

Decoding Health-Seeking Queries Related to Antiretroviral Therapy in Philippine HIV Awareness Facebook Groups

Jhelsey Kane A. Ogaccan¹, Eryll Shane D. Lantaen², Jasmine P. Gados³, Karla Angeli P. Adaoag⁴,
Warell C. Tailan⁵, Anghello S. Chaangan⁶, Katrina Nicole E. Cosme⁷, Jenelyn A. Coop⁸,
Christian E. Angga-o⁹, Karen B. Pandoyos¹⁰, and Jayson M. Bimuyag^{*11}
Department of Nursing, Easter College, Baguio City, Philippines

*Corresponding Author Email: jaysonbimuyag@gmail.com

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Abstract. This study explored how members of Philippine HIV awareness Facebook groups express health-seeking queries related to antiretroviral therapy. Despite widespread challenges in accessing and adhering to HIV treatment across the Philippines, limited research has examined online health queries within this context. A qualitative content analysis of 304 posts and 44 comments from two Facebook groups dedicated to raising HIV awareness was conducted, covering the period from January to December 2024. Data analysis resulted in three key categories: Seeking Assurance, Seeking Guidance, and Seeking Access. The members' queries revealed prevalent anxiety about antiretroviral therapy side effects, alongside notable gaps in knowledge related to treatment effectiveness and access challenges. These queries underscore the importance of addressing both individual concerns and systemic barriers to enhance ART adherence and improve health outcomes among people living with HIV in the Philippines.

Keywords: Antiretroviral therapy; Facebook groups; Health-seeking queries; HIV awareness.

1.0 Introduction

Antiretroviral therapy (ART) plays an essential role in addressing the progression of HIV (Human Immunodeficiency Virus) by inhibiting virus replication, enhancing immune response, and lowering transmission risk. Recently, evidence has firmly established the concept of undetectable = untransmittable, or U=U, meaning that people living with HIV (PLHIV) who are taking ART daily as prescribed can maintain and achieve an undetectable viral load and cannot transmit the virus to others (NIAID, 2019; CDC, 2023; PAC, 2024). For ART to be effective, it must be taken exactly as prescribed, with no missed doses, ensuring HIV does not multiply again (Fletcher & Sherrel, 2023). However, ART is not a cure for HIV, as the virus persists in the body tissues even when its levels are undetectable; the drugs work together to inhibit its growth (IAPAC, 2024).

The Philippines presents an essential context for examining ART-related health-seeking behavior, as it currently experiences the fastest-growing HIV epidemic in the Western Pacific region. Between 2012 and 2023, the daily incidence of HIV surged by an overwhelming 411% (CDC, 2024). This surge is evidenced by a recent report from (HARP, 2024), which shows that as of March 2024, of the estimated PLHIV, 122,241 cases (57%) have been diagnosed or laboratory confirmed and are currently alive or have not been reported as deceased. Additionally,

79,643 PLHIV (65%) are receiving ART, with 35,277 (44%) of them having undergone viral load (VL) testing in the past 12 months; among those tested for VL, 30,996 (88%) achieved viral suppression, but only 39% of PLHIV on ART were found to be virally suppressed. Data collected from the Department of Health (DOH, 2024) indicate that from January to June 2024, 8,727 individuals were confirmed as PLHIV, of which 8,518 were enrolled in ART, with 4,402 on first-line therapy, 11 on second-line therapy, and 105 on another line of treatment, while 84,086 individuals have continued on ART since 2002; these reports highlight the significant challenge of managing HIV in the Philippines and the need for effective strategies to address the growing number of cases. The daily use of combination HIV medications has contributed to longer, healthier lives and significantly reduced the risk of HIV transmission (NIH, 2021). The Philippines has 224 main HIV care facilities and treatment centers, according to DOH (2024). The need for more knowledge of the barriers to access and adherence is underscored by the disparity that still exists between the population of PLHIV and those receiving ART on a national scale. This disparity highlights the importance of examining the mechanics of ART and its limitations in achieving effective use. Addressing the ongoing obstacles to ART access and adherence requires this knowledge.

Despite the apparent effectiveness of ART, PLHIV still encounter barriers when trying to get treatment and follow their medication regimens. Among these barriers are financial constraints and concerns about encountering friends in the clinic (Abdulai et al., 2023). Furthermore, according to the same study, specific stakeholders mentioned in their interviews that treatment adherence and viral suppression were adversely affected when patients missed clinic appointments, resulting in non-adherence to medication and ultimately harming viral suppression. They credited this default response to factors such as stigma and non-disclosure. Additionally, the persistent stigma associated with HIV resulted in discrimination and other adverse social experiences, directly adding to the hesitation of people to seek treatment or continue their regimen (Gangcuangco, 2019). With 44% of patients who missed a dosage at some point stating that they did so to avoid being seen taking their prescription, O'Connor et al. (2021) demonstrated that stigma was a significant factor impacting adherence. These challenges highlight the need for innovative approaches to the difficulties that PLHIV face to this day.

Considering these challenges, innovative approaches that utilize social media and technology may be crucial in promoting support and improving treatment adherence. According to Ibrahim et al. (2024), social media has become a vital platform for exchanging information, providing support, and fostering connections. Furthermore, online communities give people with health issues—like those who have HIV or AIDS—the chance to ask peers for information, counsel, and support (Coulson & Buchanan, 2022). Facebook groups serve as spaces for users to discuss sensitive health topics and inquire about health information while maintaining anonymity and managing stigma, particularly within HIV-focused Facebook groups in the Philippines. These platforms are significant given the stigma associated with HIV, which hinders individuals from seeking help and support.

As Facebook is commonly used as a tool for sharing, it is also utilized for its innovative and widespread advantages. Beyond its informational value, Facebook offers vital peer-to-peer support, meeting the demand for emotional understanding and camaraderie among individuals facing similar health issues (Khan et al., 2022). Social network sites like Facebook offer a convenient and familiar method for individuals to draw on coping resources; the use of these platforms is linked to higher levels of bridging social capital, allowing access to information and resources from a diverse range of acquaintances and bonding social capital, leading to the provision of emotional support from close friends (Chen & Lemmer, 2024). As a result, many organizations utilize social media, particularly Facebook, to mobilize social change and raise awareness about important issues.

However, a significant challenge to the effectiveness of social media for health information is the prevalent misinformation. A study by Théro and Vincent (2022) found that misinformation, including manipulated statistics, fake news, or altered images, poses a significant challenge to the credibility of information. This misinformation misleads users by presenting false contexts, potentially causing them to form incorrect beliefs or make uninformed decisions. Between 2019 and 2021, websites flagged for repeatedly sharing misinformation on Facebook saw a median 41–47% drop in engagements per article. Groups with a "repeat offender" label experienced a 31% decrease in engagement per post, while their posting behaviors remained essentially unchanged. The percentage of posts associated with low-credibility sources stayed around 10% both before and after warnings, according to mediabiasfactcheck.com, an independent website that rates the bias, factual accuracy, and credibility of media sources to raise awareness of media bias and misinformation (Media Bias Check, 2024). Despite the potential

advantages of social media for HIV treatment adherence, the abundance of false information presents a serious obstacle.

Social media platforms, especially Facebook, despite the problems caused by false information, allow PLHIVs to receive assistance. Social media has become an established public forum where people gather to exchange illness narratives, information seeking, and engage in health-seeking activities (Zhang et al., 2020). This multifaceted idea highlights the challenges faced by members in managing their medical needs. Recent research by Khan et al. (2022) examined the use of social media in chronic pain management and health communication, as well as the health-seeking behaviors reflected in members' posts on COVID-19-themed Facebook groups (Sahin et al., 2021). Members of these HIV awareness Facebook groups posted health queries regarding ART, but the context of these posts was unclear. This lack of understanding highlighted the need for studies focusing on the unique circumstances of Facebook groups in the Philippines that are related to HIV. Emphasizing the context of members' posts and comments, this study aims to explore how members of Philippine HIV awareness Facebook groups express health-seeking queries related to ART, to inform health communication strategies that can reduce stigma and improve outcomes.

2.0 Methodology

2.1 Research Design

Using qualitative content analysis, the researchers analyzed ART-related health-seeking queries in Philippine HIV awareness Facebook groups. They identified relationships between keywords and concepts related to ART and health-seeking queries by examining the co-occurrence of phrases from the Facebook group members' posts and comments. This design, which highlights the relationships between concepts and their context, is suitable for analyzing data from online communities (Jansen, 2025).

2.2 Sources of Data

This study utilized data from two Facebook groups in the Philippines dedicated to HIV awareness: "HIV AIDS Awareness Philippines" (originally public, but later became private, with 14,100 members) and "HIV Awareness Philippines" (a private group with 36,300 members). These groups were selected due to their large membership, lively discussion forums, and diverse range of viewpoints on HIV, which contributed to the extensive dataset used to analyze ART-related health-seeking queries. The analysis focused on the members' pre-existing posts and comments from January to December 2024. Using easily accessible data to conduct a timely and cost-effective study, expanding upon existing knowledge in the field (Nieswiadomy & Bailey, 2018).

2.3 Data Gathering Procedures

The researchers began gathering data by searching Facebook for relevant groups using keywords such as "HIV Awareness Philippines." They screened 27 groups based on relevance, activity, and public accessibility, and six groups were granted access. The researchers then excluded four groups due to insufficient relevant content, leaving two groups for analysis. Using Facebook's search feature and advanced filters, they identified relevant posts and comments from January to December 2024 within these groups. They applied terms such as "ART," "ARV," "Antiretroviral Therapy," and specific medicine names. They identified and reviewed a total of 304 posts and 44 comments to ensure alignment with the study's focus.

2.4 Data Analysis

The researchers analyzed the identified posts and comments, adhering to the practical guidelines for content analysis outlined by Erlingson and Bysiewicz (2017). Before beginning the study, they carefully considered their personal biases to ensure objectivity. Following data collection, an initial review was conducted to identify and condense meaning units – brief segments of text conveying a single idea – while preserving the core message of each post and comment. From these condensed meaning units, codes were developed to represent the contextual meaning of the data. Two coding strategies – a priori coding and emergent coding – were employed to ensure the study's validity. A code book was developed through discussions and consultations among the research team and with the research adviser.

Inter-coder reliability was also established to ensure consistency and accuracy. The researchers were divided into subgroups. Guided by the developed coding scheme, each subgroup independently analyzed the same subset of

data—ten percent of the total data. The subgroups reunited to compare their coding output and calculate inter-coder reliability. They divided the number of agreed-upon codes by the total number of coded data items. This process provided an unbiased evaluation of coding consistency. An agreement rate of 90 percent or higher is considered appropriate for post-positivist qualitative research (Tracy, 2013). The achieved inter-coder reliability score was 94.1%. This high level of agreement supported the assumption of consistent coding, enabling independent analysis. To gain a deeper understanding of how Facebook group members expressed their ART-related queries, these codes were organized into broader categories that captured the overall meaning. By clustering similar codes, the researchers interpreted the health-seeking queries related to ART. Concurrently, the codes were tallied and presented in frequencies and percentages (Java, 2024).

Finally, to enhance data accuracy, the results were disseminated and shared with two selected Facebook groups for confirmation and refinement. The members provided positive feedback, and administrators from both groups confirmed the researchers' categorization of posts and comments related to ART queries.

2.5 Ethical Consideration

Before data gathering, the researchers obtained formal permission from the Dean of the Department of Nursing of Easter College. Next, they communicated with the administrators or moderators of the Facebook groups, explaining the study's purpose, discussing its potential impact on the group, and requesting permission to collect data. To protect privacy and ensure the anonymity of Facebook members, the researchers used pseudonyms. They paraphrased the posts and comments, as recommended by Zhang et al. (2024), to prevent easy identification by search engines.

3.0 Results and Discussion

Analysis of the health-seeking queries related to ART in Philippine HIV awareness Facebook groups revealed three key categories: Seeking Assurance, Seeking Guidance, and Seeking Access. Table 1 presents a detailed categorization of the members' posts and comments across these categories.

Table 1. Categorization of health-seeking posts and comments related to ART

Category	Code	Posts	Comments
Seeking Reassurance	Side effect-related anxiety	118 (38.82%)	15 (34.09%)
	Doubts and ART effectiveness	22 (7.24%)	2 (4.55%)
Seeking Guidance	ART comparisons	30 (9.87%)	4 (9.09%)
	Worries about missed doses	28 (9.21%)	3 (6.82%)
	Correct ART intake practices	21 (6.91%)	1 (2.27%)
	ART and medication compatibility	22 (7.24%)	2 (4.55%)
	Food and ART restrictions	11 (3.62%)	2 (4.55%)
	Clarification requests	0 (0.00%)	5 (11.36%)
	ART formulation inquiries	1 (0.33%)	1 (2.27%)
Seeking Access	ART and access challenges	51 (16.78%)	9 (20.45%)
Total		304 (100.00 %)	44 (100.00%)

3.1 Seeking Assurance

Frequent health-seeking queries related to ART were a usual way members sought assurance. Their posts and comments often voiced concerns about ART side effects and doubts regarding the treatment's effectiveness.

Side effect-related anxiety

By far, anxiety related to ART side effects was the most common concern, with members expressing significant concern about long-term implications and seeking assurance regarding their potential permanence. Examples of these posts and comments are provided below:

"I am about to start my ART today and would like to know the common side effects I might experience. It will help me prepare and understand what to expect during treatment. Thank you." (Anonymous Post #50)

"I recently switched from LamiZido Efavirenz to TLE 3-in-1, and I am experiencing severe side effects, including headaches, body aches, back pain, increased anxiety, and difficulty sleeping. These symptoms are much more intense than what I experienced with my previous medication. Is this normal?" (Anonymous Post #87)

"For those of you who are HIV positive and taking ARVs, what side effects have you experienced? I have gained weight, felt bloated, and had frequent bowel movements. How about your experience, guys?" (Identified Post #56)

"I started LTE after a recent HIV diagnosis. I'm experiencing dizziness and difficulty standing. Is this a common side effect?" (Anonymous Post #148)

"Am I the only one experiencing a rash from TLD? When can I expect these rashes to subside? I have been on medication for a month, but still get new rashes, and I am also experiencing significant hair loss." (Anonymous Post #245)

"I have noticed weight gain since starting TLD. Why does this happen?" (Identified Comment #33)

"Are there any side effects from taking ART medications? I have been on it for two months and would like to know." (Anonymous Comment #19)

"I have been on the TLE 3-in-1 regimen for a year and have been experiencing side effects consistently. It is starting to feel like these side effects are becoming a normal part of my treatment, which is concerning." (Anonymous Comment #36)

Doubts and ART effectiveness

Beyond concerns about side effects, several posts and comments expressed doubts about ART's effectiveness, including questions about treatment in advanced HIV stages, transmission risk, time to undetectable viral load, and viral load fluctuations despite adherence. Examples of these posts and comments are provided below:

"Can someone in the final stage of HIV (AIDS) still receive ARV treatment? What are the chances of living for another 20 to 30 years with this treatment?" (Identified Post #282)

"I have been on TLD for nearly two months and will soon reach three months. I recently had unprotected sex with someone. Is there a 100% chance they will get infected with HIV, considering my treatment status?" (Anonymous Post #201)

"I recently started ARV treatment and have been on it for five months. How long does it typically take for someone to achieve an undetectable viral load?" (Anonymous Post #223)

"My viral load increased despite my ARV treatment. What additional strategies can help me lower my viral load?" (Anonymous Post #120)

The notable prevalence of anxiety linked to ART use among the members aligns with recent reports of an increase in ART-related adverse events and treatment discontinuations (De Oliveira et al., 2024). The members' concerns ranged from mild issues such as nausea to more severe effects, including persistent skin reactions and significant weight gain, consistent with known clinical side effects of ART toxicity affecting gastrointestinal and neuropsychiatric systems. The study highlighted a substantial number of treatment interruptions due to these side effects, underscoring the need for better patient support and management strategies. Additional literature corroborated these observations, with Hurbans and Naidoo (2024) reporting high adverse event rates and Eifa & Ketema (2022) linking weight gain specifically to dolutegravir-based regimens. The impact of side effects on adherence was evident in the frequency of inquiries in the Facebook groups (Sombrea, 2024). Additionally, clarifications on ART terminology and drug formulations reflected findings from Li et al. (2024), who noted individual variability in responses to ART. Collectively, the study underscored the importance of proactively addressing patient concerns to improve ART adherence outcomes.

3.2 Seeking Guidance

Many queries focus on seeking guidance on a variety of ART-related topics, such as ART comparisons, correct ART intake practices, missed doses, ART and food restrictions, clarification requests, and inquiries about ART formulation.

ART comparisons

Discussions frequently involved comparisons between specific ART medications, particularly LTE and TLD, with members seeking clarification on their relative potency, distinctions, and appropriate use cases. Examples of these posts and comments are provided below:

"Is LTE a more potent medication than TLD?" (Anonymous Post #128)

"What are the key distinctions between ARV medications, LTE, and TLD?" (Anonymous Post #139)

"Good morning, I have a question regarding ARV medications. Is it true that LTE is prescribed for early HIV diagnoses, while TLD or LTD are used for later-stage diagnoses? Thank you." (Anonymous Post #135)

"What are the differences between LTD and LTE?" (Anonymous Post #129)

"What is the difference between TLD and general ARV medications?" (Identified Comment #24)

"What is LTE, and how does it differ from the TLD regimen I am currently on?" (Anonymous Comment #38)

Worries about missed doses

Concerns regarding missed ART doses and their potential consequences were also observed. Examples of these posts and comments are provided below:

"I missed my HIV medication for the first time in a year for 7 hours. What are the possible effects of missing a single dose? Is it likely to cause significant issues? I would appreciate advice from anyone who has experienced a similar situation. Thank you." (Identified Post #31)

"I consistently take my ARV (TLD) at 11 a.m. and have not missed a dose in a year. However, today I got distracted and forgot to take it. After eating, I mistakenly took tomorrow's dose. I tried to vomit but could not. Should I skip tomorrow's dose at 11 a.m.? Generally, if you have taken an extra dose." (Anonymous Post #152)

"I have run out of my medication and have not taken it for about 8 days. Is this okay, or should I be concerned about the gap in treatment?" (Identified Post #273)

"I am concerned because I am unsure if I have already taken my ARV medication. I was interrupted by a phone call while getting my medicine, and now I am worried that I might have taken a double dose. My main fear is not the potential side effects, but rather the risk of developing drug resistance." (Anonymous Post #11)

"I am feeling anxious because I forgot to take my ARV medication for one day. Could someone please help me understand what might happen? I am worried and hope someone can notice me." (Anonymous Post #124)

Correct ART intake practices

Several posts and comments addressed correct ART intake practices, covering topics such as timing, scheduling, and managing potential errors, as well as preferences for day versus night dosing. Examples of these posts and comments are provided below:

"Hello, fellow HIV- positive individuals. I have a question about taking LTE/TLD (ARV pills). Is it advisable to take the medication with or without food? I currently take it after supper, and I am seeking guidance on the most effective approach." (Anonymous Post #200)

"I have recently changed from LTE to TLD, and I am unsure about the ideal time to take it. Also, how can I adjust the time I take it without missing a dose or disrupting my medication schedule? Thanks!" (Anonymous Post #203)

"My TB medication is at 6 a.m., and I take my TLD at 8 a.m., and then additional medications at night. I accidentally took my TLD dose for tonight. Is it safe to have TLD twice today, considering I still need to take my evening medications? Will this be harmful?" (Anonymous Post #94)

"For those of you taking TLD, do you prefer to take it during the day or at night? I currently take it around 9 a.m. due to concerns about insomnia as a potential side effect. I am interested in hearing about other people's experiences and preferences. Please share your thoughts. Thanks!" (Identified Post #116)

"Do you take ARV medication every day?" (Identified Comment #14)

"Can you take ARV TLD immediately after eating, or is there a waiting period required? I am aware that LTE needs a 2-hour fast before intake." (Identified Comment #25)

ART and medication compatibility

Members also sought guidance regarding the compatibility of ART and other medications. Inquiries included the safety of taking other drugs concurrently with ART and the permissibility of using food supplements while on ART. Examples of these posts and comments are provided below:

"Is it safe to take high blood pressure medication while taking ART drugs? I would like to know." (Anonymous Post #117)

"I have a routine where I must take glutathione and vitamin C supplements at 8 p.m. daily. I would like to know if it is safe to take this while on antiretroviral therapy." (Anonymous Post #125)

"I would like to know if there are possible interactions between Celebrex and antiretroviral therapy medications because I have been prescribed Celebrex for a shoulder injury, and my healthcare provider is not available now." (Anonymous Post #173)

"I am wondering because some people said that glutathione is permitted." (Identified Comment #11)

Food and ART restrictions

While not as prevalent as other concerns, members also asked about their dietary restrictions while on ART, seeking clarification on conflicting information from different sources. Examples of these posts are provided below:

"I have read that certain foods must be avoided. However, my healthcare provider told me that there are no dietary restrictions. Could someone enlighten me regarding this discrepancy?" (Anonymous Post #66)

"Can I consume alcohol while on ARV? Is it safe? Thank you." (Anonymous Post #271)

"Good day! My partner will be starting ARV therapy next week and will have dietary restrictions for two months. Could you please share what foods you ate during this period? I appreciate any responses." (Anonymous Post #153)

"Take my TLD medication during dinner and occasionally have coffee with my meal. Is it safe to consume coffee while taking TLD? Please advise. Thank you!" (Anonymous Post #184)

Clarification requests

In an effort to better understand ART, members requested clarifications on both general principles and specific treatment regimens. Examples of these comments are provided below:

"What is ARV?" (Identified Comment #42)

"What is TLD?" (Identified Comment #22)

ART formulation inquiries

A few members inquired about injectable ART options, driven by swallowing difficulties and a desire for more convenient formulations, though this was not a common concern. Only one post and one comment specifically reflected this type of inquiry. They are provided below:

"I am having trouble swallowing ARV tablets, and when I try crushing them, I vomit. Is there truly no injectable version of ARV LTE available?" (Anonymous Post #167)

"Is there an injectable form of ARV available, and if so, is it approved for use?" (Identified Comment #17)

The prevalence of ART comparison queries within the Facebook groups' data mirrored the clinical realities of ART regimen changes, which often arise due to treatment simplification, viro-immunological failure, or management of adverse events (Loghin et al., 2024). The numerous queries about practices related to taking ART, including the timing of meals, adjusting to schedule changes, and what to do in case of accidental double doses, highlight the need for easy-to-access, practical guidance on medication adherence—a key factor influencing treatment success (Akahome, 2023). This finding aligned with the established role of social media platforms in facilitating information-seeking behaviors among patients navigating complex health decisions, as shown by Zhu et al. (2019) in the context of pregnancy-related information. The anxieties that members express regarding ART effectiveness, especially concerning late-stage treatment, transmission risk, and fluctuations in viral load, reflect systemic issues

identified by Gamayo (2025). The Facebook posts and comments provided detailed, real-world examples of these anxieties, offering valuable insights into the experiences of individuals managing their HIV treatment.

3.3 Seeking Access

ART and access challenges

Concerns about accessing ART emerged as the second most frequent type of inquiry in the Facebook groups. These concerns included logistical issues like misplacing medication, exploring alternative access methods, and navigating financial constraints and inconsistent access. Examples of these posts and comments are provided below:

"Do health clinics offer free antiretroviral therapy or HIV treatment?" (Anonymous Post #208)

"I am in a difficult situation due to financial constraints and a recent transfer from a hub in a city. My new hub only provides one bottle of TLD, while my previous one gave three. I borrowed a bottle from a friend, but now I am almost out of medication. I have tried explaining my situation to my current hub, but they will not provide extra bottles, citing missed doses. Does anyone have an extra bottle of TLD they could spare? I am down to my last two tablets and would greatly appreciate any help." (Anonymous Post #187)

"Could you please tell me where the nearest HIV testing center and treatment hub is located in a city?" (Anonymous Post #20)

"What is the usual cost of antiretroviral (ARV) medications?" (Identified Comment #7)

"I need to purchase ARV medication while I am in the city. Can you recommend where I can get it?" (Identified Comment #15)

"Hello, I need help. Since the hub was closed earlier, I am looking for someone in the provincial area who uses LTE or the 3-in-1 medication. My spouse is on it, so maybe I can borrow two tablets for now. I promise to return them tomorrow." (Identified Comment #18)

Challenges accessing ART, as discussed by members, align with existing literature highlighting systemic barriers to HIV care. Robles and Canoy (2019) described unwelcoming care facilities, limited resources, and stigma as significant obstacles to treatment access. Prinsloo et al. (2017) further demonstrated that healthcare neglect constitutes a form of stigma. Group members also cited long distances to clinics, work commitments, forgetfulness, and drug shortages as barriers to adherence, findings consistent with those of Torres et al. (2021). Concerns regarding ART effectiveness, particularly in later HIV stages, mirrored systemic challenges highlighted by Gamayo (2025), including drug shortages and inadequate infrastructure disrupting continuous treatment. However, these findings contrast with the work of Carandang et al. (2025), who found that positive provider-patient interactions and accessible facilities significantly contributed to patient satisfaction in primary HIV care. Carandang et al. (2025) participants emphasized welcoming providers, convenient facility locations, and short travel times as positive factors. In contrast, Facebook group members highlighted logistical problems, financial difficulties, inconsistent medication supplies, and difficulties locating facilities—issues further supported by Gangcuangco and Eustaquio (2023), who emphasized that ART is dispensed solely through approved facilities, thereby creating access barriers, particularly in rural areas. Travel restrictions further exacerbated these challenges.

4.0 Conclusion

This qualitative content analysis revealed that members of HIV Awareness Facebook groups in the Philippines used these platforms to seek assurance, guidance, and access to related ART. Their queries reflect anxieties about ART effectiveness and side effects, the need for a comprehensive understanding of drug interactions, intake, and scheduling, and challenges in accessing medications due to shortages, financial constraints, and logistical issues. The members' reliance on digital peer support alongside professional health services suggests a need for integrated approaches. To address these issues, collaboration among HIV-focused organizations, healthcare providers, and local health agencies could develop or enhance existing digital health services, such as online counseling and medication access initiatives. In addition to developing resources, efforts should be made to ensure that existing online services are readily accessible and effectively reach the target population. Further

research, exploring multiple online platforms and incorporating other data collection methods, such as interviews, could provide a deeper understanding of the health-seeking behaviors among PLHIV in the Philippines and inform more effective approaches for both resource development and dissemination.

5.0 Contribution of Authors

All authors contributed equally to the conception and design of the study; the collection, analysis, and interpretation of data; drafting and critically reviewing the manuscript's content; final approval of the version to be published; and agreement to be accountable for all aspects of the study, ensuring that questions related to the accuracy or integrity of any part of the work were appropriately addressed and resolved.

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7.0 Conflict of Interest

All authors confirm that they have no conflicts of interest.

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