the same time" (Participant 4, personal communication, January 24, 2020).

The irrational and anxious thoughts of the participants were entrenched in certain triggers in their environment, particularly the lack of available information about HIV. They articulated that they have limited information about the illness and are mostly misconceptions about its transmission, treatment, and prevention. As expressed,

"During that time, I thought HIV and AIDS are the same. So for me, it is like a death sentence" (Participant 3, personal communication, January 23, 2020). This misconception elicited disturbing thoughts of dying at a young age and worrying about their future. Another participant verbalized, "I thought I cannot find a job anymore. I was so hesitant to apply for a job because they might discover that I am HIV+" (Participant 2, personal communication, January 23, 2020).

This wrong notion triggered the fear of being rejected and discriminated against in the workplace. Meanwhile, the suicidal thoughts of the participants are primarily triggered by an internal factor, internalized stigma- the internalization of negative beliefs, feelings, and attitudes about PLHIV. As verbalized,

"I would rather die than to be associated with this illness for a long time. I felt so gross/dirty. I am a mess" (Participant 10, personal communication, January 25, 2020).

Summarily, the mental health condition of a select group of Filipino youth living with HIV is typified by certain disruptions which make them entertain irrational, anxious, and suicidal thoughts. These thoughts are provoked by internal and external factors, particularly internalized stigma and lack of available information.

Depressive mood

Accommodating the fact that they were infected by HIV was not easy for the participants. They were blasted with the emotional turmoil intruding on their daily activities at home, school, and even the workplace. Particularly, the participants articulated their experiences of emotional distress, persistent feelings of sadness, and hopelessness.

The participants' emotional distress is manifested in their experience of a deep state of agony and disbelief. As verbalized by the participants:

"I felt like I was going crazy that time, some of my friends told me not to stress myself, but it stresses me a lot. From time to time, it sinks in. I really don't know what to do" (Participant 1, personal communication, January 23, 2020).

"It seems that I was blown away when they told me about the result. I even tried to ask for a second opinion, I can't believe it. Gosh, I was extremely terrified that time. I'm sure, my parents will kill me, I uttered" (Participant 2, personal communication, January 23, 2020).

Other participants experienced a persistent feeling of sadness. They verbalized feelings of aloneness and loneliness, especially the undisclosed YLHIV. Generally, they feel miserable and unhappy instigated by their health condition. The following are some of the verbalizations of the participants:

"After knowing the HIV test result, I kept it for a long time. When I was with my parent, I pretend to be OK, but in reality, I felt so sad most of the time" (Participant 7, personal communication, January 24, 2020).

"I felt lonely; I have difficulty coping up with loneliness. I can't do the things that I previously enjoyed; I lose my interest in almost everything" (Participant 6, personal communication, January 24, 2020).

Likewise, the participants conveyed their experience of hopelessness as they struggled with HIV. They are uncertain about their future and express pessimism about life in general. As expressed,

"It is like, I lose hope in life, there was a time that I applied for a job and got hired, but I backed out because of the medical exam" (Participant 1, personal communication, January 23, 2020).

The indices of depressive mood such as emotional distress, persistent feeling of sadness, and hopelessness were prompted by discrimination. One participant shared that he experienced discrimination from his own family. He said,

"After telling my parents about it, I felt they avoided using the utensils we used to share like drinking glass, spoon, and fork. I even shared a room with my brother before, but now they asked my brother to move out of my room. I felt very sad, but I have to accept it. Maybe that is the consequence of having this illness" (Participant 1, personal communication, January 23, 2020).

Aside from their family members, the participants also received discrimination from their friends and workplace. As articulated:

"After I disclosed my status with my immediate supervisor, I noticed that most of my workmates kept distance from me. Almost every day, I was crying discreetly in the office because of the way they treated me" (Participant 2, personal communication, January 23, 2020).

Another factor that incited the depressive mood of the participants is an internal trigger, non-disclosure. They have difficulty disclosing their health condition due to the stigma associated with the illness. Since they are undisclosed, they feel they are brawl with the illness alone. As shared by one of the participants,

"Actually, right now my pressing concern is on how to tell my parent about it. Not even one from my family knows my status. I feel so empty and alone. Alone battling with this condition" (Participant 2, personal communication, January 23, 2020).

Another participant uttered,

"In my case, I am afraid to disclose because my family might throw me away. They will also discover the obscenity I have done in my life. I do not know when to tell them. I am really struggling" (Participant 5, personal communication, January 24, 2020).

Lack of social support is another factor that fueled the emotional struggles of the participants. They mentioned that it is more emotionally painful when they do not get support from their significant others. They badly wanted to feel the comfort of their family, friends, and other people significant to their lives. As verbalized by the participants:

"I feel so lonely, because until now I am fighting this illness alone. I disappointed my family, so it's very challenging to get support from them" (Participant 5, personal communication, January 24, 2020).

"It's very painful that I want to hug my friends as I usually do when I have problems. But right now, it seems that gradually they are moving away from me" (Participant 1, personal communication, 2020).

Collectively, the mental health of the selected Filipino YLHIV is characterized by depressive mood, which is manifested by emotional distress, persistent feelings of sadness, and hopelessness. These indices of depressive mood are aggravated by personal and environmental factors such as non-disclosure, discrimination, and lack of social support.

Deteriorative behavior

Besides disruptive thoughts and depressive moods, the participants also struggled with deteriorative behavior that impairs their physical and social well-being, such as loss of interest, self-neglect, and social withdrawal.

After knowing their HIV status, they started to engage in several deteriorative behaviors like losing interest. Particularly, the participants started to lose interest in their work, refused to go to school, and disengaged themselves with activities they previously enjoyed. As uttered by the participants:

> "To the point that almost two months, I did not go to work. I lose my willingness to work" (Participant 5, personal communication, January 24, 2020).

> "Before, I love going to the gym. I usually spend an hour or two for twice or three times a week. But now, I don't go to gym anymore" (Participant 6, personal communication, January 24, 2020).

> "All I want is to stay home, I don't want to go to school. I don't even play with my pets anymore that I used to enjoy doing" (Participant 10, personal communication, January 25, 2020).

Moreover, the participants experienced self-neglect while living their lives with chronic illness. They disregard the regular intake of food and eat on an irregular schedule. As expressed,

> "What happened to me was, I missed some meals in a day. There was a time that I ate for one meal a day. I had difficulty getting up to do the usual" (Participant 9, personal communication, January 25, 2020).

As a form of avoidant coping mechanism, some participants were even engrossed in dangerous vices like substance use. As expressed,

> "The time that I learned my HIV diagnosis, I engaged in inappropriate behavior like smoking cigarettes, drinking alcoholic beverages, I even tried taking marijuana. I felt so devastated that is why I did not care about my health anymore" (Participant 1, personal communication, 2020).

For people living with HIV, doing the usual social interactions was challenging. The participants reported that they experienced withdrawal from other people, such as their friends and workmates. As expressed,

> "Actually, I started to avoid mingling with my friends. I am afraid that every time I was with them, they might discover my health condition" (Participant 10, personal communication, January 25, 2020).

> "I tend to isolate myself from my workmates, although I only disclosed it with my immediate supervisor. I felt that they know about my condition" (Participant 8, personal communication, January 25, 2020).

Some participants also avoid socializing activities like playing sports, as verbalized,

> "I used to play badminton with my neighbors, but I choose to avoid playing with them" (Participant 1, personal communication, 2020).

Notably, personal and environmental factors contribute to the deteriorative behavior of youth living with HIV. For instance, their loss of interest and self-neglect are triggered by internalized stigma, specifically the thought of dying young. This negative notion about the illness fueled their unwillingness to perform their usual task. Meanwhile, engaging in dangerous vices is entrenched in denial of HIV status. They refuse to accept their diagnosis; hence, they engage in avoidant coping mechanisms. As uttered,

"During that time, it seems that I escaped from reality, after learning my HIV status, my coping was to drink alcohol and smoke cigarettes" (Participant 2, personal communication, 2020).

Further, the participants' experience of discrimination from family and friends provoked social withdrawal. They tend to detach themselves from social activities because they are repudiated by their own family. As stated,

"I do not want to hang out with my friends anymore. I feel that they will just reject me like what my family did" (Participant 6, personal communication, January 24, 2020).

By and large, deteriorative behavior, a characteristic of the mental health of a select group of Filipino youth living with HIV, is exhibited by loss of interest, self-neglect, and social withdrawal, which were shaped by internal and external factors such as internalized stigma, denial, and discrimination.

4.0. Discussion

After carefully analyzing the themes, this study allowed the emergence of an interesting model that typifies the mental health condition of the participants. Labeled as the *Mental Health Tower of Youth Living with HIV* (Fig.1), this model conceptualizes instability that permeates the thinking, feeling, and doing aspects of a young person suffering from this dreaded condition. Similar to a tower, YLHIV operates in an environment where both internal and external pressures make them entertain disruptive thoughts, depressive moods, and deteriorative behavior.
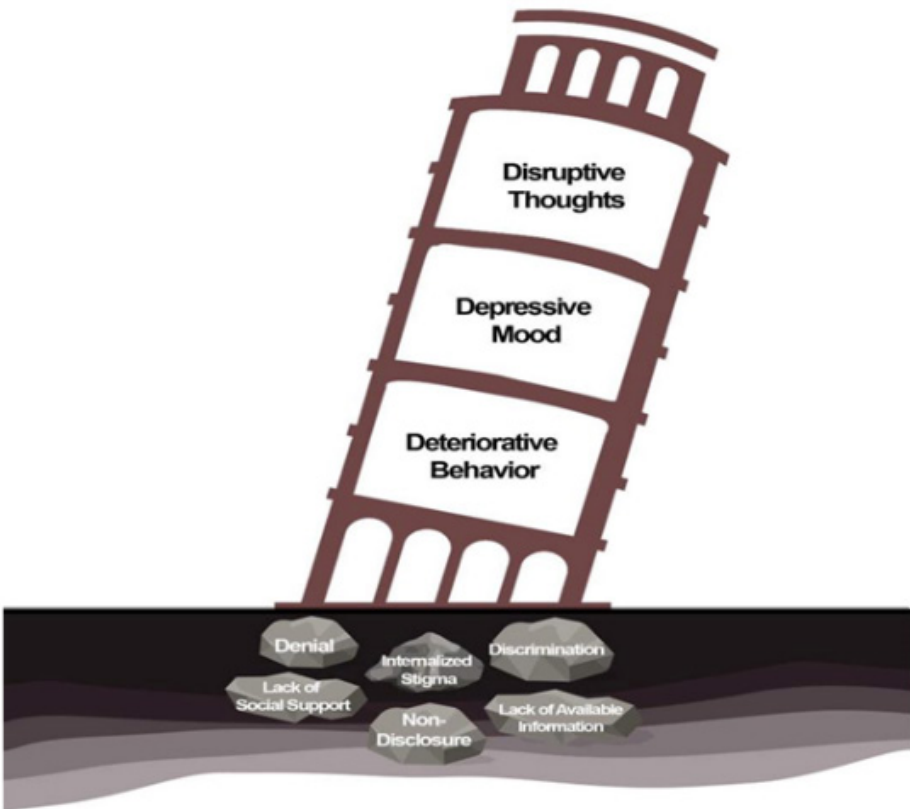

Figure 1. Mental Health Tower of Youth Living with HIV

The findings of the study indicated that YLHIV was bombarded with disruptive thoughts, depressive mood, and deteriorative behavior. This finding converged with the study of Jena (2014) in one wellness clinic in South Africa, indicating that adolescents living with HIV showed anxiety. They were anxious regarding death due to their illness and reported fear of rejection, stigma, and discrimination. Moreover, youth living with HIV were also bothered with suicidal thoughts such as thoughts of killing themselves and death wishes. According to Badiee et al. (2012), suicidal thoughts are common among people with HIV compared to the general population. Alarmingly, suicide rates have been reported at elevated levels in this population (Carrico, 2010).

The present study also revealed that young people infected by HIV faced emotional turmoil manifested by depressive symptoms such as distress, sadness, and hopelessness. This finds concurrence with the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2018) that people with HIV have a higher risk of developing mental health conditions like depressive symptoms. The report supports the claim that medical conditions like HIV could be a major source of stress that negatively affects a person's mental health (US Department of Health and Human Services, 2020). Similarly, the study by Twesigye (2011) found that psychosocial issues experienced by PLHIV in Denmark include stress, frustration for those who could not live a normal life, and long-term sadness.

Besides disruptive thoughts and depressive mood, our study found that YLHIV displayed deteriorative behaviors that impair their physical and social well-being. This deteriorative behavior includes loss of interest, self-neglect, and social withdrawal. The loss of interest of people living with HIV is manifested by their unwillingness to perform usual activities (Andersen et al., 2015), like going to work and performing school tasks. YLHIV also display behaviors that harm their physical health, such as smoking cigarettes, drinking alcohol, and using marijuana (Brown & Morgan, 2013). These behaviors are coping mechanisms of YLHIV in dealing with psychological distress brought by their illness (Duko et al., 2019). Moreover, the deteriorative behaviors of the participants are manifestations of avoidance coping mechanisms. This mechanism is employed by people who are in denial of their medical conditions, that instead of facing reality, they choose to deny it by engaging in various inappropriate behaviors.

5.0. Conclusion

Using the phenomenological design, this study attempted to describe the mental health of a select group of Filipino youth living with HIV. Notably, the study afforded the development of a model identified as the Mental Health Tower of Youth Living with HIV, which typifies the mental health struggles of this group. Characteristically, their mental health is defined by disruptive thoughts, depressive moods, and depressive behaviors, which operate on the thinking, feeling, and doing levels, respectively. Such conditions of the participants were triggered by personal (denial, internalized stigma, and non-disclosure) and environmental factors (lack of available information, discrimination, and lack of social support).

This study advances the current literature about the mental health struggles of Filipino YLHIV by crafting a model which can serve as an interesting platform for understanding the lived experiences of youth living with HIV. The model shows the mental health conditions of YLHIV that need to be addressed. Further, it invites the need to consider personal and environmental factors in developing a mental health program specifically designed for this population. As illustrated, the model has vividly described the instability of the YLHIV's mental health and the factors affecting such conditions, which can serve as valuable inputs for policy-making bodies, government and non-government organizations, and support groups to consider mental health in their respective programs for YLHIV. Particularly, early assessment of the mental health status of YLHIV should be considered alongside the development and provision of a mental health program for this group.

6.0. Declaration of Conflicting Interest

The authors have no conflict of interest to declare.

7.0. Funding

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