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EXPLORING THE DIGITAL COMMUNITY BUILDING AMONG FILIPINO GAY MEN WITH HIV IN ALTER SPACES

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This paper prepared by **MAURICE JITTY MARIMON VILLAESTER** with the title: **"EXPLORING THE DIGITAL COMMUNITY BUILDING AMONG FILIPINO GAY MEN WITH HIV IN ALTER SPACES"** is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree Program.

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Biographical Sketch

Maurice Jitty Villaester is a faculty member of the College of Communication, Art, and Design at the University of the Philippines Cebu. He earned his Bachelor of Arts in Mass Communication from the same university in 2017, graduating as one of the most outstanding mass communication students of his batch. He is currently pursuing a Master of Development Communication degree at the University of the Philippines Open University.

In addition to his academic work, Villaester has built a diverse career in media and communication through freelance engagements. His experience as a freelance writer, editor, and content creator has enabled him to work with various clients and organizations, producing communication materials that span digital platforms, advocacy campaigns, and educational content. This freelance background has enriched his teaching, allowing him to provide students with practical insights into industry trends and professional workflows.

As an educator, he teaches writing for media and digital citizenship, emphasizing media literacy, fact-checking, responsible online behavior, and the ethical use of communication technologies. He is also involved in community engagement as a member of the university's extension services committee, where he helps develop outreach programs that promote media education and development communication at the grassroots level.

Villaester is an active member of several professional organizations, including the Philippine Association of Communication Educators (PACE), the Philippine Association for Communication and Media Research, Inc. (PACMRI), the Philippine Communication Society (PCS), and the Association of Development Communication Educators of the Philippines (ADCEP). He has also contributed to national initiatives such as Tsek.ph, a collaborative fact-checking project for the 2022 Philippine elections, and served as a master trainer for the ASEAN Digital Literacy Programme, advocating for digital safety in underserved communities.

A firm believer in the power of youth voices and grassroots media, Villaester is a staunch advocate of campus journalism and student broadcasting in Central Visayas. His recent research and conference presentations focus on the revival of campus radio in the digital age and how student-driven media initiatives cultivate civic engagement and historical awareness among Gen Z learners.

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Abstract

The HIV epidemic in the Philippines continues to rise, with Filipino men who have sex with men living with HIV (MSMLHIVs) facing persistent stigma and discrimination that impact their health management, emotional well-being, and social support systems. In response, many MSMLHIVs have turned to alter accounts on X (formerly Twitter) as a means of building and sustaining digital communities, where they can freely express themselves while maintaining anonymity. This study employs descriptive phenomenology to explore the lived experiences of MSMLHIVs in these digital spaces, particularly focusing on how alter account interactions influence their personal health management, emotional resilience, and sense of belonging.

Findings reveal that alter communities on X serve as safe spaces where MSMLHIVs can seek peer support, exchange health-related information, and navigate identity formation without fear of judgment. These communities provide psychosocial benefits, offering a sense of security, solidarity, and empowerment. However, challenges such as misinformation, emotional detachment, and digital trust concerns also emerged, highlighting the complexities of navigating online anonymity. While digital interactions supplement gaps in offline support systems, they do not fully replace the need for institutional interventions, inclusive policies, and structured mental health programs.

This study contributes to the discourse on digital community-building, queer safe spaces, and health communication by providing critical insights for health professionals, policymakers, and social media platforms to improve inclusive and stigma-free support systems for MSMLHIVs. Future research is recommended to

explore longitudinal effects of digital community engagement and the role of AI-driven interventions in HIV advocacy and mental health support.

Keywords: MSM, PLHIV, HIV stigma, digital communities, alter accounts, social support, health communication, phenomenology

Chapter I

INTRODUCTION

Background of the Study

In the Philippine context, where stigma and silence continued to surround HIV and same-sex relationships, examining how communication unfolded in protected digital spaces was critical. This study explored how Filipino men who have sex with men living with HIV (MSMLHIV) experienced alter account interactions on the platform X (formerly Twitter) as they managed their health, nurtured their emotional well-being, and sought social support.

Rather than focusing on medical or behavioral outcomes, the study shifted attention to the lived experience of communication, how it was felt, interpreted, and made meaningful by MSMLHIV in online spaces. Alter accounts, marked by anonymity and a sense of safety, allowed these individuals to engage in dialogue about their condition, share advice, and form connections in ways not easily accessible offline. These interactions were not merely about exchanging information; they became avenues through which individuals constructed understanding, found solidarity, and maintained emotional resilience.

Observations from community engagements suggested that alter accounts often served as spaces for affirmation and healing. Within these digital communities, health management was shaped not only by access to information but by the quality of interpersonal exchanges that fostered trust, empathy, and mutual care. Emotional well-being, too, was supported through consistent and meaningful conversations, where users could disclose experiences, seek reassurance, and receive validation from others who shared similar struggles.

In a society where public discourse on HIV remained limited and often judgmental, digital platforms provided a counter-narrative. Alter accounts offered MSMLHIV the means to reclaim their voice and agency, crafting identities that were both authentic and protected. These spaces empowered users to bypass societal constraints, engage in health-seeking behaviors, and establish supportive peer networks that might have been unavailable in physical settings. The capacity to disclose selectively, connect freely, and participate in communities of understanding contributed significantly to both emotional strength and social well-being.

This study addressed a gap in the literature by focusing on the role of digital alter spaces in the everyday lives of MSMLHIV. While existing research often centered on biomedical, psychological, or socioeconomic dimensions, this investigation highlighted the communicative and relational dynamics that underpinned online interactions. Through a phenomenological lens, the study aimed to provide deeper insights into how MSMLHIV navigated their health, emotions, and relationships through digital

engagement, offering implications for the design of inclusive, empathetic, and responsive HIV-related interventions in the Philippine setting.

Statement of the Problem

The MSMLHIV community faced significant stigmatization in the Philippines. Many individuals experienced daily discrimination and judgment, which led them to conceal their HIV status and endure their struggles in isolation. While some had publicly disclosed their status, the majority of MSMLHIVs were unable to do so. This difficulty in finding a supportive community without anonymity compelled many to create alter accounts on X (formerly known as Twitter) to access information and emotional support. This research, therefore, aimed to address the following questions:

Research Question

How do Filipino MSMLHIVs experience the use of alter accounts on X in building and sustaining digital communities?

- How do Filipino MSMLHIVs experience the role of alter account interactions in their personal health management?
- How do Filipino MSMLHIVs experience the role of alter account interactions in their emotional well-being?
- How do Filipino MSMLHIVs describe the social support they receive through alter account interactions?

Objectives of the Study

To explore the lived experiences of Filipino MSMLHIVs in their use of alter accounts on X as a means of building and sustaining digital communities.

- To understand how Filipino MSMLHIVs experience the role of alter account interactions in their personal health management.
- To explore how Filipino MSMLHIVs experience the role of alter account interactions in shaping their emotional well-being.
- To describe how Filipino MSMLHIVs perceive and experience social support within alter account communities.

Significance of the Study

The significance of this study lay in its potential to provide the MSMLHIV community with insights on effectively utilizing X for knowledge sharing and community building. Participants also benefited directly through appreciation for their time and contributions (e.g., in the form of food or other compensation), which recognized and supported their invaluable participation and acknowledged the meaningful insights they provided.

Moreover, HIV/AIDS awareness advocates, consultants, and government agencies could utilize the study's findings to inform future social media campaigns, particularly those focused on X.

For X users with alter accounts, the study offered valuable information to help them maximize the features of their accounts and appreciate the platform as a tool for community building.

Furthermore, the study was pertinent for development communication scholars, providing a reference for topics related to health communication.

Healthcare professionals could benefit from the findings by learning how to leverage X for health promotion activities.

Scholars studying social media would find the study useful for gaining a deeper understanding of how X and its communities operated.

In addition, for implementers of Republic Act 11166, the research provided insight into how the law was being enforced among key populations, particularly MSMLHIV individuals.

Lastly, the insights from this study may have been valuable for the developers of X, guiding potential improvements to make the platform a safer and more inclusive space for stigmatized individuals. The developers of X could also have used the findings as a reference when considering platform enhancements for marginalized communities.

Study Area

This research was specifically concentrated on the experiences of Filipino men who have sex with men (MSM) living with HIV and their use of alter accounts on the platform X. It was essential to recognize that non-MSM individuals living with HIV might have had differing experiences that were not captured within the scope of this study.

Furthermore, interactions between people living with HIV (PLHIVs) and individuals who did not have HIV online were not explored. This investigation also excluded the experiences of PLHIVs who chose not to use alter accounts on X for anonymity.

The focus was placed exclusively on X as the primary social media platform of interest. While it was acknowledged that PLHIVs might have engaged in community building and knowledge sharing on various other platforms, such interactions outside of X fell beyond the purview of this study.

Additionally, this study did not encompass face-to-face interactions among participants, as it aimed to explore phenomenology and the virtual dynamics within alter communities on X.

Given the qualitative nature of this research, it predominantly relied on narrative data and personal accounts rather than quantitative data. Therefore, numerical analyses were not presented.

The study's limitations were outlined to clarify the scope of inquiry and define the boundaries within which the research findings were applicable. These constraints were instrumental in focusing the research on specific aspects of the digital lives of Filipino MSM living with HIV, thereby contributing to a nuanced understanding of their experiences within the defined scope.

Chapter II

REVIEW OF RELATED LITERATURE

This chapter examined how alter spaces and digital communities emerged as safe havens for marginalized individuals, particularly MSMLHIVs. It critically discussed the historical, psychological, and technological contexts that shaped these virtual spaces, highlighting how platforms such as X (formerly Twitter) created opportunities for alternative forms of social support, identity exploration, and community-building in the face of persistent stigma and discrimination.

Digital Spaces and the Context of HIV in the Philippines

The HIV epidemic in the Philippines provided an important backdrop for understanding the rise of digital safe spaces. Scholars such as Farr and Wilson (2010) and Alibudbud (2021) highlighted how systemic challenges, ranging from limited healthcare access to widespread social stigma and persistent misconceptions about HIV, continued to leave marginalized groups vulnerable. Gangcuangco and Eustaquio (2023) further emphasized how co-infections and the impact of the COVID-19 pandemic worsened barriers to healthcare access.

Rather than focusing solely on the epidemic itself, it was crucial to recognize how these conditions drove the need for alternative spaces where marginalized individuals could find connection, support, and opportunities for self-expression beyond traditional social structures.

Stigma, Discrimination, and the Need for Alternative Spaces

Stigma and discrimination against PLHIVs remained deeply embedded in Philippine society, as shown by Sombrea et al. (2024) and Adia et al. (2020). Beyond physical health concerns, PLHIVs also experienced significant psychological and emotional challenges, often exacerbated by discriminatory treatment from healthcare providers themselves (Salvadori & Hahn, 2019). Despite the passage of protective legislation such as the Philippine HIV and AIDS Policy Act of 2018, lived experiences of stigma and marginalization persisted (Alibudbud, 2022).

Against this backdrop, the need for alternative spaces became critical, spaces where marginalized identities could exist without surveillance or judgment. This drove the growth and importance of online communities and alter spaces as essential platforms for connection, support, and empowerment.

The Role of Social Media in Safe Space Construction

Social media platforms became powerful tools for creating virtual communities where marginalized individuals found safety, expression, and solidarity. Platforms such as X evolved from general social networking sites into critical spaces for advocacy, identity exploration, and emotional support (Chiasson et al., 2010; Malik et al., 2021; Patel et al., 2016).

Chen and Shi (2015) emphasized that social media fostered both emotional and informational support, even in nonreciprocal interactions. In this way, digital spaces served not only as hubs for information sharing but also as vital emotional lifelines for vulnerable communities seeking anonymity, affirmation, and connection.

X as a Platform for Community Formation

X, formerly known as Twitter, demonstrated its ability to support decentralized community-building (Ovadia, 2009; Williams et al., 2013). Its features, such as brevity, anonymity, and algorithmic discoverability, made it particularly suited for the development of alter communities that operated beyond mainstream visibility.

Despite the challenges the platform faced following its acquisition by Elon Musk (The Editors of Encyclopaedia Britannica, 2024; Vanian, 2022), X remained a crucial space where marginalized voices, including those from the LGBTQIA+ community, gathered, expressed themselves, and mobilized.

LGBTQIA+ Communities and Digital Safe Spaces

LGBTQIA+ individuals had long used social media to build culturally rich and affirming online spaces (Chan, 2023; Colosi et al., 2023). Subcultures such as “Gay Twitter” illustrated how queer users engaged in cultural production, identity negotiation, and collective resistance through digital platforms (Universiti Malaysia Sarawak et al., 2020; Zulier, 2021).

These spaces demonstrated the transformative potential of digital communities, not simply as communication channels, but as vital avenues for self-actualization and cultural survival, especially in contexts where physical spaces remained hostile or inaccessible.

Community Building and the Alter Community on X

Alter communities, informal, often anonymous digital groups, emerged as important spaces for community-building among marginalized populations. While these spaces were frequently associated with sexually explicit content (Cao, 2021, 2022), they also served as vital avenues for emotional support, friendship, advocacy, and self-exploration (Cajes & Yu, 2023; Castillo, 2021; Piamonte et al., 2020).

In contexts where visibility was risky, the anonymity offered by alter accounts allowed for more authentic expression and connection, enabling individuals to forge relationships, share experiences, and collectively resist stigma.

Digital Communities and Offline Behaviors

Research showed that participation in online communities meaningfully shaped offline behaviors, particularly in areas such as healthcare-seeking practices and psychosocial resilience (Coulson & Buchanan, 2022; Young et al., 2019; Young et al., 2022).

For members of alter communities, these digital interactions often translated into greater confidence in navigating healthcare systems, improved adherence to treatment regimens, and a stronger sense of personal agency in confronting societal stigma.

Legal and Ethical Considerations in Digital Spaces

As more individuals turned to digital spaces for safety and support, legal and ethical concerns around data privacy and confidentiality became increasingly critical. While the Philippine Data Privacy Act of 2012 and the HIV and AIDS Policy Act of 2018 sought to protect users' rights, enforcement gaps persisted (Antonio et al., 2016; Quilantang et al., 2020).

Alter spaces, in particular, occupied a precarious position, offering much-needed refuge while also exposing participants to risks, requiring constant negotiation between visibility, safety, and trust.

Phenomenology as a Lens for Understanding Digital Safe Spaces

Phenomenology offered an important methodological lens for capturing the lived experiences of individuals navigating digital safe spaces. Research by Imani et al. (2021), Austin-Keiller et al. (2023), and Moyo et al. (2021) illustrated how phenomenological approaches surfaced nuanced understandings of how marginalized individuals negotiated their identities, confronted stigma, and found empowerment both within and beyond digital environments.

Synthesis

This review situated the emergence of alter spaces and digital communities at the intersection of social stigma, health inequities, and digital innovation. Rather than centering MSM with HIV as subjects of inquiry, it recognized them as part of a broader population utilizing digital spaces to construct safety, foster community, and reclaim agency.

Through phenomenological methods, the study explored how Filipino users, navigating the twin burdens of stigma and health vulnerability, transformed digital alter spaces into essential terrains of support, identity formation, and collective empowerment.

Theoretical Lens

This study was guided by the philosophical framework of descriptive phenomenology. Rooted in the naturalist paradigm, descriptive phenomenology provided a lens through which the researcher explored how individuals experienced and made sense of particular phenomena, specifically, how Filipino MSMLHIVs engaged in digital interactions through alter accounts as part of their personal health management, emotional well-being, and pursuit of social support.

Descriptive phenomenology, as commonly applied in social science research, emphasized the description of lived experiences without imposing interpretive analysis or explanatory theories. It assumed that individuals were capable of introspection and could articulate their conscious experiences meaningfully. In this study,

phenomenology served as a pathway to uncover the subjective realities of MSMLHIVs who navigated online platforms such as X (formerly Twitter) using alter accounts. Through their narratives, the study sought to understand how digital interactions were experienced, constructed, and valued within the context of HIV-related stigma, health practices, and community support.

Guided by this lens, the research process followed four methodological steps as proposed by Praveena and Sasikumar (2021): bracketing, intuiting, analyzing, and describing. Bracketing involved identifying and setting aside the researcher's prior assumptions and biases about the phenomenon to ensure open engagement with participants' experiences. Intuiting required deep attentiveness to the participants' perspectives, allowing the essence of their narratives to emerge. The analyzing stage involved organizing significant statements and meanings derived from the data, while the final phase, describing, captured the phenomenon in rich detail, staying as close as possible to the participants' own terms and interpretations.

By employing this approach, the study avoided explaining behavior or interpreting unconscious motivations. Instead, it aimed to present a clear, grounded account of how MSMLHIVs perceived and engaged with digital alter spaces. These virtual communities were not examined as abstract digital phenomena but as meaningful, lived environments where individuals sought support, built identities, and confronted stigma in ways that were often inaccessible in offline settings.

While interpretive phenomenology, such as Heidegger's approach, might have offered another layer of analysis by incorporating the researcher's perspective, this

study deliberately remained within the descriptive tradition. The intention was to preserve the authenticity of participants' voices and allow their conscious experiences to guide the inquiry.

To conclude, the adoption of a descriptive phenomenological lens was deemed appropriate given the study's central questions. It enabled a closer examination of how Filipino MSMLHIVs created, experienced, and made sense of digital communities via alter accounts, revealing how these platforms contributed to their efforts in health management, emotional resilience, and social connection. In doing so, the study aimed to contribute to a deeper and more empathetic understanding of the digital lives of a marginalized population, while addressing a gap in the literature concerning online community-building among PLHIV in the Philippines.

Chapter III

METHODOLOGY

Qualitative Communication Tradition

Jankowski and Wester (2022) defined qualitative research as a study that was a field of inquiry in its own right. Denzin and Lincoln (1995) emphasized that it focused on observing a phenomenon in close proximity. Because of this, it was considered best to conduct such research in direct proximity to the subjects or participants, while observing their day-to-day activities to describe the phenomenon. Participant observation and case studies were usually employed as methods in this type of research, as data tended to be continuous rather than discrete, with emphasis placed on description and explanation more than measurement and prediction (Fitch, 1994).

The researcher found that this method was ideal because he aimed to understand how Filipino MSMLHIVs created digital communities among themselves using alter accounts to seek support and receive information beneficial in managing their realities. He also sought to explore how these MSMLHIVs interacted in this digital space and to grasp the various challenges and benefits they encountered in this virtual community. The qualitative research tradition enabled the researcher to ensure that all his questions were thoroughly addressed.

Descriptive Phenomenology

To fully understand how Filipino MSMLHIVs created digital communities using alter accounts, descriptive phenomenology was employed. Phenomenology, a subjective,

inductive, and dynamic method of research, offered the researcher an opportunity to focus on a certain phenomenon that was either mundane or extraordinary (Jackson et al., 2018). Stemming from the naturalist paradigm, this method of understanding reality assumed that reality itself was not fixed but needed to be understood by individuals studying it (Polit & Beck, 2006). Polit and Beck (2006) in their study noted that phenomenology also assumed that knowledge could be acquired through interactions between the researcher and participants, leading to an understanding of certain phenomena that were often overlooked.

Zooming in on descriptive phenomenology, it was one of the most commonly used methods in social science to explore and describe the lived experiences of individuals (Christensen et al., 2017). One of its assumptions was that participants in the study were capable of introspection and could articulate their experiences (Sims, 2012).

Researchers employing descriptive methodology were expected not to propose explanations for subjective experiences or behavior but rather to observe and describe them (Sims, 2012). As much as possible, the focus was not on what individuals held in their unconscious, but on their ability to describe internal experiences in their conscious mind (Sims, 2012).

According to Praveena and Sasikumar (2021), there were four steps required to conduct a descriptive phenomenological research study: bracketing, intuiting, analyzing, and describing.

Bracketing involved the researcher identifying and setting aside preconceived beliefs and opinions about the phenomenon. During intuiting, the researcher became open to participants' lived experiences. The third phase, analyzing, consisted of extracting significant statements, categorizing them, and making sense of the meanings derived from the data. Finally, in the describing phase, researchers presented the phenomenon in rich detail, remaining close to the participants' own language and interpretations.

It was important to note that various types of phenomenological approaches existed. One of the most recognized alternatives was Heidegger's interpretive phenomenology. According to Reiners (2012), Heidegger's view emphasized the study of being, rather than simply describing the world. Unlike descriptive phenomenology, Heidegger argued that separating a researcher's personal experience from the subject was difficult, as personal awareness played a crucial role in phenomenological inquiry (Tuohy et al., 2013). Although this method could have been applied, the researcher opted to use descriptive phenomenology, preferring to bracket personal biases in understanding the phenomenon.

Thus, choosing descriptive phenomenology as the method of inquiry for this research was deemed appropriate for answering the research questions about how Filipino MSMLHIVs created digital communities using alter accounts to seek the support they needed in managing their health. It should also be noted that limited literature existed discussing the community-building aspect of Filipino MSMLHIVs, particularly in digital environments. This aspect of their lives warranted emphasis, as it played a vital role in their health management.

Research Participants

Participants in this study were selected based on specific inclusion criteria to ensure they could meaningfully contribute to the exploration of the research phenomenon. The researcher sought five (5) Filipino men who have sex with men, living with HIV, who actively used alter accounts on X to build or sustain digital communities.

Participants were identified based on their diverse backgrounds, as they could potentially provide unique insights and perspectives that would be useful to this study. In the selection process, the researcher also aimed to achieve maximum variation in aspects of the data such as age, length of HIV diagnosis, duration of alter account use, and engagement in the community. Recruitment continued until data saturation was approached, meaning no substantially new insights were emerging from additional participants.

For one to be considered for this research, they had to be of legal age and self-identify as MSMs. Their time of disclosure was not considered a factor for selection.

The participants were also required to have been diagnosed with HIV. The researcher did not consider the timeframe of infection as a determining factor for selection. To

verify that the prospective participant was a PLHIV, the researcher requested a copy of the confirmatory test released by a reputable laboratory.

On the other hand, they also needed to be active in the alter community, which meant that they posted on their own feeds, replied to other users, and shared the posts of other members of the platform, whether or not they were also a part of the alter community. For the delimitation of the scope of the alter community, the usage of the Filipino language as a marker (Bautista, 2021), and the inclusion of certain keywords such as “HIV+,” “PLHIV,” and “blood brother” were considered. It was also important to note that one of the main characteristics of alter accounts was the anonymous nature of the accounts. These alter users usually hid under fictitious names or handles. The researcher had also been a part of the alter community for a while, which aided in assessing whether the content was part of the alter community or not.

Aside from this, another criterion that participants had to meet was that they must have used their alter accounts on the platform to interact with their fellow MSMLHIVs at least once. The geographical location of the users behind these accounts did not matter, since anyone could interact on X regardless of where they were from.

Data Collection

Interviews

To gather the information needed to answer the research questions in this study, a series of phenomenological interviews were conducted. In qualitative research, interviews were one of the most common formats for data collection (Jamshed, 2014). According to Kaur-Gill and Dutta (2017), in-depth interviews helped researchers understand the behaviors of the members of these communities.

It is also worth noting that, prior to the interviews being conducted, this paper underwent research ethics review by the University of the Philippines Cebu research ethics committee.

The research participants were given two options for this semi-structured in-depth interview: they could choose either online or face-to-face. If they chose to have the interview online, it was conducted via Zoom or Google Meet. On the other hand, if they preferred a face-to-face interview, the interviewee had the opportunity to choose the location to ensure their comfort during the process.

The interview lasted one to two (1–2) hours per session, and there was one interview per research question to avoid interview fatigue and information overload. A mental health counselor was on call for the informant and the researcher during the interview. Debriefing and counseling sessions were also available after each interview if the participants felt discomfort or needed additional support. The interviewer prepared a list of potential questions during the process.

The researcher, as Thomas (2021) argued, focused on the following tensions that might have arisen before or during the interview process:

- Having a list of structured or semi-structured questions versus allowing the participants to control the conversation;
- Maintaining control over the interview process versus allowing the participant to wander or dwell on seemingly irrelevant material;
- Cross-referencing all the information provided by the participant versus trusting them fully as valid expressions of the phenomenon's meaning;
- Compartmentalizing one's biases and feelings versus acknowledging and reflecting on them;
- Becoming a therapist versus remaining in the stance of a researcher.

By finding a balance between these tensions, a descriptive phenomenological researcher was able to extract the information suitable for their study.

On the other hand, Quinney et al. (2016) shared some specific techniques for conducting interviews:

- It was crucial for researchers to provide support to participants by distributing consent forms and information sheets to make them feel comfortable with the process.
- The researcher needed to be transparent about the goals of the interviews and the study they were conducting.
- The interviewer was encouraged to express an interest in the everyday lives of the participants involved in the study.
- The researcher was advised to encourage the interviewees to use anecdotes to convey the intensity of their lived experiences and simply relate their experiences.

- Small talk initiated by the researcher helped put the interviewee at ease during the conversation.
- The interviewer could begin with a "grand tour" question and then focus on the participant's specific experiences through the judicious use of prompts and unscripted questioning.

Lastly, Bevan (2014) suggested the types of questions that should be asked. They should:

- Provide context to the phenomenon or elicit the lifeworld in a natural attitude by asking descriptive context questions;
- Apprehend the phenomenon or identify the modes of appearance in the natural attitude by asking descriptive and structural questions about modes of appearing;
- Clarify the phenomenon or find meaning through imaginative variation by asking imaginative variation questions or varying the structure of the questions.

With this approach, the possible list of questions the researcher asked can be found in Appendix A.

Participants were given the option to review and approve the transcripts of the interview prior to the data analysis stage of this study.

Data Management

The researcher handled all data collected during this study with the highest level of care and confidentiality. To ensure data security and participant privacy, the following measures were implemented:

- Data Storage: Recorded data were stored in a password-protected Google Drive account. Access was granted to the researcher and adviser, while unauthorized individuals were prevented from accessing the stored data. To ensure anonymity, each participant was assigned a code, preventing any identifiable information from being linked to the data during analysis and reporting. All individuals with data access (e.g., the researcher and adviser) were required to sign a Non-Disclosure Agreement (NDA) to maintain strict confidentiality and protect participant identities.
- Data Retention and Disposal: Only the recordings and data collected during the research were retained for one year after the completion of the research. These materials were securely stored throughout the retention period. At the end of this period, the data were securely deleted (permanently deleted in a way that prevented recovery).
- Access Control: Access to raw transcripts and any other collected data was controlled throughout the analysis phase. All transcripts sent to a second coder or other authorized personnel had identifying information removed beforehand.

Implementing these measures was crucial in maintaining participant privacy and data security throughout the research process, from conception to execution.

Analytical Strategies

Colaizzi's Method of Data Analysis

To analyze the data collected during the interview process, Colaizzi's method of data analysis was employed. It was worth noting that the researcher enlisted someone else as a second coder to ensure the intercoder reliability of the analyzed data (O'Connor & Joffe, 2020).

Colaizzi (1978) suggested several steps (Gumarang Jr. et al., 2021; Praveena & Sasikumar, 2021) for analyzing data collected during a phenomenological interview:

- The interview transcripts were read multiple times to understand the participants' experiences and stories.
- After reading the transcripts several times, the researcher extracted significant phrases and statements, wrote them on a separate sheet, properly coded them, and connected them to the corresponding participant.
- The researcher then formulated meanings based on the phrases and statements collected during the extraction process. As much as possible, the researcher framed these meanings into general statements or phrases, which were also coded into categories for a thorough description.
- The researcher organized the formulated meanings into clusters of themes. These theme clusters were refined into emergent themes.

Using this method of data analysis, the researcher was able to explore the experiences of Filipino MSMLHIVs in creating digital communities through alter accounts.

It is also worth noting that Atlas.ti and ChatGPT were used as a tool in the data analysis section of this thesis.

Ethical Considerations

Since this study addressed sensitive topics and subjects, ethical considerations were implemented to protect the identities of the research participants.

The researcher created a comprehensive informed consent form, detailing an explanation of the study, the risks and benefits, and the measures that were taken to protect participants' identities before the data collection process began. This consent form was then reviewed by the research adviser to ensure all parties were protected from potential data breaches. If possible, the researcher consulted with an HIV/AIDS expert to ensure the informed consent form was appropriate for the participants' needs.

Before the interview process, participants were asked to sign the informed consent form. If they did not sign the form, the interview did not proceed. Furthermore, even if they signed the form but later felt uncomfortable continuing, the researcher halted the interview. The researcher showed the utmost respect to participants throughout the interview process.

Given the possibility of multiple interviews to cover the research questions, the researcher expressed sensitivity and consideration to the informant before, during, and after the interview. Additionally, contact details for various support services were provided should participants have sought further assistance after the interview.

Everyone accessing this research's data signed a non-disclosure agreement (NDA). After transcribing the recorded interviews, the researcher securely disposed of the recordings to safeguard participants' privacy.

During the data analysis phase, the researcher exercised due diligence in protecting participants' identities to prevent any data breaches. Before giving the interview transcripts to a second coder, the researcher ensured all identifying information was removed, replacing it with pseudonyms. The researcher was also responsible for ensuring that only authorized personnel had access to the raw transcripts.

The researcher provided participants with regular updates on the study's progress. Once the final research was defended, participants received a copy of the study to ensure they were informed of the results.

Finally, the researcher was responsible for upholding data protection and privacy regulations to maintain the confidentiality of participant identities.

Reflexivity Statement

The researcher believed that for the MSMLHIVs, their corresponding alter accounts and connections to the alter community were essential.

For personal health management, the alter community served as an excellent avenue for individuals to learn how to manage their diagnosis. The researcher acknowledged that he was unfamiliar with the nuances of the experiences of MSMLHIVs regarding personal management. However, he believed that if an MSMLHIV had been unsure about how to mitigate side effects or what lifestyle changes to adopt in order to achieve undetectable (UD) status as soon as possible, they could always rely on their fellow MSMLHIVs in the alter community for guidance. He also observed that many MSMLHIVs used their alter accounts to share information about their status with other MSMLHIVs. They could either be the recipient or the provider of this information.

The same applied to emotional well-being. Based on what he had learned from friends who were MSMLHIVs before, it was challenging to find a real connection offline as an MSMLHIV. Similar to personal health management, they could rely on MSMLHIVs with alternate accounts because those individuals were experiencing the same journey.

Even though they might have been at different stages, the people in this community had gone through similar experiences.

Lastly, regarding social support, the researcher firmly believed that they could find individuals who offered this kind of support within the community. As mentioned earlier, it was difficult for them to disclose their condition due to the stigma surrounding the virus. Therefore, it was crucial that they sought out people who could understand what they were experiencing to maintain their mental well-being. This was where the alternative community became significant. Being part of a community was an unusual experience for them because, as the researcher believed, they could not actively look for such support in person unless they explicitly inquired about someone's status, which posed some legal risk implications.

It is worth noting that although the researcher had worked as a life coach for PLHIVs at LoveYourself, he had not fully understood their experiences. He was still actively learning about them, despite the insights shared by his friends who were open about what they were going through.

Chapter IV

RESULTS AND DISCUSSION

The Respondents

This phenomenological study aimed to explore the lived experiences of Filipino MSMLHIVs who utilized alter accounts on the social media platform X. Five participants, all residing in the Philippines, contributed to this research.

P1, a 31-year-old store manager from Laguna, created his alter account in April 2017. On the other hand, he was diagnosed with HIV in May 2021, four years after creating his alter account. P2, a 23-year-old social work student based in Cebu City, established his alter account in November 2023, several months prior to his HIV diagnosis in July 2024. P3, a 40-year-old fraud analyst also residing in Cebu City, created his alter account in June 2013, shortly after his diagnosis in March of the same year. P4, a 44-year-old assistant professor in Mandaluyong City, established his alter account in October 2020, five years after his HIV diagnosis in September 2015. Finally, P5, a 32-year-old insurance administrator in Cebu City, created his alter account in January 2022, nearly four years after his diagnosis in July 2018.

These five participants, with diverse backgrounds and experiences, offered valuable insights into the motivations, challenges, and meanings associated with using alter accounts on X within the MSMLHIV community in the Philippines.

Table 1.

Information about the Participants

Name	Age	Location	Employment	Date of Diagnosis	Date of Alter Account Creation
P1	31	Laguna	Retail Store Manager	May 2021	April 2017
P2	23	Cebu City	Social Work Student	July 2024	November 2023
P3	40	Cebu City	Fraud Analyst	March 2013	June 2013
P4	44	Mandaluyong City	Assistant Professor	September 2015	October 2020
P5	32	Cebu City	Administrator for an Insurance Company	July 2018	January 2022

The Themes

The experiences of Filipino MSMLHIV individuals in alter spaces revealed a complex interplay between health information access, emotional well-being, social support, and network formation. These digital spaces served as crucial platforms where individuals sought medical knowledge, built relationships, and found emotional reassurance while navigating the stigma and challenges associated with their condition.

The first theme, *Network Formation and Community Building*, focused on how alter spaces facilitated friendships, advocacy, and mentorship among MSMLHIV individuals. While these networks offered solidarity and empowerment, emotional fatigue, the transient nature of digital interactions, and privacy concerns complicated long-term engagement.

The second theme, *Emotional Well-Being and Coping Mechanisms*, highlighted how individuals managed their emotions post-diagnosis. Fear, anxiety, and self-isolation were common challenges, but humor, peer support, and goal-setting helped in fostering resilience.

The third theme, *The Role of Online Support Networks in Social Well-Being*, discussed how alter spaces provided companionship, emotional reinforcement, and validation. While digital interactions created strong social bonds, the struggle to transition these connections into offline support remained a challenge.

The fourth theme, *ARV Adherence and Medication Management*, examined the role of alter spaces in promoting treatment adherence. Online communities served as

sources of medication reminders, treatment discussions, and peer accountability, but psychological struggles and inconsistent ARV supply presented significant obstacles.

The fifth theme, *Health Information and Awareness in Alter Spaces*, explored how individuals used these platforms to seek medical advice, understand their treatment, and validate health-related knowledge. However, misinformation and stigma-related barriers often hindered effective health management.

Finally, the last theme, *Challenges and Risks in Seeking Social Support*, focused on the difficulties individuals faced in maintaining meaningful social connections. Inconsistent peer support, fear of disclosure, privacy concerns, and stigma often prevented individuals from fully engaging in available support systems.

These themes collectively illustrated how alter spaces shaped the health, emotions, and social experiences of Filipino MSMLHIV individuals. Understanding these dynamics was crucial in enhancing online support systems, improving health interventions, and fostering inclusive digital communities for those navigating life with HIV.

Table 2.

Specific Research Questions and Their Corresponding Themes and Sub-themes

Research Question	**Theme**	**Definition**	**Sub-Themes**
How do Filipino MSMLHIVs describe the social support they receive through alter account interactions?	Theme 1: Network Formation and Community Building in Alter Spaces	Participants shared how they initially sought help but later became sources of guidance for others. These networks fostered mentorship, shared learning, and advocacy for HIV awareness. However, the transient nature of online communities, emotional fatigue, and privacy concerns often hindered long-term engagement.	● Shared struggles among MSLHIVs sparked advocacy. ● Support received by MSLHIVs becomes support given. ● Supportive ties faded over time. ● Connection grew among MSMLHIVs, but distance remained.

How do Filipino MSMLHIVs experience the role of alter account interactions in their emotional well-being?	Theme 2: Emotional Well-Being and Coping Mechanisms	Participants shared experiences of fear, anxiety, and internalized stigma following their diagnosis, while others found comfort in peer support, humor, and shared struggles. Alter spaces became a coping mechanism where individuals could process their emotions, seek reassurance, and build resilience.	• Diagnosis shattered the MSMLHIVs' sense of normalcy. • Humor is the emotional first aid of MSMLHIVs. • Shared stories among MSMLHIVs made fear less isolating. • MSMLHIVs built futures beyond their diagnosis.
How do Filipino MSMLHIVs experience the role of alter account interactions in their	Theme 3: The Role of Online Support Networks in Social Well-Being	Participants revealed that these digital communities provided companionship,	• Friendship among MSMLHIVs deepened through shared

emotional well-being?		emotional validation, and a sense of belonging. While online friendships helped ease loneliness and stigma-related distress, some individuals struggled with transitioning these digital interactions into real-life support systems.	diagnosis. ● Alter spaces turned MSMLHIVs into a family.
How do Filipino MSMLHIVs experience the role of alter account interactions in their personal health management?	Theme 4: ARV Adherence and Medication Management	Participants described how online support networks reminded them to take their medication, provided insights on managing ARV side effects, and offered emotional reassurance. However,	● Medication became a shared commitment among MSMLHIVs. ● Treatment struggles among MSMLHIVs became shared learning moments.

		adherence was also affected by psychological struggles, unverified medical advice, and inconsistencies in government ARV supply.	• Mental distress among MSMLHIVs derailed medication routines.
How do Filipino MSMLHIVs experience the role of alter account interactions in their personal health management?	Theme 5: Health Information and Awareness in Alter Spaces	Participants discussed the role of online communities in helping them understand HIV management, treatment options, and the importance of ARV adherence. However, some encountered misinformation, stigma-related barriers, and challenges in openly discussing their	• For MSMLHIVs, information was always just a post away on X. • MSMLHIVs found help in each other. • Unverified medical advice risked real-life harm among MSMLHIVs. • MSMLHIVs stayed

		condition.	silent, scared to disclose.
How do Filipino MSMLHIVs describe the social support they receive through alter account interactions?	Theme 6: Challenges and Risks in Seeking Social Support	Participants expressed concerns about inconsistent peer engagement, privacy risks, and stigma-related fears. Some hesitated to disclose their status due to the potential misuse of information, while others struggled with self-isolation and emotional exhaustion from seeking support.	• MSMLHIVs felt alienated despite being “seen” in the community. • Caution shaped every post MSMLHIVs made in the alter community. • Support spaces among MSMLHIVs became targets for stigma and scams.

Theme 1: Network Formation and Community Building in Alter Spaces

For Filipino MSMLHIVs, alter spaces were not merely venues for casual interactions; they served as lifelines for social support, emotional companionship, and community building. These digital networks fostered connections, shared advocacy, and mutual empowerment, enabling individuals to live confidently with HIV.

However, maintaining these relationships and translating them into real-life support networks presented unique challenges. This section explored how peer mentorship, advocacy work, and the development of digital communities influenced the social well-being of MSMLHIVs within alter spaces.

Shared struggles among MSLHIVs sparked advocacy.

Finding others with similar experiences was a primary motivator for individuals seeking out alter spaces. Due to the stigma associated with HIV, access to social support in traditional settings was limited, making digital spaces vital platforms for peer friendships, shared advice, and advocacy networks.

P3 highlighted how his experience led to the creation of his alter account and the advocacy that it brought into his life:

> *“That started my advocacy. To help... That’s the reason why... My alter is... P4. So, [redacted]. So, as much as possible, think [redacted]. So, I help other people. Like, how to deal with it. Yes, it's*

a valid concern. Dili siya dali (It's not easy). And then... That's where my advocacy grew from. (P3)"

P5 also had a similar experience:

"I'm so good at providing advice. I'm so good at making people feel like everything's going to be okay. I'm like an advocate for them in person. (P5)"

He added:

"I just post their thirst traps, and then someone would message me, Hi, I'm also PLHIV, and I'm very inspired about your post. Naghubo ra man ko (I just posted a naked picture of myself). Nagpakita ra man ko og lawas (I just showed off my body). I'd just show off my butt. I didn't really know that a PLHIV can be as healthy as you, or can be as fit as you, or would have this kind of aura as you. (P5)"

For P2, since he was a social work student, he wanted to be an advocate for the cause:

"I want to be an advocate of something. Naa ko'y intent (I have an intent) that I want to be found out as part of me being an advocate. (P2)"

These findings, which demonstrated that virtual communities helped marginalized individuals feel seen and understood, reducing feelings of isolation, were consistent with research by Odlum et al. (2018).

The role of digital spaces in fostering HIV-related advocacy aligned with existing research on the power of online communities in marginalized populations. Odlum et al. (2018) suggested that digital networks served as crucial spaces for self-expression, particularly for individuals who faced stigma in offline settings. The testimonies of P3, P5, and P2 demonstrated how the alter community provided not only social support but also a foundation for advocacy work, reinforcing the findings of Patel et al. (2016), who argued that peer-led digital advocacy efforts played a crucial role in reducing HIV-related misinformation and stigma.

These findings further underscored how digital spaces had evolved beyond personal support systems into platforms for education and activism. By fostering community-based advocacy, alter networks played a critical role in reshaping public perceptions of HIV and empowering individuals to take control of their narratives. This reflected the transformative potential of social media in amplifying marginalized voices and fostering long-term societal change.

Support received by MSLHIVs becomes support given.

Support systems within alter spaces often involved a network where more experienced members mentored newly diagnosed individuals. Many participants described a transition from initially seeking support to becoming sources of reassurance and guidance for others, creating a cycle of support within the community.

P1 reflected on his journey from receiving support to providing it:

“I try to pay it forward by giving good things back to others who need help. So, the most common things that I find in X are people who feel alone, or like, upon finding their status, they really don't know what to do. So, I try to talk to them and say that, you are not alone, but it's up to you on how you want to receive other people's openness. (P1)”

He added:

“In fact, actually, I was referred to someone na parang maging kuya niya (to be his older brother), so to speak. Yeah, nakakaloka (so crazy). But I was able to help him start up. But, siyempre (of course), I can only do so much. And I know that this person would eventually find his own footing, so to speak. So, I don't know how he is now. But I know he's doing okay (P1)”

P3 guided his fellow MSMLHIVs in his own way:

“We also advise them... To... It's not... In a sense... It's not the end of the world… (P3)”

P4 shared an anecdote on how he helped someone who was newly diagnosed with the condition:

“And there was one person whom I guided through that. And then until the point that he started his medicine, we were just chatting. And then after he settled, I think that profile may have been deleted or it might have been buried under a lot of other messages to his

account so I was not able to get in touch again. So I'm only assured that he was able to get treatment. (P4)"

This cycle of mentorship strengthened community bonds and ensured that individuals felt supported throughout their journey.

The concept of reciprocity in peer support within alter communities aligned with existing literature on the role of digital communities in fostering social resilience among marginalized populations. As noted in the review of related literature, Coulson and Buchanan (2022) found that participation in online peer groups allowed individuals living with HIV to connect with others, manage stigma, and regain a sense of agency. This study's findings confirmed that MSMLHIVs not only benefited from alter communities as sources of emotional and informational support but also transitioned into mentorship roles as they became more experienced in navigating their condition.

The mentorship dynamic within alter communities mirrored the findings of Adia et al. (2020), who identified peer support as a critical strategy in coping with HIV stigma. The transition from being a recipient of guidance to becoming a mentor highlighted the sustainability of these digital support networks. Additionally, this process aligned with Bagasol and Embate's (2018) argument that PLHIVs were not passive recipients of discrimination but instead actively reclaimed their narratives and established self-sustaining support systems.

The participant testimonies also emphasized the unique nature of digital communities in providing immediate, accessible support. The narrative shared by P4, in which his mentee disappeared from the platform after receiving help, reflected the transient but impactful nature of digital peer support. This echoed

findings by Chen and Shi (2015), who noted that nonreciprocal support structures in digital spaces remained beneficial, as individuals could receive crucial guidance during critical moments without maintaining long-term connections.

This theme underscored how alter communities not only served as safe spaces for receiving support but also facilitated the empowerment of individuals to guide others, reinforcing the self-sustaining nature of these digital peer networks.

Supportive ties faded over time.

While alter networks offered comfort and support, maintaining long-term engagement proved challenging. As online communities grew and evolved, some individuals found it difficult to sustain meaningful relationships.

For P1, online platforms provided significant support and guidance, improving his mental and emotional state:

> *“A lot of my support actually came from X...they helped me have a stable mind when I was starting out...they were able to really, uh, patiently guide me step by step on what to do, and at the same time they are there to uplift my spirits...they were really able to, um, be my beacon in this dark world...They were able to help me smile basically again. (P1)”*

This sentiment was echoed by P2, who stated that social media served as both an escape and a means of finding others with similar experiences, prompting the creation of his own online community:

“During those time...tambayan nako ang Twitter (I was more on Twitter) in a sense nga (as) an escape from reality...I found out nga (like) that there are people like me. So, why not create one for myself? (P2)”

P3 observed changes in the dynamics of alter networks over time:

“Unlike before [there is an increase in the number of newly created alter accounts], almost on an everyday basis. But... Yeah, we still tell people... If you... Need random help. Plus, I guess... There are random... Help for the PLHIV community. Because mostly... For the PLHIV, it's also... Asking... Or... Naa na siya (It’s with)... With mental health. But... So, there are the mental health call... Helpline. (P3)”

This evolution highlighted the impermanence of some online friendships. While individuals initially formed strong bonds, sustaining those connections proved difficult as priorities shifted, digital fatigue set in, or individuals became disengaged.

Additionally, some participants experienced emotional exhaustion from consistently providing support to others. P5 described the burden of peer support:

“Until now, maybe it's just me personally, even if I already have a lot of people surrounding me and even if they're all PLHIVs, I still have the void or the need to tend to be on a deeper scale in the society. Maybe it's just me because I'm a deep thinker. (P5)”

In some cases, this emotional burden led to temporary or permanent withdrawal from online communities, making it difficult to maintain consistent

support structures. Research by Mahamboro et al. (2020) revealed that prolonged participation in peer support groups could lead to compassion fatigue, emphasizing the need for mental health interventions to support those providing ongoing peer support.

The findings of this study demonstrated how digital spaces initially served as sources of comfort, guidance, and validation for MSMLHIVs, aligning with the literature on the role of social media in HIV-related peer support. As illustrated by P1 and P2's experiences, online platforms allowed them to navigate the initial challenges of their diagnosis, reinforcing the arguments of Malik et al. (2021) that social media served as an effective medium for finding solidarity and accessing information. These findings also echoed the conclusions of Chen and Shi (2015), who emphasized that social media fostered emotional support networks often unavailable in offline settings.

Overall, these findings underscored the dual impact of digital social spaces: they were instrumental in providing emotional stability and fostering connections, but they also presented inherent challenges, such as digital fatigue and the emotional strain of continuous engagement. These complexities suggested the need for a balanced approach to online peer support, one that maximized the benefits of digital communities while mitigating their long-term psychological impact.

Connection grew among MSMLHIVs, but distance remained.

Online communities offered safe and open spaces for individuals to form friendships and receive emotional support. However, many remained reluctant to translate these online connections into real-life interactions due to concerns about privacy, stigma, and fear of rejection.

P1 expressed discomfort with large groups and a preference for individual interactions, which made online-to-offline transitions challenging:

> *“My issue with space kasi is I don't like talking to a lot of people...I don't like joining big communities, big groups. Sorry, people scare me. (P1)”*

He added:

> *“Something like that. That's why I don't like joining groups as much. Because I don't want to start over introductions again, over and over. Nakapagod din siya (It's exhausting). (P1)”*

P3 shared his experience with face-to-face meetups:

> *“In Cebu, everyone knows everyone. So, mas lisud jud mag-meet (it’s more challenging to meet other people). So...We did have this group of friends. And we did...All are still HIV?...Yes. We did have a meet-up. But...Some were still...Afraid. And...Stigmatized… (P3)”*

P2 echoed this hesitation:

> *“But I do not know them intimately. I do not know them in person. (P2)”*

He added:

“Observation lang nako sa ubang PLHIVs (my personal observation to other PLHIVs). They're not ready to meet other people in person yet. It's just that they want to connect to you online only. (P2)”

Additionally, he believed that what his offline friends provided was no longer sufficient, which motivated him to seek connections online:

“It was not enough. I feel like the conversation was just more empathic. Dili siya mura og relevant to me in a sense of lifestyle (It wasn't really relevant to me in the sense of lifestyle). In a sense… Of course, they're there for emotional support, but I needed more. I could find them (P2)”

However, some participants successfully transitioned their online connections into offline support networks, strengthening social bonds and community resilience.

P2 mentioned:

“I have a current friend, isa kabuok (one current friend), tapos kuya-kuya isa (then, one older brother), then, like, fuck buddy...It's just, you know, it's just an idea that we're gonna meet someday (P2)”

P3 described how online friendships transitioned into offline relationships:

“We now know each other in real life. We’re still friends on Facebook and Instagram, and we communicate there. (P3)”

He also noted that he was part of an offline community that started online:

“We did have a group called [support group name withheld]. Karon, naa pa man, but it’s lie low (Now, it’s still there, but lied low). And that's where it started. So, it's a whole new community. Naa’y mga (There are) Twitter users that would cross over to the other alter Twitter, but some would stay on the PLHIV alter community. And then, some, especially katong pag-(during this) pandemic, went out. Like, nag-out na jud sila (they disclosed their identities). Because of the seminars, talks, and all. (P3)”

He added:

“We went outing...We rented an island and everyone is PLHIV. So...From... Renting a bus. Organizing the food and all and everything. We have chefs. So, everything is complete. (P3)”

After they met, they transferred to other social media platforms where their real identities were revealed:

“We now know each other (sa) in Legit. We talk in Legit now. We're still friends on Facebook. And Instagram. So...We communicate there. (P3)”

P4 echoed this sentiment, explaining how in-person interactions solidified friendships:

“Just a few months after joining a group, we met, talked, and got drunk together. That’s how we got comfortable with each other. (P4)”

Like P3, his communication with other alter friends also moved to other platforms where identities were revealed:

“We continued communicating because somehow you're already comfortable with them because you have met them and you've talked to them. (P3)”

While some found the transition from online to offline relationships worthwhile, others preferred to keep their online and offline identities separate. This divide reflected the complexity of digital social support; the comfort and support received online were not always easily translated into long-term, in-person relationships.

These findings highlighted the divide between online and offline spaces. While alter spaces provided essential emotional and social support, offline stigma and privacy concerns hindered the development of in-person support networks. These results aligned with research by Amelia and Wibowo (2023), which emphasized that online anonymity allowed for greater self-expression but could also create barriers to real-life integration.

Synthesis

Network formation and community building in alter spaces played a crucial role in supporting Filipino MSMLHIVs as they navigated the social and emotional complexities of living with HIV. These digital environments, often anonymous and peer-driven, offered vital emotional and informational support by allowing individuals to share experiences, ask questions, and offer guidance to one another. As users received support, many eventually became sources of encouragement for others, creating a cycle of reciprocity that strengthened the community. These spaces also promoted advocacy by normalizing conversations about HIV, contributing to the gradual dismantling of stigma. More importantly, they bridged social isolation by fostering a sense of belonging and solidarity among individuals who might otherwise have felt alone in their diagnosis.

However, despite these benefits, challenges persisted within these digital networks. The transient nature of online spaces made it difficult to maintain long-term engagement and build stable relationships. Peer supporters also experienced emotional exhaustion as they balanced personal well-being with the emotional needs of others. Furthermore, privacy concerns and fear of disclosure continued to inhibit users from transitioning online relationships into real-life support systems. These limitations suggested the need for sustainable community models and protective measures within alter spaces. Ultimately, network formation in alter accounts remained a powerful tool for building resilience and fostering connection, but it must be supported by strategies that ensured continuity, emotional care, and digital safety.

Theme 2: Emotional Well-Being and Coping Mechanisms in Alter Spaces

Stigma, societal rejection, and psychological distress related to their diagnosis significantly impacted the emotional well-being of Filipino MSMLHIVs. Digital sanctuaries, particularly alter spaces, provided MSMLHIVs with a refuge where they could find support, validation, and coping mechanisms for the psychological challenges of living with HIV.

While encouragement, humor, and solidarity were prevalent within these online communities, they also grappled with persistent struggles related to fear, anxiety, discrimination, and self-acceptance. The results demonstrated that peer support, humor, faith, and goal-setting were crucial in supporting the emotional well-being of MSMLHIVs.

Diagnosis shattered the MSMLHIVs' sense of normalcy.

Receiving an HIV diagnosis was an incredibly frightening, anxiety-inducing, and uncertain experience. Initially, many MSMLHIVs struggled with self-acceptance, experienced societal rejection, and internalized stigma, leading to depression and emotional difficulties (Tuppal et al., 2019).

P4 mentioned that he had been scared when he was diagnosed with the condition because he was still starting out in his career:

> *"I was just starting here at the university, and then, my life was so stagnant, and then I was taking LTE, and then it talks up my anxiety and all that. (P4)"*

He added:

“Well, I'm newly diagnosed and somehow we are confused. Perhaps even in denial or something like that. (P4)”

For P5, there was a point in his journey where he felt alone when he was newly diagnosed, and it affected his mental health:

“To the extent that I would even have suicidal thoughts. There came a point in time that I kind of felt like I'm the only person who's experiencing this, right? (P5)”

He added:

“I could have been diagnosed with depression and anxiety a long time ago. And that's what we've been fighting over with my ex-partner. That you should have checked with a psychiatrist or psychologist or something. So, you got diagnosed and at least there can be intervention. But I refused to because I refused to believe I'm depressed and anxious. Because I believe, like, I can just overcome it by myself. It's just all in the mind. (P5)”

P1 described his fear upon discovering his HIV status:

“The initial response or initial thought that I had with me was, oh no, my friends would leave me. (P1)”

On the other hand, he also felt that he was lucky because he had been surrounded by people who were supportive and willing to help:

“Okay. So, well, to be fair, I had, when I found out my status, I was surrounded by people who were really accepting of who I am. (P1)”

P2 also shared the impact of anxiety on his daily life:

“During that span of months, I felt like fresh pa kaayo ang mga panghitabo (the events that transpired are still pretty new). Mura (Like) I felt like I was alone. I felt like the emotion was kuan (like) strong pa kaayo (very strong). Even though my friends know about my status, I feel like I needed more connection. I needed other people to understand what I'm feeling. (P2)”

However, some individuals turned to alter spaces to seek information and support. Six years ago, P3 learned during that time that overthinking affected one's health:

“Because, I've learned during that time. If you really overthink about it, it affects your health. So, as much as possible, think happy thoughts. (P3)”

In addition to personal anxieties, stigma and discrimination exacerbated emotional distress. P1 expressed concerns about the impact of his diagnosis on his relationships:

“One of the worries that I had was like, okay, how am I gonna handle myself sexually? So, it's more of how will I end up with other people? (P1)”

Fear of disclosure was a major challenge. Many MSMLHIVs feared social exclusion and judgment, leading to uncertainty about whom they could trust. P1 recalled warnings from fellow members of the alter space:

> *“Don't share information, especially your status, if you don't want it to be known. (P1)”*

It was also worth noting that P3 said that more and more newly diagnosed MSMLHIVs had accepted their new reality faster because society had now become more tolerant:

> *“That's what I'm also partly thinking. Because… Dili na jud siya (It’s not like) as much as before. That everyone is… really afraid. Karon (Now)... Plus, siguro (maybe)... Because of... yeah, stigmatized… actions like PrEP and stuff. So, mas less na ang (there's less)... fear. (P3)”*

Another fear that these newly diagnosed MSMLHIVs had was whether they should prefer to have an MSMLHIV partner or not:

> *“Two or three couples that... What's the term? Serodiscordant? And people are... Kind of. So we still have to do that. So... People were thinking... Or is it nicer to have a PLHIV boyfriend? So... It becomes a topic... What's the difference? (P3)”*

The findings emphasized the psychological distress experienced by newly diagnosed MSMLHIVs, which included fear, denial, and feelings of isolation. P4 and P1’s narratives illustrated that an HIV diagnosis not only affected physical health but also triggered deep emotional turmoil, particularly among individuals

who were at the early stages of their careers or social relationships. These experiences validated the research of Tuppal et al. (2019), which highlighted that the initial period following an HIV diagnosis was marked by heightened anxiety, confusion, and self-stigmatization.

Humor is the emotional first aid of MSMLHIVs.

Despite the emotional burden of living with HIV, humor was widely used as a coping mechanism within alter spaces. Dark humor, memes, and witty exchanges helped alleviate distress, provided a sense of normalcy, and reframed difficult experiences in a more manageable way. Research had shown that humor was an essential coping mechanism for individuals facing chronic health conditions, as it enabled them to manage stress and maintain emotional resilience (Chan et al., 2021).

P1 described the vital role of humor in the HIV-positive community:

> *“The biggest role that it has, especially since it's humorous, is to really lighten up the mood of what the poz community is feeling… through funny anecdotes, funny memes… it's dark humor, but I'd like them to, or rather, what I noticed is that we kind of thrive in dark humor. (P1)”*

Also, transforming experiences into humor helped him process his emotions:

“It’s more of moving forward and how can I make this funny? For some reason, yun yun ang nangyari, paano ko patatawanin ang sarili ko sa nangyayari sa akin. (P1)”

P5 asked:

“Should we, like, succumb into this dark, depressive aura? Or, can we just lighten up things and make this world a better place? Like, making you feel good and let's just exchange jokes and we can just laugh about it. (P5)”

P4 stated:

“Humor is one of our coping mechanisms. Yes, it's a national coping mechanism. (P4)”

P1 also shared some of the humor that they shared with fellow MSMLHIVs:

“A lot of, especially the newer ones who just found out their status, of course, these people are the ones who are currently feeling down. So, through funny anecdotes, funny memes, we, it's something that, yes, it's dark humor, but I'd like them to, or rather, what I noticed is that we kind of thrive in dark humor, sort of. (P1)”

For P3, they shared internal jokes with fellow MSMLHIVs:

“So we went to Bohol. And... For Tarsiers, when they get stressed... They bump their head... On the wall. Or on the tree. So people would

joke... Na-stress ko, i-bump nako ang ako head sa wall (I feel stressed, I'll bump my head on the wall). (P3)”

He also explained why most of their humor was shared privately:

"Some of the jokes are more internal... Private message... Because... If it comes out in public... There are very sensitive people."

It was worth noting that P2 had a very different take when it came to humor:

“Personally, I haven't used that dark humor against me or against other people. I have not. But personally, like other things? Of course, we use memes. Who doesn't, right? (P2)”

These findings reflected previous research on humor as a psychological defense mechanism (Chan et al., 2021), suggesting that laughter helped individuals reclaim power over distressing experiences, reduce anxiety, and strengthen resilience. Humor had been found to play a crucial role in enhancing emotional regulation, as it allowed individuals to reframe negative situations in a way that fostered psychological well-being.

However, the use of humor also had limitations and potential drawbacks. While it provided immediate emotional relief, it could also mask deeper psychological distress. As noted by P5, there was a fine line between using humor as a coping tool and using it as a means of avoidance. This echoed findings by Mahamboro et al. (2020), who cautioned that excessive reliance on

humor without addressing underlying emotional struggles could delay necessary mental health interventions.

Shared stories among MSMLHIVs made fear less isolating.

Alter spaces functioned as digital support networks where MSMLHIVs found encouragement, sought advice, and received affirmation from individuals who shared similar experiences. Many participants highlighted the emotional strength they gained from their online community.

P1 described how peer support helped him regain stability:

“A lot of my support actually came from X... these are people who also have HIV, and... they helped me have a stable mind when I was starting out, so to speak... they were there to patiently guide me step by step on what to do, and at the same time, they are there to uplift my spirits. (P1)”

He also highlighted the value of shared experiences and reassurance:

“So, in a way, through my experience, I talked to them like, okay, yeah, I had that issue too... So, in that way, we talk about these things so that, to give them reassurance that everything will be okay. (P1)”

He shared how his peers helped him manage a medical hurdle:

“I had syphilis before my diagnosis. So, yeah, it's something similar, things that we face for other PLHIV individuals as well. So, in that way, we talk about these things so that, to give them reassurance that everything will be okay. (P1)”

P2 emphasized the importance of connecting with others who truly understood what it was like to live with HIV, seeking a deeper connection:

“Even though my friends, some of them are nursing [students], but it hits much different man gud when you're in a crowd, when you're in a platform that people like you, they would relate. (P2)”

He added:

“It hits different when someone give you an advice. If that person is kanang, kuan (like, like) living in the same shoes as you, di ba (right)? I was looking [for] that feeling somehow. (P2)”

P3 shared how he reminded those who thought badly of themselves to focus on positivity:

“My identity is this...I always remind them...Especially those who are newly diagnosed...Those who are...Who think bad of themselves...Their situation...Their love life...To...Remind them of the positivity. (P3)”

Similar to P2, he felt that it was different when talking to fellow MSMLHIVs:

“Although I... The group of friends and circle is on the advocacy... Yeah, like the real friends. The church I have, [redacted] and

[redacted]. But, really knowing people who are experiencing the same as mine. (P3)"

He added:

"Mas lisud siya mangita (It is challenging to find people). That can really relate to what we're experiencing. (P3)"

He also reminded his fellow MSMLHIVs:

"Although comparing your situation... Is not good... But... Just to remind you... Diabetic people need to... Have a shot of insulin everyday... Cancer people... Will have to go... Undergo chemotherapy... And all... Even you, muinom ra ka og tambal (just take your meds)... You'll be good... So... Although... It's... Somewhat like... Bad to... Compare... To other illness... But... It's also to remind them that... Partly... You're a bit luckier than others... On your situation. (P3)"

For many, reading about others' struggles and triumphs provided reassurance. P5 found comfort in shared experiences:

"Whenever I read contents coming from blood brothers or blood siblings, I was even shocked that time that they actually feel the same endeavor… Like, suicidal thoughts and then they no longer wish to continue living. (P5)"

Having a supportive alter community also reinforced his sense of hope and belonging:

“Having the alter poz account really contributed to my overall sense of well-being, actually. Because it gave me a sense of hope, gave me a source of strength, gave me confidence, and it allowed me to be more open-minded when it comes to PLHIVs as well. (P5)”

P4 highlighted that seeing long-term survivors could inspire hope and reduce anxiety about the future, reinforcing emotional resilience:

“Because when you see people who've been with the condition for 15 years and all that...And then I see people who've been like that for 10 years and they're still alive...So it's an assurance that you can live longer. (P4)”

He added:

“And in a way, you become more expressive. You become more hopeful about your future. And then you become more confident. Nagta-translate siya even in the career (It even translates even in your career). (P4)”

This was also confirmed by P1:

“I think the future is bright, and I think the future is headed to a right direction naman, and how the stigma can be broken. So, yun (that's it). (P1)”

P5 also said that he was in the alter community because he was looking for people who could go through this journey with him:

“And I kind of felt that longing to belong into a certain, I don't know, group or community wherein there's people who share the same experience as I do. And maybe share the same values. And, you know, someone or some people I can vibe with, basically. (P5)”

The findings emphasized that peer support played a critical role in promoting emotional resilience among MSMLHIVs, particularly within digital spaces like alter communities. P1’s testimony illustrated that the presence of a support system helped individuals regain stability, echoing the findings of Chen & Shi (2015), who emphasized that digital peer networks provided a unique platform for emotional reinforcement, knowledge-sharing, and psychological validation.

P2’s experience demonstrated that the lived experiences of other MSMLHIVs carried more emotional weight than support from well-meaning but non-PLHIV friends or healthcare providers. This insight aligned with Colosi et al. (2023), who suggested that peer validation within social media communities strengthened resilience in ways traditional support systems often could not replicate.

Moreover, P5’s statement on finding hope in the alter community reinforced Odlum et al. (2018)’s conclusion that digital communities not only provided emotional reassurance but also instilled hope in individuals navigating long-term conditions. Similarly, P4’s perspective that seeing long-term survivors gave him confidence about his future illustrated how exposure to success stories within peer networks helped alleviate fears about longevity and quality of life.

MSMLHIVs built futures beyond their diagnosis.

Many MSMLHIVs emphasized the importance of goal-setting and perspective shifts in maintaining their emotional well-being. Setting achievable health goals allowed individuals to regain a sense of control over their condition. Studies indicated that goal-setting contributed to improved adherence to treatment plans and enhanced mental well-being by fostering a sense of direction and stability (Jorjoran Shushtari et al., 2014).

P1 described how he structured his treatment journey through goal-setting:

> *"So, first and foremost, I set short-term goals for myself. So, firstly maging UD muna ako after 6 months, then, from there, once na UD na ako, how will I change my lifestyle to be better? (P1)"*

With this, he said that he saw a brighter future even though he was diagnosed with this condition:

> *"So, honestly I see like through my interactions with them and what I observe, I think that there's a bright future for people like me...So, I think that there is a bright future for the community, especially, um, since a lot of these things are being talked about online. (P1)"*

Faith and community support also contributed to emotional resilience. P3 offered reassurance to those struggling with their diagnosis:

> *"It's really not easy... Especially if... If you're newly diagnosed... Or if you feel alone... And yeah... Just remind them... We acknowledge*

their... experience... But... We also advise them... To... It's not... In a sense... It's not the end of the world. (P3)"

P4 said that using an alter account led to increased acceptance:

"In a way, I became more accepting towards the status. I'm more contented and assured that I can live longer. Malaking comfort yun (That's a big comfort). (P4)"

He added:

"And then suddenly, when you're with people who understand your condition. It's like there's always an assurance that you just need to take your medicines every day. And you'll be able to live a normal life just like any other people. So it's a big boost for me personally. (P4)"

The findings underscored the crucial role of goal-setting in fostering a sense of purpose and emotional resilience among MSMLHIVs. P1's structured approach, setting short-term goals such as achieving UD status and improving his lifestyle after achieving it, illustrated how personal milestones could help individuals navigate their diagnosis with a proactive mindset. This supported Jorjoran Shushtari et al. (2014), who found that establishing clear, realistic health goals enabled PLHIVs to maintain focus, enhance motivation, and experience a greater sense of agency over their condition.

Synthesis

Alter account interactions contributed significantly to the emotional well-being of Filipino MSMLHIVs, serving as informal spaces for coping, expression, and emotional regulation. Many individuals experienced internalized fear, anxiety, and the persistent threat of social rejection due to the stigma surrounding HIV and same-sex relationships in the Philippines. Alter accounts provided them with a reprieve, an outlet to express vulnerability without fear of judgment. Within these digital communities, humor, particularly dark humor and memes, emerged as a coping mechanism that helped alleviate psychological distress and created a sense of shared understanding. In addition, setting achievable health goals fostered a sense of control and motivation, allowing individuals to track progress and stay hopeful amidst challenges. Faith also played a role, with many finding strength through spiritual beliefs reinforced by digital communities that affirmed both identity and hope.

Despite these positive coping strategies, challenges to emotional well-being remained. While peer support in alter spaces was beneficial, the lack of professional mental health services limited the depth of support individuals could access. Emotional highs and lows in these spaces also created instability in users' coping processes. Nevertheless, these findings underscored the therapeutic potential of digital spaces. By enhancing access to mental health resources and integrating them with peer support systems, alter accounts could further evolve as safe spaces that actively supported the psychological resilience of MSMLHIVs.

Theme 3: The Role of Online Support Networks in Social Well-Being

Alter spaces provided social support, companionship, and a sense of belonging for Filipino MSMLHIVs, who also utilized these spaces for HIV-related health information. Due to the stigma surrounding HIV, digital communities served as safe havens where individuals could openly discuss their experiences, form friendships, and seek emotional encouragement.

While alter communities alleviated loneliness and facilitated connections, they also raised concerns about privacy, the ephemeral nature of online relationships, and trust. The findings highlighted both the benefits and limitations of digital support systems in enhancing the social well-being of MSMLHIVs.

Friendship among MSMLHIVs deepened through shared diagnosis.

One of the most significant advantages of online support networks was the opportunity to form genuine friendshipsconnections characterized by intimacy, shared experiences, and mutual support. Participants highlighted the development of “surprisingly powerful” relationships within HIV-related alter communities through social media.

For P1, online friendships became an integral part of his life:

> *“When people, or rather, my friends found out I was poz, a number of them approached me and actually confessed that they are also poz. So, in a way, we created more of a network in that aspect and created a more, I guess, deeper connection to each other. So, our friendship really leveled up, so to speak. (P1)”*

P2 also emphasized the emotional depth of his online friendships:

“After that, nakakita man sad ko'g (I saw) the sense of fulfillment nga advices from people with the same status as you. (P2)”

He added:

“Another reason could be, like I was just looking for friends. Same status as mine. Makatabi ka nila (You can talk to them) Same topics, same lifestyle. (P2)”

These testimonies illustrated that digital spaces could foster belonging, community, and shared understanding, providing empathy and support as individuals navigated life with HIV.

For many, online spaces helped normalize their experiences and boost confidence. P1 noted how alter interactions facilitated his acceptance of his HIV status:

“I saw parang it's normal to have a PWD ID. It's… It shouldn't be shameful, so, uh, something through how they are living their lives. (P1)”

P4 mentioned that he found some lifelong friends on X:

“Well, there are because I've met with people...just a few months after joining and then after chatting and all on the group chat...we're going to have our anniversary, meaning anniversary of the group. (P4)”

He added:

“On the social side, definitely, I gained friends. And as an introverted person, sobrang mahirap yun (it was really hard). Because, you know, aampunin ka pa nila (they have to support you). Pipilitin ka nilang magsalita (They force you to talk). So it's a good way. It's a good outlet. And it's a good way of meeting people. (P4)”

For P5, he also met a lot of friends in the alter community:

“It actually gained me friends. I was able to gain comrades, friends, and confidants using that channel. (P5)”

He added:

“Whenever I make new connections in the platform, I would tend to feel good about it...Oh, there are a lot of PLHVs in the Philippines. It's over jud (There’s a lot)...If it's someone from Cebu, then I'm more grateful because it gives me at least a chance to connect with them on a personal level. So those kind of instances make me feel good. (P5)”

He also added that these friendships even transformed into romantic relationships:

“For the alter poz, I met a person who I am currently dating. He was in that community as well. (P5)”

These findings aligned with research on digital identity formation (Odlum et al., 2018), which described virtual communities as safe spaces for self-

acceptance, identity exploration, and emotional resilience. They underscored the critical role of virtual communities in shaping the digital identities of marginalized young adults in the Philippines.

The findings also highlighted the transformative role of digital peer communities in facilitating deep, supportive friendships and even romantic relationships among MSMLHIVs. These friendships were not just about casual interactions but often developed into emotionally significant and enduring connections, as noted by P1 and P2. The process of forming these connections played a crucial role in reducing isolation and fostering self-acceptance.

Alter spaces turned MSMLHIVs into a family.

Online friendships provided emotional companionship that extended beyond casual interactions, offering comfort, assistance, and a bridge from chaos to calm. Digital spaces served as an avenue for MSMLHIVs to find emotional reinforcement, validation, and encouragement from peers who understood their experiences.

For P1, having some members of the alter community who were also his friends offline helped him understand what he was going through better:

> *"It's more of like, I would say a localized community. Because the friends that I have in real life apparently are also poz. So, they only found out when I told my status in public. So, in that way, the community has already existed when my status was there...I am very lucky to have these friends and this supportive circle. (P1)"*

P4 explained how strong online connections helped him navigate difficult days:

“There are days when I feel down, and all it takes is one message from a friend online to remind me that I’m not alone. (P4)”

He also used his alter account to receive validation, which functioned as a form of emotional companionship:

“Well, mostly, I just post random thoughts. Sometimes, they range from really just rants or some common things like, I'm having coffee right now, I'm craving for coffee right now. And then some naughty things like, I would like to get a hug or something like that. So, there. And then wait for people who would engage. And also messaging. Because through the account, I was able to talk to other people who are also living with HIV. (P4)”

Similarly, P5 described how online friendships offered validation:

“I don’t always open up in real life, but online, I find people who truly understand. They don’t just listen, they get it. (P5)”

He added:

“Blood brothers and sisters that are appreciative of my posts. Whenever I make new connections in the platform, I would tend to feel good about it. Nga naa nasad ko’y nakaila (I get to meet new people). Oh, there are a lot of PLHVs in the Philippines. It's over jud (There’s a lot)... So those kind of instances make me feel good. (P5)”

P2 mentioned that he also felt validated when his followers engaged with his posts on X:

> *“Mura sad ko’g nahulog nga attention-seeker (I may come off as an attention seeker) Whenever I use this account, I was hoping for a lot of engagements. I was hoping for a lot of followers... I want to be someone that PLHIVs can connect with. That's why I'm hoping for a lot of engagements. A lot of followers. (P2)”*

For many, alter spaces provided a platform for open discussions about personal struggles without fear of judgment. P3 emphasized the importance of online peer support:

> *“Twitter became their safe haven. They read tweets, reply, and it became their support system. (P3)”*

P5 also appreciated it when he received feedback from his followers who were also MSMLHIVs:

> *“I guess the feedback that I'm receiving from random people, or from random blood brothers and sisters, the feedback that they're giving me gives me that encouragement. (P5)”*

The presence of supportive peers within online communities fostered a sense of security, reassuring individuals that they were not alone in their journey. This aligned with previous research (Chen & Shi, 2015), which found that social media enhanced emotional support networks, particularly among marginalized communities. Digital spaces acted as a form of social reinforcement, providing consistent encouragement and validation that might be lacking in offline settings.

The findings emphasized the significant role of digital communities in providing emotional companionship, validation, and encouragement for MSMLHIVs. Many participants, such as P1, P4, and P5, described how these platforms allowed them to form deep and meaningful friendships that helped them cope with emotional struggles, combat loneliness, and develop a sense of belonging.

Synthesis

Social well-being among Filipino MSMLHIVs was significantly enhanced through the relationships and support systems developed within alter communities. These digital platforms facilitated the establishment of meaningful friendships that offered both emotional and informational support, enabling users to feel less alone in their experiences. The companionship provided during emotionally difficult periods reinforced the value of alter spaces as sources of empathy and connection. Moreover, the shared narratives within these communities contributed to a sense of belonging and social inclusion, while regular interactions reinforced users' self-acceptance and emotional security.

However, the path to social integration through digital spaces was not without barriers. Fear of judgment or exposure deterred full participation and hindered the development of deeper, more authentic relationships. The need to maintain dual identities, one online and one offline, prevented some users from translating digital support into tangible offline networks. Additionally, the ephemeral nature of online friendships made these connections fragile and difficult to sustain over time. These challenges highlighted the importance of

fostering stability and trust within digital communities. By ensuring safer digital environments and promoting continuity of engagement, alter spaces remained reliable sources of social support that empowered MSMLHIVs to build lasting connections.

Theme 4: ARV Adherence and Medication Management in Alter Spaces

Adherence to antiretroviral therapy (ART) was crucial for maintaining the health of Filipino MSMLHIVs and achieving viral suppression. However, treatment adherence was often complicated by logistical challenges, psychosocial stress, social prejudice, and systemic barriers within the Philippine healthcare system. In light of these challenges, digital alter spaces, such as social networks, became vital sources of support, providing medication reminders, treatment advice, and coping strategies for managing side effects.

While alter spaces offered anonymity and communal support, they also revealed deep-rooted issues affecting ART adherence, including supply chain disruptions, mental health struggles, and misinformation about ARV regimens. These factors significantly impacted how MSMLHIVs managed their treatment, highlighting the need for greater involvement from government and mental health support programs.

Medication became a shared commitment among MSMLHIVs.

One of the most significant benefits of peer-driven digital communities was their ability to reinforce medication adherence through shared accountability. Many MSMLHIVs relied on online reminders, group check-ins, and mutual encouragement to maintain consistency in taking their ART.

P1 highlighted the importance of peer reminders within the community and how regular contact with HIV-positive peers fostered accountability:

> *“So, in that way, we remind each other. Like, for example, 'Did you take your meds?' It’s one of the things that we remind each other of. (P1)”*

He added:

> *“It's like reminders to each other that if you take your meds, that's the number one thing that someone living with HIV or a normal person could help and support other people like me. (P1)”*

P2 shared that people on X reminded them to take their medication:

> *“Kana lang sigurong people sa X nga mag-remind sa ako nga mag-take sa meds on time and stuff like that (It's just that there are people on X who remind me to take my meds on time and stuff like that). (P2)”*

This reinforced findings by Tuppal et al. (2019), who identified mental distress as a primary reason for ART non-adherence among PLHIVs facing stigma and isolation. Even within a supportive peer network, mental health interventions were essential to ensure medication adherence.

The findings underscored the significant role of digital peer accountability in maintaining ART adherence among MSMLHIVs. As P1 and P2 pointed out, daily interactions in online communities served as a crucial layer of support, reminding individuals to take their medication consistently. This mirrored research by Coulson and Buchanan (2022), who found that digital peer networks played a fundamental role in reinforcing adherence behaviors among PLHIVs, particularly those who faced challenges in accessing regular healthcare.

Treatment struggles among MSMLHIVs became shared learning moments.

In addition to emotional challenges, MSMLHIVs utilized alter spaces to exchange practical advice about ARV side effects, drug tolerance, and treatment transitions. They engaged in discussions with peers on how to acclimate to new medications and manage treatment-related anxiety. This collaborative learning model enabled MSMLHIVs to better manage medication adjustments and side effects.

Users often discussed their experiences transitioning to newer-generation ARV medications, including comparisons of drug formulations and side effects.

P3 shared that managing the side effects could be challenging for some MSMLHIVs:

> *“There is a phase. Not for everyone, but majority. We really will... Adjustment to the meds means... Side effects will really mean nga mura og naa’y sakit (show that you have the disease). Like, we*

would... Our skin would darken. Some actually are not that much, but others are worse. (P3)"

He added:

"Like, my skin darkened, I was super thin. I really look super sickly... Dili tanan people maka-relate (Not all people can relate). So, they're there. Unsa man imo gibuhat (What did you do[, they would ask me])? I just ate a lot [I said to them]. (P3)"

P2 also expressed concern regarding the way ARVs affected the skin:

"It's just that they said nga mangitom daw ka (your skin will darken) for the few months. Imong skin muitom (Your skin will darken). (P2)"

For P1, he experienced trouble sleeping due to the side effects of the ART:

"Although ang pinakascary na part (the scariest part) is insomnia. Yeah, I'm actually having a bit of trouble sleeping lately. I really should stop taking it at night. But anyway, kasalanan ko na yun (it's my fault). (P1)"

He also highlighted how people shared information about the transition to newer medications:

"One topic that we have, or when I talk to others, is the transition from the older generation medication to the newer medication... For example, I have friends who were taking LTE before. They are in the process of transitioning to TLD. (P1)"

P3 noted that they discussed how different versions of ART affected individuals differently:

> *“People are still asking... Kinsa na ang TLD (Who are taking TLD)? Who are still using 3-in-1? So... Unsa ang pinaka-effective way (What is the most effective way)... On... Making sure that... The side effect of the 3-in-1 or LTE... Is... Dizziness. So, unsaon (what are the ways) on how to... Not feel... Dizzy anymore? (P3)”*

The transition from LTE to TLD was also a point of discussion for P4 and his friends:

> *“Yes, lalo na ngayon (especially now) because everyone is going to shift. I'm not sure if everyone is going to shift to TLD. People were asking, those who have been taking LTE for the past years, ay nagtatanong (they were asking) about the side effects. What happened? Nakakabawas ba yan ng libog (Does that decrease my sex drive)? And all that. Those are the concerns. Those are the things. Kailangan ko ng specialist (I need a specialist on this). Or primary hub? Mataas ang cholesterol ko (I have high cholesterol). Creatinine and all that, can you give me or can you suggest a doctor who is a specialist on that? Because I'm being advised to seek a specialist. Yun yung mga (Those are the) information that I really like about it. Apart from really having fun in the conversations. (P4)”*

Meanwhile, P2 described minimal adverse reactions, highlighting the individualized nature of ART responses:

“So far naman, wala namang side effects sa akoa (I don't experience any side effects). (P2)”

For some, side effects caused significant distress and led to treatment hesitancy. P2 recounted his experience with severe side effects and how it also affected his sex drive:

“During the five months, akong sex drive kay ubos jud kaayo (my sex drive was so low). I don't know why. Maybe it was because I was diagnosed, or maybe it was because of the meds. (P2)”

These findings corroborated those of Patel et al. (2016), who identified side effects as a common barrier to ART adherence, potentially resulting in the temporary or complete discontinuation of ART use by people living with HIV (PLHIV). Peer discussions, by providing firsthand experiences and strategies for managing treatment changes, helped alleviate these fears and better prepared newly diagnosed individuals to cope with medication adjustments.

These findings then underscored the importance of peer-led discussions in facilitating ART adherence and adaptation. Alter spaces served as informal yet highly effective platforms for knowledge exchange, providing MSMLHIVs with information, reassurance, and encouragement to navigate treatment transitions. However, digital peer support alone was insufficient, as psychological distress, misinformation, and gaps in professional healthcare access remained pressing challenges. Moving forward, integrating peer-driven learning with accessible specialist care could strengthen ART adherence and improve the overall well-being of MSMLHIVs.

Mental distress among MSMLHIVs derailed medication routines.

ARV treatment adherence extended beyond medical considerations. Mental health challenges, stigma, and disruptions in the government supply chain all played a significant role in whether patients adhered to their treatment regimens. Some individuals on ART avoided fully adhering to their treatment due to fear of stigma and discrimination. Many MSMLHIVs internalized societal shame and, despite understanding the importance of treatment, may have avoided it.

P1 mentioned that he had a friend who was not consistent in taking his medication:

> *“I have a friend who is also poz but, there are times wherein he would stop taking his medication for long periods of time. (P1)”*

P3 emphasized the connection between mental health struggles and medication adherence:

> *“You're taking meds to... Take care of your health... But at the same time... For some... It kind of worsens your mental health... So it's not. (P3)”*

Echoing this concern, P4 highlighted that treatment itself could sometimes worsen mental health:

“They kept on asking about mental health issues. What do you think should be done in the PLHIV community? And I just kept on talking. (P4)”

This aligned with Mahamboro et al. (2020), who found that psychosocial distress among PLHIVs significantly affected treatment adherence. Addressing mental health needs was crucial in ensuring successful ART adherence. Many individuals in the study expressed difficulties balancing the emotional burden of living with HIV and the discipline required for consistent medication adherence, reinforcing the necessity of mental health interventions.

Furthermore, systemic healthcare challenges hindered consistent ARV adherence. Frequent medication shortages at government treatment hubs posed significant obstacles for many MSMLHIVs.

P4 expressed frustration over inconsistent ART distribution:

“Ang binigay sa amin ng hub kanina is isang bottle lang (The hub only gave us one bottle [of meds]. Tapos eto na namang DOH (What is happening to DOH)?. Procurement na naman ng DOH ang may problema (The DOH's procurement is the problem). Tapos may iba na magsasabi na (There are others who will say that) it's not the procurement actually, it's the supply chain. Meaning how it will be delivered to the hubs and all that. (P4)”

Alibudbud (2021) documented that supply chain disruptions were a persistent challenge to ART adherence in the Philippines. In the absence of reliable government support, PLHIVs often relied on informal peer networks for

medication access, which could jeopardize their ability to remain on treatment. This highlighted the intersection between policy inefficiencies and individual health behaviors, emphasizing the need for systemic improvements in ART distribution.

The findings underscored the complex interplay between mental health, stigma, and systemic barriers in ART adherence among MSMLHIVs. While medical factors played a role in adherence, psychosocial factors, such as internalized stigma, emotional distress, and feelings of hopelessness, often led individuals to miss or stop taking their medication, as observed in P1's testimony about his friend who experienced prolonged treatment interruptions.

Synthesis

Alter spaces significantly influenced the adherence of Filipino MSMLHIVs to antiretroviral (ARV) treatment, serving as platforms for motivation, shared accountability, and peer-driven support. Through online discussions and reminders, individuals received informal encouragement to maintain their medication schedules and navigate the challenges of long-term treatment. These peer-driven interactions not only reinforced ART adherence but also promoted awareness of side effects and available treatment options. As government healthcare systems often fell short, especially with erratic ARV supply, alter spaces filled critical gaps, offering users alternative support networks that ensured continuity of care.

Nevertheless, several obstacles could compromise adherence. Mental health struggles, compounded by social stigma, frequently interfered with consistent treatment routines. The side effects of ARV regimens required tailored emotional and medical guidance, which was not always readily available. Furthermore, the instability of government support and health services undermined trust and forced individuals to rely on informal networks, which were not always sustainable. These findings emphasized the need for integrated support systems that combined digital peer support with reliable institutional healthcare services. Strengthening digital health communities while improving public service delivery could result in more consistent and holistic care for MSMLHIVs.

Theme 5: Health Information and Awareness in Alter Spaces

For Filipino MSMLHIVs, the self-management of their condition was essential, which included access to accurate health information. However, due to the prevailing stigma, many MSMLHIVs embraced digital platforms, most notably alter spaces, as avenues for obtaining knowledge about health matters, engaging in peer discourses, and validating their medical information. In these online communities, these individuals could inquire about treatment options, share experiences with antiretroviral therapy (ART), and gain emotional support. Although these spaces provided health-related content, the reliability of the content varied, as misinformation and the fear of stigma hindered users from fully accessing and utilizing life-saving knowledge.

For MSMLHIVs, information was always just a post away on X.

The study findings showed a varied level at which the participants engaged in acquiring health information. Though a few felt comfortable asking for medical advice and validation from peers, others experienced emotional distress, self-doubt, and psychological issues, which prevented them from seeking health-related resources.

P4 affirmed the importance of the alter community for those who were looking for information regarding their condition:

> *"I think, just to find connection or at least to know information. That's the motivation behind it. (P4)"*

He added:

> *"It's actually a good way of finding information for the condition. (P4)"*

He also mentioned that one of the talking points in the community was the symptoms prior to their diagnosis:

> *"Oh, yeah. What foods are to be taken? What kind of sicknesses did you incur since being diagnosed? What were your symptoms? That's the most common. What were your symptoms? Which I kind of get tired explaining because it's asymptomatic. It depends on your body condition during the time of diagnosis. (P4)"*

P1 looked for practical guidance on living a healthier lifestyle:

“So, it was more of like, I asked tips from how I can live a healthier lifestyle. Like, what food should I eat more? Something like that, to be healthier. Because, in a way, I get the feeling that since I have HIV, I need food that would help boost my immune system, for example. (P1)”

P2 created the account because:

“In a sense, I wanted someone who can relate to you deeper. Someone who knows about what the PLHIV lives through or their lifestyle is. (P2)”

He added:

“I can gain deeper insights from them, aside from my friends. (P2)”

He also mentioned frequent discussions about lab results and treatment:

“And topics sad (And topics) like when do you usually get your labs? I think that's a popular topic amongst PLHIVs. Asa ka magpa-labs (Where do you get your labs)? How often ka magpa-labs (do you get your labs)? There's even one post where they read the results of their lab results. Mura’g basic ra man siya basahon (It’s easy to read the lab results). Mu-reply sad ko (I reply to these posts). You're good. Normal ra (You're lab results are normal). Topics like that. (P2)”

P3 illustrated how the interviewees monitored new information and provided information to others:

“We would monitor new alter Twitters. Karon, dili na siya (Now, it's not) as much as before. (P3)”

He shared this specific anecdote on how the alter community helped one of its supposed-to-be members:

“The most recent one was... He tested false positive. Nag-reactive siya sa test (He had a reactive result). Nagpadala siya ng blood (He sent his blood)... To San Lazaro. But... He's HIV-negative. So... That's it. He... It's a mixed emotions that... All this time, he thought he's HIV-positive. But dili pala (that's not the case). He thought... Ay eto pala yung na-fifeel ng mga PLHIV (This is what PLHIVs feel). But now, he's not. So... He needs to return the meds and all. (P3)”

He added that the alter community was a great tool for people who were looking for assistance because it was technically available anytime:

“If you're not part of that community... It's hard to... Get support... And they're not almost always... 24x7 available... Like in Twitter... Everyone is there 24x7... If you just post there... Someone will reply 24x7... So... For those who are... Newly diagnosed... Yes... It's not that much... As active... But... Help is still there... And... Again... Help doesn't need to be personal... Anyone... Even the people from Manila... Who replied to... Here in Cebu... Or Cebu to Manila... You know… (P3)”

P5 sought information about diet and exercise habits from his peers:

“There are scenarios wherein malipong ko because sa akong mga gipangkaon (I feel dizzy because of the food that I eat). Like for example, the foods that I take, like seafoods, allergens. So I got rid of them. And also, exercising. So I get advices from people how to do this exercise correctly, or how often do you go to the gym, we exchange habits. More of positive influences when it comes to health matters related to PLHIV. (P5)”

P1 also mentioned the importance of various organizations in ensuring that these MSMLHIVs were informed about what they should do regarding their condition:

“I think in the world we are living in now, as you mentioned, we are more informed. So through the efforts of different various organizations, especially for LGBTQIA individuals, they are very known or well-versed in the topic already. Especially for the people living here in the metro. (P1)”

The study findings were consistent with findings mentioned in the previous section of this paper, specifically in studies that highlighted the psychological effects of living with HIV/AIDS (Chan et al., 2021; Tuppal et al., 2019). Low motivation towards health-seeking behaviors was explained by stigma, discrimination, and internalized fear of HIV, making it vital for interventions to address mental health alongside medical treatment.

These findings reinforced the role of digital platforms as essential tools in bridging gaps in healthcare accessibility and information dissemination. By providing spaces for peer discussions, health-related exchanges, and emotional

support, online communities played a significant role in empowering MSMLHIVs with knowledge, emotional resilience, and self-efficacy in managing their health conditions.

MSMLHIVs found help in each other.

Interactive support groups in alter spaces were where Filipino MSMLHIVs learned from each other's lived experiences regarding taking ART medication, managing treatment side effects, and staying informed about new drug formulations. This peer-to-peer knowledge sharing was crucial, as access to formal medical consultations was not always readily available due to financial constraints and fear of discrimination (De Lind Van Wijngaarden et al., 2018).

The role of peer discussions in treatment adherence was widely recognized in studies on HIV management and social support networks. Research highlighted that peer-led knowledge exchange enhanced health literacy, mitigated misconceptions about medication, and fostered confidence in treatment regimens (Chiasson et al., 2010; Coulson & Buchanan, 2022). In digital communities like alter spaces, such discussions were even more valuable for MSMLHIVs, as they provided real-time, stigma-free conversations about ART adherence and health maintenance strategies.

P5 sought advice from people who had taken medication longer than he did:

“There are several instances wherein I seek for medical advice, especially with people who took the meds longer than I did. (P5)”

P3 added that some of them talked about how to strengthen their immune system:

> *"People are sharing... How... They... Strengthen their immune system... Because the immune system... Is the most... Target... So yes... People are sharing... If you drink... Alcoholic drinks... Just make sure that... You drink a lot of this... And that... So... Even... Of course... The doctors would say... This and that... It's prohibited... But other people... Already know the... How to counter that... So... Super... Grabe jud ang tabang (They helped a lot)... Especially here in Cebu... That time... I thought I was alone… (P3)"*

He also highlighted the importance of knowing what to do when one forgot their medication:

> *"Emergency. So, during that time, especially in Manila. Kung naa'y mag-travel, naa'y makalimot (If someone travels and they forgot their medication[, they can borrow the medication of their fellow PLHIV]. Although, dili (it's not) encouraged. But, you know, it happens. (P3)"*

P4 highlighted the importance of directing others to resources for testing and treatment:

> *"And I would tell them, the first thing you need to do is go to a social hygiene clinic or hub where you are closest to... They are actually visible on Google and they are very discreet. So you can go there and just say the most cryptic thing and they will be able to*

understand you and they will know what you mean specifically. And there was one person whom I guided through that. And then until the point that he started his medicine, we were just chatting. (P4)"

P5 noted the discussion of what to do after being newly diagnosed:

"Mura'g (Like) in a sense, a discussion like, sa ako account (in my account), a lot of posts will pop up about being newly diagnosed. And then they're going to post about what should I do. Maybe they're seeking advice about how to sleep better. Maybe they're seeking advice about what to eat. (P5)"

P1 also mentioned that they discussed things that might help them mitigate their condition better:

"We also talk about, for example, how to use our disability as an opportunity to gain things. So, for example, the person with disability (PWD) ID, the benefits from Social Security System (SSS), or the government benefits that we can get with our status. So, yeah, I don't know a lot of government stuff. So, talking about these things would really help others, especially for people who are starting out in their poz lives and need a little bit of help and direction and guidance in their life. (P1)"

P4 also had a similar experience:

"Last time, someone asked me, are the pre-employment medical requirements, does that include HIV testing? And I said, no. And also, they're really not allowed to do that because there's a law against that. Unless, really, you're working in the food industry. I

think, but I cannot confirm that. Although, it would still be a gray area in terms of the law. Because, again, it's an involuntary disclosure. Which is prohibited by the law. (P4)"

All of these aligned with research by Bustamante and Plankey (2022), which highlighted that treatment education through community engagement enhanced adherence to ART regimens. Peer influence significantly reduced fears regarding side effects, promoted transitioning to newer and more effective medications, and reinforced the importance of viral suppression. The findings in this study affirmed the critical role of peer networks in bridging the gap between clinical recommendations and real-world adherence challenges.

These findings underscored the vital role of peer discussions in HIV treatment awareness and self-management. Digital communities were not only sources of emotional support but also functioned as crucial knowledge-sharing platforms. Research by Coulson and Buchanan (2022) confirmed that social networks enhanced treatment adherence by reducing misinformation and providing real-life strategies for ART management.

Additionally, these findings reinforced the need for improved policy awareness among PLHIVs. Many participants relied on peer networks to understand legal protections and available government assistance, aligning with the conclusions of Adia et al. (2020). The study emphasized the necessity of integrating peer-led advocacy with formal HIV programs to ensure that MSMLHIVs received holistic support in both medical and social aspects of their condition.

Unverified medical advice risked real-life harm among MSMLHIVs.

While alter spaces offered a wealth of firsthand experiences and peer-based learning, they also exposed MSMLHIVs to unverified health claims, misconceptions about ART, and misleading medical advice. Several participants expressed concerns about inaccurate medical information influencing individuals to neglect treatment adherence or adopt unsafe health practices. This concern aligned with Patel et al. (2016), who emphasized that while social media played a vital role in HIV prevention and education, it also contributed to the spread of misinformation regarding treatment, alternative medicine, and disease progression.

P3 noted the importance of understanding the difference between HIV and AIDS, and that people sometimes assumed that those with HIV were “less of a person.” They combated this misinformation with support, reminding others that they were not less than anyone else. This reflected findings by Chen and Shi (2015), who discussed how stigma within online HIV communities led to distorted perceptions about PLHIV and created barriers to accurate health knowledge.

P5 emphasized the danger of misinformation:

> *“If you're someone newly diagnosed, Okay, I'll answer this one. I guess you'll have to be aware first about the pros and cons of having it...Cons is you can have a different persona. You can feel like you're not yourself because you tend to conceal it. (P5)”*

P5 shared that they corrected misinformation when they encountered it, highlighting the importance of educating others about HIV:

“I deserve to be treated fairly... making sure that people are well aware of this condition, and for them to be educated as well. So I don't want them to think like... You know, the dark old times we're in. Like, oh, he's HIV positive. Maybe I'm going to be infected or something when we touch hands or whatnot. So I want them to be far from that. (P5)”

P5's emphasis on education was consistent with Patel et al. (2016), who found that public health campaigns and peer-led education efforts in online spaces helped counter misinformation and reduce stigma surrounding HIV/AIDS.

P3 shared that they would route people to the correct person if they could not answer their questions themselves. If someone needed medical advice, they would tag doctors because:

“Daghang man gyung doctors dira (There are a lot of doctors). (P3)”

P1 also consulted one of his mutuals on X, who was a doctor, about what he should do to improve his lifestyle:

“I actually consulted with a friend of mine who is an alter too. Hindi siya (He's not) poz, but he's a dietician. I actually consulted... Do you have a specific meal plan for people like me? A diet for people like me? Who's immunocompromised? Who has weight goals? My friend was able to help me. He gave me a listahan (list) of meal prep, etc. The complete works. That was me now. Very recent lang yun (That was very recent). (P1)”

P2 also consulted a friend who was studying to become an expert in nutrition/dietetics regarding what he should do about his diet:

> *"I got tired of asking my friends, unsaon man ko ni uy (what should I do)? What will I do? Unsa man ako i-breakfast for PLHIV (Will I have for breakfast as a PLHIV)? Do I switch to a high-fiber diet? Even though kani nga question kay na-answer siya sa akong ND nga friend, Nutrition and dietetics (Even though my questions were answered by a friend who is taking nutrition and dietetics). Questions like that, of course, maka-answer siya (she can answer). She can give advice. (P2)"*

Regarding health disclosures in online spaces, P5 reflected on how such disclosures might be misused:

> *"You can feel like you're not yourself because you tend to conceal it. (P5)"*

While P5's primary concern was with privacy, disclosure was intrinsically linked to issues of trust and credibility in digital health discourse. According to Chen and Shi (2015), non-reciprocal relationships in online HIV communities led to uneven information exchange, putting some users at risk of receiving unreliable advice. This highlighted the necessity of critically evaluating the credibility of shared health information and ensuring that users were directed to expert-verified sources.

These findings underscored the double-edged nature of digital peer support spaces. While alter communities functioned as valuable sources of emotional and informational support, they also carried the risk of misinformation, reinforcing concerns raised by Patel et al. (2016) about unverified health claims in digital HIV discussions.

Overall, these findings highlighted the need for a balanced approach to health information-sharing in online spaces. While peer support provided invaluable firsthand insights, ensuring that MSMLHIVs had access to verified medical professionals within digital communities was crucial in mitigating the risks of misinformation. Moving forward, collaborations between healthcare organizations and digital HIV communities could help improve the quality of information available in these spaces, further bridging the gap between formal healthcare systems and informal peer networks.

MSMLHIVs stayed silent, scared to disclose.

Alter spaces offered a relatively safe environment, but the fear of stigma, discrimination, and potential social consequences remained a significant barrier to disclosing and seeking health information. Individuals had to exercise caution when discussing their HIV status, even within online communities where many MSMLHIVs felt comfortable. While the alter community offered anonymity and belonging, MSMLHIVs did not always fully disclose their status due to the lingering fear of negative social repercussions.

P1 highlighted the role of alter accounts in providing a safe space for asking questions:

“Honestly speaking, I've noticed a lot of new accounts na poz that really create an alter account. To really ask the questions that they couldn't ask to anyone else. Because they're shy or scared...At least to ease them of their, I guess, pain. In that aspect, they can slowly build or gain confidence from it. And to find answers that they couldn't find. Kasi (Because) they don't have the guidance that they wanted. So maybe they can get it by creating an alter account in X. So yes, I would highly recommend it. (P1)”

P3 shared that those on alter helped others protect their privacy:

“We tell them... How to take care... Of their... For example... Privacy. So... Don't just... Because in Twitter, before... Like... Tara, meet up ta (Let's meet up). So... We make sure that... We don't talk about stuff about... The... Everything about PLHIV... Because in Manila... We use codes. (P3)”

P5 highlighted the importance of feeling comfortable when discussing HIV-related topics:

“I want to go back to that point that I'm comfortable discussing these things with co-PLHIVs because, I don't know, for some reason it gives me that sense of comfort knowing that they're other PLHIVs so they share the same experience as I do so probably they've been to the lowest point in their lives so I can relate to this person. (P5)”

These findings reinforced the complex relationship between online anonymity, disclosure, and social stigma. While alter spaces played a crucial role in fostering HIV-related discussions, they did not fully eliminate the structural and cultural barriers that discouraged open disclosure. This highlighted the need for broader systemic changes, such as stigma reduction initiatives and strengthened privacy protections, to ensure that MSMLHIVs could seek health information without fear of discrimination or unintended exposure.

Synthesis

Alter accounts served as essential platforms for the dissemination and exchange of HIV-related health information among Filipino MSMLHIVs. These digital environments allowed users to seek out reliable knowledge about ARV treatment, side effects, and coping strategies, while also validating their experiences through peer discussion. The collaborative and supportive nature of alter spaces facilitated greater treatment awareness, empowering individuals to make informed health decisions. By encouraging open dialogue around sensitive topics, these communities broke down traditional barriers to health education often reinforced by stigma and shame.

Despite their promise, the reliability of health information in alter spaces remained a concern. Unregulated content might have led to the spread of misinformation, which could have negatively affected treatment decisions. Additionally, some individuals refrained from participating in health-related discussions due to fear of discrimination, privacy breaches, or self-stigmatization. These limitations suggested the importance of partnerships between digital

communities and verified health professionals or organizations to ensure access to accurate and trustworthy information. Enhancing digital literacy and incorporating health advocacy into alter spaces could have improved treatment outcomes and overall health awareness among Filipino MSMLHIVs.

Theme 6: Challenges and Risks in Seeking Social Support

While online peer networks served as vital sources of emotional and informational support for Filipino MSMLHIVs, these networks were not always easy to access and maintain. Despite the advantages of digital support systems, individuals often encountered inconsistent support, feared disclosure, experienced privacy concerns, and bore the emotional burden of stigma.

These barriers could have led to feelings of isolation within digital communities, limiting full engagement in social networks. While alter spaces offered refuge from societal stigma, they also presented risks, such as inconsistent support, misinformation, and online harassment.

MSMLHIVs felt alienated despite being “seen” in the community.

While peer networks provided a sense of belonging and emotional support, not everyone had access to consistent and meaningful connections. Some participants expressed frustration with inconsistent participation from their social circles, leading to feelings of abandonment and detachment.

P2 reported a lack of meaningful engagement from others, which led to a sense of alienation:

> *“I don't know. I think it's just me. I felt alienated because I'm in the platform where community na (the community already exists). A community in space where people in that space are already communicating in person where ako wala pa (I am not yet). So maybe of course I feel alienated. Ako lang (It's just my) personal preference. I do not want to interact with them. If wala ko na-interact in person, wala ko nila na-interact in person (If I wasn’t able to interact with them, they did not have the opportunity to interact with me as well). But it would be much better if maka-interact ko nila in person (I can also interact with them in person). (P2)”*

It was also worth noting that when experiencing emotional distress, his followers were quick to provide support:

> *“When I post something like, Okay, I feel down today. I'm disappointed today. And then there will be people who would reply or chat and then say, What are you going through? And sometimes the thought that people are reaching out to you actually already helps. (P2)”*

These statements aligned with findings by Tuppal et al. (2019), which indicated that superficial interactions in online spaces could create an illusion of connection without providing substantial emotional or practical assistance. This phenomenon, often referred to as “performative support,” meant that while

individuals engaged with social media posts, their engagement did not always translate into meaningful, lasting support structures.

This also reflected concerns raised by Wielk and Standlee (2021) about “performative engagement” in digital spaces, where individuals liked or commented on posts but did not invest in deeper, long-term support. This was particularly relevant in alter spaces, where anonymity and rapid interactions made it easier to engage casually but harder to build lasting friendships.

Caution shaped every post MSMLHIVs made in the alter community.

The fear of being outed or having personal information used against them remained a significant barrier to seeking social support. Stigma and discrimination continued to prevent many Filipino MSMLHIVs from disclosing their HIV status, leading them to exercise extreme caution in their online interactions.

P1 described his hesitation to share his identity:

“Actually, I had difficulties with divulging up to what part of my story can I share. Or rather, not just story, but more of my identity...But at the same time, I don't want to be found out. I think yun yung issue ko with it (that's my issue with it). (P1)”

He added:

“What I'm really concerned more about is if people do find out about my account, how would they use it as a weapon against me? So far, it hasn't happened, thank God. (P1)”

On the other hand, P3 believed that privacy would never be an issue on X as long as one was careful about what they posted:

“Unless you tweet...Pictures. Pictures or places...Which...The ones that I know who are...Very careful of their privacy...They don't do it. (P3)”

P4 explained how the fear of exposure affected his online interactions:

“I just felt like it's not as private as I thought. There are a lot of suspicions. There are a lot of issues sa mga ganung pagkakataon (in those cases). So, I deleted the two others and then created another one and then created another one, which is this one. (P4)”

However, he acknowledged that privacy concerns had diminished over time:

“For now, it's not that big of a concern. But then, of course, I mean, it's not that big of a concern as it was before. And also, mas maingat naman ako now (I'm more careful [on what I post]), on the pictures, on the locations where I am. (P4)”

For others, digital anonymity was the only way to access social support networks. P1 explained that alter accounts provided a sense of protection, enabling him to seek help:

“The one good thing about having an alter account is that, supposedly, people won't know who you are. So, I can divulge to everyone about my status. And in a way, it's freeing, and I actually like the feeling that, yes, a lot of people know about my status, but they don't know it's me. So, I can live a normal life outside X, for example. (P1)”

He also mentioned concerns about potential workplace discrimination due to his status:

“But in the community, every time we talk about it, when that topic is brought up, and they're worried about work. Because of course, there are companies who might discriminate. (P1)”

However, some participants had become more accepting of their identity. P2 expressed that he no longer worried about being identified:

“Well, obviously, the anonymity helps, but as of the moment, I'm not really...Like, I'm just waiting for people to find out nga ako ni siya (that this is me [the owner of this alter account]). (P2)”

He added:

“So, that's why...Ang akoang picture (That's why my picture is)...Usa ra ka cover (I only cover one part of my body), dili siya blur (it's not blurred), the entire face (my entire face). It's like, I reached the point where I'm not really afraid of my identity anymore, but I'm still hiding my identity. (P2)”

P5 also employed similar privacy measures:

“I would blur my face. I would use photo editing tools to blur my face and my tattoos as much as possible. (P5)”

He shared a similar sentiment with P2 regarding identity disclosure:

“Right now, I just have this IDGAF attitude. I don't give a fuck. If ever you know me for being positive on Twitter, then fuck it. It's me. Hi. What is there to lose? You lose your sense of worth because you know that I'm PLHIV. If you're going to gossip about me, then that's on you. (P2)”

P3 shared an anecdote about a privacy-related issue encountered by an MSMLHIV:

“So, this PLHIV had issues with...The organization...So, gi-contact siya through Facebook (Advocate was contacted by the PLHIV through Facebook). Si PLHIV...Nakuyawan (He was scared). Nganong kahibalo man ka sa akong Facebook (Why do you know my Facebook)? I never even gave that out. (P3)”

However, trust issues persisted even within online MSMLHIV communities. Individuals acknowledged the potential for their status to be exploited or weaponized, leading them to limit their engagement with support networks.

While this self-imposed secrecy offered protection, it also prevented individuals from fully benefiting from peer support. This aligned with research by

Mahamboro et al. (2020), which revealed that privacy concerns among PLHIVs created an additional psychological burden, reinforcing isolation rather than alleviating it.

The findings highlighted a complex relationship between digital anonymity, stigma, and emotional support. While alter spaces provided a safe avenue for engagement, fear of disclosure continued to restrict full participation, affecting mental well-being and social integration.

This persistent fear of exposure reflected the continued impact of HIV stigma, even within supposedly safe online spaces. Odlum et al. (2018) found that while digital communities provided support, the very anonymity that made them attractive also limited deeper connections, leaving some members disengaged or feeling emotionally distant.

Loneliness became the cost of stigma among MSMLHIVs.

The stigma surrounding HIV was identified by many participants as a source of emotional exhaustion. This ongoing stress led to self-isolation, as individuals withdrew from social interaction to avoid judgment or emotional pain.

P1 believed that he had some difficulty connecting with others because of his personality:

“It's hard for me to introduce myself to other people. Mainly because I know I can be a bit overbearing as a person. So, in terms of my

personality, it's quite difficult for others to perceive it good. So, yes, nakakairita ako (I am annoying) in person. (P1)"

He also appeared to change a part of his personality when he learned about his status:

"When I found out about my status it was more of I felt that I was reserved more. Though, like less kalat (provocative content). I guess, in a way it's more of I guess, nandun nagsi-stem din yung parang notion ka na how would people perceive me (that's where it stems the notion of how would people perceive me). So, stigma pa din (it is still about the stigma). (P1)"

He added:

"Oh no may status na so I guess I shouldn't be promoting sex as much...the idea is that parang (like) I don't want to promote sex a lot kasi (because) I had sex and got this problem, so kaya ako nag step back (That's why I took a step back)...ayoko ma-promote ng sex (what I thought was because this happened to me, I don't want to promote sex in my account). So, I started less I mean naging yung less makalat ako as a person (I became more sexually reserved as a person). (P1)"

For some, loneliness and despair became overwhelming.

P1 also mentioned that sadness was a significant barrier to connecting with his fellow MSMLHIVs:

“I guess sadness was a big factor din ko back yung ginawa (on why I did that), na parang I do not want to associate myself to the world outside. Like, I just wanna keep things to myself, kaya parang I was reserved at that point din (that's why I was also reserved at that point). (P1)”

P2 had the same observation:

“I don't know if it's weird, but a lot of PLHIVs are very lonely. (P2)”

P5 shared a similar sentiment:

“There are instances wherein I felt it but there's still this thought inside me that it's just temporary. They're going to be able to help me short term to alleviate maybe the crisis I'm facing but in the long term, it's just still going to be me. So, there's that constant feeling of loneliness and sadness. (P5)”

These findings were consistent with those of Jorjoran Shustari et al. (2014), who concluded that PLHIVs who internalized stigma were more likely to isolate themselves, leading to depression and suicidal ideation. These experiences underscored the psychological impact of self-isolation and the critical need for social support to prevent emotional distress and mental health decline.

The findings highlighted the heavy emotional burden that many MSMLHIVs carried due to stigma. The fear of judgment and social rejection often led individuals to withdraw from their usual interactions, reinforcing feelings of loneliness, depression, and self-doubt.

Support spaces among MSMLHIVs became targets for stigma and scams.

While online communities had offered valuable emotional and informational support, they also exposed individuals to misinformation and harmful advice. Some participants encountered unverified medical claims, leading to misconceptions about HIV management.

P3 cautioned against people conducting scams in this space:

“There's also people doing scams. And then, would post photos in the hospital. Then, it's like… If other people are... Some people are able to... Find the legitimacy to… Even you, before... I remember in GCash or unsa (or what). I saw the initials [of the person associated with the account]. (P3)”

P5 also mentioned that these individuals had infiltrated their private group chats:

“In Twitter, I don't have any group chats because most group chats there have scam links. So, they don't really utilize Twitter to do group chats. Usually, people would transfer to Telegram or Messenger or IG but not on Twitter. (P5)”

P2 shared that there were also people pretending to be MSMLHIVs to deceive others:

“It's just that, nga, he's seeking help, morag (like) scamming people, in-ana, in-ana (like that). There's people like that. There are other,

people, nga, coming to me, nga, do not entertain this person, because, in-ana, in-ana, morag, in-ana (like that). (P2)"

Furthermore, negative interactions and online harassment persisted. Participants shared experiences of being ridiculed or judged within alter communities.

P5 recounted receiving hurtful comments:

"Bashers would say things like, 'Oh, that's why you got it [HIV]… You're a flirt.' (P5)"

Such negative encounters discouraged individuals from actively seeking support, leading to feelings of alienation and reinforcing self-stigma. These findings aligned with studies on digital misinformation (Odlum et al., 2018), which revealed that misinformation and stigma in online communities could undermine the well-being of individuals seeking accurate health information and emotional support.

Bustamante and Plankey (2022) similarly found that trust issues in digital HIV networks weakened their effectiveness, as people hesitated to participate fully due to concerns about privacy, reliability, and negative experiences.

The findings highlighted the dual nature of digital support networks. While they offered comfort and connection, they also carried risks of misinformation, exploitation, and stigma-related harm.

Synthesis

Alter accounts served as essential platforms for the dissemination and exchange of HIV-related health information among Filipino MSMLHIVs. These digital environments allowed users to seek reliable knowledge about ARV treatment, side effects, and coping strategies, while also validating their experiences through peer discussion. The collaborative and supportive nature of alter spaces facilitated greater treatment awareness, empowering individuals to make informed health decisions. By encouraging open dialogue around sensitive topics, these communities broke down traditional barriers to health education often reinforced by stigma and shame.

Despite their promise, the reliability of health information in alter spaces remained a concern. Unregulated content could lead to the spread of misinformation, which negatively affected treatment decisions. Additionally, some individuals refrained from participating in health-related discussions due to fear of discrimination, privacy breaches, or self-stigmatization. These limitations suggested the importance of partnerships between digital communities and verified health professionals or organizations to ensure access to accurate and trustworthy information. Enhancing digital literacy and incorporating health advocacy into alter spaces could improve treatment outcomes and overall health awareness among Filipino MSMLHIVs.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This research explored the experiences of Filipino MSMLHIVs regarding their use of alter accounts on X and their utilization of this platform as a tool for building their digital community. The study also examined the ways in which these MSMLHIVs navigated their new reality, addressing aspects such as personal health, emotional well-being, and social support in the face of prevailing stigma.

A key finding of this study revealed that anonymity is crucial in the creation of these digital communities. This anonymity enabled them to express facets of themselves and seek connection without fear of stigmatization, discrimination, or rebuke.

Furthermore, the MSMLHIVs involved in this study acknowledged that they also used these digital communities to obtain vital HIV-related information, including medication adherence, alternative treatments, and accessible healthcare services. While the alter community can serve as a platform for information sharing, it is also susceptible to the dissemination of misinformation and unreliable medical guidance.

From an emotional perspective, the digital communities within the alter world have provided them with coping mechanisms following their diagnosis,

offering an opportunity to share their fears, anxieties, and aspirations in a supportive, judgment-free environment. Consequently, many participants reported that the connections they formed with fellow MSMLHIVs helped to alleviate feelings of isolation, a common challenge encountered when confronting social stigma and managing mental distress. However, the transient nature of online interactions and the inherent tension between anonymity and authenticity often lead to emotional dissonance and can impede the development of deeper, more personal connections.

Regarding social support, alter accounts have facilitated the establishment of relationships among MSMLHIVs who may be seeking accepting and supportive offline communities. This research underscores that peer-led discussions within these online spaces foster self-empowerment, resilience, and advocacy initiatives aimed at destigmatizing HIV and advancing LGBTQIA+ rights.

In summary, this study supports the thesis that MSMLHIVs are able to establish crucial support systems within these digital communities, albeit with certain limitations. Concerns regarding trust, the absence of physical validation, and the risks associated with various social media platforms, particularly X (formerly Twitter), which can influence the complexities of online identity and community building, are important considerations for MSMLHIVs.

Conclusion

This study aimed to address the central question: How do Filipino MSMLHIVs perceive the use of alter accounts on X for the purpose of establishing and maintaining digital communities? The research presents the effect of alter account interactions on personal health management, emotional well-being, and social support systems for these individuals.

The data illustrate that alter accounts serve as critical, affirming support systems for MSMLHIVs who must cope with widespread, persistent societal stigma. Anonymity allows individuals to address intricate personal and social issues by providing a foundation of dependability in these virtual spaces, where they seek medical advice, emotional support, and a sense of community. They supplement offline support systems, offering information and identity validation to those who need it.

The results of this study emphasize the importance of peer-to-peer digital engagement in empowering MSMLHIVs to make informed decisions regarding their treatment and overall health. They also highlight issues concerning the accuracy of information shared in these environments, and advocate for evidence-based health interventions.

Research indicates that alter communities foster resilience and acceptance, while simultaneously presenting challenges related to superficiality and emotional detachment due to the fluid and often anonymous nature of digital interactions. This paradox, where anonymous digital protection proves both liberating and constraining, illustrates the need to delve deeper into the complexities of online identity and psychological safety.

The paper demonstrates that digital communities serve as important advocacy platforms for MSMLHIVs to take a stand against discrimination, share personal narratives, and campaign for policy advocacy. However, the disconnect between reality in the real and virtual worlds remains crucial, as activism and support built in online environments do not necessarily translate into tangible action in the real world.

This research significantly amplifies the dialogue concerning digital community building, queer safe spaces, and health communication within the academic field. It addresses a critical gap in the literature by providing a phenomenological account of the experiences of MSMLHIVs, emphasizing the importance of developing more inclusive and organized support systems, both online and offline, that are free from stigma, to enhance the well-being of MSMLHIVs in the Philippines.

Recommendations

This study offers several recommendations to strengthen digital support systems, improve health communication strategies, and guide future research directions concerning Filipino MSMLHIVs and their interactions within alter communities on X.

Leverage Alter Spaces for Peer-Led Health Information and Emotional Support

Healthcare professionals and HIV specialists should look into working with digital support networks, like alter communities on X, to amplify peer-led health

education around ARV adherence, medication side effects, and treatment transitions. Since alter spaces offer around-the-clock support, healthcare systems should recognize their role in health literacy and collaborate to ensure that accurate information is shared within these communities.

Promote Mental Health Support Within Digital Communities

There is a need to develop mental health interventions that specifically cater to the psychological needs of MSMLHIVs in alter spaces. Training healthcare professionals on digital mental health support should also include strategies for identifying signs of distress and engaging patients through online platforms for emotional and mental well-being.

Support and Empower Alter Communities for Peer-Based Learning and Treatment Education

Policymakers should allocate resources toward supporting digital HIV education programs within alter communities. These programs should encourage peer-led information sharing while ensuring that the information is grounded in verified medical sources. Collaborations between advocacy groups and digital platforms can help offer interactive workshops, seminars, and real-time medical Q&As in these spaces.

Improve Data Privacy and Digital Safety for MSMLHIVs

It is important to establish and enforce stronger privacy protections for MSMLHIVs in online support spaces. This includes secure anonymous profiles,

better protection of user data, and systems that monitor for harassment, exploitation, or misinformation.

Enhance National HIV Programs with Digital Health Campaigns

National HIV campaigns should integrate digital strategies to better reach LGBTQIA+ communities and other marginalized groups. Efforts must include platforms like X, ensuring that campaigns address not just health but also stigma, while providing easier access to peer-led support networks.

Improve Content Moderation and Community Guidelines

Social media platforms should update and refine their community guidelines to offer stronger support to MSMLHIVs. This includes clearer rules against discrimination, harassment, and misinformation, and more robust moderation tools for harmful content, with user-friendly reporting options for harmful or discriminatory posts.

Partner with Healthcare Organizations for Verified Support

Platforms like X should consider partnering with healthcare providers and LGBTQIA+ organizations to establish verified accounts that share reliable, up-to-date information about HIV treatment, testing, and mental health support.

Examine the Psychological Impact of Long-Term Engagement in Alter Spaces

Future research can focus on how long-term engagement in alter spaces affects the mental health and emotional resilience of MSMLHIVs. It's important

to explore whether digital community participation leads to better or more complicated mental health outcomes over time.

Investigate the Effectiveness of Digital Communities in Managing Stigma

Research should also look into how digital communities impact internalized stigma and self-perception among MSMLHIVs. Findings can help show how online solidarity plays a role in overcoming self-stigma and supporting positive identity development.

Explore the Impact of Technology on HIV-Related Social Support

There is a growing potential in exploring how emerging technologies like AI chatbots, virtual peer support systems, and telehealth services influence emotional support and health management for MSMLHIVs. Future studies can also look into how these technologies change (or challenge) the way digital communities are built and sustained.

Explore Other Areas for Future Studies

Future researchers might want to explore these questions as well:

- What defines a digital community?
- What emotional or psychological mechanisms drive digital solidarity?
- Can other marginalized groups use and benefit from these same spaces?

These recommendations aim to bring together digital environments with healthcare, advocacy, and policymaking efforts around HIV. By improving digital safety, promoting health literacy, and continuing research on how online

communities evolve, stakeholders can better respond to the needs of MSMLHIVs and help strengthen both digital and offline support systems for this community.

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APPENDICES

APPENDIX A

Qualitative Interview Questions

General Research Question:

How do Filipino MSM living with HIV (MSMLHIV) utilize alter accounts on X to build and sustain digital communities that provide support and shared experiences?

- *What motivated you to create an alter account on X?*
- *How do you use your alter account to connect with other MSMLHIVs?*
- *How do you participate in discussions or communities related to MSMLHIV experiences on X?*
- *Can you describe a meaningful connection or relationship you built using your alter account?*
- *How do you navigate anonymity and privacy in expressing your experiences of living with HIV on X?*

Specific Research Question 1:

What are the recurring themes and communication patterns that emerge in interactions between MSMLHIVs on X?

- *What topics or themes are most commonly discussed among MSMLHIVs on X?*
- *How do conversations about HIV treatment or health management unfold in your community?*
- *How is stigma or discrimination addressed in these interactions?*

- *What role do humor, memes, or shared narratives play in fostering community?*

Specific Research Question 2:

How do these narratives shape their sense of belonging and identity within the digital community?

- *How has using an alter account on X influenced your sense of identity as an MSMLHIV?*
- *Can you describe a moment when you felt a strong sense of belonging in the MSMLHIV community on X?*
- *How do interactions on X challenge or affirm your sense of self?*
- *How does participating in the community influence how you perceive your future with HIV?*

Specific Research Question 3:

How do digital interactions on X, through alter accounts, influence the personal health management, emotional well-being, and social support structures of MSMLHIVs?

- *How do you use your alter account to seek advice or share tips about health management?*
- *Can you share a time when someone's advice or support on X helped you manage a health challenge?*
- *How do interactions on X impact your emotional well-being or mental health?*

- *How do the relationships you've built on X support you socially, emotionally, or in managing your HIV status?*

APPENDIX B

Informed Consent for Research Participants

This informed consent form is for the Men Who Have Sex with Men Who are Living with HIV (MSMLHIVs) who will be participating in the thesis, entitled "BLOOD BROTHERS: A DESCRIPTIVE PHENOMENOLOGY ON DIGITAL COMMUNITY BUILDING ON X AMONG FILIPINO MEN WHO HAVE SEX WITH MEN (MSM) LIVING WITH HIV."

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

Part I. Information Sheet

Introduction

I am Maurice Jitty Villaester, a Master of Development Communication student at the University of the Philippines Open University. I am researching how MSMLHIVs utilize X, specifically the alter accounts in the platform. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research.

If you encounter any unfamiliar terms in this consent form, please feel free to ask me for clarification. I am here to explain everything in detail. Should you have questions at a later time, you are welcome to reach out for answers.

Purpose of the Research

The MSMLHIV community has been one of the most stigmatized groups in the Philippines. Every day, many continue to face various forms of discrimination and judgment, and because of this, they choose to conceal their status and continue to feel alone in their struggles. Although many of them have revealed their status to the world, that is not the case for the majority of MSMLHIVs. Because of their HIV status, it is challenging for them to look for a community unless they hide behind anonymous accounts. Because of this, many have resorted to creating an alter account on X and joining various communities to meet their various needs, such as information and emotional support. With this, this research aims to answer the following questions:

How do men who have sex with men who are living with HIV (MSMLHIVs) utilize alter accounts on X to establish safe spaces for interaction among their peers?

- What motivates these PLHIVs to create these alter accounts on X?
- How do these PLHIVs interact with their fellow PLHIVs in X's alter space?
- What are the benefits and challenges that these PLHIVs face when they use these alter accounts?

Type of Research Intervention

This research will involve your participation in a key informant interview that will take about two hours per interview, depending on the depth of responses and discussion. A total of one to two interviews may be conducted with each participant to gather comprehensive data necessary for the study.

Participant Selection

You are being invited to participate in this research because you are an MSMLHIV of legal age with an alter account on X. This makes you an ideal person to give me valuable first-hand information from your perspective.

Voluntary Participation

Your participation in this research study is entirely voluntary. Your decision will not affect your job or any work-related evaluations or reports. You have the freedom to change your mind and discontinue participation at any time, even if you initially agreed to participate.

If you choose to participate in this study, you have the right to refuse to answer any questions that make you feel uncomfortable.

You have the right to withdraw from this research at any time, without any questions or pressure.

Procedures

The interview can be conducted either in person or online via Zoom or Google Meet. Should you choose not to respond to any question during the interview, you are free to decline, and we will proceed to the next question. You

are welcome to have someone accompany you during the interview for your comfort.

Your data is of utmost importance to the researcher, and they will handle it with the highest level of care and confidentiality throughout the research process. All recorded data will be securely stored on a password-protected Google Drive account, accessible only to the researcher and adviser. To further protect your identity, a unique participant code will be assigned to anonymize your responses, ensuring your data is not linked to your identity.
Also, all individuals with access to the data, including the researcher and adviser, will sign a Non-Disclosure Agreement (NDA) to safeguard your identity and maintain strict confidentiality.

After the research is complete, the recordings and any other collected data will be securely stored for one year. After this period, they will be permanently deleted using secure deletion software, ensuring that your data cannot be recovered.

Duration

The research takes place over 180 days or six months in total from 01 November 2024 to 28 February 2025. During that time, we will be interviewing you at least once.

Benefits and Risks

You may share personal or confidential information by chance or feel uncomfortable discussing some topics. However, we do not wish for this to happen. You have the right to privacy and can choose not to answer any

questions or participate in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Participants may also receive benefits for their participation like reimbursement for food and transportation costs incurred while participating in the research.

Also, your participation is invaluable. You have the opportunity to contribute to advancements in the field of HIV and health communication, which could positively impact public health initiatives and education.

Additionally, if you feel any discomfort during or after the interview, debriefing sessions will be made available. Counselling services will also be provided if needed to ensure your emotional well-being.

These measures are in place to prioritize your comfort and safety throughout your participation in the study.

Confidentiality

Research being done in the community may draw attention. If you participate, you may be asked questions by other people in the community. We will not share information about you with anyone outside the research team. The information that we collect from this research project will be kept private. Any information about you will have a number instead of your name. To ensure confidentiality, the following measures will be implemented:

1. All recorded data will be securely stored on a password-protected Google Drive account accessible only to the researcher and adviser.
2. Each participant will be assigned a unique participant code to anonymize their responses, ensuring no identifying information is linked to the data.

3. All individuals with access to the data, including the researcher and adviser, will sign a Non-Disclosure Agreement (NDA) to guarantee strict confidentiality.
4. Raw data and transcripts will be stripped of identifying information and replaced with pseudonyms before analysis or sharing with authorized personnel.
5. After the study is completed, recordings and collected data will be securely stored for one year and permanently deleted using secure deletion software to prevent recovery.

By implementing these measures, we aim to protect your privacy and ensure that your identity remains confidential throughout and after the research process.

Sharing the Results

Be assured that anything you share during the interviews will be handled with the utmost care. Your information will not be shared with anyone outside the research team, and it will never be attributed to you by name. The knowledge the researcher will gain from this research will be shared with you directly, in a manner that ensures confidentiality. Each participant will receive a summary of the results, further ensuring the careful handling of your data.

As a participant, you have full control over your data. To protect your identity, the results will not be shared with small community groups if you are connected to these groups. If the researcher decides to share results with the community in the future, a reconsent process will be conducted. This process

ensures that you agree to this additional step, giving you the power to decide how your data is used.

The findings will be published in a way that safeguards the privacy and anonymity of all participants. The publication will aim to benefit a wider audience and contribute to advancements in the relevant field without compromising participant confidentiality.

Right to Refuse or Withdraw

You do not have to participate in this research if you do not wish to do so, and choosing to participate will not affect your job or job-related evaluations. You may only participate in the interview whenever you wish, with your job being affected. I will allow you to review your remarks at the end of the interview/discussion. You can ask to modify or remove portions if you disagree with my notes or if I did not understand you correctly.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Maurice Jitty Villaester

Jubilee House

31 Don Gil Garcia St,

Brgy. Capitol Site

Cebu City 6000

09276371713

Statement that the Research Ethics Committee

The committee has approved the study, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

UP Cebu Research Ethics Committee Chairperson: Dr. Ana Leah Cuizon

Address: Gorordo Ave., Brgy. Camputhaw, Cebu City 6000

Email: adcuizon@up.edu.ph // rec.upcebu@up.edu.ph

Part II: Certificate of Consent

I have read the preceding information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I have been asked have been answered satisfactorily. I consent voluntarily to participate in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement by the Researcher or Person Taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1.

2.

3.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of Researcher or person taking the consent

_____

Signature of Researcher or person taking the consent

_____

Date: <MM/DD/YYYY>