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Amanda Maud Jones April 23, 2012

Promoting Health and Healthy Behavior among People Affected by HIV in Manila, Philippines: An Evaluation of the Yoga for Life Program

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An abstract of a thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of

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ABSTRACT

Promoting Health and Healthy Behavior among People Affected by HIV in Manila, Philippines: An Evaluation of the Yoga for Life Program

By: Amanda Maud Jones

Background: The Philippines is experiencing a rapid increase in HIV incidence, demanding additional HIV services from a government with limited resources. Civil society responses attempt to fill this service gap, provide programs for most at risk groups, and confront stigma and discrimination. Yoga for Life (YFL) is the first community-based yoga program focused on people living with HIV (PLHIV) and others affected by HIV in Manila, Philippines. YFL promotes yoga, meditation, and breathing as effective complementary therapies for PLHIV while supporting standard biomedical treatment. The program encourages positive prevention, healthy behaviors, stigma reduction, and HIV advocacy in a supportive community comprised of PLHIV and people at risk for and affected by HIV.

Methods: I conducted an evaluation of Yoga for Life to assess the effect of the program on participants' physical and mental health, risk behaviors, and overall wellbeing. Data collection methods included in-depth interviews, questionnaires, participant observation, and key informant interviews. The study population consisted of HIV positive and negative YFL members, YFL instructors, and local HIV specialists.

Results: Analysis of narrative data revealed the significance of sexuality in relation to identity formation, self-acceptance, social systems, and relationship to family. Participants linked sexual identity and behavior to HIV risk, exposure, and infection. They identified needs of people affected by HIV including education, linkage to care, stigma reduction, and social support. Due to their involvement with YFL, participants report feeling happier, healthier, more socially engaged, and better equipped to confront life's challenges. HIV negative participants report a heightened awareness of and sensitivity toward issues related to HIV.

Conclusions: Findings from this study depict some of the challenges and unmet needs of Filipino MSM and PLHIV, contributing qualitative data to under-researched topics. The study highlights the impact of holistic psychosocial interventions like YFL that provide individual and community level support. The study also offers evidence of the effectiveness and applicability of HIV interventions that incorporate complementary therapies.

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CHAPTER 1: INTRODUCTION

Introduction and Rationale

The Philippines is one of only seven countries worldwide (and one of two countries in the Asia Pacific) to report an increase in HIV incidence of more than 25% between 2001 and 2009 (Philippine National AIDS Council, 2011b). For the month of February 2012, the Philippines' National Epidemiology Center reported 274 newly confirmed HIV positive individuals, 72% higher than the number of cases (n=159) reported in February of the previous year and the highest number of cases ever reported in one month. This February 2012 data brought the total number of confirmed HIV cases in the Philippines to 8,850 since the first case was recorded in 1984. This represents a 100% increase in total number of reported HIV diagnoses since the end of 2009, when the figure stood at 4,424 (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011b).

This rapid, unanticipated rise in HIV cases has been accompanied by a changing epidemiologic profile. Sexual contact has been the predominant mode of transmission in the Philippines since 1984, accounting for 91% (n=8,089) of all reported cases. Until 2006, the majority of sexually transmitted cases were attributed to heterosexual sex, but a marked shift has occurred since that year. Whereas 64% of sexually transmitted cases (193 out of 300) were attributed to heterosexual sex in 2006, only 17% (388 out of 2,230) were attributed to heterosexual sex in 2011. The remaining cases reported in 2011 were attributed to homosexual sex (n=1036, 46%) and bisexual sex (n=806, 36%) (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011b). This data signifies that HIV is now concentrated among men who have sex with men (MSM).

Problem Statement

If the Philippines is going to reduce the spread of HIV and provide adequate care, treatment, and psychosocial services to people living with HIV, attention must be paid to the lived experiences of individuals most at risk for infection and those most affected by HIV. Because men who have sex with men (MSM) are the primary group affected by HIV at this time, factors specific to this population require focus. However, there are only a small number of recent studies about MSM in the Philippines, particularly in relation to HIV. This lack of information contributes to an inadequate understanding of the nuances within the MSM category or the individual and communal needs of MSM. Similarly, few published studies exploring the experiences of people affected by and living with HIV in the Philippines exist. Such consideration would provide insight into the current status of HIV prevention and education interventions, access to testing and treatment, and the needs of those living with HIV. From this information, programs and interventions designed to address HIV can be re-evaluated and re-formatted or new programs and interventions can be instituted. Evaluating existing HIV programs is another necessary endeavor that allows the program in question to improve services while contributing information about best practices to other organizations.

Purpose and Significance of the Present Study

This study is based on an evaluation of a non-profit organization operating in Manila, Philippines called Yoga for Life (YFL). YFL is committed to HIV awareness, stigma reduction, community building, and the health and wellbeing of participants. I conducted this evaluation between June and August of 2011 using qualitative research methods (in-depth interviews, key informant interviews, participant observation) and a self-administered survey. The main goal of the evaluation was to assess the effects of YFL on participants' mental and physical health, risk behaviors, and overall wellbeing as perceived by participants themselves. Secondarily, the

evaluation was designed to enhance YFL's understanding of the population it serves in order to identify any unmet needs and improve outreach, recruitment, and retention strategies.

Results presented in this paper first explore data from the narrative accounts provided by participants during in-depth interviews. These findings pertain to participants' experiences and perceptions related to sexuality and HIV. In light of the dearth of available information regarding the MSM community and the lived experiences of people affected by HIV in the Philippines, participants' narratives offer important firsthand insight into these areas of interest. In describing their own experiences, opinions, and beliefs, participants shed light not only on the experiences of MSM individuals and people affected by HIV, but on community norms operating in the broader society that contribute to stigma and discrimination related to homosexuality and HIV. Drawing from this contextual information, this paper then delivers the results of the evaluation of Yoga for Life and describes the effects YFL interventions have on participants' health and wellbeing. Findings from this study add evidence about the significance of mental wellbeing and social support for PLHIV and the effectiveness of an intervention utilizing complementary therapies to address to these issues while engaging and facilitating the growth of a community committed to social change in response to the growing rates of HIV.

CHAPTER 2: LITERATURE REVIEW

The Philippines: An Overview

The Republic of the Philippines is the world's second largest archipelago nation consisting of 7,107 islands. It is located in Southeast Asia along the Pacific Ring of Fire and within the typhoon belt of the Western Pacific (United Nations System in the Philippines, 2011). Given its proximity to Taiwan, China, Vietnam, Malaysia, and Indonesia, travel, trade, and resettlement between these areas have influenced Filipino culture and development for centuries. The Philippines has also been influenced by colonization, occupation, and war. In 1521, explorer Ferdinand Magellan reached the archipelago and claimed it for Spain, making it the only Asian country colonized by the Spanish (U.S. Department of State, 2012). The period of Spanish rule (1521 – 1898) brought great changes to the Philippines with the introduction of Catholicism, a colonial governmental structure, expansive architectural projects, and the imposition of Spanish language, traditions, and culture.

When the United States defeated the Spanish in the Spanish-American war in 1898, the U.S. acquired the Philippines from Spain, claiming it as a U.S. colony. In 1935, the Philippines became a self-governing commonwealth with a plan to gain full independence after a 10-year transitional period, but World War II resulted in a Japanese attack and occupation of the Philippines in 1942. Together, United States and Philippine armed forces fought the Japanese until the Japanese surrendered in 1945. The Philippines lost an estimated one million lives during the war with Japan. Much of Manila, once a thriving and architecturally advanced capital city, was destroyed along with the economy (Conde, 2005). Despite the destruction, the Philippines proceeded with plans for independence and became the independent Republic of the Philippines in 1946 and began to rebuild the nation under a democratic governmental system (U.S. Department of State, 2012). Early efforts to rebuild were promising, but complicated by an ongoing rebellion by Filipino communist sympathizers and government corruption. President

Ferdinand Marcos, one of the most notorious dictators in history, took office in 1965 and declared martial law in 1972. The Marcos presidency was one of noted human rights abuses and corruption. Marcos went into exile in 1986, but the country continued to suffer from a depleted economy and civil strife under succeeding presidents (U.S. Department of State, 2012).

Despite ongoing obstacles due to corruption, internal terrorist threats, and periodic environmental catastrophes, the Philippines moved from a lower-income status country to a middle-income status country at the end of 2009. This new classification reflects significant growth in gross domestic product (GDP) in recent years. In 2007, the Philippine GDP grew by 7.1% (the highest it has ever been), slowed to a rate of 3.8% in 2008, and rebounded to 7.3% in 2010 (United Nations System in the Philippines, 2011). The Philippines' human development index (HDI), a measure of a country's achievements based on life expectancy, access to knowledge, and standard of living, is 0.644, which equates to a rank of 112 out of 187 countries with comparable data (United Nations Development Programme, 2011). The HDI of East Asia and the Pacific region is 0.671, placing the Philippines below the regional average (United Nations Development Programme, 2011). 97% of the population is literate and the official languages of the Philippines are Filipino and English (National Statistics Office (NSO) [Philippines] & ICF Macro, 2009).

While economic growth has been strong, especially in the midst of the global financial crisis, the Philippines faces persistent challenges in the areas of health, development, and governance. As of 2007, the Philippines was home to 88.6 million people with a population growth rate of 2.04% (one of the highest in Asia) and life expectancy of 73.08 years for women and 67.83 years for men (World Health Organization, 2011). 2009 official poverty statistics produced by the Philippine National Statistical Coordination Board showed a slight decrease in the incidence of poverty among families from 21.1% in 2006 to 20.9% in 2009 (based on a poverty line of $1.25USD/day). However, the country experienced a rise in the magnitude of poor families (a family needs 7,017 Philippine Pesos monthly to stay out of poverty) with an increase

from 3.67 million poor families in 2006 to 3.86 million in 2009. Statistics also show a slight increase in the incidence of poverty among the general population from 26.4% in 2006 to 26.5% in 2009 and a growth in the number of poor people from 22.17 million in 2006 to 23.14 million people in 2009 (National Statistical Coordination Board, 2011). The Philippine's GINI coefficient is 44 (United Nations Development Programme, 2011), which "indicates persistent economic inequalities" (World Health Organization, 2011).

The government spends 3.8% of the GDP on health (World Health Organization, 2011), one of the lowest spending ratios in the region (The World Bank Group in the Philippines, 2001). Out of pocket spending accounts for over half of all health spending despite access to universal health insurance through the PhilHealth plan. Health insurance coverage is low with only 38% of the population enrolled in PhilHealth and 42% of the overall population enrolled in any insurance plan (down from 76% in 2008). Disparities in health and health service utilization are significant based on income. For instance, "the infant mortality rate (IMR) among the poorest quintiles is four times of those in the richest" (The World Bank Group in the Philippines, 2001, p. 12) and immunization coverage is 70% among the lowest wealth quintile and 84% in the highest quintile (The World Bank Group in the Philippines, 2001).

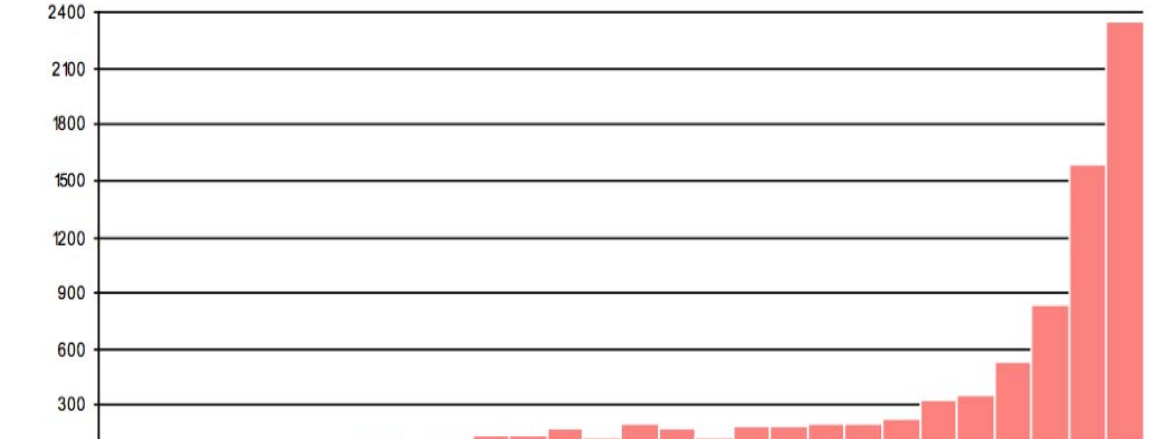
The Philippines has what the WHO calls "a double burden of disease" due to high rates of both non-communicable and communicable diseases. Non-communicable diseases account for 6 out of the 10 leading causes of mortality while communicable diseases account for 7 out of the 10 leading causes of morbidity (World Health Organization, 2011; World Health Organization Regional Office for the Western Pacific, 2012). Heart diseases, diabetes, and other lifestyle-related diseases are on the rise in the Philippines. Tuberculosis and vector-borne diseases remain prevalent in tropical regions continue to burden the Filipino population despite some progress reducing the number of cases (World Health Organization Regional Office for the Western Pacific, 2012).

HIV/AIDS in the Philippines

Overview

The first documented case of HIV in the Philippines was reported in 1984. Since that time, HIV prevalence throughout the nation has remained under 1% with a growth rate long considered 'low and slow' (UNAIDS, 2011). This assessment began to shift in 2005, when the number of new cases reported throughout the country surpassed 200 for the first time. Since 2005, the number of HIV diagnoses reported annually has risen from 210 to 2,349 in 2011 (See Figure 1) (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011a). The Philippines is one of only seven countries for which HIV incidence increased more than 25% between 2001 and 2009. During the same time period, 33 countries reported a drop in HIV incidence of 25% or more (Philippine National AIDS Council, 2011b). According to UNAIDS, cumulative HIV cases could reach an estimated 46,000 by the end of 2015 if incidence continues to grow at the present rate (Philippine National AIDS Council, 2011b).

Figure 1: Number of HIV/AIDS Cases Reported in the Philippines by Year, Jan 1984 to Dec 2011 (N=8,364)



	'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11
TOTAL	2	10	29	38	32	39	66	85	72	102	118	116	154	117	189	158	123	174	184	193	199	210	309	342	528	835	1591	2,349
* Asymptomatic	0	6	18	25	21	29	48	68	51	64	61	65	104	94	144	80	83	118	140	139	161	171	273	312	506	806	1571	2,255
* AIDS	2	4	11	13	11	10	18	17	21	38	57	51	50	23	45	78	40	56	44	54	38	39	36	30	22	29	20	94
Death	2	4	10	12	9	8	15	13	13	11	19	24	27	10	16	17	9	20	11	11	8	16	18	10	7	1	2	*17

*Nine initially asymptomatic cases reported in 2011, died due to AIDS that same year.

(National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011a)

As of December 2011, the cumulative number of people who had been diagnosed with HIV reached 8,364. Of these cases, 960 people had been diagnosed with AIDS and 341 deaths had been attributed to AIDS. In December 2011, 268 new HIV diagnoses were reported, a 54% increase over new cases reported in December 2010. Twenty to twenty-nine year olds accounted for 62% of the cases reported in December 2011 and 48% of the cases came from the National Capital Region of the Philippines. Men are infected at a much higher rate than women in the Philippines. Cumulatively, 82% of those diagnosed from 1984 to the end of 2011 identified as men, and the percentage of men diagnosed per year has risen steadily. Of the cases reported in 2011, 93.4% (n=2,193) of the 2,349 people diagnosed with HIV identified as men (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011a).

Statistics on HIV and AIDS in the Philippines are collected by the National Epidemiology Center (NEC) through passive surveillance and reported on a monthly basis in the Philippine HIV and AIDS Registry. The official record includes laboratory confirmed HIV positive diagnoses that were screened at accredited HIV testing facilities and confirmed at San Lazaro Hospital or the Research Institute for Tropical Medicine, both located in Metro Manila (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011a). In 2010, there were 91 testing and counseling facilities in the Philippines, an estimated 2 facilities per 1,000,000 persons (aged 15 and up). About 3 per 1,000,000 persons received testing and counseling in 2010 (World Health Organization, UNAIDS, & UNICEF, 2011, p. 181). With this low rate of testing and limited access to testing facilities, it is important to consider the potential number of undiagnosed or unconfirmed HIV positive individuals living in the Philippines.

Country Response to HIV/AIDS

The Philippines operates under the Three One's Framework: one national AIDS coordinating authority, one agreed strategic framework, and one agreed national monitoring and evaluation (M&E) system. The Philippine National AIDS Council (PNAC), the 'one coordinating

authority,' was created in 1992 and "serves as the driver of the integrated and comprehensive country response to combat HIV/AIDS" (Philippine National AIDS Council, 2011a, p. 22). The Department of Health (DOH) provides health services, conducts surveillance, and reports monthly findings through the Philippine HIV and AIDS Registry. The DOH also oversees and coordinates HIV and AIDS program implementation. Local Government Units (LGUs) implement programs at the local level through Social Hygiene Clinics that conduct STI and HIV screening and counseling. The role of civil society actors in the country's HIV response cannot be overlooked with one recent report stating that "most innovations in HIV prevention for MSM and TG [transgendered] people are being driven from within civil society" (AIDS Projects Management Group, 2011, p. 159). Civil Society Organizations (CSOs) provide community-based outreach and education, crucial services that the government cannot conduct on its own (Philippine National AIDS Council, 2011a).

While not members of PNAC, many faith-based organizations (FBOs) offer care and support to people living with HIV/AIDS. Over 80% of the Filipino population is Roman Catholic (Central Intelligence Agency, 2012) and, although the church and state are separate, the Catholic Church exerts significant influence over Filipino culture and politics (Bautista, 2009). Periodic pressure from the Catholic Church makes the distribution of contraception and sex education difficult to implement (Philippine National AIDS Council, 2010). Yet because it has the power to influence and reach so many people, involvement of FBOs in the national response to HIV/AIDS is key. PNAC and UNAIDS recently worked with the Catholic Church to develop a 'Training and Resource Manual for Catholic Pastoral Workers" to help guide the response to HIV/AIDS (Philippine National AIDS Council, 2011a).

PNAC and its member organizations are currently operating under the 5th AIDS Medium Term Plan for 2011-2016. They have set a goal to cover 80% of the population through prevention programs and to reach 60% of target populations (most at risk groups) with correct knowledge and behavior change education (Philippine National AIDS Council, 2010). However,

2009 data shows that prevention programs reached only an estimated 38% of most at risk populations (MARPs) including female sex workers and men who have sex with men (MSM) (Philippine National AIDS Council, 2011a). The Plan also seeks to expand treatment, care, and support (TCS) programs to people at risk for, vulnerable to, and living with HIV. The plan states that TCS programming should be based on "optimum standards of health and a comprehensive approach that is responsive to the various needs and concerns of PLHIVs, their significant others, and affected families," but lacks further definitions of TCS or descriptions of existing services beyond access to antiretroviral medications (Philippine National AIDS Council, 2011a, p. 35).

In 2009, the Philippines spent 11.9 million USD on HIV/AIDS (HealthAction Information Network, 2011). Of this, 16.2% was domestic public funding, 11.7% from the UN, and 8.2% came from bilateral, multilateral, and other international sources. The large majority of funding, 63.9%, came from the Global Fund (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2010). Continuous funding for HIV/AIDS programming is crucial, yet PNAC notes that "HIV and AIDS plans and programs are for the most part, under-funded or unfunded" (Philippine National AIDS Council, 2011b, p. 1). For instance, 63% of 2009 funding was spent on prevention programs, more than half of which were considered high cost-low impact initiatives (HealthAction Information Network, 2011). The current Global Fund grant (PHL-607-G08-H, HIV/AIDS Round 6) lasts until the end of November 2012, and it is unclear yet whether or not the Philippines will receive further funding. With its dependence on the Global Fund and a projected $92.02 million USD investment requirement for 2013, the sustainably of HIV services is a top concern (Philippine National AIDS Council, 2011a).

Leaders in the HIV response are confident that the Philippines can remain a low prevalence country if action is taken to curb the spread of HIV and care for those living with HIV, but warn against inaction and complacency. In their current AIDS response plan, PNAC wrote:

> The staggering scale of year-on-year increases in HIV cases based on current projections underscores the need to intensify the national effort to curb the disease. If the current state of responses stays, the country will find itself unable to cope with the epidemic sooner than expected – that is, within the medium term (Philippine National AIDS Council, 2011a, p. 51).

Without financial resources, services cannot be scaled up or maintained despite the best intentions of government and civil society actors.

Most at Risk Populations

In their 2010 paper "An HIV epidemic is ready to emerge in the Philippines," Farr and Wilson explain that with a growing number of infected individuals, "many conditions for a large, increasing and generalized HIV epidemic are in place in the Philippines" (Farr & Wilson, 2010). Conditions include unsafe injecting practices among people who inject drugs (PWID), the sex industry and 'sex tourism,' extramarital sex, migration to and from the Philippines and around the archipelago, and low rates of HIV testing among the general population and most at risk populations (MARPs) (Farr & Wilson, 2010; Morisky, Lyu, & Urada, 2009). Additionally, the Philippines has the lowest rate of condom use in Asia and a high prevalence of sexually transmitted infections (UNAIDS, 2011). Other conditions include inadequate education and silence about HIV fueled by "a generally conservative culture averse to openly discussing issues of a sexual nature, and the Catholic Church's influence on state policy, particularly its disapproval of condom distribution and use" (USAID Philippines, 2010).

While prevalence remains under 1% among the general population, prevalence of HIV among MARPS has surpassed 1% with centralized epidemics among communities in some geographic areas (Philippine National AIDS Council, 2010). MARPS include men who have sex with men (MSM), female sex workers (FSWs), and people who inject drugs (PWID). According to the USAID 'HIV/AIDS Health Profile' MSM have a 0.99% prevalence nationally and a 1.61%

prevalence in the National Capital Region (USAID Philippines, 2010). A study out of Cebu City shows that HIV prevalence among MSM has reached 4% while prevalence among PWID in Cebu City has reached a staggering 52% (Philippine National AIDS Council, 2011b).

Results of the 2009 Integrated HIV and Behavioral Serologic Survey (IHBSS) indicate that MARPs do not have adequate access to prevention services, lack education about HIV/AIDS, and engage in risky behaviors. The following are some of the prominent findings from the 2009 IHBSS:

Percentage of MARPs that have received an HIV test in the last 12 months and who know the results.	Total: 14% (2,022/14,533) FSW: 19% (1,712/9,208) MSM: 7% (296/4,367) IDU: 1.5% (14/958)
Percentage of MARPs reached with HIV prevention programs.	Total: 38% (5,459/14,533) FSW: 55% (5,071/9,208) MSM: 29% (1,278/4,367) IDU: 11.5% (110/958)
Percentage of MARPs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	Total: 32% (4,702/14,533) FSW: 30% (2,775/9,208) MSM: 34.3% (1,500/4,367) IDU: 44.5% (427/958)
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner in the last 6 months.	32% (928/2,929)
Source: (Philippine National AIDS Council, 2010)	

Men Who Have Sex With Men

Despite potential underreporting of total HIV cases, a noticeable demographic shift has accompanied the sharp rise in HIV diagnoses. Whereas Overseas Filipino Workers (OFWs) were once considered the most at risk group due to exposure to HIV while abroad, recent data shows that men who have sex with men (MSM) now account for the majority of diagnoses. Sexual contact, accounting for 91% of all diagnoses by the end of 2011, has been the leading cause of HIV infection in the Philippines since 1984 (UNAIDS, 2011). Through 2006, heterosexual sex was considered the predominant mode of transmission, but from 2007 to 2010, 41% of sexual

transmission was attributed to homosexual sex (up from 29% between 1984 and 2006), 32% to heterosexual sex (down from 55%), and 28% to bisexual contact (up from 15%) (Philippine National AIDS Council, 2011a). Given the significance of these findings, it is important to consider the limitations of reported data. Heterosexual sex, homosexual sex, and bisexual sex are terms used to categorize sexual behaviors associated with HIV infection. It is possible that individuals who do not wish to disclose personal information about their sexual activities misreport sexual behaviors. For instance, a man who identifies his sexual orientation as heterosexual but who partakes in homosexual or bisexual sex may not admit this behavior at the time of data collection. Thus, it is possible that the number of cases attributed to homosexual and/or bisexual contact is an underestimate or misrepresentation of the complete issue.

Few published estimates of the number of men who have sex with men in the Philippines exist. The Male Sexual Risk Behavior and HIV/AIDS survey (MENNSA) conducted in 2000 by Ramos-Jimenez reported that 13.8% of men had ever had sex with another man, but only 1.7% reported having anal sex with another man in the past 12 months. A report by the Philippine National AIDS Council cites a 2007 estimate that between 1.7% and 3.0% of all adult males in the Philippines are men who have sex with men (National Epidemiology Center & Department of Health Philippines, 2011). As noted by the World Health Organization, "the term 'men who have sex with men' denotes all men who have sex with men, regardless of their sexual identity, sexual orientation, and whether or not they also have sex with females" (WHO SEARO, 2010, p. 3). While the term MSM is intended to be more inclusive than terms like homosexual, bisexual, and heterosexual, it is a Westernized term that can be problematic when applied to some social and cultural contexts. Authors Rubio and Green explain the way sexual identity and gender identity are constructed in the Philippines, commenting that sexuality and gender are often linked in this setting:

> As it has been constructed in the West, gay identity has no directly comparable counterpart in the Philippines, which has no local terms delineating Western categories of

> sexual orientation, such as homosexual, bisexual, and heterosexual, or even a simple homo-hetero distinction. Similar to other Southeast Asian countries, in the Philippines, gay identity is often defined in terms of male transgender categories. Hart (1968) first noted that compared with the West, where gayness and transvestism are quite distinct, in the Philippines, such distinctions are vague and mostly meaningless. (Rubio & Green, 2009, p. 63)

Filipino anthropologist Michael Tan posits that, while terms like MSM, gay, and bisexual do exist in the Philippines, sexual identity is not easily categorized. In fact, "there is no word… in any of the Philippine languages for the heterosexual" (Tan, 2001, p. 132). The most common Filipino term associated with gay identity is *bakla*, a gendered interpretation of sexual orientation that generally refers to effeminate men who often or always cross-dress (Tan, 2001). As Tan describes in a 2001 paper, "*bakla* remain confined to certain occupational niches and fulfill certain stereotypes, of the man with a woman's heart, of the village entertainer, of the outlet for male sexual drive… *bakla* means being entertaining and funny and an outlet for male libidos" (Tan, 2001, p. 123). Tan explains that while this narrow, stereotypical image of *bakla* dominates social constructs of gay in the Philippines, there are numerous expressions of gay identity that fall under the broader notion of MSM including same-sex loving men who do not cross dress or demonstrate feminine tendencies and men who enjoy sex with other men but marry women. The intersections between gender expression/gender identity and sexual orientation are notable in that *bakla* are often referred to as transgendered or a 'third sex,' distinct from 'macho' gay men who can or who choose to pass as straight (Tan, 2001). Further literature describing sexuality in the Philippines is limited. Further, there are few qualitative studies that depict the actual experiences and perceptions of MSM. Without this insider knowledge, it is not fully possible to corroborate or contradict theories about sexual identity.

The Philippines is often regarded as tolerant toward MSM and the broader LGBT (lesbian/gay/bisexual/transgender) population. The first gay pride parade in Asia was held in

Manila in 1994 and the visibility of *bakla* in local communities and on television is viewed, by some, as a sign of social acceptance (Laurent, 2005). However, data suggests that MSM and sexual minorities continue to face discrimination and intolerance. In 2011, the International Gay and Lesbian Human Rights Commission (IGLHRC) compiled a report about 'Human Rights Violations on the Basis of Sexual Orientation, Gender Identity, and Homosexuality in the Philippines.' The IGLHRC wrote:

> Tolerance of sexual and gender diversity is tempered by the strong influence of the Catholic Church and a macho culture to which many within the general population subscribe. While Filipinos are generally comfortable with gay persons, this tolerance is contingent on LGBT individuals fitting certain stereotypes and behaving according to accepted, non-threatening norms. (International Gay and Lesbian Human Rights Commission, 2011, p. 4)

From a legal standpoint, male-male sex is legal and there are no punishments for male-male relationships (International Lesbian Gay Bisexual Trans and Intersex Association, 2009). However, the enactment of certain laws like those criminalizing condoms (thought to signify prostitution, which is illegal) and anti-public scandal laws effectively target LGBT individuals (International Gay and Lesbian Human Rights Commission, 2011; Laurent, 2005). The Anti-Discrimination Bill, "an act prohibiting discrimination on the basis of sexual orientation and gender identity and providing penalties therefore" that protects against discriminatory policies and practices against LGBT persons "in schools, workplaces, commercial establishments, public service, police and the military" has yet to pass after being filed at the 11th Congress in 2000 (International Gay and Lesbian Human Rights Commission, 2011, p. 5). Advocates state that passage of this bill is imperative if equal rights are to be provided to LGBT persons. Crimes against LGBT individuals are not widely reported. However, this does not suggest that crimes do not take place as there are no coordinated mechanisms that measure discrimination and violence.

Data does show that the number of reported murders of LGBT persons has risen in recent years from 6 incidents in 2007 to 17 in 2009 (Labilles, 2011).

Men Who Have Sex With Men and HIV

An understanding of the conceptualization of sexual orientation and the direct experiences of MSM in the Philippines adds important context to the growing rate of HIV infection among the MSM population. As noted earlier, findings from the 2009 IHBSS indicate that the majority of MSM are not being reached through prevention and testing campaigns (only 20.7% of MSM surveyed reported attending an HIV prevention meeting despite a coverage goal of 60-80%). Of MSM surveyed, 59% stated that they felt at risk of HIV infection, attributing this concern to two main behaviors: 1) having multiple sex partners and 2) low condom usage (National Epidemiology Center, 2009). Only 7% of MSM surveyed had an HIV test within the past 12 months and knew the results and just 32% reported the use of a condom during anal sex with a male partner in the last 6 months (Philippine National AIDS Council, 2010).

2009 IHBSS data shows that 19.4% of MSM surveyed have regular female partners. This high percentage reflects the issue of categorizing sexual identity and behavior. It may also relate to the fact that, in the Philippines (as in many countries), the term MSM includes male sex workers who report sex with men but identify as heterosexual. A 2011 study conducted in the Philippines titled 'Sex Work in the time of HIV' points out that there are no existing estimates of the number of male sex workers because this group is not targeted by government or NGO services (Natividad, Trinidad, Billedo, & Templonuevo, 2011). This study states that male sex workers in the Philippines are often at greater risk for HIV transmission than other MSM because of a greater number of sex partners, low rates of condom use, and injection drug use. Similarly, transgendered women are grouped within MSM despite significant differences in risk factors and service needs from men who have sex with men. Because data is grouped into one MSM

category, it is impossible to know if HIV impacts individuals differently based on self -defined gender identity and/or sexual orientation.

Living with HIV in the Philippines

Stigma and Discrimination

Stigma and discrimination related to HIV and AIDS are persistent in the Philippines. In a 2011 report titled 'Localizing the HIV and AIDS Response: Local Government Guide for Practical Action,' the authors state:

> AIDS makes everyone uncomfortable. It is more commonly associated with experiences of shame and humiliation. Some view it as 'a price paid for bad behavior.' Instead of evoking compassion, infection draws 'condemnation and rejection.' In the Philippines, there is pervasive misconception about this disease. Stigmatized, infected individuals are easily discriminated upon – 6 out of 10 lose their jobs; 1 out of 10 denied of job promotion; and 1 out of 10 forced to leave their abode or denied a place to stay. (Local Government Academy, 2011, p. 1)

Due to a void in sexual health education and conservative culture, misconceptions about HIV are widespread in the Philippines, particularly in regard to HIV prevention and transmission. A 2010 study by Farr and Wilson cited data suggesting that some Filipinos believe they can prevent HIV infection through antibiotics, prayer, and exercise (Farr & Wilson, 2010). Correct knowledge about HIV transmission is also lacking. The study conducted for the 2009 IHBSS report found that among MSM surveyed, 69.3% (min: 50.0; max: 89.6) correctly identify that a person cannot get HIV by using a public toilet and 68% (median; min: 47.0; max: 88.3%) know that a person cannot get HIV from mosquito bites (National Epidemiology Center, 2009). Recent statistics on the levels of HIV knowledge among the general population are limited. The 2008 National Demographic and Health Survey did not include men, which reduces the generalizabilty of

findings. Still, it is important to note that the survey found that only 22% of Filipina women have comprehensive knowledge of AIDS (Philippine National AIDS Council, 2011a).

Preconceived notions about the morality or acceptability of behavior and identity contribute to stigma related to HIV and AIDS. "Stigma marks people as different and as disgraced. It denies an individual's dignity, respect and right to fully participate in their community. Stigma manifests in discriminatory and sometimes violent treatment of people living with HIV, their families and others affected by HIV" (Global Network of People Living with HIV, ICW Global, International Planned Parenthood Federation, & UNAIDS, 2011, p. 4). In the Philippines, stigma is tied to the phrase *batik sa pagkatao*, meaning a stain or a mark on one's personhood. This stain, stigma, is tied to localized conceptions and fear of contagion, illness, and mortality resulting from HIV infection and to notions of 'improper' behavior like homosexuality and drug use that lead to HIV infection (Trinidad, Quinto, & Naldoza, 2011). Stigmatizing attitudes can manifest themselves in forms of external discrimination like exclusion of and violence towards people affected by HIV. Stigma can also manifest itself in internalized forms including feelings of shame and guilt. Both externalized and internalized stigma can have devastating impacts on the psychosocial, mental, and physical health of targeted individuals (Global Network of People Living with HIV et al., 2011).

In a 2011 study that reviewed experiences of stigma and discrimination by HIV positive Filipinos, researchers found that 65.35% of participants experienced at least one instance of discrimination within the 12 months prior to the study. The most common forms of discrimination reported are being gossiped about (48.7%), followed by experiences of verbal harassment (28.7%), discrimination by household members (22.2%) and physical harassment or assault (16.2%). A large number of respondents also reported being excluded from social gatherings (17.5%), religious activities (12.2%), and family activities (12.2%). Employment based discrimination is high with 37.5% of respondents stating that they lost their jobs or were refused employment because of HIV status. 12.5% were reportedly denied health services

because of their status. When asked why they think people discriminate against them and other HIV positive individuals, 23.8% of participants said that people discriminate due to an incorrect fear of infection through casual contact (Trinidad et al., 2011).

One hundred percent of participants reported that they've experienced at least one type of internalized stigma. Participants reported feeling guilty (76.3%) and ashamed (73.8%) of their HIV status. 65% were found to engage in self-blame, 55% have lost self-esteem, and, most strikingly, 37.5% have contemplated suicide. Participants involved in the study expressed fear that no one will want to be sexually intimate with them anymore (38.8%) and many have decided not to have any/more children (58%), not to get married (37.5%), and/or not to have sex (37.5%). Many respondents reported that they have forgone medical treatment at a local clinic (35%) and avoided going to the hospital even when they needed to (25%). While rates of external stigma were similar between MSM and non-MSM participants, more MSM participants reported internal stigma. 86.5% of MSM respondents felt guilty about their HIV status while 67.4% of non-MSM report the same. 48.6% of MSM respondents reported feeling suicidal compared with 27.9% of non-MSM (Trinidad et al., 2011).

People living with HIV (PLHIV) in the Philippines are protected under the law by Republic Act 8504, The Philippine AIDS Prevention and Control Act of 1998. The Act states that people living with HIV cannot be denied access to employment, admission to schools, or rights to travel, housing, appointive office, credit and insurance, health care, and burial services. It guards against forced HIV testing and confirms that medical records are confidential (Philippine National AIDS Council). However, the findings of a 2011 report by Action for Health Initiatives reveal that the promise of legal protection does not stop stigma and discrimination from affecting PLHIV. The study reviewed instances of discrimination against PLHIV in the Philippines through qualitative data to assess the effectiveness of Republic Act 8504. Responding to stigma and discrimination and working to reduce it through policy, education, and services is imperative for the wellbeing of PLHIV and in order to minimize the further spread of the virus. Experiences

and fear of discrimination can deter individuals from getting tested for HIV, from obtaining prevention information, from disclosing their status, and from seeking medical care and/or psychosocial support after diagnosis (Global Network of People Living with HIV et al., 2011; Trinidad et al., 2011).

Understanding the Needs of PLHIV in the Philippines

A review of the literature revealed only one contemporary qualitative study that describes the needs of PLHIV in the Philippines. For this study, focus group discussions addressing the healing process of people living with HIV, the needs of PLHIV, and programs for PLHIV were conducted with 56 HIV positive participants. Needs expressed by participants included: the need to develop a positive outlook; the need for self-empowerment, to take responsibility for oneself, and to be functional in the community; the need for additional information about HIV for self and family, community, and the general population; the need to disclose their status to friends and family; (for some) the need to have an active role in advocacy; the need for support groups; and the need for the PLHIV community to have an active role in policymaking and needs assessment (Philippine National AIDS Council, 2011a).

To address these needs, participants articulated a list of specific programmatic factors that need to be addressed including: a source of income, a halfway house for PLHIV, a sustainable treatment plan for PLHIV including free antiretroviral treatment and access to medicine and medical care, counseling for families of PLHIV, interventions to address the needs of family members, and assistance during cremation and non-disclosure of AIDS in the death certificate (Philippine National AIDS Council, 2011a). Based on these findings, the study authors recommended programs that "ensure that the psychological, social, and spiritual growth at each phase of the journey of a person living with HIV is given attention" (Philippine National AIDS Council, 2011a, p. 95).

Study authors cite the emotional and psychosocial needs of PLHIV as "the most salient and yet seemingly most taken-for-granted" (Ofreneo, Gerochi, Guiang, & Osea, 2011, p. 82). As noted earlier in this literature review, reports generated by PNAC and other institutions include little information about available psychosocial services or the impact of current strategies on PLHIV. That this qualitative study was found in PNAC's 5th Medium Term Plan suggests that they will incorporate the findings into future HIV planning. This offers hope that service provision for PLHIV in the Philippines will shift to incorporate the desire expressed by PLHIV for holistic care that includes family and community.

CHAPTER 3: METHODOLOGY

Overview

An evaluation of the Yoga for Life (YFL) program was conducted between June 2 and August 6, 2011. The purpose of this evaluation was to assess the effects of Yoga for Life on participants' physical and mental health, risk behaviors, and overall wellbeing as perceived by program participants, determine any un-met needs of YFL community members, and enhance YFL's understanding of the population it serves in order to improve services and outreach strategies. Research methods included in-depth interviews, key informant interviews, a survey, and participant observation. The primary study population consisted of members of the YFL community who attended YFL sessions and/or participate in YFL events. In-depth interviews and a survey were used to gather data from this group as well as from YFL instructors. Key informant interviews were conducted with local HIV specialists able to provide contextual information about HIV in the Philippines, HIV awareness and testing campaigns, and services available to people living with HIV and AIDS (PLWHA). Table 1 provides a breakdown of research methods, study populations and settings, and numbers of participants.

Table 1: Research Methods Utilized for Yoga for Life Evaluation

Method	Study Population or Setting	Number of Participants
In-Depth Interviews	YFL Participants (including YFL's co-founders)	23
Key Informant Interviews	Local HIV specialists	4
Surveys	YFL Participants	40
Participant Observation	YFL classes and social gatherings	N/A

Study Setting

Research activities were conducted across the municipalities of Metro Manila, Philippines. I attended Yoga for Life sessions twice a week at studios in Makati and Ortigas

(municipalities within Metro Manila) to conduct participant observation, distribute surveys to participants, and recruit participants for in-depth interviews. Once participants for in-depth interviews were identified, one-on-one meetings were scheduled at locations and times convenient and comfortable for the participant. These locations included cafés, coffee shops, YFL studios, and participants' homes. Key informant interviews were conducted at locations selected by participants based on their availability. Locations for key informant interviews included the Philippine General Hospital, the UNAIDS office, and the WHO Western Pacific Region Office.

While Filipino is the official national language in the Philippines, English is the language used for educational instruction and government proceedings (U.S. Department of State, 2012). Because there was a high rate of English literacy amongst study participants, research activities were conducted in English. For those participants who did not feel comfortable reading, writing, or speaking in English, translators were available to assist with surveys and in-depth interviews. However, only one interview participant requested a translator.

Instrument Design

The author collaborated with the YFL core group to create culturally and linguistically appropriate surveys, consent forms, and interview guides. The core group is comprised of the YFL founders, Charmaine Cu-Unjieng and Paulo Leonido, and members of the YFL community who contribute time organizing YFL sessions and events, recruiting and retaining participants, and coordinating advertising and media campaigns. I drafted research materials and shared these with the core group who provided feedback and suggestions about the content of the materials.

Survey Design

The survey utilized for this evaluation was designed to capture three main elements: (1) demographic data, (2) information about participants' reasons for joining YFL, and (3) changes to participants' physical health, mental health, social support networks, and HIV awareness since

joining YFL. Demographic data gathered through the survey includes age, gender, sexual orientation, educational level, and employment status. Further, the survey sought information about participants' sexual risk taking and protective behaviors, condom usage, and HIV awareness. To better understand how to reach future YFL participants and engage current members, the survey included questions about why participants joined YFL, how long they had been involved, how they learned about YFL, and about their prior exposure to yoga.

To guide the design of the survey, I reviewed a number of pre-existing surveys developed to evaluate quality of life amongst people affected by HIV. Surveys referenced include the Medical Outcomes Study-HIV Health Survey[1] and surveys accessible through UCSF's Center for AIDS Prevention Studies.[2] Based on these references, I developed survey questions that evaluate participants' perceptions of their mental health (with a focus on stress and anxiety), physical health, sense of wellbeing, and HIV knowledge and awareness. Participants were asked to evaluate these aspects before joining YFL and since joining YFL and to consider how much influence involvement with YFL had on any changes.

The YFL core group reviewed and suggested changes to the survey and the accompanying verbal consent form before both were finalized. I pilot tested the survey and consent form with volunteers following the YFL session on June 15, 2011. Final changes were incorporated, and survey collection began on June 18, 2011 and continued until July 30, 2011. In total, 40 surveys were collected and analyzed.

In-Depth Interview Design

[1] The Medical Outcomes Study-HIV Health Survey (MOS-HIV) was developed by Albert Wu at The Johns Hopkins University "to evaluate patient outcomes in clinical trials and other studies of people with HIV/AIDS" (Wu, 1996). The survey is currently available online through the MAPI Research Trust at http://www.mapi-trust.org.

[2] The Center for AIDS Prevention Studies (CAPS) at UCSF provides online access to surveys developed and tested by CAPS scientists (Center for AIDS Prevention Studies). These surveys are available online for individuals working with HIV-affected populations at http://caps.ucsf.edu/.

In-depth interviews were conducted throughout the course of the evaluation to obtain a more nuanced understanding of how YFL impacts participants' lives and to gain knowledge about YFL community members and their life experiences. Information about YFL members and their life experiences was obtained in narrative format as participants were encouraged to tell the story of what led them to YFL. The author conducted interviews one-on-one (with the exception of one interviewee who requested a translator and one interviewee who requested the presence of a YFL instructor) in a location selected by the participant. The YFL core group was consulted on the interview guide to ensure that all topics of interest would be addressed. Informed consent was obtained from all interview participants.

For YFL members, the interview was structured around two main topics: personal history and involvement with YFL. The table below lists the focus areas for each of these topics:

Table 2: Topics and Focus areas for In-Depth Interviews with YFL Participants

Topic	Focus
Personal History	Important influences from childhood including family, religion, education, and/or social factors Development of sexual and gender identity Introduction to HIV/AIDS and knowledge of HIV/AIDS Personal experiences with HIV/AIDS including testing, diagnosis, treatment, disclosure Experiences of stigma and discrimination related to sexual identity, gender identity, and/or HIV status Perceptions of stigma and discrimination related to sexual identity, gender identity, and/or HIV status
Involvement with YFL	Introduction to YFL Motivation to join YFL Prior experience with yoga, breathing, and/or meditation Perception of YFL's impact on: physical health, mental health, social support system, overall wellbeing and HIV awareness Experiences related to YFL and the YFL community Concerns about and suggestions for YFL

Prior to the start of the interview, I discussed the purpose of the evaluation, the structure of the interview, and the two topics of interest with participants. I reminded participants that they did not have to disclose any information they did not wish to share and obtained consent from each person. Interviews lasted between 60 and 120 minutes. I conducted a total of 21 in-depth interviews.

I also conducted 90-minute in-depth interviews with YFL founders in order to learn more about YFL, the history of the program, and future goals for YFL. These interviews were structured around similar topics as the interviews with participants. The table below lists the topics and areas of focus for interviews with YFL instructors/founders:

Table 3: Topics and Focus areas for In-Depth Interviews with YFL Instructors/Founders

Topic	Focus
Personal History	Important influences from childhood including family, religion, education, and/or social factors Development of sexual and gender identity Introduction to HIV/AIDS and knowledge of HIV/AIDS Personal experiences with HIV/AIDS including testing, diagnosis, treatment, disclosure Experiences of stigma and discrimination related to sexual identity, gender identity, and/or HIV status Perceptions of stigma and discrimination related to sexual identity, gender identity, and/or HIV status
Involvement with YFL	Prior experience with yoga, breathing, and/or meditation Motivation to found YFL History of YFL Perception of YFL's impact on: physical health, mental health, social support system, and HIV awareness on self and participants Experiences related to YFL and the YFL community Review of successes, challenges, and lessons learned related to YFL Goals and plans for YFL's future

Key Informant Interview Design

I conducted four semi-structured, in-depth interviews with HIV specialists living and working in Metro Manila. Interview guides for these interviews were developed based on the

individual participant and their specific area of expertise. Interviews focused on topics listed in Table 4:

Table 4: Topics for Key Informant Interviews

Topics for Key Informant Interviews	
The history of HIV/AIDS in the Philippines	Cultural factors specific to the Philippines and the impact of these factors on HIV/AIDS
The changing demographics of HIV/AIDS in Manila and the Philippines	Stigma and discrimination and HIV/AIDS, sexual orientation, and gender identity
Availability and types of services available to people affected by HIV/AIDS (including both prevention and treatment services)	Knowledge and perceptions of alternative therapies (focusing on yoga, meditation, and breathing) and HIV/AIDS, physical health, mental health, and overall well-being
Future of HIV/AIDS services in light of funding changes and concerns	Yoga for Life (if the participant was acquainted with the program)

Participant Observation Design

In order to gain first-hand knowledge about the YFL program and insight into the YFL community, I attended and participated in Yoga for Life sessions and social events. Participating in yoga sessions helped me develop trusting relationships with YFL community members and overcome some of the cultural barriers between myself and the community. Participation allowed me to gain insider knowledge about YFL that enhanced my ability to conduct thorough in-depth interviews and build rapport with community members. Data from participant observation was recorded in the form of field notes.

Recruitment

Study participants were identified through a purposive recruitment strategy that included snowball sampling. Populations of interest for this evaluation included Yoga for Life program participants (recruited for the survey and in-depth interviews), YFL instructors and founders

(recruited for in-depth interviews), and HIV specialists working in Metro Manila during the study period (recruited for key informant interviews).

All YFL community members – both active participants and those who no longer attended YFL sessions but continued to engage with the community through social events and outreach activities – were eligible and encouraged to participate in both the survey and in-depth interviews. Participants for the survey were recruited immediately following each YFL session I attended. At the conclusion of each session, the YFL instructor invited me to explain the purpose of the evaluation and the survey to anyone who had not yet completed it. The author invited interested YFL members to fill out the survey before leaving the studio. A YFL instructor or core group member served as the witness for the oral informed consent process, and all YFL members had the right to decline to participate and were made aware that completion of the survey was not required.

Participants for in-depth interviews were recruited through announcements following YFL sessions, informal conversations with YFL members before and after class sessions, and through snowball sampling. Snowball sampling was achieved as interview participants encouraged other YFL members to volunteer to participate in an interview. Interview participants gave other YFL members my contact information so that each individual could schedule an interview. I wanted to interview a diverse set of YFL members in order to collect a wide range of opinions and experiences from participants. Therefore, during recruiting announcements, I explained that all members were eligible and welcome to participate including HIV positive and HIV negative individuals, individuals of all genders and sexual orientations, individuals of all ages, and individuals from different socio-economic and educational backgrounds.

Key informants for this study included professional HIV specialists who were selected based on their ability to provide contextual information about HIV/AIDS and services available to people affected by HIV/AIDS in Metro Manila and the Philippines. Key informants were

identified with the help of the YFL core group who assisted in contacting and recruiting key informants.

Analysis

Preliminary analysis of research data was conducted in Metro Manila, Philippines in August, 2011 and involved a collaborative process between myself and select members of the YFL core group. I used Epi Info 3.5.3 software to analyze survey data. Five interviews selected for initial qualitative data analysis were transcribed then reviewed in Microsoft Word because qualitative analysis software was not available in Manila. These interviews were analyzed to determine emerging themes and areas of interest (emerging themes are listed in Table 5). Core group members assisted with the organization and presentation of preliminary findings.

Table 5: Emerging Themes Based on Preliminary Data Analysis, August 2011

Emerging Themes	
1	*YFL as Family*: creating a safe, inclusive, non-discriminatory community that invites people from all identities to attend yoga sessions, regardless of HIV status.
2	*YFL and Stress Management*: helping participants cope with life's challenges, reduce stress, and find peace through yoga, breathing, and mediation techniques.
3	*YFL Promoting Greater Involvement of PLWHA*: empowering emerging HIV/AIDS activists to participate in education, advocacy, and awareness initiatives and become leaders within YFL and in the broader community.
4	*Stigma Reduction through Community Building*: challenging stereotypes about 'who' acquires HIV/AIDS and how HIV/AIDS affects everyday living as community members practice yoga side by side, form friendships, and confront their misconceptions about PLWHA.
5	*Filling in the HIV Information and Service Gaps*: addressing the lack of HIV testing information, sex education, linkage to care capacity, and psychosocial services available in Manila by providing vital HIV education and connecting participants to testing, treatment, care, and counseling services.
6	*Living Positively, Living Well*: encouraging participants to confront life's challenges through healthy outlets, to reduce risk behaviors, to appreciate life, and to accept one's self and one's identity.

The remaining 21 interviews were transcribed between October and December 2011. I then uploaded all 27 transcripts to MaxQDA version 10 software for analysis. Thematic analysis of the data took place between January and April 2012. Thorough review of selected transcripts allowed me to identify key themes and create a codebook. Codes were grouped under three overarching categories: 1) homosexuality in Metro Manila and the Philippines, 2) HIV in Metro Manila and the Philippines, and 3) Yoga for Life. Codes and subcodes were applied to all textual data. This allowed me to retrieve text by individual code and to retrieve text using intersections of codes (text to which multiple codes were applied).

Ethics

The Emory Institutional Review Board (IRB) evaluated plans for this evaluation and deemed it exempt from the full review process. Although IRB review was not required, I took efforts to ensure confidentiality and ethical behavior throughout the study period and analysis. Informed consent was obtained from all survey, in-depth interview, and key informant interview participants. During the informed consent process, I explained the nature of the project to participants and discussed their role as study participants. Participants were given the right to refuse to participate in this project and were informed that they could withdraw at any point.

Due to the sensitive nature of the information obtained through surveys and interviews, survey and in-depth interview participants were not required to provide their real names when consenting to participate in the study. Instead, participants were asked to provide a pseudonym and a witness provided a signature confirming that consent was obtained. Some participants chose to provide their real names, but the author changed these names to pseudonyms in order to protect the identity of all participants. Key informants were also given the choice to provide pseudonyms, but none of the 4 individuals I spoke with requested that their interview data be anonymous.

Once complete, all surveys were returned to me and I kept them in a locked closet in my home. Audio recordings from in-depth interviews and key informant interviews were stored on a

password protected computer. During the transcription process, interviews were de-identified by removing any unique identifiers to ensure confidentiality of all participants.

Limitations

I did not interview anyone who dropped out of YFL. Besides key informants, all interview participants were involved with Yoga for Life during the time of the study. Some were not regular attendees of YFL sessions, but all individuals considered themselves a part of the community. Therefore, the data about YFL is limited in that it does not include the opinions of individuals who chose not to remain involved with YFL. However, when asked about people who have dropped out, interview participants posited that those who do not remain involved with YFL drop out because they do not have time to participate or are not enthusiastic about practicing yoga. This suggests that dropping out is not critique of the group itself or their cause.

Because I do not speak Filipino, I conducted all interviews in English. Only one participant requested a translator assist with the interview, and all others were comfortable speaking in English. However, it is likely that some participants would have described things differently and the data would have provided important information about local terminology related to the themes had interviews been conducted in Filipino. In an attempt to remedy this, I encouraged participants to say words or phrases in Filipino if they were unable to think of a term or phrase in English. While this happened very infrequently, any essential words or phrases said in Filipino during interviews were translated by a native Filipino speaker during the transcription process.

CHAPTER 4: RESULTS

Overview

Results of data analysis are presented in three parts. In the first two sections, I focus entirely on data gathered during in-depth interviews. The first part of this chapter provides a detailed look at homosexuality and gay identity in Manila and the Philippines based on the experiences and perceptions of study participants, contributing information about the population most affected by HIV in the Philippines at the present time (MSM). As detailed in Part 2 of this chapter, these narrative accounts also contextualize the factors influencing HIV awareness and risk among the study population and help to articulate some of the needs of people affected by HIV.

The first two sections describe the setting in which YFL operates and delineates some of the prominent needs of the individuals and community YFL serves. Drawing from this context, in the third part of this chapter I provide the results of the evaluation of Yoga for Life based on data from surveys, participant observation, and in-depth and key-informant interviews. This evaluation explores the effects of YFL interventions on community members' physical and mental health, risk behaviors, and overall wellbeing. Results define which aspects of the YFL program benefit members the most and explore reasons why. Further, the results explore the impact of yoga, breathing, and meditation classes as an intervention designed to support (PLHIV).

Study Population

Twenty-three Yoga for Life members volunteered to participate in in-depth interviews for this study. Of these individuals, 83% (n=19) identified as male, 4% (n=1) identified as transgendered, and 13% (n=3) identified as women. 78% (n=18) of those interviewed identified as gay, 4% (n=1) identified as bisexual, and 17% (n=4) identified as straight. The majority (61%, n=14) of the participants are living with HIV. Participants ranged in age from 20 to 50 years old,

with the majority (56.5%, n=13) between 20 and 30 years old. All participants considered themselves active members of the YFL community regardless of how frequently they attend sessions. Although all participants lived in Metro Manila at the time of the study, 4 of the 23 grew up away from Metro Manila in small, more conservative provinces and 2 of the 23 are foreigners who have lived long-term in the Philippines.

Surveys were distributed collected following twelve YFL sessions and anyone who participated in the session was invited to complete a survey. Survey participants were similar to in-depth interview participants in their reported gender with 85% (n=34) identifying as male and 15% (n=6) identifying as female. Survey participants included fewer gay identified individuals than in-depth interviews with 65% (n=26) identifying as gay or lesbian, 17.5% (n=7) bisexual, 15% (n=6) straight, and 2.5% (n=1) other sexual orientations. Because surveys were collected in a group setting, HIV status was not recorded to honor the anonymity of participants. The age range of survey participants was also similar to the in-depth interviews as the majority (65%, n=28) were between the ages of 20 and 30.

Table 6: Demographic Characteristics of In-Depth Interview Participants (n=23)

	Count	**%**
Gender		
Male	19	83%
Transgendered	1	4%
Female	3	13%
Sexual Orientation		
Gay	18	78%
Bisexual	1	4%
Straight	4	17%
Other	0%	0%
HIV Status		
HIV Positive	14	61%
HIV Negative	8	35%
Declined to State	1	4%

Table 7: Demographic Characteristics of Survey Participants (n=40)*

	Count	%
Gender		
Male	34	85%
Transgendered	0	0%
Female	6	15%
Sexual Orientation		
Gay/Lesbian	26	65%
Bisexual	7	17.5%
Straight	6	15%
Other	1	2.5%
Age		
20 and Below	2	5%
>20 to 25	14	35%
>25 to 30	14	35%
>30 to 40	5	13%
>40 to 50	4	10%
Not Indicated	1	3%

**** HIV status not recorded to honor the anonymity of YFL member***

PART 1: Men Who Have Sex with Men

Overview

Thematic analysis of in-depth interviews collected for this study provided an unanticipated amount of data focused on sexual orientation and identity. Before each interview, participants were instructed to talk in a narrative fashion about personal and community level factors that led them to join Yoga for Life (YFL) and their subsequent experiences with YFL. In response to this prompt, participants spoke in detail about their lives, typically following a chronological sequence. Gay and bisexual identified participants spoke about their experiences growing up different from other kids, the moment they came to accept their sexual identity, the fear and freedom of opening up about their sexual orientation to friends and family, the existence of a gay community in Manila and the Philippines, and the live and let live policy participants often experience within their families. While it was not a primary focus of their interviews, straight identified participants spoke about their personal connections to the gay community and their own perceptions of homosexuality and how these have changed over time. While both groups commented on community norms and traditions that sustain discrimination towards the gay and MSM community, participants optimistically described a progressively tolerant society.

The following sections illustrate these themes in greater detail. I begin with an exploration of the participants' understandings of how homosexuality is viewed by the broader Filipino society. Next, I follow the chronological pattern observed throughout the majority of interviews to depict typical experiences described by participants. Quotes are attributed to the appropriate individual in parenthesis following the quote with the speaker's pseudonym. In an effort to maintain the anonymity of participants, references to characteristics like age are not ascribed to participants. Quotes were listed as anonymous to further protect participants' identities.

Stereotypes, Social Norms and the MSM Community

Whether participants identified as gay, bisexual, or straight, a singular stereotype about gay men was referenced throughout interviews. As Henry Foster, a gay identified participant, explained: "*the stereotype of the gay guy here in the Philippines is someone like who like works in a parlor, who like fixes people's hair, like puts on makeup and stuff*" (Henry Foster). Additionally, Ira mentioned the widely accepted belief that gay men are effeminate: "*when you are labeled as gay, people think of you as you're going to … dress up like women*" (Ira). Over time, this image has become so engrained within Filipino culture that it leaves little room for alternative concepts of homosexuality. This "caricature," as Henry Foster put it, leads people to make assumptions about individuals who are known or thought to be gay:

> *I've observed like here in the Philippines, even if you're like super masculine and stuff, but the moment you identify yourself or even the moment people start to hear rumors about you being gay, they think that like, like in your alone, like in your privacy you wear girl's clothes and like you put on makeup, like you're like that*. (Henry Foster)

Toto experienced the reach of this assumption firsthand after he told his mother that he is gay: "*She still had the stereotype of the gay person in the Philippines. She was asking if I was going to open up a parlor on the corner, if I was going to grow my hair long. She was crying*" (Toto).

Participants felt that media fuels the persistence and reach of the stereotype that gay men are always effeminate and flamboyant. What is most damaging about the image put forth by the media is not the gendered nature of the representation of gay men. Rather, it is that gay characters are often portrayed as less intelligent, typically cast in a humorous role. As Mimi noted: "*the media currently is still making gays the token in the cast, we're still comic relief in the--in their talks. So yeah, it's not really helping us that much*" (Mimi). In a conversation about his desire to show others that gay people are not simply a stereotype, Henry Foster cited a presumed connection between intelligence and homosexuality that participants feel is common in the

Philippines: "*I'm trying to reverse the perception that, just because you're gay, you are like stupid, I mean like, I don't know, like you're someone that people can disrespect*" (Henry Foster).

A comment by a straight identified participant nicknamed Man relates the negative depiction of gay individuals to not only the media, but to the Church as well:

> *I think for me, um I think media would be part of it. Because the television or internet, you can see that they are discriminating gays. For example they portray gays as lower kinds of individuals. So I think media would be part of it. And also I think the church. Because this country is dominated by Catholics, so for me the church influences us Filipinos largely, so I think that it would be a contributor also*. (Man)

The influence of the Catholic Church on issues related to homosexuality was not directly addressed throughout interviews, but most participants referenced the significant impact Catholicism has on cultural norms. When asked how he thinks homosexuality is generally viewed in the Philippines, Joseph, who identifies as straight, immediately referenced the religiosity of the country: "*since we're talking about the Philippines and it's a very Christian, Catholic country, obviously that most, a huge number of people would be against it*" (Joseph). Participants explained that the Church does not encourage discussion about sex and sexuality. Foxy explained that "*this is a Catholic country… and until now, you can't just talk about sex so yeah. I mean even in sex education it's taboo so it's, it's really hard. They think that if you like talk about sex to teenagers you're promoting promiscuity*" (Foxy).

An atmosphere inhospitable to discussions about sexuality creates a challenging environment for MSM to be open about their identities, especially when the broader society has only one widely established image of homosexuality. Because interviews were conducted in English, participants did not often use Filipino terms in reference to MSM. In English, participants used terms including macho, butch, flamboyant, effeminate, gay, and bisexual to describe gay men. At least four participants commented on their belief that, based on their unique experiences in the Philippines, the term bisexual is often used by gay men trying to avoid the

negative connotations associated with the word gay. These participants explained that some individuals identify as bisexual even though they only have sex with men and are not attracted to women:

> *They consider themselves bisexual. It's the term here to discourage stigma if someone finds out. "I'm not gay, I'm just bisexual." Even if they're really gay, they're just not, they don't cross-dress or don't act girly… For me, I think that it's a culture thing, that they don't want to open up those parts so that they retain a masculinity in them… because if you are more masculine you are more attractive here, and if you're more masculine you're more accepted than if you're going to say you're gay*. (Mateo)

Similarly, participants noted that some men who identify as gay (rather than bisexual) also distance themselves from those who are more effeminate. One participant described this distancing in terms of discrimination within the gay community:

> *These butch [masculine] gays discriminate [against] those flamboyant gays… It's just why discriminate? My issue is that we are all a part of the minority and it's already a minority. There are only little numbers of us so why discriminate. That's really my frustration. It is really sad when the one discriminate[ing against] you is one of your kind. It's only in a different form. They are still gay*. (A.S.)

Toward a More Tolerant Society

Overall, participants were optimistic that Filipino society is becoming more tolerant of gay men and gay culture given the increasing popularity of gay celebrities, the advent of gay pride parades, and continued casting of gay characters on television and in movies. However, mixed within hopeful or positive statements, participants cited the need for greater equality and social inclusion for gay individuals. For example, Jim said: "*the Philippines seems like it's accepting of gay people but deep inside I'm not sure they are. I mean, you know, the mere fact that they're offended with male bodies uh, and men in underwear, and not offended with women*

in underwear is a double standard" (Jim)[3]. In his own words, A.S. reiterated Jim's point that acceptance only extends so far: "*it's okay for you to be gay, but 'don't rub it on me*'" (A.S.).

Through interviews, it is clear that participants feel that homophobia is lessening: "*homosexuality in the Philippines… has become mainstream. It has become accepted*" (A.S.). Yet quotes by two participants evoke the question: is the progress that's been made enough? A participant nicknamed Mrs. P noted that hate crimes against gay people are seldom reported. But he notes that, when people are not open about their sexuality and society is not talking about it, the lack of incidents may be indicative of both the lack of a gay community and the secrecy within which many MSM live:

> *Mrs. P: They [gay people] are out there. But they're just not identified, for better or worse. I mean, you don't see gay bashing here, there's no labeling with that kind of hate crime thing here. Part of it is because no one's talking about it. So it's just there. No 'is it good, is it bad.' I've been in the States. My sensibilities for being gay are a bit more American. You know, let's identify ourselves.*
>
> *Interviewer: So there's no hate about it, but there's no…*
>
> *Mrs. P: No pride about it.* (Mrs. P)

Toto's remark offers a reminder that things have changed for the better over time, but also references a right that non-heterosexual people in the Philippines are not afforded, marriage: "*I think it's just the older generation that's keeping a firm hold on their morals. I think things are changing. So it's really not a problem that there are no gay marriages. It's really enough that people are open to it*" (Toto).

[3] In this quote, Jim is referencing a July 2011 controversy surrounding a large billboard located in a busy part of Metro Manila featuring young men in underwear. Offended by the image, influential community members and politicians rallied to have the billboard taken down while billboards picturing sexualized women remained in place across the city.

Early Expressions of Gay Identity and Feelings of Difference

Interview participants consider sexual orientation something people are born with. Fernando expressed this sentiment thusly: "*I've never been inside any closet, my whole life. I mean, when I started breathing this is how I breathe*" (Fernando). Looking back to their early childhood, a number of the interview participants who currently identify as gay can cite moments of 'proof' from their childhood that they have always been gay. Nine participants directly commented that, at a young age, they believed or felt that they were different from their peers while growing up. One participant described this difference in terms of acting in a manner contrary to gender norms:

> *I would play. Well* boys *in the Philippines would like to play cops and robbers, you know, with their little game of bang-bang, you're done… In my mind I was playing Charlie's Angels. So if they say "okay, let's play guns," "okay, wait, I have to change on my – I have to wear my white shorts and white sneakers" because that's how Farrah Fawcett would be*. (Fernando)

Other participants recalled childhood attractions to people of the same sex:

> *My first memory of being gay was when I was 4 years old, I could say that. I remember my, I was fascinated by my—I'm going to show my age—record covered album [laughing]. A record cover album of an Australian singer with his arm showing and he has a plaid shirt and I was so, so amazed… No, not amazed. I was so attracted to the arm.* (Jim)

In their recollections of these early moments, participants do not ascribe any judgment about whether or not these actions and/or feelings were appropriate or if others considered them normal. They simply shared these memories as moments in their lives when sexual orientation was not a source of fear, shame, or self-doubt.

Fear of Judgment

As adults, participants are equipped with the self-awareness and terminology to classify these feelings of difference as early expressions of sexual orientation and gender identity. But as children growing up in a society that was neither vocal about sexuality nor tremendously tolerant of non-heterosexual orientations, feelings of difference that may have seemed natural as children induced insecurities in participants as they aged. At least four participants described a point in their development when they were *made* aware or *became* aware that their differences were not socially acceptable, pressuring individuals to hide their differences from others and 'go back into the closet.' Insecurities seemed to emerge during high school years as evidenced by Jim's experience: "*In high school I realized. I went to an exclusively boy school. So that's when I realized I was different. And I really realized, they made me realize I was different, and I basically just walked back into my closet so to speak until it was okay"* (Jim). Other participants echo this idea of 'walking back into a closet' and covering up any of the self-awareness and self-acceptance one may have cultivated as a child. In their descriptions, the participants who mention this experience describe a time of loneliness and self-doubt. In Alex's words, he acknowledged that there were other gay students in his class, but they did not confide in one another. Instead, they faced taunting alone:

> *[In high school] everything is taboo about homosexuality. We do not speak about that and in the class maybe… I think there was three of us were gay but we don't admit it ourselves. And so I being ridiculed and bullied in school for being gay. Being feminine. So that builds very low self-esteem*. (Alex)

While some participants felt forced to "*hold back*" (Dante) a piece of their identity during high school due to reactions of peers, other participants note that family members were a major source of disapproval at that time. For instance, C.K. spoke about his father's reaction to C.K.'s perceived sexual orientation and the fear this reaction instilled in him:

My dad, well he was kind of very conservative and religious… To the point that he feels that when something bad happens to me it's because I don't pray enough… Very, very Catholic. So I think that's part of the reason why when I transferred, well when I grew up to high school, I kind of like came, came back into the closet cause I think my dad kind of got hints that I was gay. So he was like very, very intimidated, like ah! Well in Filipino he said, "If you turn out to be gay I'll have one of the jeepneys [local public transport vehicles] run you over." And I was like "Ok. Ok now I'm straight!" (C.K.)

With threats like this and few to no supportive outlets, it is no wonder that C.K. and other participants went through a period in which their sexual orientation was a feature they wanted to hide.

Experimentation and Confusion

Participants' attempts to hide or inhibit their sexual orientation to avoid judgment meant many did not have friends or family members they could open up to about their sexuality. Six participants specifically noted that they did not have gay friends growing up either because they were unaware that others shared their identity or because they were afraid to associate with gay people. In his interview, Mateo explained that he knew of openly gay high school classmates who cross-dressed and seemed effeminate. As a more masculine individual, he felt different from these classmates and distanced himself from them to avoid questions about his own sexual orientation. Without anyone to confide in, he felt uneasy about his sexual orientation: "*I was concerned. I thought there was, something's wrong with me*" (Mateo). Ira admitted that although he realized that he was attracted to men in high school, he was afraid to act on his feelings for fear of judgment from others:

Ira: I think in high school, I recognized it. Yeah, I think, I uh, started liking boys when I was in high school… I think I'm scared of the idea of being gay, so I really didn't, um, practice.

Interviewer: Can you tell me a little bit more about what you mean, like what you were scared of?

Ira: Um, the discrimination. I'm afraid of being [pause] judged. That's why whenever I go out, I make sure that I'm always, uh, presentable, upright. (Ira)

Eight gay identified participants talked about dating or experimenting with women before dating or becoming sexually active with men. These eight participants described this time as a period of confusion as they tried to meet social expectations of heterosexuality, while knowing deep down that they actually felt attracted to men. Rodrigo talked about dating women in hopes that his feelings for other men would pass:

I started courting girls in high school. But that didn't really work out for obvious reasons... I thought that maybe it [being gay] was a passing thing. Cuz, I'm not sure if anyone told you, but in all girls schools here, a lot of the girls actually enter into relationships with other girls. And by the time, like, they're done with high school and enter college, they become, they get into relationships with guys. It's like a phase for them, like a lesbian phase. I don't know. And it seems so natural. So I'm thinking, maybe it happens to guys too. (Rodrigo)

Other participants spoke about their experiences with women in much the same way. They dated women to fit in, to cover up their feelings for men, or in hopes that their feelings for and attractions to men would go away.

Self-Acceptance

Following the challenges of adolescence, the majority of gay identified participants found greater social freedom and tolerance during their college-age years. Ten participants talked about having their first sexual experience with a same sex partner during this time. As they explored their sexuality and attraction to people of the same sex, participants shed some of the self-doubt and fear they had experienced in younger years and began to accept their true selves. Nine

participants spoke about this enhanced sense of self-acceptance and freedom, as Rodrigo described it:

> *When you lived all your life thinking that there's something wrong with you, finally realizing that, no, you're, it's fine the way you are. It's pretty liberating, I would say. It's probably one of the most liberating things I've ever done. Just telling myself that it's ok, you'll be fine, you're not going to be condemned to hell for being the way you are, right? So there*. (Rodrigo)

In Rodrigo's case, self-acceptance came after years of questioning and fighting against an inner awareness of his sexuality. Other participants, like C.K., had not permitted themselves to fully consider the possibility that they were gay until they felt compelled to confront themselves:

> *For me you could say coming out is more of, not really telling everyone that "hey I'm gay," it's more of accepting that you know, this is what I am, and well, live with it… I can't pretend that I'm straight, I can't pretend that I like girls. I mean back then I was like twenty, twenty-three? And I was asking myself "how come I have never had a girlfriend?" and I was like, yeah, "I was gay!" I was gay and I convinced myself into thinking that you know, I'm not. And then living on my own, I said it's about time that you know, I face myself in the mirror and tell myself that you know, "you like guys so just live with it! Ok?"* (C.K.)

Coming Out

Self-acceptance allowed participants to open up about their sexuality to others. Participants spoke about this in terms of 'coming out.' As Jim explained, this expression has a different meaning to each person:

> *What is "come out?" Come out is did you tell one person, two persons, you know, that term is so lose, so weird, and so loosely used that coming out is just a matter of... I think*

maybe coming out is more about when did you feel like you could come out, yeah, be in public and be yourself, right? (Jim).

Most participants talked about coming out in the same manner as Jim. Essentially, it meant they reached a point when they no longer felt the need to suppress any indications of their sexual orientation. This represents quite a change from earlier quotes indicating that some participants felt (and some continue to feel) the need to hide their identity. Voicing a sentiment expressed by at least eight participants, Rodrigo explained that, for him, coming out meant he was comfortable telling people that he is gay, but continues to worry that some people will still stereotype him:

If people ask me, then I'll tell them. And sometimes even if they don't [chuckles]. But that's the exception rather than the rule. I think, I don't want, I don't want being gay to define me as a person. That's part of who I am, but I'm also so much more. The problem is in the Philippines, that tends to be, that happens to a lot of people. Once you tell people off the bat you're gay, then, "oh, you're the gay one." So I don't want to be, I just want to be [me]. (Rodrigo)

All participants noted that they are open with close, trusted friends about their sexual orientation and have, for the most part, been received warmly by these individuals. However, being open with family members was less common and seemed to provoke great anxiety for some participants who expressed significant fear of rejection by family members.[4] Eleven of the nineteen gay and bisexual identified participants stated that they have told at least one member of their immediate family about their sexual orientation. Reactions by family members to participants' sexual orientation varied. Six described negative reactions by family members while seven individuals talked about positive responses. Each experience was unique and impacted participants in distinct, long-lasting ways.

[4] In the Philippines, young people typically live at home with their parents or other family members until they marry or move away. This was the case for eleven participants, while the remainder all referenced how close knit their families are even if they do not live together. That most participants live with at least one family member (either one parent, both parents, and/or siblings) provides important insight into why the fear of rejection by family may be so great.

The decision to come out to family members can be difficult, especially if an individual has reason to suspect that their family will react negatively. A quote by Alex exposes the fear of rejection some participants felt regarding coming out to their parents:

> *Prior to coming out, I would always think that if I came out they would just kick me out of the house. I would be left to fend for myself. So that's number one. I would get rejected. That's my fear and it's valid because even before I come out they would say bad things about people who are gay. So it's like, they have this stereotype, they have this, I mean, I know I am gay, but I am not out. I already know they are homophobic or against LGBT people*. (Alex)

Despite this fear, none of the participants were rejected from their homes. Yet some told of very painful reactions from family members, parents in particular, after they came out. Ira had no intention of telling his mother that he is gay, but he found himself in a situation demanding that he come out to her. Of her response, Ira said: "*She called me dirty, she called me a pervert. Yeah*" (Ira). Alex, who expressed fear of rejection because he knew his parents were homophobic, was not kicked out of his house when he came out and found his father to be rather tolerant. But he has endured the psychological pain of his mother's disapproval:

> *Alex: My mom took it very hardly at first. She would, I would get emotional abuse from her. That's because I'm gay, but my father was always this diplomatic type. Sometimes I think he disagrees at first but I think he would be very silent because he knew if he says something it would hurt my feelings because he's my parent. (Alex, 114)*
>
> *Interviewer: And what are some of the things your mom says?*
>
> *Alex: I would, the most hurtful thing I have heard from her would be when she told me I would grow up an old fat faggot all alone, old and alone. Old, fat fagot*. (Alex)

Coming out stories from the seven participants whose family member(s) reacted in a non-judgmental way are quite different from those cited above. For some participants, it did not matter whether or not a parent supported their sexuality, it was enough that a parent did not reject

them because of it. Whereas Alex and Ira's mothers openly criticized their sons for being gay, Rodrigo's mother was extremely supportive to him but secretly harbored negative feelings that weigh on Rodrigo:

> *I was surprised it was a little bit harder for my mom. Cuz there was a time, although she didn't really tell me. My sister told me, she was so bad. My mom felt that she had done something wrong, you know. Which I feel really really bad about. Cuz that means that she thinks that, you know, being gay is inherently still bad, you know, she did something wrong, you know what I mean? You know, I'm not, I didn't turn out as I was supposed to be. In essence. So I feel that, I haven't talked to her about, it, it hasn't been resolved. I'm just hoping that through time she'll realize that she didn't do anything bad, you know what I mean? She didn't do anything wrong, it's just who I am! So there, so it's really more about her than me. And I feel bad about that. Cuz I don't want her to be hard on herself.* (Rodrigo)

Jason spoke about telling his father that he is gay and knowing that his father still loved him: "*Good thing my brother talked to me first before me telling my dad, because my brother gave me a piece of advice that, uh, acceptance doesn't always have to be in agreement. So, I talked to my father, I felt the love, love is out of compassion. My dad loves me, but he doesn't agree*" (Jason).

Participants whose families reacted positively about their sexuality described sincere relief and acceptance. Dante described the moment his mother confronted him about his sexuality. He had just introduced his family to his first serious boyfriend, but did not refer to him as such, only as a friend:

> *After my first boyfriend left, um, my mom, I [was] just inside the room resting, and mom went inside and asked me, "is he courting you?" I whispered to myself, oh god this is the moment, so be it. Help me god. And then, she stay besides me and then, "is he courting you?" "Yes mom." "Oh my god! My son is gay!" "Mom, I will not borrow your bra and panties, or even dress. My preference is only guy!" "So, okay. Are you going to tell this*

to dad?" "Ya." "Right now?" "Uh, I'm afraid." "No, don't worry. I think we're confused. So, we just want to clear things up." So that moment, it's like something, like a thorn in my heart that, you know, got put out. (Dante)

Live and Let Live

Coming out to parents and/or siblings allowed some participants, like Dante and Rodrigo, to feel at liberty to discuss their love lives with the family members they opened up to. They no longer felt inclined to disguise their relationships or introduce boyfriends as 'friends.' However, this was not the case for the majority of participants. Only three others, two of whom are older participants who do not live with parents or siblings, talked about feeling free to openly date same sex partners and involve family members in their relationships. Much more typical was what nine participants described as a "live and let live" policy. This refers to the idea that, so long as it is not discussed or referred to in terms of homosexuality, participants are able to carry on relationships with same sex partners in front of family members. Of the nine individuals who described this situation, seven have come out to at least one family member. The two who have not come out believe their family members are aware that they are gay, but it has not been discussed. One participant who has not come out to his family spoke about this policy in this way: "*in our family we have this live and let live policy… Even if I brought boys home, even if I introduce them as my 'friend,' they don't ask… So yeah they don't know and we don't even talk about sexuality… I shudder at the thought*" (Anonymous). Toto has a similar situation with his family:

Toto: I really only told my mom and my dad. But I think my brother and my sister know. I guess they feel it. When my brother was still at home, when the phone would ring, if it was a girl, it was for him. If it was a guy, it was for me. Things like that.

Interviewer: So is it not something that's spoken about?

> *Toto: Ya, I don't think it's that common here… That's still the case with me and my mom now. She's not going to ask me who I'm dating, or who the guy I brought home was.* (Toto)

Despite the fact that he came out to them, Henry Foster's parents do not accept that he is gay so act as though he is not: "*I think they already knew way way before [I came out]… During college, college like fourth year, the time I started dating, so. At first, of course, I think they were in denial. I think they still are in denial. Like they feel like they can reform me, like send me to a camp*" (Henry Foster).

Participants spoke of the "live and let live" policy as very typical among families in their community. When asked why families act this way, participants said that families do not want to invite gossip if news about a son or brother's sexuality spread to friends and acquaintances. Mimi explained, "*even just knowing their sexuality, 'oh that guy, that mom, that family has a gay son. Oh, what a pity.' Yeah that's what a lot of people think*" (Mimi). Sam attributes this attitude to the fact that "*they don't want to be confronted. It's a non-confrontational society*" (Sam). He described:

> *It's like the majority of cases where the family has a gay son, and once the realization is there, the whole subject of girlfriends and potential wives is dropped. It's not mentioned, it's not talked about. You know, there might be a "faggot" kind of comment form the father or the brother generally. It's never against you, it never exists about you*. (Sam)

PART 2: Experiences and Perceptions of HIV

Overview

During each interview, I asked participants to talk about their personal connection to HIV in order to obtain more detailed information about the study population and identify their needs in relation to HIV. The goal of this portion of the interview was to acquire narrative data that Yoga for Life (YFL) can use to better tailor its HIV specific services to the specific needs of YFL community members. Before the start of each interview, I reminded participants that they were not required to disclose their HIV status or any other personal information. Only one out of the twenty-three participants chose not to share their HIV status, fourteen participants (61%) disclosed that they were HIV positive, and eight disclosed that they were HIV negative (35%). Because I did not know their HIV statuses prior to the interview and was sensitive to each participant's comfort level disclosing their status, asking generally about one's connection to HIV allowed participants to guide the conversation.

In-depth interviews resulted in extensive data about HIV in Manila and the Philippines as understood by study participants through their own, unique experiences. Participants provided great insight into social norms and beliefs that perpetuate misperceptions about HIV and fuel stigma and discrimination towards people at risk for and living with HIV. Their narratives also show how these socio-cultural factors impact individuals affected by HIV in terms of testing and treatment seeking behaviors, mental health, and wellbeing. This information is valuable not only to YFLbut to other organizations working to address HIV in the Philippines because there is little published data that focuses on people affected by and living with HIV in the Philippines. Data is presented below in two main categories that describe HIV in the social context of the Philippines, the individual experiences of participants, and needs identified by participants: 1) misperceptions about PLHIV, HIV awareness, and HIV education, 2) HIV testing, HIV diagnosis, and living with HIV.

Misperceptions about PLHIV, HIV Awareness, and HIV Education

It is useful to understand the social context in which these experiences took place. Some of the issues to consider are: what do people typically know about HIV? How does the general population view PLHIV? Where do people obtain information about HIV and are these sources accurate and adequate? And, what assumptions do people make about PLHIV? Participants answered these questions as they described their experiences, exposures, and perceptions in relation to HIV. The resulting data helps to distinguish what cultural and social aspects most impact this group and why.

Participants identified some of the prevalent misconceptions and judgments people in their communities (or they themselves) have about people living with HIV. Ten participants commented on the widespread belief that people who are HIV positive must be gay or participate in homosexual sex. However, this association between homosexuality and HIV is relatively recent in the Philippines. Until 2007, HIV incidence and prevalence was highest among Overseas Filipino Workers (OFWs) who were assumed to have acquired the virus while working abroad. Other population groups were not thought to be at high risk for infection, a belief that created a false sense of security among at risk groups like MSM. In Jim's words: *"the gay community felt immune"* (Jim). Mateo, who is gay identified and was diagnosed with HIV within the last two years, explained that he underestimated his risk despite being well informed about sexual health:

> *I already know the risk involved, but I was not familiar, I did not know someone who was HIV [positive] yet… I thought it was a foreign thing, that it was not here in, that it had not reached the Philippines yet, and little did I know that it was already circulating around, it's hidden and growing, the population is hidden and growing, so I was not aware... I was protecting myself from other STDs, like gonorrhea, syphilis… But not HIV.* (Mateo)

A number of participants related stories similar to Mateo's, saying that they did not take precautions against HIV infection because they did not think that their male sex partners were potentially living with HIV.

According to participants, HIV only became a concern within the gay community when word began to spread that young, gay men were unexpectedly dying from AIDS defining illnesses. They explained that the news that some MSM (who were not OFWs or sexual partners of foreigners) were actually living and dying with HIV pushed people to reconsider their risk and learn more about the virus: "*since 2010, the MSM became aware. They are open to it. And some, their friends died, so I think that if they know someone already who has passed [away], they start researching*" (Mateo). As HIV awareness grew among MSM, so too did the nationally reported number of HIV cases attributed to homosexual sex.

Participants provided examples of some common stereotypes about people living with HIV, many of which are tied to preconceived notions about homosexuality. Eight participants commented on the belief that if an individual is HIV positive, it is because they are promiscuous: "*I think there is judgment that if you are positive you are a whore, you sell yourself, blah blah blah, you are gay*" (Alex). Two participants stipulated that people in their communities consider HIV infection a punishment for what some consider immoral or improper behavior: "*you have that [HIV] because you've been dirty. You have that because you've been bad. You're being punished. It's a punishment*" (Fernando). Mateo more explicitly linked this judgment to homosexuality saying that HIV is often considered a "*punishment because you're gay. That's punishment from god*" (Mateo). Participants attribute such 'morality' based judgments to the strong influence the Catholic Church and its teachings have on the Filipino populous:

> *Because it's heavily Catholic, the country is heavily Catholic… people don't want to deal with it [HIV]. It's a reality that we know is dark and stuff, and scary, so people just don't want to think about it. But it's wrong because you're not going to solve anything if you*

don't acknowledge the fact that it's there, right? So that's the reason why, and plus it's very Catholic and people can't even get beyond gay, what more HIV, right? (O.J.)

O.J.'s point about the need to acknowledge HIV speaks to a significant issue mentioned by all participants: the lack of credible, comprehensive information about HIV available to people in the Philippines. A number of participants commented on the ongoing political battle over the Reproductive Health Bill, a measure that, among other aspects, calls for improved sex education and access to contraception. Participants talked about the extreme opposition by some Filipinos to this bill as an example of how Filipino society enables a culture of ignorance toward sex and sexuality. Mimi, who is involved with current sex education for young people, said: "*A lot of deep things are just swept under the rug. Yeah, and that's actually the main problem we have in our campaign, because people are ashamed to talk about their sexuality, let alone talk about something like HIV"* (Mimi). A number of participants directly attribute the lack of comprehensive sex education to the Catholic Church. From Jim's perspective, the reluctance to include HIV in sexual and reproductive health education is intentional: "*Filipinos are still ignorant about HIV. It hasn't hit… It's still being quiet, it's still being pushed down, it's still being covered up by the Catholic Church*" (Jim).

Given the overarching conservatism of the culture and general aversion to discussions about sexual and reproductive health, misinformation about HIV and stigma toward PLHIV continue to circulate. For instance: "*the misconception if you acquire HIV, you are dirty, you're disgusting, and that you will die soon*" (Ira). Participants also provided examples of some myths about how HIV is spread. A participant in their early 20s described some of the myths that circulated during high school years:

They said that if you were living with someone with HIV then you have to put alcohol on your bed and you can't share water, those were the typical things you would hear… And the most popular one is the people with HIV or AIDS, they want you to have it also… so they would inject themselves and leave it in the movie house so when you sit on it, you get

> *infected… And then yeah like with if, if you're beside a person who's sweating and he or she has AIDS or HIV then you'd get it also through the sweat*. (Foxy)

Mateo added to this list: "[they think] *we all get infected by just talking or sharing utensils. Yeah. If you talk to me, or if you sneeze, or a mosquito bite*" (Mateo).

Because their HIV awareness was likely to have increased since joining Yoga for Life, I asked participants what they knew about HIV before joining YFL and how they learned about HIV. Responses to this question revealed that all participants who grew up in the Philippines felt the sex education they'd received through high school and even college was insufficient and, often inaccurate. Overall, any detailed information a participant possessed about HIV came from individual research into the matter. A.S. explained:

> *Even if you grow up here in Manila, because there's really stigma about HIV, it's really not being taught in schools. Because I actually didn't learn HIV in school if I'm not mistaken. It's really from [personal] reading… The teachers won't really go into detail about it*. (A.S.)

Other participants described turning to the internet, movies, documentary films, TV shows, and blogs to find information about HIV, but most participants explained that they had no reason or interest in researching HIV until it became a personal matter as friends were diagnosed or participants themselves recognized their risk, got tested, and were diagnosed.

HIV Testing, HIV Diagnosis, and Living with HIV

Participants shared stories about their personal connections with HIV in intimate detail. Their stories show how the social setting described above has influenced participants' experiences of HIV from testing to diagnosis to living with HIV. This section of text focuses on some of the challenges participants encountered in accessing HIV services (testing and treatment) and learning to cope with a positive diagnosis.

HIV Testing

As mentioned in the previous section, the lack of information about HIV available to the general population fuels the spread of misinformation, myths, and stigma. As noted during interviews, inadequate education also contributes to people's risk taking and health seeking behaviors. Without proper knowledge about HIV transmission, some participants engaged in risky sexual activities without understanding that they could acquire HIV. One participant shared his experience: *"H.I.V. I've heard it on TV. I watch it on TV, on the news, I've heard it from people, but uh, I never really thought that it's real until I…until I got it. I've been HIV positive for I think more than a year now*" (Anonymous). This individual said he got an HIV test at the insistence of a friend, that it was not something he had considered doing on his own. Factors that led other participants to seek HIV testing services include learning that a partner or close friend was diagnosed with HIV, testing as a requirement for work abroad, routine health screening by private doctors who included HIV testing, and, similarly to the quote above, getting tested because a friend or partner insisted.

Once participants felt motivated to get an HIV test, some encountered barriers to testing. The two main barriers described were not knowing where to get tested and fear of being judged if seen at an HIV testing facility. The following quote by C.K. describes both of these concerns:

> *I was like telling them [my friends] "I'm really, really scared, and I don't know where to go, and I don't know how to get tested, and I don't know how to do it secretly"… I really don't know anything. And they've been telling me, "ah no go to this hospital, oh no go to this" and I'm like, I really don't feel safe doing all of that on my own and like… because it's a very new experience for me, and I'm scared like to go to the hospital, be seen in that crowd. And like people know that, "ooh he has AIDS."… It's one thing for a girl to have a [boyfriend] and be scared that she has STD, and it's another thing for a gay guy who has slept with like 60 guys in the past few months, and then go to a center and then,*

you know, with all the other gay guys, and the other people in the hospital staring at you knowing that, you know, something is wrong with you and get judged. (C.K.)

Quality of testing and counseling services was also cited as a significant concern. Participants explained that, while there is a standardized procedure for testing and counseling, some facilities and clinics do not follow the guidelines. Two participants who tested at private facilities said that they did not receive HIV counseling and were contacted by phone with their test results.

When I had myself tested… the nurse called me on the phone and she said, "um, sir, I think…sir, your tests came back reactive." And I was kind of, of course I was like, wow, I thought it was confidential. Yeah, and so they said "um, maybe you come back after several weeks for the confirmatory test." And I was like, "All right…" At that time I was—and she said, "thank you" and put down the phone [laughs]. "Okay, thank you."… I went, I really went back for the confirmatory. They didn't tell me much. I mean, they just said, "you go to this place. It's called [name of treatment hub] something" and I'm like "ok, where is it?" And they don't even know where it is. And I said "ok, fine, I'll Google it." (O.J.)

Participants shared stories from friends who received reactive (preliminary positive) test results via text message and, as O.J. experienced, stories of friends who received little to no follow-up information about where to go next for treatment and care. This link to treatment and care services from the point of diagnosis is crucial for some individuals who, without it, would? not access services:

Mateo: People, especially those who have not experienced counseling, those who were tested, just texted their result, they don't go to treatment! They don't know where to go, they don't know what to do, so they go in hiding until their immune system is so low that they get hospitalized. And hopefully they'll heal, but most of the time it's too late.

Interviewer: Do you think that that's happening a lot?

Mateo: Yeah, I have friends who did. (Mateo)

HIV Diagnosis

Fourteen of the twenty-three participants disclosed that they are HIV positive during their interview session. Each of these individuals spoke about their initial reactions to learning that they are positive, providing important insight into an extremely vulnerable time. Participants described feelings of guilt, hopelessness, anger, fear, and isolation.

When Ira received his results, he did not know much about HIV. The counselor told him about how HIV is spread, how he was likely to have contracted it, and what his life might be like from that point forward. Ira's initial reaction was concern over possibly infecting his partner followed by worry that his family might not accept him:

> *Basically, I was just crying and crying. I really feel bad about it, I feel…because uh, I might have um, infected him [my boyfriend] also. So there's a guilt feeling inside of me, that, what if in his next test, he will came out um, positive? When I came out reactive, the first thing I thought of was my family. How will they accept me, um, do I have to tell them right now that I am sick? Because my siblings are still young… it's all about my family.* (Ira)

Ira explained that he is expected to serve as a role model for his siblings. When he learned that he has HIV, he no long felt like a role model. Two other participants shared Ira's concern about siblings, expressing great anxiety about being cut off from younger siblings or nieces and nephews if parents or family members discovered their status.

Jason spoke about the time between receiving his preliminary positive result and confirmatory results and the stress the waiting caused:

> *I didn't show that I was feeling bad, I was wearing a mask. I cried every night when they [friends] were gone. I already cried a lot from the first screening, from the screening I already poured out my heart every night of the week. Every night for, until the*

confirmatory [results] came. So when the confirmatory came, I guess I was more accepting. A bit. I was there, 5%, maybe 5% more accepting that fact already. (Jason)

Alex talked about isolating himself after he received his confirmatory results. He broke up with his boyfriend and avoided talking to close friends about his situation. He seems to feel lucky that his isolation lasted just six months and comments that a longer period could lead to suicidal thoughts:

It was a very depressing episode. I isolated myself for 6 months. Nobody knew about my status. And I was alone...[but] I only isolated for six months. I think it's very hard. If you are isolated for a year, suicidal thoughts maybe could come to mind, right? (Alex)

Ira, Jason, and Alex's experiences do not adequately represent the way all fourteen HIV positive participants reacted upon learning their status. Each individual reacted in a unique way and found different outlets – some healthful and others not – to cope with the mental and emotional burden their diagnosis presented. While other examples exist, the three quotes above serve as important indicators that services need to be in place to help individuals process and cope with an HIV diagnosis before they isolate or become depressed.

Living with HIV

Participants' narratives provide examples of some of the challenges life with HIV can present beyond the initial reaction to an HIV diagnosis. While this list is not extensive, some of the main aspects participants presented include fear of disclosing one's HIV status, difficulty accessing treatment services, inadequate treatment services, rejection and/or denial from family and friends, the need for social support, and fear of and anxiety about the future. Each of these issues is something that can be addressed through comprehensive HIV services, and therefore warrants attention.

Some participants were referred to care and treatment services immediately after receiving their HIV diagnosis. These individuals were tested at government sponsored Social

Hygiene Clinics or through other organizations that followed testing and counseling guidelines. Other participants received their diagnosis with no further information. Besides the few participants who had HIV positive friends to help guide them, participants describe feeling helpless in this situation, unaware of what to do or where to go. Online blogs written by people living with HIV in the Philippines served as links to care for a number of participants who turned to the internet in search of information about what to do after their diagnosis. Thanks to the authors of these blogs, participants learned about the treatment hubs and the steps necessary to enroll for treatment. In some cases, bloggers even accompanied participants to the treatment hub.

Based on the treatment hub they enrolled in, participants had differing opinions about the quality of treatment services. There are three treatment hubs, or HIV treatment facilities in Metro Manila. According to participants, each treatment hub has different services available and follows different guidelines in terms of allocation of medication. For instance, one treatment hub required that patients inform a family member about their status and require that this family member supervise the first few weeks when a patient starts taking antiretroviral medications. This caused significant issues for at least three participants who refused to disclose their status to a family member. Without this family member, participants were refused medication:

> *When my CD4 test came out, the doctor told me that I needed to start medication. Which was fine! But then, she also told me that I needed to bring in a family member. Then I wasn't ready yet. So for 2 or 3 months, I didn't have what she needed. So, I didn't have any reason to go back. And she wasn't contacting me asking me how I was, or, you know, what was happening to me.* (Toto)

Toto began to research treatment options through online blogs by HIV positive individuals in Manila. He learned that the other treatment hubs gave patients medication without requiring a family member's supervision, so he switched his care to another facility. Another participant who encountered this policy waited so long to start medication that his CD4 count dropped significantly and he developed oral thrush, an opportunistic infection common among people

living with HIV. His family was not in Manila so could not supervise his treatment even if the participant had been willing to disclose his status to them. Finally, his medical providers went against policy and gave him the medication.

Participants explained that different treatment hubs offered varying levels of comfort to patients. Three participants referred to one of the hubs as crowded and depressing. Dante shared that:

> *When I went there, I'm walking along, and going this aisle and I say to myself, "oh my god, maybe I'll die soon." Because, for example, this is the treatment hub for the people living with HIV, or if you have your counseling, [so] if you want to refill your medicines, but you will pass through with the, like the TB ward, all the infectious diseases. And you can see that, oh my God, they're almost dying people. And it's not private, it's really open.* (Dante)

Dante, like one other participant who commented on this facility, chose to receive care at an alternate treatment hub based on this experience. Participants also commented on the ability of the government to provide sustainable care and treatment to all people living with HIV. Jim expressed his concern over the costs associated with medication and care:

> *Money is also a big issue, because… when you are HIV positive they only give you certain drugs, the other drugs you have to buy yourself, they won't give you antibiotics for whatever else ails you, so yeah, it's your responsibility to keep yourself healthy. It's scary.* (Jim)

The experiences participants shared in relation to HIV treatment services point first to the value of peers in navigating the health system. Participants relied heavily on advice from others when determining where and how to seek treatment. Their experiences also depict some of the challenges PLHIV encounter when accessing HIV services including poor linkage to care and treatment services, policies that discourage patients from starting treatment, treatment facilities that lack privacy, and issues surrounding the affordability of care.

In addition to concerns related to the medical side of life with HIV, participants discussed the ongoing sense of fear being HIV positive can incite. As C.K.'s quote describes, ignorance about HIV perpetuates discrimination toward PLHIV:

> *And I guess like for the most part of uninformed masses, it's still something that they're afraid of. It's still a disease that they think that will get passed on if you drink from the same cup. It's kind of like that. It is. And, um, it's a little bit scary to be judged like that, and to walk the streets and you know, people stare at you and you know that, you know, people are thinking all these nasty thoughts about you. I mean it's bad enough to be judged if you are gay, and it's even worse to be judged if you are gay and you're positive.* (C.K.)

In consideration of this quote, the prospect of disclosing one's HIV status or having one's HIV status exposed was noted as a source of anxiety by participants, especially when it came to telling family members.

Seven individuals had disclosed their status to at least one family member at the time of their interview. The seven other participants expressed a sincere desire to tell their families, or at least one family member in the future. The two main reasons they cited for not yet disclosing were concern over burdening their family member(s) with the information and fear of rejection or judgment. For instance, A.S. explained that he will tell his family only when he no longer needs to rely on them for help and when he is certain that they have adequate information to react without judgment:

> *A.S.: I wanted to come out to them when I can say to them that I'm, you know, not very stable, but I'm in a way stable. All by myself. You know, wherein I can provide for myself and a bit for them…*
>
> *Interviewer: And what makes you hesitate uh to tell them now?*
>
> *A.S.: Because of, one, lack of awareness. I want [them] first to be equipped at least the basic about [HIV] because I have this little nieces and nephews and I really love them*

and I am afraid that if they are not informed those little angels will be taken away from me and prevented from kissing me or stuff like that. Not like they hate me or anything but it's because they are not informed, they don't know. I want them to be informed first little by little and also I am really confident and I am really sure they won't disown me. They really love me and that is not the concern. It's just that I don't want them to get them to get in an emotional torment again, especially for me. It's okay for me to go through those torments. I am young and still strong. I don't think I will be able to handle it to give them another stress. (A.S.)

All fourteen HIV positive interview participants identify as gay. Therefore, their experiences and perceptions of living with HIV and disclosing their status were, in many ways, tied to the social atmosphere surrounding homosexuality. The following excerpt from O.J.'s narrative touches upon points made by numerous participants about their need to disclose their HIV status to someone they trust. Those who receive a positive reaction to their disclosure gained support and felt relief from the stress of keeping such a heavy secret:

O.J.: I was always thinking that I'd probably tell her, like, "hi mom, I'm gay, and this is my boyfriend, and we're having a nice life, et cetera, et cetera." But it went like, "hi mom, I'm gay and I have HIV."

Interviewer: And so, how did you make that decision?

O...: To tell my mom? Well because it was really hard at the time because um, I didn't have anybody to talk to… And then it suddenly occurred to me, when I had my HIV test and it came back positive and I said yeah, maybe I should make my mom my best friend when it comes to this thing, because it's kind of hard, really. So there… to have somebody to talk to who, who really has your best interests in mind. (O.J.)

Upon telling his mother that he'd tested positive, O.J. broke into tears.

Interviewer: Why do you think you broke down?

O.J.: It was because [pause], half and half really. Half because it was really hard to take it at first, and half also because I was really happy that I was telling my mom. So it was like, tears of joy, and at the same time, real tears.

Interviewer: And what did she, what was her response?

O.J.: Her response was, "I'm ok with the gay part. The HIV part is like a ton of bricks," that's what she described it as. So like "you gave me a ton of bricks that I have to carry my whole life." And I'm like, "I understand," and she said, so, but, her first concern was, "how's your health? Let's not talk about the other aspect, like why you got into that kind of problem in the first place and stuff." So her concern was really my health. (O.J.)

O.J. says that, at first, his mother expressed concern over him sleeping beside and sharing food with his siblings, a factor related to her minimal exposure to HIV-related information. After some time researching HIV, she understood that O.J. was able to continue living normally in her home. O.J.'s experience with his mother harkens back the live and let live policy participants described in terms of family members who know their son is gay, but proceed to act as if he is straight. O.J.'s mother asked O.J. not to disclose his status to other family members or go public with his status in order to ensure his family's good reputation. Other participants who have disclosed their status live in similar situations in that they keep information about their HIV status private even if a family member knows the secret.

In contrast to O.J.'s experience, one participant's mother reacted to his HIV status with anger. While she did not disown him or ask him to leave the house, she ignored him for weeks after learning that he was HIV positive:

Participant: How did my mom take it? Uh, just really bad. I told her that I'm sick and I have HIV. Um, then um, then she didn't talk to me…She will only talk to me through text. It was the worst day of my life… It was a while. Weeks.

Interviewer: How did you feel during that time?

Participant: Uh, I feel very sad, depressed, because uh, my mom couldn't accept me with this, so uh, like I said, it was the worst day of my life.

Interviewer: Why do you think your mom reacted that way?

Participant: Mm, I think she was hurt. Because she really have no idea that…although, she knows, I think she knows that I'm gay, but I don't think she had any idea that I practice… she never really thought of me that way. Because um, she's telling me that "you're an educated man, what do you think you're doing," uh something like that. Um, she actually called me a pervert. (Anonymous)

This reaction by this participant's mother was grounded in her beliefs about the morality of homosexual behaviors. Interestingly, she allowed Ira to live in their family home with his boyfriend and had not confronted him about his sexuality. It was Ira's disclosure of his HIV status that forced her to acknowledge his behaviors and she reacted with anger when she could no longer deny what was happening.

A quote from Mrs. P further explains the depth of denial and shame HIV and homosexuality can evoke:

Somebody died last week, somebody whom I knew. They don't talk about it. The families. There's levels and levels and levels of denial. So it's like, ok, they know their son is gay and HIV positive and he died of…meningitis… pneumonia. That's the press release. So much like that going on. Or maybe there's [another] layer. They don't know that their son had HIV, so they just saw this gay, young boy always going to the gym, because he knew he had HIV. So he thought that going to the gym would save him. But not going to the hospital and having things checked out. And then the next level is they don't know their son is gay. Ok? So he just died of pneumonia…There's still a lot of fear, of shame, you know, to have a gay son. I mean at that level, you lose already. If your son is gay and out, and, not even out. If your son is gay, it's a source of shame. There's enough social

shame. So for him to be gay and out and sexually active and have HIV and die of HIV—ah, that's never going to… All the layers. (Mrs. P)

As Mrs. P's quote suggests, young people are dying because they are afraid to confront and disclose their HIV status within a society hostile to open discussions about sex and sexuality.

PART 3: Yoga for Life Evaluation Results

Program Overview

Yoga for Life is a non-profit organization that supports the increasing number of Filipinos living with and affected by HIV through its community-based yoga program, the first of its kind in the country. YFL's mission and vision are:

> Mission: Yoga for Life aims to promote yoga in the Philippines as an effective complementary therapy to western medicine for those living with HIV, as well as a supplementary venue for convergence among those who live with, are affected by, and support the fight against HIV.
>
> Vision: Through a heightened awareness and holistic understanding of HIV, health, and self, we envision Yoga for Life to be the foundation of an empowered positive community and an enlightened society that live positively and live well. (Yoga for Life)

YFL aims to address the mental health burden, spiritual crisis, and social isolation that many people living with HIV (PLHIV) experience. YFL promotes positive prevention, healthy behaviors, and greater involvement of PLHIV and others in HIV advocacy by helping participants discover inner peace, self-awareness, and self-acceptance within a supportive community.

Yoga for Life conducts three weekly yoga classes at different locations in Metro Manila, Philippines: Wednesday evenings in Ortigas, Saturday afternoons in Makati, and Sunday mornings in Quezon City.[5] Since Metro Manila is quite large and excessive transit time can prevent attendance, hosting classes at different venues is an attempt to accommodate the greatest number of people possible. During most class sessions, a yoga teacher instructs participants in yoga poses, guided meditation, and breathing exercises. YFL hosts educational sessions that addresses a topic of interest to the community. Classes are offered for free with a recommended

[5] At the time this study was conducted, YFL was hosting only two classes per week. One on Saturday afternoons in Makati and one on Wednesday evenings in Ortigas.

donation of 200 Philippine Pesos per person and yoga mats are available for use at each session. YFL hosts frequent social events to bring the community together for fun, healthful activities, participates in the Manila Gay Pride Parade, and organizes a yearly public event in honor of the International AIDS Candlelight Memorial to offer yoga and HIV education to a broad audience.

Yoga for Life History

Founders Charmaine Cu-Unjieng and Paulo Leonido met at a yoga teacher-training course in Manila in 2010. They described their meeting as fate, a chance encounter that brought them together for the express purpose of starting Yoga for Life. Over casual conversations, the pair learned of their mutual aspiration to share their love of yoga with people living with HIV (PLHIV). Drawing on their personal connections and fields of expertise, Charmaine and Paulo hatched a plan to start the first ever community-based yoga class for PLHIV in the Philippines.

Charmaine received a Master of Public Health degree from Yale University in 2002 and a master's degree in Medical Anthropology from the University of Amsterdam in 2004. Her academic work introduced her to HIV and reproductive and sexual health, topics she has focused on professionally ever since. Work related stress motivated Charmaine to study Art of Living meditation and Ayurveda in India, experiences that profoundly influenced her personal life and ultimately led her to pursue yoga teacher training. Charmaine explained that her interest in using yoga as the basis for a program for PLHIV came from her exposure to and frustration with standard, westernized HIV counseling and support services that do not consider culturally specific ways of coping and healing. She noted the community oriented nature of the Filipino culture and that spirituality dictates many people's responses to crisis. Although yoga is *not* a traditional spiritual practice in the Philippines, it offers a familiar spiritual foundation and is conducted in a community setting.

Paulo's motivation to share yoga with PLHIV came from his own search for a practice that could relieve stress and improve health. After a career in the business world, Paulo became a

group fitness instructor. His professional interest in health and fitness and his personal need to de-stress led him to try yoga. As he learned about yoga's benefits beyond physical strength, he discovered a practice and philosophy that redirected his life. Personal connections to people living with HIV and his awareness of the growing number of PLHIV in the Philippines prompted his interest in offering yoga classes to the community as a way to encourage healthy living and emotional balance.

Charmaine's knowledge of HIV programming and public health combined with Paulo's expertise teaching group exercise and connections to the local HIV community helped them delineate a plan to implement a yoga program and identify a core group of members with whom to build the community. Core group members included people living with HIV, HIV activists, and medical professionals. Charmaine and Paulo pitched their idea to offer a free yoga class to PLHIV, but the core group responded with concern about specifying that members were HIV positive. So the decision was made to open the classes to anyone affected by HIV: PLHIV, people at risk for acquiring HIV, HIV advocates, or people interested in getting involved. Paulo's explanation about the naming of Yoga for Life reflects the consideration the group put into defining their goals and their target audience:

> *What can we call the name of the group? It's really hard to call Yoga for HIV! Because instead of bringing more people, people will get more scared and stigmatized. Because one of the issues in Manila, or, here in the Philippines is the stigma, the discrimination. So, we're thinking. Then after a few moments of silence, somebody, "why don't we call it Yoga for Life?" "Why 'life'?" Irregardless if you have, if you're HIV positive, or if you are negative, or whatever disease you have, or if you are really healthy, you have to value your life, you have to become more responsible onto your life. So, and calling it Yoga for Life, when we analyze, it's really more positive, the direction is more really motivating, empowering. So despite whatever you have, life must go on, and enjoy what you're having right in the present moment.* (Paulo)

They hosted their first class at the beginning of June, 2010 after negotiating rates for studio space and recruiting participants at treatment hubs and by word of mouth. At the beginning, the group was unsure how to verbalize the desire to create a support group for PLHIV for fear of ostracizing participants who were afraid to disclose their status. Charmaine said: "the first two months, we called it like you know, yoga program for immuno-suppressed people." But after time, the core group realized that, in not saying HIV and acknowledging its relevance to the group, they were simply fueling the stigma that HIV is too taboo to talk about. Following this realization, Paulo, Charmaine, and the core group altered their approach to the topic of HIV by incorporating more prevention messages (for both positive and negative individuals), offering free condoms, and purposefully stating in each class that YFL exists to support people *affected* by HIV.

Strategic Direction of YFL

Yoga for Life celebrated its one-year anniversary the day this evaluation project began. As a young, community-based organization that developed 'organically' (as Charmaine and Paulo referred to it), the direction and format of the program changed as the community grew and took shape. To better understand the mission, vision, and strategic direction guiding YFL as it moved into its second year, I conducted in-depth interviews with Paulo, Charmaine, and a number of core group members. Data gathered through these interviews distinguish the following overarching strategies as the steps YFL leaders believe will help them achieve their mission: 1) provide tools participants can use to develop and maintain inner peace, self-acceptance, self-awareness, and happiness; 2) foster the growth of a non-judgmental, supportive community; 3) educate the community and broader society about HIV and reduce HIV related stigma and discrimination; 4) encourage healthy behaviors and alternatives to risky behaviors; 5) support overall HIV activism, especially the greater involvement of PLHIV and; 6) promote yoga as an effective complementary therapy for PLHIV.

Evaluating the Effects of Yoga for Life

The goal of this evaluation was to assess the effects of YFL interventions on community members' mental and physical health, risk behaviors, and overall wellbeing as perceived by YFL members themselves. Analysis of in-depth interview and survey data suggests that YFL impacts participants in the six main ways described below.

1. YFL as Family

Participants described YFL as a safe, inclusive, non-discriminatory community that invites people from all identities to attend yoga sessions, regardless of HIV status. As noted in the previous two sections of this chapter, many participants are not open with friends and family members about their sexual orientation and/or HIV status. Some live in fear of potential reactions by friends and family members so are constantly taking precautions to hide their identity. Participants talked about hiding their antiretroviral medications, giving excuses about feeling or looking sick, or removing photos from Facebook that could suggest that they are gay. While they may not feel free to share their full identity beyond YFL, during YFL sessions or while spending time with other YFL members, participants feel like they can be their true selves. When Ira disclosed his HIV status to his mother, she reacted by calling him a pervert and refusing to talk to him. By joining YFL, Ira found a community that allows him to escape the judgment he lives with day-to-day:

> *Ira: For me, Yoga for Life isn't just a community. I've found my family in Yoga for Life.*
>
> *Interviewer: Can you explain that a little more?*
>
> *Ira: Um, because in Yoga [for Life], I am accepted for who I am. I am not judged. Um, I am not labeled as people living with HIV. I am just a normal person.* (Ira)

Eleven participants stated that they had minimal interaction with gay individuals or a gay community before joining YFL. Through YFL, gay identified participants were introduced to people with whom they could relate and build new friendships. Rodrigo explained:

Rodrigo: Like I was telling you earlier, all my other friends are straight.

Interviewer: So what's it like to feel like you're part of a group that is different from your typical friends.

Rodrigo: It's great. This sounds really weird but they can, I can relate to them, they can relate to me in a way that no straight person can…there's the yoga aspect of it, a fitness aspect, a meditation aspect. There's a advocacy aspect of it. But for me it's really community. More than anything… For sure I've made a lot of new friends thanks to YFL. And I think that the rest is just icing on the cake. (Rodrigo)

That YFL provides a venue through which PLHIV can meet other PLHIV had great significance for a number of participants. Participants explained that practicing yoga with PLHIV who are strong, healthy, and happy instilled in them hope that they too can live a full life with HIV. During his interview, Jason explained that he became extremely depressed after learning that he has HIV. He isolated himself from family and friends and felt hopeless about his future. Friends encouraged him to join YFL where he says he found role models:

Good thing I was brought here, so at least I… had some friends who also had this condition and, you know, I could relate. I can, they can be my role model. They're here, they're alive, they survived, they're doing great, living life, taking care of themselves. It really helped being here. If it wasn't for this organization… Seeing lots of people being strong, being enthusiastic in life, at the same time being a fighter, it really inspires me subconsciously and, you know, they might not realize it right now, but just seeing them inspires me. (Jason)

2. Physical Health and Mental Strength

Techniques participants learn during YFL sessions provide them with tools to cope with life's challenges, reduce stress, find peace and balance, and improve and/or maintain physical health. During interviews, I asked participants about the effect practicing yoga, breathing, and

meditation with YFL has on their physical and mental health. Participants felt the benefits to different degrees, but the data shows that all participants found these techniques beneficial to both their physical and mental health.

In terms of physical health, participants noted that because yoga practice is a form of exercise, attendance at YFL sessions had visible effects on their bodies as participants gained strength and flexibility. Rodrigo, who had practiced yoga before joining YFL, shared his personal feelings about the yoga sessions in this way:

> *I've been doing vinyasa, which is what we do here, for a while now. But what we do here is different, cuz um, the focus is different for sure. It's not so much on the strength, but on different aspects of it. Like, it's longer than the yoga I used to do. So there's an endurance aspect. And, the poses are different too. So I think there's more focus on flexibility. So there. I think physically, I think I've grown thanks to YFL.* (Rodrigo)

Some participants shared that the techniques they learn at YFL are beneficial to specific health concerns of PLHIV. For instance, Mimi felt that the breathing exercises he learned through yoga helped with side effects from antiretroviral medications (ARVs):

> *Especially with the medicine supplied to us which has a lot of side effects. I started [taking ARVs], wow, the nausea and vomiting was uncontrollable. So, and, luckily—lucky for me I didn't get Stevens-Johnson syndrome, but as far as the nausea and vomiting is concerned, I had to do a lot of yoga. Yeah, that's where the breathing control came in.* (Mimi)

Jim, who experienced a significant decrease in physical health prior to this study shared the mental strain this caused, commented that yoga practice aided in his physical recovery and helped him quiet his mind:

> *I also had stopped working out because I was not feeling too well anymore, so I concentrated on yoga, which was helping me, so, with the drugs… I'm a firm believer that yoga is very helpful for the body, whether you are or not [HIV positive]… it, it helps*

you in a lot of, a lot of things. I would say that yoga will, yoga quiets the noisy children in my brain, you know. The children in my brain are always running around so when I do yoga they're still running around but they're not noisy anymore, you know? So that's the calm I found in yoga. (Jim)

Throughout interviews, participants described mental health challenges including stress, anxiety, isolation, and depression. From everyday stressors at work to the burden of hiding one's HIV status from family and friends, all participants mentioned aspects of their lives that affected their mental health. Participants talked about the ways yoga, breathing, and meditation help them to deal with negative emotions, handle stressful situations, and develop mental strength to cope with life's challenges. Ira commented on the stress relief:

I'm stressed most of the time with work, and then with family, because I'm still not in a good relationship with my mom, so it's really getting into me, and then practicing yoga makes me feel upbeat, lighter, um, relaxed, less stressed, more at peace with myself. (Ira)

Through his involvement with YFL, A.S. learned to process emotions:

If there's one big thing that YFL taught me, it's ownership of emotions...you have to acknowledge it...Especially when I was diagnosed. All of this emotion, I don't know how to handle it. So yoga taught me to take ownership of my emotions, of my feelings. So that's the time I realize, yeah, if I feel hurt, I need to take it all in. I need to feel the hurt. I need to feel so that I'll be able to appreciate happiness. So it really helped me a lot. (A.S.)

Since breathing and mediation exercises are easy to practice outside of YFL sessions, a number of participants said they practice these techniques in their everyday lives. For example, Rodrigo said:

I take the breathing and meditation with me wherever I am. If I'm feeling stressed, I would breathe…I realize how important it is. Sometimes even like in the middle of…work,

I would just stop, and you know [breathes in], just have 5 breaths... I think it calms and balances me. (Rodrigo)

Mimi said that he is able to use the techniques in any situation: "I meditate in a, let say when I'm taking the LRT [public transit system]. Anywhere actually. I've come to learn that yoga can be done anywhere" (Mimi).

3. Stigma Reduction through Community Building

Participants spoke about the general lack of information about HIV available to people living in the Philippines as the major driver of stigma toward PLHIV. According to participants, myths about HIV transmission are common among Filipinos who have not been personally affected by HIV. Some of the myths they cited are beliefs that HIV is spread through sweat, by touching someone who is positive, or by sharing a glass of water. They also felt that misconceptions about PLHIV including the belief that only gay people acquire HIV and that HIV is a death sentence are prevalent in society. This last misconception has serious implications when an individual who is diagnosed with HIV thinks that they are going to die so does not seek treatment. Based on the experiences and perceptions shared by participants, the overall outcome in a society that is undereducated about HIV and underexposed to PLHIV is a hostile environment toward PLHIV that induces a fear of interacting with PLHIV and fear of disclosing one's status when living with HIV. Therefore, participants talked about the need to educate people about basic HIV facts and to disprove the myths and misconceptions held and spread by people in their communities.

This evaluation shows that Yoga for Life is challenging stereotypes about 'who' acquires HIV and how HIV impacts the lives of PLHIV as community members practice yoga together, form friendships, and confront their misconceptions about PLHIV. Before joining YFL, Rodrigo believed the myth that HIV is a death sentence, but exposure to the community proved otherwise:

I'm not very exposed to people with HIV. Actually, to be honest, I'm not exposed to a lot of gay people…I was thinking before that HIV was like a death sentence… Now, I realize it's not the case. It's just something that you have. It's not something that should define who you are. I see people who are positive and they're doing really well in yoga. The fact that they can do all these poses means that one, they're fit. Two, they're not deteriorating because of the disease… I don't even see them as HIV positive anymore. I'm having a hard time recalling who actually has HIV. (Rodrigo)

At YFL, no one is ever asked to disclose their status. Therefore, participants cannot be sure who is positive and who is negative unless someone chooses to reveal that information to the group. During sessions, participants practice yoga side-by-side, sometimes touching. Man, who is HIV negative and identifies as straight, explained that the uncertainties he felt being close to and touching people who could potentially have HIV disappeared during his first yoga session with YFL:

I was curious when I went there for the first time because our session was partner yoga… you have to do yoga with a partner. So I partnered with [Anonymous]… At first there was some part of awkwardness between us. Because we didn't know each other, and I had this idea that [Anonymous] has AIDS, and I think that idea limits me… However, after 10, 15 minutes of doing some yoga poses, um it cleared my mind up. Even though, for me, [Anonymous] has AIDS or not, I can see him as an individual also, as an equal person. So there. We did yoga, and it was fine… I stopped wondering if he was positive or not. I just go there, wanting to know more about him, as a person, not really knowing if he has AIDS or not. Just knowing whom the person is. (Man)

The sentiments expressed by Rodrigo and Man were echoed by each of the negative participants I spoke with. Joining YFL was the first time most of them knowingly interacted with PLHIV on an ongoing basis, and involvement with YFL helped to break down any fear or misconceptions these individuals had. Beyond the impact of interacting with PLHIV, participants

commented that they learned facts about HIV through their involvement with YFL. A quote by C.K. shows that being informed and equipped with factual information can lead to compassion:

> *I'm probably more sympathetic now... knowing what the disease is all about. How you maintain yourself, how it gets transferred, how people live with it… learning how to live in their shoes and it's like knowing how fearful they get about being discriminated and being judged and being treated differently.* (C.K.)

YFL's messages of acceptance and non-judgment reach beyond the YFL community through YFL's outreach activities, promotional materials, and involvement in community wide events like the Gay Pride Parade. YFL hosts an annual public event in honor of the International AIDS Candlelight Memorial. It? provides HIV education materials and conducts an open yoga session for attendants, an opportunity to help dismantle misconceptions about PLHIV in the broader community as people realize that some of the physically active, happy, and socially engaged people in the crowd are PLHIV. One participant used this event to open a discussion with his parents about his HIV status. He shared:

> *Anonymous: It is a very big burden hiding that secret… [So] I also disclosed to my family. It happened during [YFL's public event for the AIDS Candlelight Memorial]… I brought my family there and my mom even participated in the public yoga… I have the intention of disclosing my status to them after the yoga. It's just that I want them to see that there are people like me who are very healthy and very happy. Living a very happy and fulfilled life. And I want them to know that I have support before disclosing. So I let them see all of the support, all of the happiness... So after that event we went to dinner at a close restaurant. And we talk about the topic of course… and my father just asked point blank "are you positive?"*
>
> *Interviewer: And how did they take it?*

Anonymous: No rejection or disgust at all… My mother and father they took it better, they took the news, and they reacted to the news better compared to when I came out to them as gay. (Anonymous)

4. ***Promoting HIV Advocacy***

YFL encourages and enables emerging HIV activists to participate in education, advocacy, and awareness initiatives and become leaders within YFL and the broader community. Fourteen of the individuals I interviewed were engaged in some form of HIV advocacy at the time of this study. People were involved with a range of projects and the amount of time each person devoted to their advocacy work varied. Most of these individuals cited YFL as the motivating force that led them to engage in advocacy work.

Mimi, like a few other participants, wanted to be at the front lines of HIV advocacy in Manila and across the Philippines. He spoke about preparing himself to become a face for the HIV community: someone who is healthy, fit, and a positive role model. YFL encouraged Mimi to join local organizations and, as his enthusiasm lead him to pursue national and international opportunities, Charmaine and Paulo served as references. Mimi is also an advocate at YFL, sharing his story and offering to support to new participants who need help navigating the HIV system. He explained that his continued involvement with YFL motivates him to keep going:

Mimi: [YFL] has been my springboard in my advocacy… Somehow being with a wide group –people who have HIV and people who don't have HIV – in one shared activity, reinforces in me why I'm doing what I'm doing right now.

Interviewer: Like advocacy?

Mimi: Yes, advocacy. It's because I want more people to know that we're no different from each other. Yeah, which is the actual central message of yoga. And somehow in the hustle bustle of everyday life, I forget that message sometimes, also. I get caught up in my own anxieties and the pressures in the advocacy that PLHIV must be treated special. No!

We have to be treated equally. So, Yoga for Life I think keeps me grounded. And of course it gives me an opportunity to see the people who I'm doing this for. (Mimi)

Some participants want to be involved in advocacy work but are not ready to join Mimi in the limelight. YFL engages these individuals through leadership opportunities within the organization that do not require public disclosure of HIV status. This was a perfect option for Jim, who explained that he does not want to disclose his HIV status, feeling fulfilled by his behind the scenes work with YFL:

I know that I it will take me a long time before I would say that [I am HIV positive in front of a group], or it may not happen to people I don't know, you know… But that's why I prefer to help Yoga for Life, and I prefer to support them, because I don't have to be so out there, you know? I guess it's also part of being my background, as when I started to be gay. In other words, I don't have to be flamboyant to be gay, and I don't have to be… HIV is just part of me, it's not who I am… HIV just happens to be there. (Jim)

5. Filling in the HIV Education and Service Gaps

As previously noted, participants felt that HIV education is inadequate in the Philippines. Some experienced barriers accessing HIV testing services. Linkage to care capacity at the time of diagnosis is minimal since a number of participants who are PLHIV were not connected to treatment services immediately after diagnosis. Available psychosocial services including counseling and social support were also considered inadequate by participants. Based on the data, YFL addresses the identified gaps in HIV education and services by providing HIV education, fostering the growth of a supportive community, and connecting or referring participants to testing, treatment, care, and counseling services.

Some participants compared the support offered through YFL to other HIV support groups they had been involved in. This quote from A.S. explains that YFL's model of support promotes dialogue in an approach different from other support groups:

> *The approach is very friendly and when you hear support group it's mainly it's discussion, you know, and the word discussion in a way gives out the meaning of seriousness and with Yoga for Life its really like a chit chat… It's really easy going, that's the reason why people come in cuz when you're chatting it's just like talking to friends… you just go with the flow you will be amazed that in that journey you have tackled so much you have what do they call it um your prob, your concerns, all of your concerns were actually discussed and you have found an answer to those things you are asking.* (A.S.)

Since YFL sessions are built around yoga practice, the time participants spend socializing is casual. Participants talk amongst themselves before and after yoga sessions in a very friendly, comfortable manner. New participants are welcomed into the group and bonds are formed. Because Charmaine and Paulo remind the group at the start or close of each session that YFL supports people affected by HIV, the topic is open for discussion and participants are aware that people in the room have gone through or are going through some of the same challenges they are experiencing. Like A.S. described, this setting allows for meaningful, educational conversations to take place.

YFL serves as an informal site for linkage to care. Because so many of the participants have experience with the HIV services available in Manila including testing, treatment, and care, community members are able to advise one another on where to go, what to expect, and what to do when someone needs help accessing services. As friendships form, participants will accompany one another to testing or treatment facilities to offer moral support and guidance. Rodrigo's quote offers evidence that participants felt that they could turn to the community in times of need:

Interviewer: If you were diagnosed today… who would you turn to?

Rodrigo: For sure my family first, and my really closest friends. But then there's obviously like the information about HIV/AIDS, like who do you talk to? Which doctor should I see? Which medicine should I take? For sure I'd go to my friends in YFL. Cuz they're the ones who know. (Rodrigo)

YFL responds to individual members and community needs as they arise. Jim shared the following example of how YFL helped one if its members: "[at] Yoga for Life we raise some money to help a person, somebody who has tested positive and had become very ill, to get some drugs for him" (Jim). YFL's regular operating costs are low, so YFL uses the funds they generate through donations and grants to invest in the community. For instance, because members expressed the need for trained counselors with whom they can talk about HIV related issues, YFL sponsored the costs for one community member and Paulo to become volunteer counselors: "*they sent me and Paulo to this faith based group that's working on HIV here in the Philippines… so now I am part of the core group as a counselor, as a volunteer counselor for life"* (Anonymous). They plan to use other available funds to supplement yoga teacher training fees for community members and would consider funding other leadership trainings so long as the individual receiving the funds commits to serving the YFL community with their new skills.

6. Living Positively, Living Well

Participants' feedback about YFL shows that the organization effectively encourages participants to adopt healthy outlets and behaviors, to appreciate life, and to accept one's self and one's identity. Paulo uses the phrase "living positively, living well" as a reminder that, HIV positive or not, a happy, healthy, meaningful life is within one's reach. YFL promotes a holistic image of health that incorporates the mind and body, emphasizing the need to value one's self in order to enhance one's overall wellbeing. A.S. commented on his increased sense of self-worth and the impact this has on his ability to engage in advocacy work:

It really affected me in a way that ,um, I became more attuned with myself. I became more aware of myself. I have learned to love myself more and it it, you know, as I told you before it taught me to take ownership of not only my emotions but all the things that have happened in my life… Yoga for Life taught me to be one with myself, to listen to myself, and I need to I need to take care of myself first because how can I offer empowerment if I am not empowered in myself? And how can I offer peace if I am not at peace with myself?... Your goal is to make yourself healthy, to be healthy. (A.S.)

Participants also commented on the applicability of lessons they learn in class to everyday life. Like other participants who are living with HIV, Alex struggled to accept his diagnosis. He said that he often thinks about the future and what will happen if he gets sick. Through his involvement with YFL, Alex found a technique that helps him release his worries about the future and appreciate the present moment:

After yoga I feel very relaxed everything is relaxed, from my mind is relaxed… I think what I have learned from yoga is that it teaches you how to appreciate life or how to focus on things right here, right now, at the moment and you block the worries about the future and thoughts from the past. So you only think about your breathing right now. And it's a very good thing because having this disease, it's, you think a lot about you future, everything, it drives you crazy. So I think yoga is a good balancer, it puts me again to balance. (Alex)

YFL incorporates messages of self-worth and self-awareness into HIV education to promote healthy behaviors and risk reduction. Charmaine explained that YFL frames messages using sex positive language that encourages self-efficacy, or confidence in one's ability to make a change, rather than fear based messages:

You have to be aware what your motives are and what are the consequences… I'll say, you know, "are you just your body? Are you controlled by your urges? Are you controlled by your sexual urge?" Like a lot of them say, "I can't help it, it's the lust, the

libog." It's the lust that overwhelms them and they forget everything. So I have to address that, right? "You are more than your body, you have a spirit, you have that wisdom, you are divine inside, you're, um, you have to be aware whenever you do things, aware why you're doing it, what the consequences are. Is it harmful to you, is it harmful to other people? Does it help you become a better person?" So you know, all these instead of saying, "if you don't use a condom it will kill you." Instead of messages with a negative tone, they all said, "it's more effective if you say, because I love myself, because I respect myself." Try to bring back that self-esteem, that self-worth. (Charmaine)

Dante shared about the personal impact yoga has had on his behaviors. He explained that before he was diagnosed with HIV, he was more careless about his behaviors. After his diagnosis, he joined YFL and has altered his behaviors:

I'm just enjoying my life now. And when it comes to my sex life, it's way more different… On my side, there's a behavioral change. And I really consider it the practice of yoga. Cuz every time you practice yoga it really helps you to become more focus[ed] and still. And you have to really to think more what's, uh, not just inside of you physically, but more on how you become more better person from inward to out. (Dante)

When asked if they plan to remain involved with YFL in the future, participants all said they do. Different aspects tie them to the community including physical health, the yoga itself, freedom of expression in a non-judgmental atmosphere, stress relief, friendship, and HIV advocacy among others. Harkening back to the idea of YFL as family, Mimi explained that he finds purpose through YFL:

Being that HIV will be a lifetime achievement award for me, and Yoga for Life has and is the, my [pause]. How do I put this? It's what's reminding me why I'm here in the first place. So, like I said earlier, its what keeps me grounded. So yeah, so as long as I have HIV, I will stay. (Mimi)

CHAPTER 5: Discussion

Summary of Findings and Implications for Public Health

YFL hosted its first yoga session just a year prior to the start of this study. Over the course of that year, the organization expanded its original framework as a yoga program for PLHIV to encompass the needs and interests of a growing community of people *affected* by HIV. The program grew "organically," guided by participants and the resources and skills available to the organization. As the first comprehensive evaluation of the YFL program, this evaluation was designed to assess the effects of YFL interventions on participants' mental and physical health, risk behaviors, and overall wellbeing based on the perceptions and experiences of YFL community members. To accomplish this goal, the study necessarily sought information about the key issues drawing participants to YFL. Therefore, the second objective of the evaluation was to enhance YFL's understanding of the community it serves to ensure that YFL is responding to individual and community needs.

Findings from this study show that YFL has numerous impacts on participants through both individual and community level interventions. Yet it is impossible to appreciate the depth of these impacts without a thorough understanding of the individual, social, and environmental factors influencing YFL members and the community as a whole. The data revealed two major themes impacting the study population: 1) issues related to sexual identity and the social acceptance of sexual minorities and 2) personal experiences and social norms related to HIV. The insight participants shared about these two themes provided important contextual information about the YFL community, situating the program's goals and interventions within the reality of participants' lives. Further, given the paucity of literature available about these topics, findings regarding participants' experiences and perceptions of sexuality and HIV in Manila and the Philippines help fill this information gap and suggest implications for public health research and interventions. These two issues are described further in the following paragraphs.

Sexuality

Country level data shows that, in the Philippines, MSM are the group most at risk for and affected by HIV. In 2011, homosexual and bisexual sex (behaviors that are grouped together under the MSM category) accounted for 82% of all sexually transmitted cases of HIV reported across the country (National HIV/AIDS & STI Strategic Information and Surveillance Unit, 2011). Given the rising number of MSM diagnosed with HIV each year, expanded HIV education, prevention, and care programs targeted toward MSM are necessary. A 2011 study aimed at identifying strengths and weaknesses of HIV services for MSM and transgendered persons in the Philippines noted the "multiplicity of understandings that underscore MSM and TG people's behaviors and identities in the Philippines" and cite the need for services that recognize and understand that individuals and groups who are categorized as MSM have different needs (AIDS Projects Management Group, 2011, p. 158). However, there is limited available data profiling MSM in the Philippines that can guide service providers in their efforts to reach MSM. Without such resources, individuals lacking insider knowledge about this community may not grasp the intricacies existing within this broadly labeled group, nor can they fully understand the social and cultural factors influencing and affecting MSM individuals. Such insight is essential to the design, implementation, and success of interventions attempting to reach MSM.

The little existing literature about sexuality in the Philippines is outdated and there is no literature specifically considering sexuality in the present context of HIV. Findings from this study offer insight into experiences and perceptions of sexuality in the Philippines based on the experiences and perceptions of YFL members. The majority of the YFL community are MSM, most of whom identify as gay. Survey data from the present study showed that 65% of the YFL members identify as gay or lesbian and 17.5% identify as bisexual. 78% of those who participated in an in-depth interview identified as gay men. Therefore, the narrative data available through this study is mostly applicable to considerations of gay identity in the Philippines. Importantly, the

findings for this study include data from straight identified YFL participants who helped describe social norms connected with sexuality in the Philippines.

Some of the main findings within data related to sexuality include the following. Participants noted a growing awareness of gay rights and sense of gay pride in the Philippines but a lack of formal social spaces where gay men can meet, limiting the opportunity for gay men (especially those who are closeted, or heterosexual identified) to form relationships with other gay men. Stereotypes about MSM and morality-based judgments about homosexuality can cause gay men and other people who identify in non-heteronormative ways to fear coming out. Participants spoke about trying to hide their identity from friends, family members, co-workers, and the general society because they did not want to be judged based on their sexuality. Fear of rejection from family members caused considerable concern among many participants, some of whom shared stories about negative reactions from family members. In relation to stereotypes about gay men, participants spoke about the prevalent misconception that all gay men are effeminate, constructs of MSM as unintelligent, that gay men are promiscuous, and that all gay men are HIV positive, noting that these stereotypes are fueled in part by the media.

Public health implications from these findings mainly relate to the difficulty of targeting MSM for HIV prevention services. When people live in fear of admitting publicly that they are gay, it is unlikely that they will access services that require people to disclose their sexual identity. While the study cited above calls for interventions that are targeted directly at specific sexual minority groups, it is also important to consider strategies that reach people who are closeted about their sexual orientation and/or behaviors and those who do chose not to identify within any particular category. This is one advantage of YFL's broad target audience (people affected by HIV), as YFL has created an environment in which no one has to disclose any aspect of their identity yet are able to access and take full advantage of YFL services.

HIV

As a program designed to support PLHIV and people affected by HIV, it follows that the virus has personally impacted the majority of YFL participants. The narrative data collected for this study show that experiences and perceptions of HIV influence participants' lives and interactions with others. Naturally, the degree to which HIV influences an individual's life depends upon one's personal connection to HIV (living with HIV, HIV advocate, friend/partner is HIV positive, no personal connection to HIV). But within the context of the YFL community, findings show that even HIV negative participants who do not feel at risk for HIV infection have been affected by HIV through education and media exposure that influence their attitudes and behaviors.

A review of the literature found countless reports about the epidemiologic profile of HIV in the Philippines, analysis of funding mechanisms and needs, and reviews of HIV service provision, but very little data specific to the actual experiences of PLHIV and those at risk for HIV infection in the Philippines. While these finding are specific to the study population, narrative data from this evaluation provides a detailed look at many of the issues facing PLHIV. This data provides insight into the current status of HIV prevention and education interventions, stigma and discrimination toward PLHIV, access to testing and treatment, and the needs of those living with HIV.

Results show that the socially conservative nature of Filipino society inhibits open dialogue about sex and sexuality, contributing to the spread of misperceptions and myths about HIV and PLHIV. Participants shared their beliefs that people throughout the Philippines continue to harbor misperceptions about PLHIV including ideas that PLHIV are all gay, are amoral, and have no hope for survival. Participants also talked about widespread myths about HIV transmission including beliefs that HIV is spread through saliva and sweat. They relate these issues to the lack of adequate HIV education in the Philippines, stating that one must conduct personal research on HIV to gain adequate knowledge about HIV. The extent of misinformation

about HIV and misconceptions about PLHIV were cited by Farr and Wilson in their 2010 publication 'An HIV epidemic is ready to emerge in the Philippines' in which they described beliefs that prayer and exercise will protect against HIV (Farr & Wilson, 2010).

In terms of HIV service provision, participants highlighted numerous concerns: 1) inconsistent procedures at HIV testing facilities (participants felt that government-run facilities like the Social Hygiene Clinics have the most comprehensive and standardized testing and counseling procedures while private facilities are unreliable); 2) poor linkage to care capacity from point of diagnosis to treatment and care services; 3) institutional polices at one HIV treatment hub that discourage patients from starting ARV treatment; 4) concern about the sustainability of funding for ARV medications and future availability of medication for the growing number of people in need and; 5) a lack of psychosocial services for PLHIV. They also noted a lack of social spaces where people can feel free to be open about their HIV status without fear of judgment. They mentioned a few long-standing support groups for PLHIV, but commented that some of these are depressing or inhospitable to new members, especially youth and/or gay identified individuals. Based on the study findings, without support environments, PLHIV may not have anyone to confide in about their status or from whom to seek advice, adding to isolation and minimized health seeking behaviors.

HIV positive participants spoke about fear of judgment or rejection from friends, family members, communities, and/or society if they were to disclose their HIV status. Participants shared stories about the impact of living with this fear on mental health and overall wellbeing. Participants described isolating behaviors, particularly among PLHIV who receive a positive diagnosis and do not have a support system to turn to; mental health issues such as stress, anxiety, and depression related to the psychological burden of hiding one's status and the ongoing fear of judgment; and internalized stigma that manifests in feelings of shame and self-loathing. A study titled 'The Experiences of External and Internal Stigma of HIV Positive Filipinos' by Trinidad et. al. demonstrated that experience of stigma are all too common among PLHIV in the Philippines.

The study found that 65.35% of participants had experienced at least one form of direct discrimination and 100% of the participants expressed internalized stigma (Trinidad, Quinto, & Naldoza, 2011).

Through the direct quotes of PLHIV and others affected by HIV, study findings identify numerous issues that require action on the part of public health practitioners and researchers. These findings contribute important information about the needs of PLHIV and those at risk for infection including expanded access to education, campaigns to reduce stigma and discrimination toward PLHIV, improved HIV treatment and care services, and the implementation of expanded psychosocial programs to address mental health and social needs. There is little existing data to which to compare the findings of the present study beyond one qualitative study regarding the needs of PLHIV in the Philippines. This study was presented in PNAC's 5th AIDS Medium Term Plan. The findings from the study support the results presented within this paper that PLHIV have a desire for expanded mental health, social support services, and other psychosocial services. The main finding presented in PNAC's Plan was the distinct call from PLHIV for services that "ensure that the psychological, social, and spiritual growth at each phase of the journey of a person living with HIV is given attention" (Philippine National AIDS Council, 2011, p. 95).

Yoga for Life

Through this evaluation, it is clear that YFL plays an important role in the lives of community members. Given the broad list of factors related to sexuality and HIV listed in the previous sections and the impacts of these factors on participants' mental and physical health, social support systems, and access to services, YFL is targeting individuals and a community in need of a wide range of support. Through its innovative use of yoga as both a mental and physical health intervention and the basis for community building, YFL is an example of a community empowerment intervention that engages the YFL community in its response to the HIV at the

individual level, within the group, and among broader Filipino society. According to Trickett citing the work of Beeker, Guenther-Grey, and Raj (1998):

> A community empowerment intervention seeks to effect community-wide change in health-related behaviors by organizing communities to define their health problems, to identify the determinants of those problems, and to engage in effective individual and collective action to change those determinants. (Trickett, 2005, p. 6)

This understanding of community empowerment interventions stipulate that health problems are determined by multiple factors often including societal level impacts; that communities affected by a health problem must be involved in defining and solving the issue; and that "the success of an intervention depends on the capacity of the community to engage in effective action" (Trickett, 2005, p. 7).

YFL's vision statement reads: "through a heightened awareness and holistic understanding of HIV, health, and self, we envision Yoga for Life to be the foundation of an empowered positive community and an enlightened society that live positively and live well" (Yoga for Life). YFL recognizes its community as a force for social change. They draw upon the collective skills, talents, interests, and enthusiasm circulating among members to direct the strategic vision of the organization. Members are involved with the planning and execution of community-wide events, are engaged in the creation of promotional materials, and are supported in individual and collective efforts to engage in advocacy work beyond YFL. With the community intricately involved, YFL impacts individuals, relationships, the community, and society (see Appendix B for a framework depicting YFL across ecological levels).

Through yoga, breathing, and meditation, YFL provides supportive techniques that reduce stress, build physical strength, support immune function, and build self-confidence, self-awareness, and self-respect. The communal practice of yoga equalizes peoples' identities, drawing participants together based on a mutual interest (yoga) and shared sense of purpose (support of people affected by HIV). Members gain respect and compassion for one another,

helping people shed their preconceived notions and stereotypes about PLHIV and MSM. Members who are HIV negative develop a better understanding of what it's like to be positive (helping disprove misperceptions) and members who are positive gain friends with whom to share and compare stories. The community acts as a support group, filling in some of the gaps participants noted in regard to education and linkage to care at the public policy level. Members assist one another when it comes to issues related to HIV. Participants educate one another about HIV through personal stories and knowledge, refer others to HIV services based on their own experiences, and support each other through challenging times. Charmaine shared this example:

> *A regular student meets a new student, and the new student opens up so the old student says, "ok I'll go with you to your treatment." Like, the person doesn't actually know what to do, so the old student will actually go with them. I've heard like 3 cases where they accompany them and they support them throughout their tests. "Okay, this is what you do, this is what you need." They don't have to do that! They just met them at class.* (Charmaine)

Through this aspect of YFL, the program serves as a model of peer education, a concept that involves members of a given group who influence and effect individual changes among other members (i.e. peers) of that same group. Peer education also has the potential to effect change at the interpersonal, community, and social levels by altering social norms and inspiring social action (Joint United Nations Programme on HIV/AIDS (UNAIDS), 1999). This concept relates to theories of interpersonal behavior change, which posit that people are influenced by and influence the actions, behaviors, opinions, and advice of others (US Department of Health and Human Services, 2005).

Through community-wide events and outreach campaigns, YFL's goal is to dismantle prevalent stereotypes and misperceptions about PLHIV by promoting HIV awareness framed within messages about acceptance and non-judgment. These messages are spread through promotional materials that include phrases like "oneness through wellness" and "inner peace is

found from within, seek it not from without." YFL's promotional materials invite people to join yoga sessions and provide links to local partner organizations like Love Yourself Inc. and the Take the Test Project to promote HIV testing. These materials are spread mainly through YFL's website, Facebook page, Twitter account, and through followers and supporters like local bloggers, capitalizing on the ability to connect with a wider audience through social networking.

YFL also hosts an annual public event that promotes HIV education and awareness through YFL's unique framework. This event draws media attention and is an opportunity for the community to share the message that YFL is a group supporting people *affected* by HIV. The impact of this message is that people in attendance see a group of individuals who are physically active, happy, and supportive of one another. Through this interactive event, attendants realize that it is impossible to tell who has HIV and who does not. This fights the misperception that HIV is a death sentence, a myth that many participants talked about in their interviews. Stopping the spread of this myth is important in that it reduces fear of PLHIV from HIV negative individuals. Further, disproving this myth impacts people who are at risk for HIV infection or have been diagnosed with HIV who do not seek testing and treatment services because they believe they have no hope due to this myth.

YFL was not designed to have direct impacts at the public policy level (e.g. through lobbying or advocacy), but their goal to encourage HIV activism has implications at this level. Charmaine explained that soon after they launched YFL, a number of participants got involved with other HIV organizations. Some asked for recommendations from YFL and Charmaine helped participants prepare applications and resumes when necessary. Seeing that participants were inspired to get involved beyond YFL, the group adopted the goal to encourage HIV activism among participants, particularly participants who are PLHIV, to ensure that anyone interested in taking a more active role in the community has that opportunity. The strategies YFL employs to meet their goal are to provide leadership opportunities to participants through roles within YFL and to connect participants with local, national, and international HIV organizations doing HIV

advocacy work. They also use YFL funds to sponsor participants who wish to attend trainings that enhance skills and knowledge.

The outcomes of YFL's strategies are that participants develop leadership skills and become involved with HIV advocacy through other groups. This impacts YFL in that community members become resources to each other for information about HIV and advocacy opportunities and impacts the public policy level as the network of engaged HIV activists (among them both PLHIV and people affected by HIV) from civil society grows in number and capacity. According to existing reports about country response to HIV, the Philippines National AIDS Coordinating body (PNAC) actively encourages the involvement of PLHIV and others from civil society in HIV planning (Commission on AIDS in Asia, 2008). Therefore, participants who engage in activism have the opportunity through PNAC to contribute to the governmental response to HIV and to bring attention to the needs of PLHIV.

Organizational Recommendations for Yoga for Life

The following points are intended to serve as suggestions for the enhancement of the YFL program. Recommendations are based on a thorough review of study data and take into consideration YFL's resources, mission, and vision.

1. Conduct monthly "knowledge sessions" that focus on topics related to HIV. Levels of HIV education and awareness range from low to high among YFL participants based on their personal experiences and exposures, but all members could benefit from continued education about HIV. Because not every participant will have an interest in a given topic, it is recommended that knowledge sessions be scheduled before or after regular yoga sessions or to conduct a short yoga session before the knowledge session.
2. Conduct a knowledge session titled "Living with HIV." Participants who are HIV negative expressed an interest in knowing more about what it's like to live with HIV in terms of

medication and health and HIV positive participants noted that it is important for negative individuals to understand what it is like to live with HIV.

3. Offer regular participants the option to pay a "membership" fee rather than in-class donations. While this could cause some logistical issues, a member suggested this idea as a way to reduce payment fatigue among members who come to nearly all sessions.
4. Invite members from other HIV advocacy organizations to attend YFL sessions and provide information about their services at the end of class.
5. Continue to hold regular social events as a way to maintain the "family" feel of the organization. As YFL grows, specifically host a social event for members who attend the different class sessions to get together.
6. Engage community members in designing and conducting yearly evaluations of YFL.

Public Health Implications and Areas for Further Research

The public health implications related to this study are numerous. The following

1. Use of social media for the re-framing of community-level HIV dialogue: YFL uses promotional materials like flyers to spread messages of acceptance and positivity. They also use promotional materials to support HIV awareness and HIV testing through its support of other organizations such as the Take the Test Campaign. Within a society that lacks HIV education and harbors a great deal of misinformation about HIV, they are reacting against traditional fear based HIV prevention messages and helping to reduce stigma and discrimination. A better understanding of how such messaging impacts individuals and communities would be useful as other organizations attempt to use a similar model.
2. HIV education interventions that target both PLHIV and HIV negative individuals: Most public health interventions that involve HIV education and prevention components are directed at HIV negative individuals only. The exceptions to this rule include couples HIV testing and counseling, prevention with positives, and services for serodiscordant couples.

YFL conducts education at the group level among participants who are both HIV positive and HIV negative, an innovative approach that has benefits but also presents challenges. Challenges include ensuring that the education is relevant to the entire group and that it is presented in a way that is sensitive to all individuals. One of the main benefits is that YFL provides a venue for participants to educate one another (this aspect is mentioned above in relation to peer education theories). This model of HIV education is replicable and may offer important advantages over traditional HIV education and prevention strategies. Therefore, further investigation into the individual and community level impacts of YFL's HIV education strategies is needed.

3. Sexual diversity and cultural specificity: The results of this study relate to other literature that shows the importance of culturally specific understandings of sexual diversity and the inadequacy of Western constructs of sexuality in HIV programming. There is minimal literature available about sexuality and HIV in the Philippines. Therefore, findings from this study offer insight into sexuality in the context of HIV and reveal some of the culturally specific issues relevant to HIV programming in this setting.
4. Complementary therapies and HIV: YFL bases its use of yoga, breathing, and meditation on existing literature about the impact of these techniques on health. Academic interest in the direct links between these complementary therapies and mental, physical, and emotional health in relation to HIV is growing, but there remains a need for further investigation. Though it was not a primary focus of the present study, further analysis of the resulting data could provide useful information to support this area of study.

Conclusion

The success of YFL is a testament to innovation and grass-roots organizing. The program was designed to fill a void in services available to PLHIV who lacked social support and psychosocial care. Based on the inputs and needs of the community, YFL and has expanded to

provide support and education to other individuals and groups marginalized based on sexuality. The need for YFL among Filipinos affected by HIV in Manila is supported by data showing the growing rates of HIV incidence among men who have sex with men and reports highlighting the limited capacity of the government to respond with effective and sustainable services. In the absence of other services, YFL quickly became a socially active community of people drawn together in response to what could become a localized HIV epidemic among gay men. Individual YFL members are benefited by the techniques of yoga, breathing, and meditation and their effect on mental and physical health. As members become stronger – both mentally and physically – they contribute to the overall strength of the community and its ability to support people in need and serve as an example to the broader society of a group dedicated to awareness, acceptance, health, and positivity in the face of HIV.

YFL serves as a model for communities challenged by HIV in resource poor settings where governmental and societal capacity and willingness to respond to the needs of people affected by HIV are low. YFL exists within a conservative society that is hostile to sex and sexuality, and by extension, HIV and PLHIV. Despite the challenges, YFL identified a low-cost intervention and framed it within language that is supportive, open, and inviting to people who often live in secrecy or denial of their sexuality and/or HIV status.

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APPENDIX A: Institutional Review Board Determination

EMORY UNIVERSITY

Institutional Review Board

TO: Amanda Maud Jones
Principal Investigator

DATE: April 14, 2011

RE: Notification of Submission Determination: No IRB Review Required
Evaluating a Program for People Living with HIV/AIDS: Positive Living, Healthy Behaviors and Social Support in Manila, Philippines

The above-referenced study has been vetted by the Institutional Review Board (IRB), and it was determined that it does not require IRB review because it does not meet the definition of "Research" under applicable federal regulations. Accordingly, IRB review is not required.

45 CFR Section 46.102(d) defines "Research" as follows:

> Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes.

The IRB has determined that this study does not constitute "Research" under the foregoing definition. Based on the information provided by the PI, the purpose of this evaluation is to assess the perceived effects of Yoga for Life's (YFL) interventions on participants' physical and mental health, risk behaviors, and overall quality of life. The results of this evaluation will be used to make recommendations to YFL to improve their interventions and programming. The PI will not compare YFL and other similar programs nor will she draw any generalizable conclusions. The findings will only be relevant to YFL and not to other organizations.

Please note that any changes to the protocol could conceivably alter the status of this research under the federal regulations cited above. Accordingly, any substantive changes in the protocol should be presented to the IRB for consideration prior to their implementation in the research.

Sincerely,

Carol Corkran, MPH, CIP
Senior Research Protocol Analyst
This letter has been digitally signed

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APPENDIX B: Yoga for Life Framework

Framework: Yoga for Life Across Ecological Levels

Ecological Level	Influencing Factors	YFL Goal	YFL Strategies	Outcomes
Individual	Fear of judgment; Secrecy and denial about sexual identity and/or HIV status; Psychological stress, depression, and internalized stigma; Lack of HIV information and access to services; Risky behaviors; Psychosocial service needs; Physical health	Respond to the psychological burden participants experience and increase individual capacity for healthy behaviors.	Teach yoga, breathing, and meditation techniques as tools to enhance mental and physical health; provide counseling to participants; refer and connect participants to HIV testing, treatment, and care services.	Individuals develop an enhanced sense of self-worth, learn to cope with negative emotions and challenging situations, increase knowledge of healthy behaviors and develop confidence to implement healthy behaviors.
Interpersonal Relationships	No formal social spaces for interaction between PLHIV and HIV negative individuals; Minimal social spaces for MSM; Conservative nature of Filipino society inhibiting open dialogue about sex and sexuality.	Foster the growth of a community that supports people affected by HIV, reduces social isolation of PLHIV and MSM, and addresses HIV prevention among HIV positive and negative participants in a sex positive manner.	Provide a venue for the communal practice of yoga; organize social events to foster community building; provide sex positive education and activities that promote open dialogue about sex and sexuality.	Communal yoga practice among PLHIV and HIV negative participants equalizes participants and creates a shared sense of purpose. Community members create a safe space for people to express their identities.
Community (beyond YFL)	Misperceptions about PLHIV; Myths about the transmission of HIV; Stigmatization of PLHIV; Stereotypes about MSM.	Reduce discrimination toward PLHIV and stereotyping of MSM while increasing HIV education across Filipino society.	Participate in local awareness activities like the Gay Pride Parade and Love Yourself Campaign; host an annual public event to promote HIV education and awareness; promote YFL's vision through promotional materials.	Through exposure to the community, non-members of YFL see that PLHIV are indistinguishable from HIV negative people, breaking down misperceptions about HIV; YFL re-frames HIV dialogue through media messages.
Public Policy	Inadequate access to HIV education in schools, non-standardized HIV testing procedures, poor linkage to care capacity, institutional policies that discourage treatment seeking behaviors, and the lack of psychosocial services for PLHIV call for improved access and quality of HIV programming and services in Manila and the Philippines.	Encourage HIV activism, especially the involvement of PLHIV, to support community-based leadership capacity to express the need for expanded services and contribute to the governmental response to HIV.	Provide leadership opportunities to participants through YFL; connect participants with local, national, and international HIV organizations; Financially sponsor participants to attend trainings that enhance skills and knowledge among YFL members.	Emerging HIV activists are supported by YFL in their efforts to address issues related to HIV. These leaders contribute to activities within and beyond YFL that impact public policy.