

# An Assessment on the Quality of Life of PLHIV Residents in Digos City Barangays: Basis for Health Teaching Program

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## ABSTRACT

People living with HIV (PLHIV) continue to face challenges that extend beyond clinical management, particularly in contexts where healthcare access is limited and stigma remains high. This study assessed the quality of life (QoL) of PLHIV residing in selected barangays of Digos City, Philippines, and examined the influence of demographic factors on their perceived well-being. Using a descriptive-correlational design, data were collected from 76 respondents through the WHOQOL-HIV BREF questionnaire covering four domains: physical health, psychological well-being, social relationships, and environment. Statistical tools included frequency, percentage, weighted mean, t-test, and ANOVA. Results showed that the environment domain had the highest mean score (3.81), while the psychological domain scored lowest (3.71). Significant differences in QoL were found based on employment status ( $p = 0.023$ ) and age group ( $p = 0.031$ ), but not by sex, education, or marital status. Based on these findings, a comprehensive health teaching program—“BUHAY NA BUO”—was developed to enhance psychological wellness, physical health, economic empowerment, and age-specific care strategies. The study recommends integrating livelihood support and mental health interventions into local HIV programs to holistically improve PLHIV well-being.

**Keywords:** HIV, PLHIV, Quality of Life, Digos City, WHOQOL-HIV BREF, Health Teaching Program, Psychological Wellness, Employment Status, Age-Specific Interventions

## INTRODUCTION AND BACKGROUND OF THE STUDY

Human Immunodeficiency Virus (HIV) remains a persistent global health concern, exerting profound effects on the physical, psychological, social, and economic well-being of affected individuals. While advances in antiretroviral therapy (ART) have transformed HIV from a terminal illness into a manageable chronic condition, people living with HIV (PLHIV) continue to face multifaceted challenges beyond biomedical care (World Health Organization [WHO], 2022). These include barriers to healthcare access, pervasive stigma, economic instability, and mental health issues, all of which significantly influence their overall quality of life (QoL) (Mutabazi-Mwesigire et al., 2019; Zarei et al., 2020). The WHO conceptualizes QoL as a multidimensional construct encompassing physical health, psychological state, level of independence, social relationships, and interaction with salient features of the environment (WHO, 2021). For PLHIV, achieving optimal QoL depends not only on clinical management but also on the social and structural conditions in which they live.

In the Philippines, the HIV epidemic has been characterized by a rapid increase in new infections, particularly among young adults in urban and peri-urban areas (Department of Health [DOH], 2023). As of the latest surveillance, the country continues to record one of the fastest-growing HIV incidence rates in the Asia-Pacific region (UNAIDS, 2022). While national policies have expanded ART coverage, structural limitations persist, particularly in provincial cities such as Digos City in the Davao Region. PLHIV in these areas often contend with the absence of local ART distribution centers, requiring them to travel long distances to access treatment—a burden that can disrupt medication adherence and compromise health outcomes (Outrage Magazine, 2022). Beyond logistical barriers, societal stigma continues to discourage open disclosure and engagement with HIV-related services, compounding the challenges faced by affected individuals (Earnshaw et al., 2015).

Quality of life among PLHIV is shaped by the interplay of biomedical, psychological, and socioeconomic factors. Wilson and Cleary's (1995) model of health-related quality of life highlights the linkage between biological variables, symptom status, functional status, general health perceptions, and overall QoL. Complementing this, Bronfenbrenner's (1979) Social Ecological Model underscores the role of environmental and societal influences, while Meyer's (2003) Minority Stress Theory explains how stigma and discrimination generate chronic stressors that adversely affect well-being. Previous studies in the Philippine context have identified ART adherence, higher education, stable employment, and strong social support as facilitators of better QoL, whereas unemployment, poor treatment adherence, and stigma are associated with poorer outcomes (Cabrera et al., 2021; Simbulan et al., 2020). However, most existing literature has concentrated on metropolitan areas, leaving a gap in understanding the lived realities of PLHIV in smaller urban centers and their surrounding communities.

Given these considerations, this study aims to assess the QoL of PLHIV residing in selected barangays of Digos City, examining the influence of demographic factors such as age, sex, marital status, employment status, and educational attainment. By identifying the domains of QoL that require targeted intervention, the study seeks to inform the design of a culturally sensitive and context-specific health teaching program. Ultimately, the findings aim to contribute to evidence-based strategies that integrate clinical care with psychosocial and structural support, thereby promoting a holistic approach to HIV management in provincial urban settings.

## METHODOLOGY

This study employed a quantitative descriptive–correlational design to assess the quality of life (QoL) of people living with HIV (PLHIV) residing in selected barangays of Digos City, Philippines. The descriptive component was utilized to systematically present the demographic profile and QoL status of respondents, while the correlational approach examined statistical relationships between QoL and selected demographic variables (Chaudhari, 2022). This design was appropriate for capturing the multidimensional aspects of QoL without manipulating variables, enabling the identification of patterns and associations relevant to the target population.

The research was conducted in purposively selected barangays of Digos City, chosen for their documented prevalence of HIV cases and accessibility to HIV-related services. The study population comprised PLHIV aged 18 years and above, officially diagnosed, and residing in the selected barangays. Purposive sampling was employed to ensure that participants met inclusion criteria and could provide informed responses relevant to the study objectives (Etikan et al., 2016). In total, 76 respondents participated, representing diverse sociodemographic backgrounds in terms of age, sex, marital status, educational attainment, and employment status.

Data collection was carried out using the World Health Organization Quality of Life HIV BREF (WHOQOL-HIV BREF), a standardized instrument designed to assess QoL across four domains: physical health, psychological well-being, social relationships, and environment (World Health Organization [WHO], 2021). The questionnaire consisted of two parts: Part I captured respondents' demographic profiles, and Part II comprised 26 items rated on a five-point Likert scale, with domain scores interpreted according to WHOQOL-HIV BREF guidelines. The instrument has been widely validated for use among PLHIV populations in various cultural contexts (O'Connell & Skevington, 2012).

Prior to data collection, ethical clearance was obtained from the appropriate institutional review board, and permissions were secured from relevant local government offices and partner health organizations. Informed consent was obtained from all participants, who were assured of confidentiality, anonymity, and the voluntary nature of their participation. Data collection was conducted in secure and private settings to mitigate risks associated with stigma and discrimination (Earnshaw et al., 2015). Respondents who required assistance in understanding survey items were provided with appropriate explanations to ensure comprehension without influencing responses.

The collected data were processed and analyzed using descriptive and inferential statistics. Frequencies and percentages were used to summarize categorical variables such as demographic profiles, while weighted means described respondents' perceptions in each QoL domain. Independent samples t-tests were used to compare QoL between two-group variables (e.g., sex, employment status), and one-way analysis of variance (ANOVA) tested differences among multi-category variables (e.g., age group, educational attainment, marital status). A significance level of  $p < 0.05$  was set to determine statistical significance (Field, 2018). All analyses were performed using standard statistical software.

By integrating a standardized QoL instrument, robust sampling, and rigorous statistical analysis, this methodology ensured that findings were both reliable and valid, providing an evidence-based foundation for the development of a targeted health teaching program to improve the well-being of PLHIV in the study area.

## RESULTS AND DISCUSSION

The findings of this study reveal an encouraging yet complex picture of the quality of life (QoL) among people living with HIV (PLHIV) in selected barangays of Digos City. The majority of respondents were young to middle-aged adults, predominantly male, single, and employed, with over half attaining college-level education. This demographic profile reflects national and global trends, where HIV prevalence is concentrated among younger male populations (HIV.gov, 2025; UNAIDS, 2022). The high level of educational attainment observed in the sample may contribute to enhanced health literacy and treatment adherence, as supported by Mutabazi-Mwesigire et al. (2019), who linked higher education with improved self-care and engagement in health services.

Across the four domains measured by the WHOQOL-HIV BREF, the environment domain emerged as the strongest, with respondents expressing high satisfaction with access to healthcare services, safety, and living conditions. The particularly high score for access to health services ( $M = 4.22$ ) suggests that, despite the absence of an antiretroviral therapy (ART) distribution center within Digos City itself, existing linkages to regional treatment hubs and local health units are perceived as effective. This finding aligns with Ravindran et al. (2020), who noted that environmental factors such as service availability and supportive living conditions strongly influence perceived QoL among PLHIV. Physical health and social relationships shared the next highest ratings, indicating that respondents generally feel capable of performing daily activities and benefit from supportive personal and social networks. These results support the premise that functional capacity and social integration are key protective factors in sustaining QoL (Lazarus et al., 2020).

However, the psychological domain received the lowest mean score, with “enjoyment of life” recording the lowest individual rating ( $M = 3.43$ ). This underscores a persistent gap in emotional and mental well-being, a challenge documented widely in HIV research (Earnshaw et al., 2015; Zarei et al., 2020). While ART has transformed the clinical trajectory of HIV, the enduring stigma, fear of disclosure, and uncertainty about the future continue to erode psychological resilience. These results suggest that even in contexts where medical access and social support are relatively strong, the internalized and structural effects of stigma may remain deeply embedded, affecting overall well-being.

Further analysis revealed significant differences in QoL based on employment status and age. Employed respondents reported higher QoL scores, consistent with global evidence that stable income and occupational engagement enhance self-esteem, reduce stress, and support consistent ART adherence (Lazarus et al., 2020). This finding highlights the importance of integrating livelihood programs into HIV care frameworks, as economic empowerment directly influences both material security and psychological health. Age differences also emerged as significant, suggesting that PLHIV at different life stages face unique challenges and priorities— younger individuals may require targeted sexual health education and stigma reduction, while older adults may need chronic disease management and interventions addressing social isolation (Anuradha et al., 2020). Interestingly, no significant differences were found in QoL based on sex, educational attainment, or marital status, indicating that, within this context, access to care and support services may be relatively equitable across these groups.

The proposed health teaching program covered the PLHIV residing in the barangays of Digos City. The health teaching program included modules focused on psychological wellness, physical health empowerment, livelihood and economic empowerment, age-responsive support, and sustaining environmental and social support. The program aimed to enhance the overall quality of life of PLHIV by addressing gaps in physical health, psychological well-being, age-specific needs, and economic empowerment, while sustaining strengths in environmental and social support domains.

Overall, these findings point to a dual reality: while environmental support systems and social relationships in Digos City appear to provide a strong foundation for PLHIV well-being, gaps remain in addressing psychological health, employment stability, and age-specific needs. In response, this study developed the “BUHAY NA BUO” Health Teaching Program, a holistic intervention framework aimed at strengthening psychological wellness through counseling and peer support, promoting physical health maintenance, expanding economic and livelihood opportunities, and delivering age-appropriate care strategies. By addressing these priority areas, the program seeks to transform the areas of relative weakness identified in the QoL assessment into opportunities for sustained improvement.

However, the study is not without limitations. Its cross-sectional design restricts the ability to infer causality, and the purposive sampling of 76 participants from a single city limits the generalizability of findings. Self-reported data are also vulnerable to recall bias and social desirability bias, particularly in sensitive domains such as mental health and sexual relationships. Despite these constraints, the study offers valuable, context-specific insights that can guide targeted interventions in similar urban-provincial settings. Future research should build on this work by adopting longitudinal and mixed-method designs, expanding the geographic scope, and incorporating qualitative data to capture deeper perspectives on lived experiences. Future studies could explore the qualitative aspects of QoL through in-depth interviews that can provide further insight into the lived experiences of PLHIV. The public health implications of this study should also be emphasized, particularly in how the findings can inform regional health policy. For rural or underserved areas with fewer health services, the results underscore the need for integrated interventions that combine mental health care, livelihood support, and accessible treatment systems to address the multidimensional needs of PLHIV.

In conclusion, the quality of life of PLHIV in Digos City is characterized by strong environmental and social support systems but tempered by persistent psychological vulnerabilities and the influence of employment and age on well-being. Interventions that integrate mental health services, economic empowerment, and age-responsive care, while sustaining healthcare accessibility, hold the potential to significantly enhance the holistic well-being of PLHIV in this and similar settings.

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