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Beyond Prejudice: Understanding People Living with Human Immunodeficiency Virus (PLHIV)

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Abstract

The main objective of this study is to identify the relationship among the information, motivation and behavior among forty (40) HIV-positive patients of the Research Institute for Tropical Medicine. Majority of the respondents were college graduate bisexuals who acquired HIV through sexual interaction. Descriptive-correlational method was used since this was suitable and appropriate for the study. Findings showed that the respondents' extent of knowledge along risk factors and prognosis are not significantly related to the respondents' motivation. Likewise, extent of knowledge along prevalence is not significantly related to motivation along faith and hope and life in general. On contrary, extent of knowledge on prevalence is significantly related to motivation on self-construct. The respondents' motivation along self-construct and faith and hope and life in general is not significantly related to their behavior patterns along family relationship and significant others. Likewise, motivation to self-construct and life in general is not significantly related to behavior pattern along self. On the other hand, motivation along faith and hope is significantly related to behavior pattern along self.

Keywords: knowledge, risk factors, prognosis, prevalence, motivation, self-construct, faith and hope, life in general, behavior patterns, family relationship, significant others, self

Infection with human immunodeficiency virus (HIV) causes progressive dysfunction of cell-mediated immune system. HIV-related immunosuppression significantly upturns the risk for acquiring opportunistic infections due to bacteria, viruses, fungi, parasites, and protozoa. These opportunistic infections are a major source of morbidity and mortality in HIV-infected patients (Mirzadeh, F., Bagheri, A., et. al. 2012). In a recent article published by the TIMES magazine on the July 2013 issue, one Filipino acquires HIV for every three hours, 9 out of 10 recent cases are men under 30 (Trivedi, 2013). Since 1984 up to the present, there are 14, 025 recorded cases in the Philippines and still counting. Majority of them came from the National Capital Region (NCR) with 6,549 cases. Thirteen percent which constitutes the 1,643 cases were from the Region 4-A (CALABARZON) followed by 9% (1,115 cases) from Region 7, 8% (1,077) from Region 3 and 6% (765) from Region 11. The rest of the country comprised the remaining 13% with 1,740 cases (Department of Health, 2013).

Since the beginning of the widespread of HIV, there are already approximately 70 million people who were infected with the virus wherein half of them died with AIDS. The newly developed Information–Motivation–Behavioral Skills (IMB) model integrated elements to create a conceptually based, generalized, and parsimonious model to guide thinking about complex health behaviors. The IMB model appears to have many of “active ingredients” which are needed to change health behaviors. An assumption of the IMB model is that unhealthy behavior is often caused by health promotion information, motivation, and behavioral skills deficits; in fact, these deficits prevent the occurrence of health enhancing behaviors. The IMB model

identifies three core determinants of the initiation and maintenance of health behaviors: accurate information that can be readily translated into health behavior performance; personal and social motivation to act on such information; and behavioral skills to confidently and effectively implement the health behavior. Information refers to funds of behavior-relevant accurate information and faulty heuristics or misinformation about a health behavior (Gao, Wang, et. al., 2013).

Rebecca, S. and Jadesola, S. (2013). Kiene SM., Fisher WA. (2013), Voisin, D., Bird, J., Shiu, C. and Krieger, C. (2013), Bekalu, M. and Eggermont, S. (2013), Veinot, T. (2013) provided abundant ideas about how an individual perceives and connotes things about HIV such as factors affecting information seeking which include, age, “cultural” behaviors, educational background, accessibility, problem solving and reading skills. Wolitski, R., Parsons, J. (2006) provided substantial information about motivational patterns of people who are found to be HIV positive like the model on motivation for innovation will be presented as part of a comprehensive motivational process, involving two broad systems: goal generation, composed of envisioning and planning sub-processes; and goal striving, composed of enacting and reflecting sub-processes. Risky sexual behaviour is usually the focus of HIV prevention programmes and little attention has been given to sexual behaviour patterns among HIV positive individuals these information about behavior skills were provided by Thomas, B., Chandra, S. (2009) and Martin, A., Benotsch, E. (2013)

Since most of the studies were conducted outside the country, and most considered studying the respondents’ knowledge, motivation and behaviors on their illnesses separate from each other, the researchers opted to focus on information-motivation-behavior as a collective approach. Specifically, this study presented respondents’ extent of knowledge about HIV in terms of risk factors, prognosis, and prevalence; their motivation after knowing they are HIV positive along self-construct, faith and hope, and life in general; their manifested behavior patterns after knowing that they are HIV positive along family relationship, significant others and self. This study further dealt with the relationship between the respondents’ extent of knowledge about HIV and their motivation after knowing they are HIV positive and finally, the relationship between the respondents’ motivation and their manifested behavior patterns after knowing that they are HIV positive.

METHODS

Respondents of the Study

The respondents of this study were 40 HIV patients of the Research Institute for Tropical Medicine (RITM), Mutinlupa City. Majority of the respondents were bisexuals with ages ranging from 21-30. Most of the respondents were college graduates and all of them acquired HIV through sexual interaction.

Instrumentation

The researchers used a self-made questionnaire for the purpose of collecting the needed data. The instrument was divided into four (4) parts: Part 1 covered statements about the respondent’s extent of knowledge about HIV. Part 2 covered statements about the respondent’s

motivation after knowing that they are HIV positive. Part 3 covered the behavior patterns of the respondents after knowing that they are HIV positive. To test the validity of the questionnaire, the researchers presented it to the panel of experts for their suggestions and recommendations. The panel of is composed of experts in the field of Psychology, research and statistics. After incorporating their suggestions, it was then distributed to the respondents.

Data Collection Procedure

The questionnaire was considered as the most appropriate data-gathering instrument for this descriptive-correlational research study. The researchers sent letter of request to the Research Institute for Tropical Medicine (RITM) for them to be able to conduct a questionnaire survey to their HIV positive patients. Since the researchers were not allowed to personally meet the respondents, all questionnaires were entrusted to a nurse-in-charge who distributed them to the respondents. He was instructed by the researchers as to the objectives of the study. After distribution, the researchers retrieved the questionnaires. The information that was acquired by the researchers from the Institute was treated with high confidentiality. Data were then tallied, statistically treated, analyzed and interpreted.

Data Analysis

The statistical tools used for the quantitative analysis in this study were the following: weighted mean was used to determine the respondents' (a) extent of knowledge, (b) motivation, and (c) behaviour patterns and the following measures were used: (4) 3.51- 4.00 for strongly agree or to a great extent, (3) 2.51- 3.50 for agree or to a moderate extent, (2) 1.51-2.50 for disagree or to a less extent and (1) 1.00- 1.50 for strongly disagree or to a least extent. Multiple regression was used to determine the relationship between the (a) respondents' extent of knowledge and their motivation, and (b) respondents' motivation and their behaviour patterns.

Ethical Consideration

Permission to conduct the study and administer the questionnaire was secured from the authorized person in Research Institute for Tropical Medicine (RITM) and the respondents. Confidentiality was also ensured in treating responses of the respondents.

RESULTS AND DISCUSSIONS

Table 1
The Respondent's Extent of Knowledge about HIV in Terms of Risk Factors

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. In engaging in sexual activity, there is a chance of acquiring HIV.	3.63	To a great extent	2
2. HIV can be acquired through sexual intercourse	3.60	To a great extent	3
3. HIV can be acquired through blood transfusion	3.70	To a great extent	1
4. HIV can be acquired through Health Care accidents (by reusing injection needles)	3.58	To a great extent	4
5. Bodily fluids such as Saliva /Spit, Tears and Sweat cannot transmit HIV.	3.05	To a moderate extent	5
Average	3.51	To a great extent	

The respondent's extent of knowledge about HIV: risk factors, indicator 3, which is "HIV can be acquired through blood transfusion," ranked 1 with a weighted mean of 3.70; indicator 1, which states "In engaging in sexual activity, there is a chance of acquiring HIV," ranked 2 with a weighted mean of 3.63; indicator 2, which states "HIV can be acquired through sexual intercourse," ranked 3 with a weighted mean of 3.60; indicator 4, which states "HIV can be acquired through Health Care accidents (by reusing injection needles)," ranked 4 with a weighted mean of 3.58 and indicator 5, which states "Bodily fluids such as Saliva /Spit, Tears and Sweat cannot transmit HIV," ranked 5 with a weighted mean of 3.05. All indicators got a verbal interpretation of "To a great extent" except indicator 4 which got a verbal interpretation of "To a moderate extent." The average weighted mean of the respondent's extent of knowledge about HIV: risk factors is 3.51 which has a verbal interpretation of "To a great extent." This means that the respondents are well informed about the risk factors about HIV

Table 2
The Respondent's Extent of Knowledge about HIV in Terms of Prognosis

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. HIV has no cure.	3.30	To a moderate extent	5
2. AIDS is the most advanced stage of HIV.	3.80	To a great extent	2
3. HIV can cause different illnesses such as Tuberculosis, cancer, diabetes, etc.	3.48	To a moderate extent	4
4. A person who is HIV positive can live a healthy life and have a proper medication thus can live 25 years or more.	3.75	To a great extent	3
5. ARV (antiretroviral drug) can slow down virus from infecting my immune system that causes to live more years.	3.90	To a great extent	1
Average	3.65	To a great extent	

As to the respondent's extent of knowledge about HIV: prognosis, indicator 5, which states that "ARV (antiretroviral drug) can slow the virus from infecting my immune system that causes to live more years," with a weighted mean of 3.90 ranked 1; indicator 2, which states that "AIDS is the most advanced stage of HIV," with a weighted mean of 3.80 ranked 2; indicator 4, which states that "A person who is HIV positive can live a healthy life and have a proper medication I can live 25 years or more," with a weighted mean of 3.75 ranked 3; indicator 3, which states that "HIV can cause different illness such as Tuberculosis, cancer, diabetes, etc.," with a weighted mean of 3.48 ranked 4 and indicator 1, which states that "HIV has no cure," with a weighted mean of 3.30 ranked 5. Indicators 2, 4 and 5 got a verbal interpretation of "To a great extent" while indicators 1 and 3 got a verbal interpretation of "To a moderate extent." The average weighted mean of the respondent's extent of knowledge about HIV: prognosis is 3.51 which has a verbal interpretation of "To a great extent." This means that the respondents are highly knowledgeable on the prognosis of HIV.

Table 3
The Respondent's Extent of Knowledge about HIV in Terms of Prevalence

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Every two minutes, a child under the age of 15 dies of an AIDS-related illness.	2.63	To a moderate extent	5
2. An estimated 23 million people worldwide died of AIDS between 1990 and 2007.	2.83	To a moderate extent	4
3. In 2007 alone, more that 2 million people died from AIDS- related causes.	2.95	To a moderate extent	3
4. Homosexual contact is more prone to HIV.	3.13	To a moderate extent	2
5. HIV is now commonly acquired by people in their early twenty's to mid thirty's.	3.35	To a moderate extent	1
Average	2.98	To a moderate extent	

As to the respondent's extent of knowledge about HIV: prevalence, indicator 5, which is "HIV is now commonly acquired by people in their early twenty's to mid thirty's.," got a weighted mean of 3.35 ranked 1; indicator 4, which is "Homosexual contact is more prone to HIV," with a weighted mean of 3.13 ranked 2; indicator 3, which is "In 2007 alone, more that 2 million people died from AIDS- related causes," got a weighted mean of 2.95 ranked 3; indicator 2, which is "An estimated 23 million people worldwide died of AIDS between 1990 and 2007," which got a weighted mean of 2.83 ranked 4 and indicator 1, which is "Every two minutes, a child under the age of 15 dies of an AIDS-related illness," got a weighted mean of 2.63 ranked 5. All indicators have a verbal interpretation of "To a moderate extent." The average weighted mean of the respondent's extent of knowledge about HIV: prevalence is 2.98 with a verbal interpretation of "To a moderate extent." This means that the respondents are moderately knowledgeable on the prevalence of HIV

Table 4
The Respondent's Motivation after Knowing they are HIV Positive along Self-construct

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I am not alone	3.78	Strongly Agree	1
2. I see myself as someone who is strong	3.75	Strongly Agree	2
3. I know I'm unique	3.60	Strongly Agree	3
4. I do not pity myself for being HIV positive	3.40	Agree	4
5. I want other people to experience what I'm experiencing now that I have HIV	1.68	Disagree	5
Average	3.24	Agree	

As shown on table 4, the respondent's motivation after knowing they are HIV Positive: Self-construct, indicator number 1 which is "I am not alone" obtained a weighted mean of 3.78 with a verbal interpretation "strongly agree", indicator number 2 which is "I see myself as someone who is strong" gained a weighted mean of 3.75 and a verbal interpretation of "strongly agree", indicator number 3 "I know I'm unique" with a weighted mean of 3.60 interpreted as strongly agree, fourth indicator "I do not pity myself for being HIV positive" had a weighted mean of 3.40 with a verbal interpretation of "agree" and lastly, the fifth indicator which is "I want other people to experience what I'm experiencing now that I have HIV" had the lowest weighted mean of 1.68 and interpreted as "disagree". The average weighted mean of the respondent's motivation after knowing they are HIV positive: self-construct is 3.24 with a verbal interpretation of "Agree". This means that the respondents were motivated from their self-construct after knowing that they are HIV positive.

Table 5
The Respondent's Motivation after Knowing they are HIV Positive along Faith and Hope

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I still have the faith that I can still live for a few more years	3.38	Agree	3
2. I became more dependent to God	3.80	Strongly Agree	1
3. I do not blame God for having HIV	3.78	Strongly Agree	2
4. I started to believe in God since I got HIV	2.55	Agree	5
5. I became more religious and closer to God	3.25	Agree	4
Average	3.35	Agree	

As revealed on table 5, the respondent's motivation after knowing they are HIV Positive: faith and hope, indicators 2 and 3, "I became more dependent to God" and "I do not blame God for having HIV" obtained weighted means of 3.80 and 3.75 respectively and both was interpreted as "strongly agree", followed by indicator 1, "I still have the faith that I can still live for a few more years" with 3.38 weighted mean, indicator 5, "I became more religious and closer to God" with a weighted mean of 3.25 and indicator 4, "I started to believe in God since I got HIV" with

a weighted mean of 2.55 was interpreted as “agree”. The respondent’s motivation after knowing they are HIV positive: faith and hope has a weighted mean of 3.55 and interpreted as “Agree.” This means that the respondents were motivated in relation to faith and hope after knowing they are HIV positive.

Table 6
The Respondent’s Motivation after Knowing they are HIV Positive along Life in General

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I learned to look at the positive side of life	3.68	Strongly Agree	4.5
2. I started to live my life to the fullest	3.68	Strongly Agree	4.5
3. I started to see life as an opportunity for change	3.75	Strongly Agree	2
4. I appreciate the people around me more	3.73	Strongly Agree	3
5. I learned how important life is	3.85	Strongly Agree	1
Average	3.74	Strongly Agree	

Table 6 obtained a “strongly agree” verbal interpretation in all indicators, indicator 5 “I learned how important life is” has 3.85 weighted mean; indicator 3 “I started to see life as an opportunity for change” has 3.75; indicator 4 “I appreciate the people around me more” has 3.73; lastly, indicator 1 and 2 “I learned to look at the positive side of life” and “I started to live my life to the fullest” has an equal weighted mean of 3.68. The average weighted mean of the respondent’s motivation after knowing they are HIV positive: life in general is 3.74 with a verbal interpretation of “Strongly Agree.” This means that they are motivated about life in general even after knowing that they are living with HIV.

Table 7
The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Family Relationship

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I became much closer to my family	3.55	Strongly Agree	1
2. My family became more supportive on me	3.48	Agree	2
3. I became more dependent on my family	2.60	Agree	5
4. I became more open to my family	2.95	Agree	4
5. I share what I have in mind with my family	2.98	Agree	3
Average	3.11	Agree	

Table 7 shows the behavior patterns manifested by the respondents after knowing that they are HIV positive: family relationship. Indicator 1 which states that “I became much closer to my family” ranked 1 with a weighted mean of 3.55; indicator 2 which states that “My family became more supportive on me” ranked 2 with a weighted mean of 3.48; indicator 5 which states that “I share what I have in mind with my family” ranked 3 with a weighted mean of 2.98; indicator 4 which states that “I became more open to my family” ranked 4 with a weighted mean of 2.95 and indicator 3 which states that “I became more dependent on my family” ranked 5 with a weighted mean of 2.60. All of the indicators have a verbal interpretation of “Agree” except indicator 1 which has a verbal interpretation of “Strongly Agree”. The average weighted mean of

the behavior patterns manifested by the respondents after knowing that they are HIV positive: family relationship is 3.11 with a verbal interpretation of “Agree.” This means that the respondents agreed that they manifested behavior patterns towards family relationship after knowing they are HIV positive.

Table 8
The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Significant Others

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. My partner became more caring on me	2.95	Agree	4
2. I became more dependent on my partner	2.73	Agree	5
3. I learned to continue my journey with the people important to me	3.65	Strongly Agree	1
4. I became much closer to my partner	3.00	Agree	3
5. I am motivated to face life with my partner	3.33	Agree	2
Average	3.13	Agree	

As to the behavior patterns manifested by the respondents after knowing that they are HIV positive: significant others which is shown in table 8, indicator 3 ranked 1 which states that “I learned to continue my journey with the people important to me” and has a weighted mean of 3.65; indicator 5 ranked 2 which states that “I am motivated to face life with my partner” and has a weighted mean of 3.33; indicator 4 ranked 3 which states that “I became much closer to my partner” and has a weighted mean of 3.00; indicator 1 ranked 4 which states that “My partner became more caring on me” and has a weighted mean of 2.95 and indicator 2 ranked 5 which states that “I became more dependent on my partner” and has a weighted mean of 2.73. All indicators have a verbal interpretation of “Agree” except indicator 3 which has a verbal interpretation of “Strongly Agree.” The average weighted mean of the behavior patterns manifested by the respondents after knowing that they are HIV positive: significant others is 3.13 which has a corresponding verbal interpretation of “Agree.” This means that the respondents agreed that they manifest behavior patterns towards significant others.

Table 9
The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Self

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I started to live my life to the fullest	3.65	Strongly Agree	3
2. I became more jolly	3.43	Agree	5
3. I started to enjoy life	3.48	Agree	4
4. I took care of myself more	3.73	Strongly Agree	2
5. I always monitor my health	3.75	Strongly Agree	1
Average	3.61	Strongly Agree	

Table 9 presents that indicator 5 “I always monitor my health” gets a weighted mean of 3.75, strongly agree and ranked 1; indicator 4 “I took care of myself more” gets a weighted mean

of 3.75, strongly agree and ranked 2; indicator 1 “I started to live my life to the fullest” has 3.65 weighted mean and interpreted as strongly agree and ranked 3; indicator 3 “I started to enjoy life” has 3.48 weighted mean with a verbal interpretation of agree and ranked 4, lastly, indicator 2 “I became more jolly” with a weighted mean of 3.43 and interpreted as agree and ranked 5. The overall weighted mean of the behavior patterns manifested by the respondents after knowing that they are HIV positive: self is 3.61 interpreted as “strongly agree”. This means that the respondents are highly convinced that they manifest behavior patterns towards self after knowing that they are HIV positive.

Table 10
Relationship between the Respondent’s Extent of Knowledge about HIV and their Motivation after knowing that they are HIV Positive

Knowledge/Motivation	P-value		
	Self-construct	Faith and Hope	Life in General
Risk Factor	0.6862	0.8837	0.8907
Prognosis	0.7920	0.4060	0.3595
Prevalence	0.0120*	0.4195	0.9694
*Significant at 0.05 Significance level			

Table 10 shows the relationship between the respondent’s extent of knowledge about HIV and their motivation after knowing that they are HIV positive. The table shows that the respondent’s motivation along self-construct (0.6862) faith and hope (0.8837) life in general (0.8907) are not significantly related to knowledge in terms of risk factors since all the p-value are higher than 0.05 level of significance. This means that the respondent’s extent of knowledge about HIV has no bearing on their motivation after knowing that they are HIV positive.

This result is contrary to the study conducted by Zarani,F., et.al. (2012) wherein Information and motivation has a significant effect on coronary artery bypass graft (CABG) patients. Furthermore, the results revealed that intervention constructs (information and motivation) were significantly related to patients' adherence.

The table also shows that the respondent’s motivation along self-construct with a 0.7920 p-value; faith and hope with a 0.4060 p-value and life in general with a 0.3595 p-value are not significantly related to knowledge and motivation in terms of prognosis since all of the p-values are higher than the 0.05 level of significance. This signifies that the respondent’s motivation has nothing to do with their knowledge about HIV.

On the same note, the table presents the respondent’s motivation along faith and hope with a p-value of 0.4195 and life in general with a p-value of 0.9694 are not significantly related to knowledge and motivation in terms of prevalence since the p-values are higher than the 0.05 level of significance. On the other hand, the table also shows that the respondent’s motivation along self-construct with a 0.0120 p-value is significantly related to knowledge in terms of prevalence since the p-value is lower than the 0.05 level of significance. This indicates that the respondent’s motivation along self-construct is dependent on the respondent’s knowledge along prevalence. Thus, the greater the respondents’ extent of knowledge about HIV in terms of prevalence, the more they manifest motivation for self-construct.

Table 11
Relationship between the Respondent's Motivation after knowing that they are HIV Positive and their Behavior Patterns

Motivation/Behavior Pattern	P-value		
	Family Relationship	Significant others	Self
Self-construct	0.4822	0.3254	0.1233
Faith and Hope	0.8320	0.9768	0.0394*
Life in General	0.9690	0.5301	0.1038

*Significant at 0.05 Significance level

Table 11 presents the relationship between the respondent's motivation after knowing that they are HIV positive and their behavior. The table shows the respondent's behavior pattern along family relationship with a p-value of 0.4822, significant others with a p-value of 0.3254 and self with a p-value of 0.1233 are not significantly related to motivation in terms of self-construct since the 0.05 level of significance is lower than all of the p-values. This means that the respondent's motivation after knowing that they are HIV positive has no bearing to their behavior patterns.

The table also shows the respondent's behavior patterns along family relationship (0.8320) and significant others (0.9768) are not significantly related to motivation and behavior pattern in terms of faith and hope since the p-values are higher than the 0.05 level of significance. However, the respondent's behavior patterns along self (0.0394) is significantly related to motivation in terms of faith and hope since the computed p-value is lower than the 0.05 level of significance. This denotes that the respondent's behavior patterns along self are dependent on the respondent's motivation along faith and hope. It implies that the more they are motivated along faith and hope the more they manifest behavior pattern along self.

A study conducted by Kiene SM., Fisher WA., Shuper PA., Cornman DH., Christie S et. al., (2013) supported this findings wherein their study found out that the effect of HIV prevention motivation works through HIV prevention behavioral skills to affect HIV preventive behavior.

The table also presents that the respondents' behavior pattern along family relationship that has a 0.9690 p-value, significant others that has a 0.5301 p-value and self that has a 0.1038 are not significantly related to the motivation in terms of life in general since all of the p-values are higher than the 0.05 level of significance. This means that the respondent's motivation after knowing they are HIV positive has no bearing to their behavior patterns.

This is contradictory to a study conducted by Chariyeva, Gotlinet. al (2013) wherein they found that as the motivation and number of provided sessions increased, sexual risk behavior decreases. The effect of motivation and number of sessions on sexual behavior was mediated by self-efficacy but not by motivation to practice safer sex.

Conclusion

After analyzing the significant findings, the following conclusions were drawn: The respondent's extent of knowledge about HIV on risk factors and prognosis are both interpreted as "To a great extent", while prevalence is interpreted as to a moderate extent. It is also concluded that the respondent's motivation after knowing they are HIV positive on self-construct and faith and hope are both interpreted as agree while life in general is interpreted as strongly agree. The behavior patterns manifested by the respondents after knowing that they are HIV positive along family relationship and significant others are both interpreted as agree while self is interpreted as strongly agree. And lastly, the respondent's knowledge about HIV in terms of risk factors and prognosis has nothing to do with their motivation. On the other hand, the respondent's motivation along self-construct is dependent on the respondent's knowledge along prevalence. The respondent's motivation regarding HIV in terms of self-construct and life in general has no bearing to their behavior patterns. However, the respondent's behavior patterns along self are dependent on the respondent's motivation along faith and hope.

Direction for future use

Medical doctors and health advisers should properly disseminate vital information such as the prevalence of HIV among the people to properly educate them about the nature of the virus. They should coordinate with the LGU and the academes to facilitate the information campaign drive in a wider aspect. People Living with HIV must see that acquiring the virus is not their fault. Through friends, family even professionals, they could be helped in having acceptance of the situation where they currently at in order for them to be motivated to live more meaningful and joyful years. PLHIV should also disclose their status to their immediate family and some of their trusted friends. This will help them ease the burden of hiding their status. Their behavior towards their family will affect how their family members can support them. Also, their family members and friends will be able to provide emotional assistance to them. Lastly, family members should accept if anyone from their family acquired HIV. Their care and support is a key factor to help the PLHIV to keep on with their lives and be more motivated to adhere with their medications.

References:

- Anderson, E., Wagstaff, D., et. al. (2006). Information-Motivation-Behavioral Skills (IMB) Model: Testing Direct and Mediated Treatment Effects on Condom Use among Women in Low-Income Housing. *Annals of Behavioral Medicine*, (31)1, 70-79. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=d158ed82-9c85-4b5e-90b2-529f2563155a%40sessionmgr112&vid=2&hid=123>
- Antony, J., Shet, A., et.al. (2013). 'What Do I Know? Should I Participate?' Considerations on Participation in HIV Related Research among HIV Infected Adults in Bangalore, South India. *PLoS ONE*, (8)2, 1-8. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/detail?sid=1f4a6312-10a0-4fdd-83e6-964b64af372e%40sessionmgr4001&vid=3&hid=4212&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=87623407>

- Bekalu, M. & Eggermont, S. (2013). Determinants of HIV/AIDS-Related Information Needs and Media Use: Beyond Individual-Level Factors. *Health Communication*, (28)6, 624-636. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=d7dcecc5-8edb-437c-81fa-03b7630764c6%40sessionmgr4002&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#db=a9h&AN=90134934>
- Bekalu, M. & Eggermont, S. (2013). HIV/AIDS-related information needs of urban and rural residents of northwest Ethiopia: alerting the rural populace and meeting the progressive needs of the urban populace. *Information Development*, (29)4, 323-332. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=8b43d096-8f7e-4acb-8221-642a04509507%40sessionmgr4001&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#db=lxh&AN=91820485>
- Besharat, M., Sarami, G., et. al. (2012). An Information-Motivation-Behavioral Skills (IMB) Model-Based Intervention for CABG Patients. *International Journal of Behavioral Medicine*, (19)4, 543-549. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/detail?sid=66aafaec-bc9a-4573-8f88-1fa04dccbca8%40sessionmgr4002&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#db=a9h&AN=83879523>
- Carbone, V., Morgenstern, B. et. al. (2010). The Role of the Reflexive-Conditioned Motivating Operation (CMO-R) During Discrete Trial Instruction of Children with Autism. *Focus on Autism & Other Developmental Disabilities*, (25) 2, 110-124. Retrieved January 28, 2014, from <http://web.ebscohost.com/ehost/detail?sid=c1eb6d6d-67b2-42ae-89b2-01388846b0b3%40sessionmgr112&vid=1&hid=117&bdata=JnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#db=a9h&AN=50881030>
- Chesney, M.A., Chambers D.B., Taylor, J.M., Johnson, L.M., & Folkman, S., (2003). Coping effectiveness training for men living with HIV: results from a randomized clinical trial testing a group-based intervention. *Psychosomatic Medicine*, 65: 1038-46.
- Crisostomo, S. (December 1, 2013). Highest monthly HIV cases recorded in October. Retrieved January 26, 2014, from <http://www.philstar.com/headlines/2013/12/01/1262953/highest-monthly-hiv-cases-recorded-october>
- Department of Health. (2013).
- Duyan, V., Duyan, G., (2009). HIV/AIDS knowledge among a group of youngsters under social protection in Turkey. *Turkish Journal of Medical Sciences*. 2009, Vol. 39 Issue 3, p429-437.9p. 4 Charts. Retrieved on January 28, 2014 from <http://web.a.ebscohost.com/ehost/detail/detail?sid=5974d712-4d7f-485c-9533-f5ad7af6a82b%40sessionmgr4002&vid=0&hid=4114&bdata=JnNpdGU9ZWhvc3QtbG12ZQ%3d%3d#db=a9h&AN=44142585>

- Farr, A. & Wilson, D. (2010). An HIV epidemic is ready to emerge in the Philippines. *Journal of the International AIDS Society*, (13) 1, 1-8. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=2a024182-14b5-4b69-a702-ec82dbeaf62a%40sessionmgr4001&vid=4&hid=4212>
- Fernandez-Gerlinger, M., Bernard, E. & Saint-Lary, O. (2013). What do patients think about HIV mass screening in France? A qualitative study. *BMC Public Health* Vol, (13)1, 1-6. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/detail?sid=8d200bdb-d00a-4a80-a4fe-9ec89ebedf3e%40sessionmgr4001&vid=3&hid=4212&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=87974772>
- Fogarty, L., Roter, D., Larson, S., Burke, J.G., Gillespie, J., & Levy B., (2002). Patient adherence to HIV medication regimens: a review of published and abstract reports. *Patient Education and Counseling*, 46: 93-108.
- Garcia, F, Apamo, P., et. al. (2012). Information, affect and action: motivating reduction of risk behaviors for HIV/AIDS in Kenya and Tanzania. *Sex Education*, (12)1, 1-24. Retrieved January 27, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=801fbdc9-2e43-42b1-898f-b3cca67f4e4%40sessionmgr112&vid=2&hid=4214>
- Gao, J., Wang, J., et. al. (2013). Validation of an information-motivation-behavioral skills model of self-care among Chinese adults with type 2 diabetes. *BMC Public Health*, (13) 1, 1-6. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/detail?sid=db36a04e-e10f-4c02-832a-da744cef3ff1%40sessionmgr4002&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=87974626>
- Hadera, H., Boer, H., Kuiper, W., (2013). Using the theory of planned behaviour to understand the motivation to learn about HIV/AIDS prevention among adolescents in Tigray, Ethiopia. *AIDS Care*. Aug 2007, Vol. 19 Issue 7, p895-900. Retrieved on January 28, 2-14 from <http://web.a.ebscohost.com/ehost/detail/detail?sid=201fec1a-13bb-4d4a-9efc-49167f32c431%40sessionmgr4004&vid=0&hid=4114&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=26287796>
- Hughes J., Jelsma, J., Maclean, E., Darder, M., & Tinsie, X., (2004). The health-related quality of life of people living with HIV/AIDS. *Disability and Rehabilitation*, 26(6): 371-6.
- Jin, C., Zhao, G., Zhang, F., et.al. (2010). The Psychological status of HIV-positive people and their psychosocial experiences in eastern China. *HIV Medicine*, (11)4, 253-259. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=b2b6e747-7a4e-47f9-8c1b-5faa23c06a67%40sessionmgr112&vid=4&hid=123>

- Kiene SM., Fisher WA., et. al. (2013). Understanding HIV transmission risk behavior among HIV-infected South Africans receiving antiretroviral therapy: an information--motivation--behavioral skills model analysis. *Health Psychology: Official Journal Of The Division Of Health Psychology, American Psychological Association [Health Psychol]*, (32)8, 860-868. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=f8a10404-a3c7-4245-ac7e-96d605fdd2a9%40sessionmgr4004&vid=1&hid=4212&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#db=cmedm&AN=23477576>
- Lee, Y., Dancy, B., Florez, E. & Holm, K. (2013). Factors Related to Sexual Practices and Successful Sexually Transmitted Infection/ HIV Intervention Programs for Latino Adolescents. *Public Health Nursing*, (30) 5, 390-401. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=3331b6c2-978a-48b3-a7cd-870694387685%40sessionmgr4004&vid=1&hid=4212&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=90064131>
- Marks, D., Murray, M., Evans, B., Willig C., Woodall, C., & Sykes C., (2005). *Health Psychology: Theory, Research and Practice*. London: SAGE Publications Ltd
- Martin, A., Benotsch, E., et.al. (2013). Transmission risk behaviors in a subset of HIV-positive individuals: The role of narcissistic personality features. *Personality & Individual Differences*, (54) 2, 256-260. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=bcc2c48a-22cd-4fd1-bca1-273a6a988b3f%40sessionmgr113&vid=1&hid=123&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=83186407>
- Miller, M. (2011). Motivating behavior change: Motivational interviewing helps patients identify reasons to change. *Harvard Mental Health Letter*, (27)8, 1-2. Retrieved January 27, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=586f7f61-4543-42cd-8ab0-5d39aef643e8%40sessionmgr113&vid=2&hid=4214>
- Mirzadeh, F., Bagheri, A., et. al. (2012). Causes of Infection and CD4+ Counts in Patients with HIV/AIDS. (English). *Journal of Isfahan Medical School*, (30)195, 1-8. Retrieved January 25, 2014, from <http://web.ebscohost.com/ehost/detail?sid=d5957c0c-7b0c-4d15-aeae-fe31b707bf3c%40sessionmgr4004&vid=1&hid=4212&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=88858244>
- Murphy, E.M.(2003). Being born female is dangerous for your health, *American Psychologist*, (58)3: 205-10.
- Odoardi, C., Battistelli, A. & Montani, F. (2010). Can goal theories explain innovative work behaviour? The motivating power of innovation-related goals. *Bollettino di Psicologia Applicata*, (261/262), 3-17. Retrieved January 28, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=5b87b5dd-0e72-4e14-b170-b525a7ce90ab%40sessionmgr113&vid=2&hid=117>

- Osiński, M. & Żaba, C. (2012). Epidemiology, etiology, pathogenesis and risk factors of mother-to-child-transmission of HIV. *Advances in Dermatology & Allergology / Postepy Dermatologii i Alergologii*, (29)2, 128-131. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=f7ad964c-4c94-4d49-8ee6-70858823ed3a%40sessionmgr111&vid=1&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=82827987>
- Passyn, K. & Sujan, M. (2006). Self-Accountability Emotions and Fear Appeals: Motivating Behavior. *Journal of Consumer Research*, (32) 4, 583-589. Retrieved January 28, 2014, from <http://web.ebscohost.com/ehost/detail?sid=fbc1258f-efa0-4005-8c0d-14e118ad690f%40sessionmgr110&vid=1&hid=117&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=20373887>
- Pocket Oxford English Dictionary (11th ed.), (2013). Oxford, UK: Oxford University Press
- Rebecca, S. & Jadesola, S. (2013). Information-Seeking Behaviour and Sources of Information for People living with HIV-AIDS: Case Study of a Military Hospital. *IFE Psychologia*, (21)2, 331-339. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=8c4aff2a-636c-41cc-ab7d-4de727c96554%40sessionmgr4002&vid=2&hid=4212>
- Rowley, M., Lown, J. & Piercy, K. (2006). Motivating Women to Adopt Positive Financial Behaviors. *Journal of Financial Counseling and Planning*, (23)1, 47-62. Retrieved January 27, 2014, from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=957538e0-f74c-471a-981d-8f572abae65b%40sessionmgr198&vid=4&hid=4214>
- Salaverria, L. B., (August 28, 2013). One Filipino Gets HIV Virus Every 1.5 hours, Group Says. Retrieved January 25, 2014, from <http://newsinfo.inquirer.net/476453/one-filipino-gets-hiv-virus-every-1-5-hours-group-says>
- Singh, S. (2003). Study of the effect of information, motivation and behavioural skills (IMB) intervention in changing AIDS risk behaviour in female university students. *AIDS Care*, (15)1, 71-76. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=85b1d569-c558-432b-b7b4-914cffde36a7%40sessionmgr114&vid=5&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=9087877>
- Thomas, B., Chandra, S., et.al. (2009). Gender differences in sexual behaviour among people living with HIV in Chennai, India. *Indian Journal of Medical Research*, (129)6, 690-694. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=22e85925-bb62-4349-bf48-fd576afcf75b%40sessionmgr114&vid=1&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=44372602>

Totes, M.A., Chalub, M. and Botega, N.J. (2004). The quality of life of HIV - infected women is associated with psychiatric morbidity, *AIDS Care*, (16)2: 177-86

Trivedi A., (July 24, 2013). Every Three Hours Someone in the Philippines Gets HIV. Retrieved January 25, 2014, from <http://world.time.com/2013/07/24/every-three-hours-someone-in-the-philippines-gets-hiv/>

UNAIDS (2004). *Report on the global AIDS Epidemic: 4th Global Report*. Geneva: Joint United Nations Programme on HIV/AIDS.

Veinot, T. (2013). Regional HIV/AIDS Information Environments and Information Acquisition Success. *Information Society*, (29)2, 88-112. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=9cb11cb0-5604-49ec-b31e-213b9c40be54%40sessionmgr4003&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=85797120>

Veltkamp, M. Custers, R. & Aarts, H. (2011). Motivating consumer behavior by subliminal conditioning in the absence of basic needs: Striking even while the iron is cold. *Journal of Consumer Psychology (Elsevier Science)*, (21)1, 49-56. Retrieved January 28, 2014, from <http://web.ebscohost.com/ehost/detail?sid=bc712a4b-261f-4176-a635-492786a11680%40sessionmgr115&vid=1&hid=117&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=57861098>

Voisin, D., Bird, J., Shiu, C. & Krieger, C. (2013). "It's Crazy Being a Black, Gay Youth." Getting Information about HIV Prevention: A Pilot Study. *Journal of Adolescence*, (36)1, 111-119. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=67c841f8-57c2-4244-b34a-c01a011a1a67%40sessionmgr4002&vid=1&hid=4212&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=eric&AN=EJ1007805>

Wolitski, R., Parsons, J., et.al. (2006). HIV/AIDS stigma dividing the gay community? perceptions of HIV-positive men who have sex with men. *AIDS Education & Prevention*, (18)1, 56-67. Retrieved January 26, 2014, from <http://web.ebscohost.com/ehost/detail?sid=96473be8-3c99-4b6d-b94e-69c6c029e842%40sessionmgr198&vid=3&hid=123&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=20203293>

World Health Organization. (2003).

World Health Organization. (2014).

Zarani, F., Besharat, M., Sarami, G., Sadeghian, S. (2012). An Information-Motivation-Behavioral Skills (IMB) Model-Based Intervention for CABG Patients. Iran. *International Journal of Behavioral Medicine*, (19)4, 543-549. Retrieved October 9, 2014

from <http://web.b.ebscohost.com/ehost/detail/detail?sid=28325faf-eebd-4c17-ba20-43d0a3fdbd23%40sessionmgr198&vid=4&hid=115&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=83879523>