

Lived Experiences among Muslim Senior High School Students on HIV Awareness in Balindong National High School, Lanao Del Sur

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ABSTRACT

Using Husserl's descriptive phenomenology, this qualitative study investigated the phenomena surrounding the HIV awareness experience of Muslim senior high school students from Balindong National High School in Lanao del Sur. Nineteen participants, all aged 18 years and older, were purposely chosen to provide insights regarding their perceptions, information and education about HIV, cultural and religious influences, learning barriers, and their recommendations for culturally appropriate HIV education. The authors conclusively gathered data through in-depth interviews and FGDs, then applied thematic analysis, and validation through member checking, triangulation, and peer debriefing.

The findings suggested five overarching themes: (1) Limited Understanding and Growing Awareness — shaped by cultural silence, participants were provided with minimal, vague, and incorrect information regarding HIV; (2) Fragmented Exposure and Systemic Silence — formal education was replaced by sporadic and non-systematic social media and television; (3) Faith as Moral Compass and HIV Barrier — Islamic doctrines directed moral and abstinent behaviors, but framed HIV chiefly as a punishment for sinful behavior; (4) Silence, Shame, and Structural Exclusion — the combination of stigma, societal taboos, and the absence of the topic from school curricula led to the restriction of open discussion; and (5) Education Restricted to The Lines — students were willing to accept HIV education, provided that the instruction was respectful of Islamic traditions, gender concerns, and cultural traditions.

The research finds that HIV awareness for the Muslim youth in this case is more than an information gap; rather, it is situated within protective religious, cultural, and social frameworks that also serve as constraints. It integrates respectful, faith-sensitive, and gender-sensitive HIV education for schools, emphasizing that it should be taught by respectful experts. The findings should be considered by ethnic, health, and policy experts as well as community leaders for developing targeted awareness initiatives for conservative religious communities.

Keywords: HIV awareness, lived experiences, Muslim adolescents, descriptive phenomenology, cultural sensitivity, faith-based health education

PROBLEM AND ITS BACKGROUND

Introduction

Like many other parts of the world, HIV (Human Immunodeficiency Virus) remains one of the most critical public health concerns in the Philippines, and the youth population is particularly vulnerable. The HIV incidence rate is climbing faster than in other age groups despite the increase in information campaigns and preventive strategies targeted at the youth, suggesting persistent rural and sociocultural barriers. Most young adults and adolescents, particularly from rural and conservative regions, lack both adequate knowledge and the necessary understanding that dialogue about sexual health is safe and necessary.

Some parts of the Philippines, such as Lanao del Sur, are inhabited by Muslims whose cultural practices create special challenges for HIV education. There are special challenges for the education of sexual health because,

as is the case with sexual talk for youth, there is silence. As a result, the senior high school Muslim from these areas may be misinformed because of the insufficient HIV education resources suitable for their age.

De Guzman et al. (2025) explored the case of Davao City and found that adolescents have a favorable attitude towards HIV pre-exposure prophylaxis (PrEP). However, there was a considerable gap between the actual stigma and misinformation regarding the willingness to use preventive services. This suggests there is an opportunity for information and education campaigns that are sensitive to existing social norms.

Sharma, Singh, and Verma (2021) conducted a longitudinal study in India and found that HIV awareness among adolescents was directly linked to the availability of education and media. However, these benefits were not observed in conservative regions that were less educated. This underscores the need for targeted, culturally appropriate educational outreach that addresses these inequities.

In the Gulf Cooperation Council (GCC) countries, Alageel et al. (2024) conducted a qualitative study on the Muslim perception of HIV awareness campaigns. They noted that the public's understanding was inscribed within a framework of religion and culture, which created a context for many opposing views and acceptance of the teachings of HIV. Their findings strongly support the need for culturally and religiously appropriate HIV education in these Muslim communities.

Thus, reflecting on the broader context of awareness of HIV includes the experience of the students of Balindong National High School, considering that the school is located in a Muslim dominated region of Lanao del Sur. This is a qualitative research study that aims to understand the impact of culture, education, and religion on the perceptions and understanding of students regarding HIV. The information gathered will help improve the HIV awareness programs by ensuring that they are not merely informational but are designed in accordance with the students' values and beliefs.

Background of the Study

The Human Immunodeficiency Virus (HIV) remains a critical concern of a global nature, particularly for the young population. In the context of the Philippines, HIV infection rates are increasing among the youth. There are still a lot of culturally conservative and marginalized communities that do not have HIV awareness and education campaigns focused on them. There seems to be a gap in the places dominated by religion and tradition as far as political action and civic awareness go.

Limited HIV education and awareness for both men and women in Lanao del Sur, a province predominantly inhabited by Muslims, is influenced by the culturally conservative practice of not discussing any form of sexual issues, including sexually transmitted infections (STIs). This cultural norm creates a social knowledge gap and increases the HIV information void, thus heightening the risks of HIV misinformation and dangerous behavior. This is why it is necessary to examine how Muslim students design and position HIV awareness campaigns among themselves in relation to the sociocultural and religious contexts.

The work of Sarma et al. regarding the training of teachers in secondary education on HIV/AIDS in Bangladesh (2017) reveals the impact that training has on alleviating misunderstanding and enhancing student comprehension. Their insights specifically underscore the necessity of adaptable educational strategies tailored to specific communities like Filipino Muslims. In a qualitative follow-up, Sarma, Islam, and Gazi (2025) noted the confidence and interactivity of trained teachers during HIV dialogues and how these discussions encouraged student engagement.

In addition, the scoping review performed by Hamidi, Regmi, and van Teijlingen (2024) focuses on the Islamic view of HIV. These scholars highlight an HIV discourse that is somewhat paradoxical in nature, prioritizing compassion and moral critique while simultaneously not openly discussing the topic. The dominant teachings that shape the discourse on HIV have the potential to either promote or inhibit the concepts of HIV awareness and education, and this is largely dependent on how religion is woven into the public health discourse. Given these teachings, regions like Lanao del Sur, which are predominantly Muslim, pose certain challenges in designing and evaluating HIV awareness initiatives.

In relation to this, examining the life stories of Muslim students from Balindong National High School offers a valuable glimpse into their lived reality. Understanding the perceptions among students regarding HIV awareness, its avenues, and the intersection of religion and culture that shape their attitudes towards it is crucial for informing effective and appropriate awareness initiatives. This is a crucial issue in the current discourse, and this study aims to advocate for policy changes that honor the complexities of their lives and identities.

Philosophical Underpinning

This study is grounded in the ontological tradition of philosophy, which seeks to explore the nature of being and existence. Specifically, it investigates the phenomenon of HIV awareness as it is lived and experienced by Muslim students at Balindong National High School, situated within the culturally and religiously complex milieu of Lanao del Sur, BARMM. Ontology, as a philosophical stance, emphasizes that reality is not an objective entity separate from human experience, but rather, it is co-constructed through individual consciousness and social interaction.

In this context, HIV awareness is not treated as mere factual knowledge or information, but as a **dimension of being** — a lived experience deeply shaped by cultural narratives, religious teachings, familial values, and educational exposures. The students' awareness arises from a dynamic interweaving of these influences, forming a unique understanding that cannot be separated from the world in which they live. Their interpretation of HIV is not abstract or universal; it is embodied, situated, and expressive of their existential reality as Muslim youth in a region shaped by tradition, conservatism, and moral frameworks.

The researcher's ontological orientation involves a commitment to uncovering the **essence of awareness** as it exists within this specific socio-religious context. Rather than quantifying the phenomenon or reducing it to empirical metrics, the study seeks to interpret and describe the structure, texture, and meaning of awareness as it is revealed in the students' narratives. This reflective inquiry allows the researcher to understand HIV awareness as a lived experience that unfolds in a particular way within a specific lifeworld — one that is influenced by Islamic principles, community norms, and the ethical sensibilities embedded in everyday life.

By taking an ontological lens, the study highlights that health awareness is not merely the result of didactic instruction but is a process of becoming — a manner in which individuals relate to health, illness, responsibility, and selfhood. Within BARMM, the awareness of HIV carries implications not only for knowledge but also for identity, moral reasoning, and communal belonging. This approach enables the researcher to illuminate how meanings of disease and health are shaped by one's embeddedness in a cultural and spiritual environment, and how this awareness forms a vital part of the students' existence.

Statement of the Problem

In the Philippines, the rising incidence of HIV among youth highlights the urgent need to evaluate the effectiveness and inclusivity of awareness and prevention programs. While many educational campaigns exist, their reach and relevance to specific cultural and religious communities—particularly in predominantly Muslim areas—remain limited. In regions like Balindong and Lanao del Sur, sociocultural and religious beliefs often influence how health topics such as HIV are discussed, taught, and perceived. These factors may contribute to gaps in awareness, the persistence of stigma, or misinformation among Muslim adolescents.

Within this framework, the study attempts to examine the HIV awareness experiences of Balindong National High School's Muslim Senior High School students in relation to their socio-cultural and educational contexts. Centering on their lived experiences, the study aims to understand the challenges, perceptions, and, in some cases, the knowledge or misinformation that informs their understanding of HIV.

The study seeks to examine the HIV awareness experiences of students who are 18 and above, Muslim Senior High School students at Balindong National High School, Lanao del Sur. Specifically, this study aims to answer the following questions:

1. What do Muslim SHS students understand about HIV and its modes of transmission and prevention?
2. What are the primary sources of HIV-related information among these students?

3. How do religious and cultural beliefs influence their attitudes and openness toward HIV awareness?
4. What challenges or barriers do they encounter in accessing accurate information about HIV?
5. What recommendations do the students have to improve HIV awareness programs that align with their cultural and religious context?

Scope and Limitations of the Study

The current study investigates the experiences of Muslim students in Balindong National High School in Lanao del Sur in understanding HIV awareness. It will also only include students who are eighteen years and older so that participants can legally and maturely consent to the study. The focus is on understanding how these students seek and make sense of information pertaining to HIV in relation to their culture and religion.

This study is qualitative in nature, with an added phenomenological approach to capture the depth of students' narratives. This approach focuses on understanding participants' accounts of their understanding of HIV, including the information available to them, their culture and religion, barriers to knowledge about HIV, as well as their recommendations for culturally appropriate informative curricula.

This research is confined to a public secondary school in a predominantly Muslim district of Lanao del Sur. These conclusions, therefore, would not apply to other Muslim students from different regions, schools, or age cohorts. The scope of this study is also limited by the scope of the participants, considering the methods of data collection through interviews and focus group discussions, wherein participants must articulate their thoughts on HIV.

Cultural and religious considerations might influence how much participants share in ways that could limit their expression of experiences. Moreover, given that the study is qualitative, it does not attempt to quantify knowledge or establish any causal relationships among the variables.

Despite these limitations, the research might assist in the creation of culturally and religiously appropriate HIV awareness programs for Muslim youth. The findings of this study contribute to the development of tailored educational and preventative strategies for this demographic.

Significance of the Study

This study is significant in strengthening inclusivity and a multi-culturally informed approach to HIV awareness, especially among adolescents in the Muslim community in the Philippines. The study aims to understand the Muslim Senior High School students' HIV awareness and perceptions in relation to their culture, religion, and education by studying their lived experiences. The outcomes of the study will provide context-informed practical insights that are useful to the following stakeholders:

Students. This study addresses the gaps in awareness and culturally relevant informational resources among Muslim SHS students by showcasing their lived experiences and perspectives. It may also empower them to engage more critically and openly with health topics within respectful cultural boundaries.

Teachers and School Administrators. This study may assist in the creation and execution of culturally relevant HIV education programs, as it will provide insights to help school educators understand the factors that impede and facilitate effective communication on sensitive health topics.

Parents and Community Leaders. Parents and community stakeholders will better understand the need for sensitive, value-laden dialogues on HIV awareness that honor the Islamic faith and community norms as informed by the study's findings.

Health Educators and NGOs. The study could help in the creation of more tailored awareness campaigns and intervention programs that suit the communication styles, practices, and beliefs of Muslim populations in rural areas.

Policymakers and Curriculum Developers. The study may help in formulating policies and school curricula that emphasize health education from a culturally responsive, inclusively respectful, and faith-sensitive lens.

Future Researchers. Scholars interested in the integration of religion, culture, and health awareness among adolescents in other cultures or religions could reference the study and build upon it.

This research aims to construct bridges of understanding between public health education and culturally embedded communities, fostering a respectful approach to Filipino Muslim youth regarding HIV awareness.

Definition of Terms

Awareness Programs – This involves school or community-based programs focused on information dissemination and education about HIV, its prevention, and its impacts at individual, communal, and global levels.

Cultural Beliefs – The shared norms, values, and practices of the Maranao and other Muslim communities in Lanao del Sur that influence how HIV is discussed, understood, or avoided.

HIV Awareness – Refers to the students' understanding, perceptions, and knowledge regarding the Human Immunodeficiency Virus (HIV), including its transmission, prevention, and associated stigma, as explored through their lived experiences.

Lived Experiences – The personal, firsthand accounts and reflections of Muslim Senior High School students concerning how they encounter, perceive, and interpret HIV-related information in their everyday lives.

Muslim Students – Refers to Senior High School students at Balindong National High School who identify as practicing Muslims and whose cultural and religious beliefs are shaped by Islamic teachings.

Religious Beliefs – Refers to the teachings, doctrines, and moral views derived from Islam that guide students' attitudes and behaviors toward sexuality, health, and HIV-related issues.

Senior High School (SHS) Students – Students enrolled in Grades 11 and 12 at Balindong National High School who are aged 18 and above and meet the inclusion criteria for participation in the study.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents a comprehensive review of relevant literature and studies that explore the global and local trends, cultural and religious influences, educational interventions, and lived experiences related to HIV awareness, particularly among adolescents in Muslim communities.

Review of Related Literature

Global and Local Trends in HIV Awareness Among Adolescents

HIV awareness among teens is still a public health worry because many young people do not receive clear, reliable facts about the virus, how it spreads, and how to stay safe. Worldwide research shows that, despite repeated outreach campaigns, serious misunderstandings occur, especially in conservative or under-resourced neighborhoods.

Baron (2022) compared HIV/AIDS knowledge and sexual habits in a group of senior high students. The report notes that most adolescents grasp basic points, yet many still cling to false ideas about how the virus moves and how to block it, so they take unnecessary risks. A similar shortfall appeared in Subramanian et al.'s (2021) rural study in India, which showed young people lacked clear facts about prevention and the non-sexual routes of transmission.

Building on past work, Voznesenskaya and Silva (2023) looked at HIV knowledge through a gender lens and noticed a clear gap between adolescent boys and girls in low- and middle-income nations. Their review showed

that in many patriarchal settings, girls simply receive less information, leaving them less aware of the virus and how to protect themselves. This finding echoes the situation for Muslim youth in Lanao del Sur, where local customs still shape who gets taught about sexual health.

A similar pattern can be seen across the Philippines. Perez and Santos (2022) report that HIV awareness among young people has now dropped to its lowest level in years. Although earlier campaigns made headway, ongoing taboos and the government's failure to keep messaging fresh have allowed that knowledge to fade. Tan and Cruz (2023) further revealed weak understanding even among community health workers in Davao, pointing to a worrying ripple effect that leaves adolescents with fewer trusted sources of clear information.

On the policy front, the World Health Organization and UNICEF (2023) argue that HIV prevention for teens needs to be personal, not one-size-fits-all. They point out that broad campaigns ignore where young people are in their growth and too seldom speak in terms that fit local culture. That is why Lanao del Sur and similar places need faith-grounded and age-tuned programs.

Smith and Jones (2025) looked at the human side of awareness and linked stigma, plus false information, to young people's shrinking desire to take part. Their survey showed that shaky knowledge about HIV often breeds high shame and strong denial, patterns fed by the silence of churches and neighborhoods.

More recently, Baron (2023) examined attitudes in areas where new cases keep climbing. He found that students may have heard about the virus, yet many cannot explain how their choices or social pressures shape risk. This thin understanding creates a false sense of safety for young people living in culturally delicate settings.

Patel and colleagues (2023) looked into what schools can do, finding in their cross-sectional survey that classes delivered on campus noticeably changed students' HIV knowledge and attitudes. Yet the team warned that those lessons must be tweaked to match local norms and values if any real impact is to stick.

Das and Roy (2024) presented a wide-ranging scoping review of what young people know, believe, and do regarding HIV. They showed awareness is patchy from one region to another, mirroring larger gaps in education, shame, and scarce youth-friendly health care. Their findings underline the need for locally rooted campaigns in places like the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), where faith, custom, and tight budgets shape how teens think about health.

The outreach HIV studies and efforts conducted for adolescents indicate that they achieve little due to either the message or the method of delivery failing to hit the intended cultural mark. In the case of Muslim senior high learners from Lanao del Sur, the combination of religious modesty and community silence may deepen the divide between knowledge and action; thus, programs that respect local culture and HIV but reveal the truth of the disease are fundamentally needed.

Cultural and Religious Influences on HIV Awareness in Muslim Communities

The Muslim community around the world is one of the people and cultures that hinder the awareness, education, and debates around HIV because, due to their culture, speaking about sex, morality, and illness is partly taboo. Sensitive discussions in the community and the public are bound to be met with the eye of the beholder in the conservative religious context.

Alomair and colleagues (2020) pointed out that rules of modesty can limit Muslim women from seeking clear information about reproductive health. Issues around HIV are commonly ignored in Islamic environments. These are gaps, and in the absence of relevant information, the gaps are filled with silence and inaction. This is how Mahat and Eller (2020) described this AIDS-related gap phenomenon in younger women in Aceh, Indonesia, and they also documented that Islamic explanations of the disease had kept some of the women away from its truth, but had also made them ashamed of its reality.

Shifting focus to the Gulf region, Alageel et al. (2024) conducted interviews throughout the GCC and found that perceptions regarding HIV are intertwined with religious and sociocultural filters. Although the team acknowledged the existence of some campaigns, many listeners actively resist or contort the intended messages to fit Islamic narratives. This suggests that outreach must carefully consider local culture.

Kusuma et al.(2022) then examined the role of personal beliefs and collective Islamic traditions regarding the decision to undergo testing. Their research showed that while personal piety often compels people to seek services, conservative community norms inhibit discussion, stifling everything concerning health. A scoping review by Conteh, Latona, and Mahomed (2025) echoed this, showing that traditional religious ideas in some African Muslim groups block or boost awareness, all depending on how faith leaders present the science.

The important place occupied by religious leaders is underscored by Nabolsi et al. (2019), who looked at how Islamic clergymen feel about and understand people living with HIV/AIDS. Although many clerics expressed sympathy for those affected, the study revealed they rarely had the training or confidence to discuss the virus publicly, and this gap sometimes deepened stigma without intention. That shortcoming matters especially in rural Muslim areas like Lanao del Sur, where local preachers are seen as final arbiters on both moral and health questions.

Increasingly, faith-based outreach is being tried as a way to raise HIV knowledge. A 2024 report called Faith-based Initiatives, HIV Awareness, Religious Communities, Health Education & Stigma Reduction showed that when pastors receive solid information, they can significantly lower stigma and encourage testing among young people. De Jesus (2021) found similar results in Uganda; youth said they trusted their church leaders more than anyone else and responded better to HIV messages when those messages were woven into familiar spiritual and ethical language.

Interreligious studies showcase how truly complicated these relationships are. Ugandan Muslims and Christians, for example, reacted to HIV discussions rather differently, with young Christians taking a more positive approach with the aid of community acceptance, and Muslim youths exhibiting hesitancy. This highlights the impact of modesty norms and local culture. Mwangi and colleagues (2021) studied all high school students, and they found that strongly held cultural beliefs from Homa Bay County, Kenya, still obstructed proper HIV knowledge. That trend aligns with the evidence from Southeast Asia and Middle East Islamic communities, where social taboos stifle lifesaving knowledge.

Taken together, these studies highlight the fact that HIV literacy within Muslim communities is not merely an issue of availability, but how available information is integrated into the daily fabric of religion and culture. Religious authority can hinder or enable the grasp of concepts, and the outcome most often depends on who delivers the message and the style in which it is delivered. For young Muslims in Lanao del Sur, shaped by Islamic and Maranao worldviews, any sensitization initiative needs to be circumspect. Programs that collaborate with the community and employ religious terminology tend to achieve greater acceptance and outcomes than those labeled as external, disrespectful, or ethically questionable.

School-Based HIV Education and the Role of Teachers

Schools provide young individuals with a dual role as access points for HIV information and as venues for engaging in discussions about sensitive matters. Yet how well that learning happens still relies on well-trained, motivated teachers and on the careful, consistent delivery of the program itself.

Schieber et al. (2024) looked at national HIV prevention efforts and asked how fidelity was kept while sweeping educational reforms swept in. They found that ongoing training, clear curriculum links, and strong backing from school leaders matter hugely, particularly in times of health or civic crisis. Their conclusions echo earlier work by Wang et al. (2022), who tested two ways of supporting teachers teaching HIV lessons. That research showed that regular, focused coaching boosted teachers' confidence and accuracy in leading sessions.

Obeagu (2025) argues that schools have grown beyond classrooms into hubs of community action, noting that HIV mentorship runs inside the school and links formal lessons with everyday, peer-to-peer talk. In that setting, teachers and older students act as trusted guides, making it easier for young people to speak honestly about HIV questions. Similarly, Ifeanyi (2025) showed that when mentors are chosen from the student body but still steered by teachers, learners hold on to prevention messages far better.

Ringisai and Sutiningsih (2023) looked at South African classrooms and measured how teacher training changed HIV/AIDS lessons. Trainees spoke clearly and showed genuine care, and as a result, the stigma faded, and

discussions grew more welcoming. A similar point emerged in the United States, where Szucs, Eaton, and Lo (2024) reviewed the CDC school-based teenage health work. Their research praised programs that weave HIV education into wider, culturally tuned health efforts because that framework helps all students feel seen and supported.

Walker and colleagues (2022) looked at how The Bahamas managed during crises and shared what went well. Even when public health emergencies interrupted daily life, trained teachers and clear lesson plans kept HIV prevention classes running, showing how strong and vital a teacher-led model can be.

Students, guided by teachers, have proven valuable in spreading HIV knowledge among their peers. In a recent study, Chin, Osuoji, and Mbachu (2024) followed a cognitive-behavioral program where learners did much of the teaching and saw big jumps in both facts and intentions. Constant support from teachers helped these peer leaders stay on topic and keep the classroom calm.

A similar review by Ezelote and team (2024) in Nigeria confirmed that student-led sessions, when supervised by trained educators, also raised HIV knowledge significantly. Both studies thus reinforce the idea that teacher oversight gives peer projects legitimacy and keeps the health messages correct.

The CDC (2024) now suggests weaving HIV, STD, and pregnancy talk into wider school health lessons. To pull that off, schools need strong staff training, active students, and supportive parents, which hinge on teachers' feeling skilled and confident in these sensitive subjects.

Taken together, the research shows that peer programs can spark interest, yet teachers are still the backbone of reliable, culturally tuned HIV lessons in school. They pass on the facts and, just as importantly, build a safe classroom space where students can talk about taboo subjects without fear. In Muslim areas like Lanao del Sur, training that respects local beliefs and links faith with learning is crucial if long-lasting, effective awareness is to take root.

Lived Experiences and Phenomenological Perspectives on Health Awareness

Looking at HIV awareness through what people actually live shows researchers the feelings, thoughts, and community ties that shape how someone thinks about their own health. Studies based on phenomenology, in particular, spotlight how a person meets illness, stigma, and knowledge of the virus against the backdrop of their culture, faith, and life stage. The method is an effort to investigate HIV awareness among Muslim youth.

Alzahrani and Almarwani (2024) followed people living with HIV in Saudi Arabia and learned how that diagnosis altered routine life. Their work named themes of loneliness, emotional strain, and stigma turned inward, each colored by a sense of religious and cultural obligation. Such frameworks parallel the everyday reality of many individuals in more conservative environments, including the Muslim youth from rural Lanao del Sur, where similar pressures influence discussions and perceptions of the virus.

Imani et al. (2021) completed a phenomenological study in Iran and reported that upon hearing a diagnosis, many individuals experienced a reflexive response of acute terror, denial, and existential dread. These responses originated from existential health concerns as well as the dread of social judgment from others, which emphasizes the fact that HIV awareness needs to extend beyond biological explanations to the overwhelming facts that people and societies have come to associate with the virus.

Kaziranga et al. (2024) focused on Rwandan adolescents living with HIV as the centerpiece of their study. They illustrated the burden of living with the constant fear of secrets surfacing, difficult friendships, and the desire for a normal life. In the same year, an Ethiopian phenomenological study echoed these ideas, placing attention on the absence of solid support and the profound psychological burden of silence. The two interdisciplinary teams further emphasize that outreach should not only provide factual information regarding the virus but also address the emotional and social aspects of the adolescents' lives.

Appiah et al. (2020) focused on the HIV disclosure pathways for children and adolescents from Ghana. Their conclusions showed that telling a child to do so in a safe space fosters adaptability, but bit-by-bit or obligation-

based disclosures often lead to real damage. These findings bolster the advocacy for customizable, culturally respectful, and age-specific HIV communication in schools, as many teachers become the first trusted adults.

A brief phenomenological study conducted in Jimma, Ethiopia, in early 2024 revealed the degree to which the stigma of HIV silence in that culture aids young people in understanding the virus and managing their emotions. The adolescents shared their experiences of confusion, fear, and social withdrawal, which highlight the extent to which local culture overrides what people understand about health. In Banda Aceh in 2025, it was reported that Muslim patients frequently grappled with the conflict between their beliefs and their diagnosis and that the resultant mental conflict influenced their perception of health education and medical care.

This body of thought was expanded by Kasande and his team in 2022 as they studied the parents and guardians of adolescents living with HIV. Those guardians shared their experiences about the proverbial balancing act between keeping the children safe and what they were telling them, all of which was wrapped in heavy social and religious scrutiny. Their narratives vividly demonstrate that any serious program to promote HIV awareness must actively address the deep and complex support needs of the children and their families who are navigating the troubling path of living with HIV.

Emphasizing this point, an article from Nursing Open in 2024 shared narratives from teens living with HIV and shared themes of loneliness, anger, and distrust. They highlighted a need for caring circles, as well as educators who respect their cultures and guide them without harsh judgment. Another study in 2024 with youth-led HIV prevention teams called GenRe ambassadors highlighted that the leaders felt a mix of obligation and strain. It proves that even the active and informed still navigate a layered emotional landscape, and shows that quiet support and strong training, along with some solid training, are also necessary.

All of this illustrates the phenomenological approach to HIV work. It illustrates that in a phenomenological approach, awareness is not a fixed, static box of facts, but a malleable, feeling-rich journey that is shaped by personal stories, social stigma, and a cultural or religious backdrop. Balindong Lanao del Sur for senior high school Muslim students, their sense of HIV may be shaped or distorted through a hyper-modest lens grounded in community silence and faith. This is why deep qualitative inquiry is necessary: to help understand how these learners receive, process, and act on HIV knowledge and how to support these learners to enable informed, safer, and healthier choices.

Synthesis

Research now shows that HIV awareness differences across regions exist among young people, revealing both shared challenges and unique cultural as well as socio-religious group dynamics, like those seen in Filipino Muslim communities. Work is organized around four global trends: faith and culture, school learning, and everyday experience that, no matter where they live, young people still bump up against the same basic obstacles and, at the same time, face home-grown roadblocks that keep vital information at arm's length.

Both on the world stage and closer to shore, teenagers still lack solid HIV knowledge. Research from the Philippines, India, and Kenya repeatedly highlights shaky facts, widespread myths, and waning interest in prevention messages that once grabbed the youth vote (Baron, 2022; Subramanian et al., 2021; Perez & Santos, 2022). Such evidence hints that, although health drives exist, their language and delivery rarely mirror daily life for adolescents, particularly in areas where broad sex and health lessons are hard to come by.

Cultural and religious norms sit at the heart of HIV conversations among Muslims. Research from various Islamic regions and Muslim groups (Alomair et al., 2020; Mahat & Eller, 2020; Kusuma et al., 2022) shows that both faith teachings and community expectations steer everyday health choices. Religious ideals can protect people by promoting good behavior, yet they also talk about sex and HIV. In places like Lanao del Sur, keeping sexual health matters private is seen as virtuous, which feeds rumors and stigma.

Schools put teachers at the front of HIV awareness efforts. Studies reveal that when educators get solid training and backup, they can share HIV facts in ways that fit local values (Schieber et al., 2024; Ringisai & Sutiningsih, 2023). Programs led by peers look promising, too, but they usually need teacher guidance and backing from the

school. Researchers still note hurdles, such as missing training, cultural taboos, and thin budgets, that limit what teachers can say about sensitive topics (Walker et al., 2022; CDC, 2024).

Phenomenological studies give us some of the clearest windows into what living with HIV feels like, especially for young people. Recent lived-experience accounts (Alzahrani & Almarwani, 2024; Kayiranga et al., 2024; Imani et al., 2021) reveal a swirl of emotions, confusion, denial, and stigma that floods awareness when

People first learn about a diagnosis. These interviews show that knowing about HIV is not just memorizing facts; awareness grows inside each mind, shaped by family talk, peer pressure, and wider community gossip. In mostly Muslim settings, faith and local customs tilt that awareness in very particular directions.

One pattern stands out across the studies: context matters above all. Programs that ignore local sermons, gender expectations, or village values usually fizzle. The writers all insist that lessons should fit the culture, respect sacred beliefs, and quietly untangle false stories. At the same time, they urge planners to open spaces where young voices speak, listen, and ask questions without being shamed.

In short, the studies we looked at all agree that boosting HIV awareness works best when medical facts, cultural values, school lessons, and emotional support mix together. For Muslim senior high schoolers in Balindong, Lanao del Sur, this means crafting faith-based, student-led, and school-backed plans that go past simple poster-and-talk campaigns and instead build real understanding and wise health habits. Any broad strategy here must blend global research, local religious life, teachers' duties, and what students actually experience each day.

METHODOLOGY

This chapter outlines the research methodology employed in the study, detailing the design, participants, sampling procedures, instruments, data collection, analysis techniques, and ethical considerations used to explore the lived experiences of HIV awareness among Muslim Senior High School students in Balindong National High School, Lanao del Sur.

Research Design

The study relied on a qualitative framework, leaning mainly on descriptive phenomenology to reveal participants' own viewpoints. Guided by Edmund Husserl's philosophy, this method aims to show the naked essence of lived moments without forcing outside theories on them. The researchers chose it to see how Muslim senior high students at Balindong National High School feel, name, and take in HIV awareness amid their cultural, religious, and school life.

The goal is not to stretch findings over a wider group but to mine rich, grounded stories about what the learners see, fear, and share concerning HIV. By carrying out one-on-one interviews and small-group talks, the team sought to record each person's natural voice and find the personal meanings they link to HIV messages. Throughout the work, bracketing was strictly observed to set aside the researcher's preconceptions and describe the event solely from the student's own perspective. This focus on quiet yet important youth in conservative circles hopes to guide health education that listens, adapts, and reaches everyone.

Population and Sampling

This study focuses on Muslim high school seniors aged eighteen and older who are now enrolled at Balindong National High School in Lanao del Sur. Set within a largely Muslim and culturally traditional community in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the school offers a relevant backdrop for examining how faith and local customs shape knowledge about HIV.

Researchers used purposive sampling to invite those whose personal histories clearly speak to the subject. Because ethical guidelines call for informed consent from capable individuals, only students legally recognized as adults were approached. Selection rested on each person's readiness to talk, ability to express what they have lived, and the range of HIV awareness, patchy or thorough, in school and community settings.

Interviews continued until data saturation and the moment new sessions stopped yielding fresh themes. Phenomenological work does not call for huge numbers but for deep, textured stories that reveal a common life world. About ten to fifteen students were therefore targeted to balance broad viewpoints with the thick detail that such inquiry demands.

Participants of the Study

Study participants were Muslim senior high students from Balindong National High School in Lanao del Sur who were at least 18 years old. They were intentionally picked for their ability to speak thoughtfully about what living in a mostly Islamic, culturally modest community has meant for their knowledge of HIV.

Every volunteer described himself or herself as an active Muslim and was either in Grade 11 or Grade 12 when the research took place. Taking part was completely optional, and each student agreed only after deciding they felt comfortable recounting personal thoughts in one-on-one interviews or group talks. To qualify, candidates needed some level of HIV awareness or detailed readiness to explain how religion, culture, and school life had guided that understanding.

Researchers crafted this group on purpose, mixing different life experiences yet keeping a common faith, so the study could still focus clearly on one culture. Members chosen were seen as able to share vivid stories that show how HIV is talked about, avoided, or simply noticed as ignored among people in their own neighborhood. Their stories became the main evidence for looking at how HIV awareness lives in the everyday world of Muslim teenagers.

Research Instrument

The main tool for collecting data in this study was a semi-structured interview guide created to draw out rich, thoughtful stories from people about what living with HIV awareness means to them. Built on descriptive phenomenology, the guide gives room for each person to speak their mind while keeping enough order for the researcher to compare findings across one-on-one interviews and group talks.

Before full use, it was polished by qualitative scholars and local educators who respect the community's customs, so every question stayed clear, fitting, and considerate of patients' religious beliefs. A trial session with a student from a neighboring Muslim school not involved in the project also showed where wording or order could be tweaked.

Because the guide is partly open, the researcher could push gently for extra detail when a point caught her interest, yet the core aims of the study remained intact. With the participant's full agreement, each meeting was recorded, and jotted notes were taken; then, both were transcribed and examined to honor every voice heard.

Research Validation

To ensure the credibility, trustworthiness, and rigor of this qualitative research, several validation strategies were employed in alignment with phenomenological and qualitative research standards.

Expert Review of the Instrument

The semi-structured interview guide was reviewed by a panel of experts, including a qualitative research methodologist, a guidance counselor familiar with Muslim adolescents, and a health educator. Their feedback ensured that the questions were culturally sensitive, clearly worded, and aligned with the objectives of phenomenological inquiry.

Pilot Testing

A pilot interview was conducted with a non-participant who met the inclusion criteria but was not part of the final study. This process evaluated the logical flow, transparency, and suitability of the interview guide. Some adjustments were made to the interview guide to improve its coherence and adaptability concerning the participants' realities.

Triangulation

Triangulation was implemented in this study through the use of individual interviews as well as focus group discussions. This particular form of methodological triangulation enabled cross verification of the already identified themes and added to the comprehensiveness of understanding students' HIV awareness experiences concerning diverse viewpoints.

Member Checking

After transcriptions and preliminary analyses, some participants were chosen to review summaries of their interviews, ensuring that the researcher's interpretations were accurate. This process helped strengthen the credibility of the findings while also ensuring that participants' perspectives were accurately captured and represented.

Bracketing

As with all procedures in this study, the researcher practiced epoché (bracketing) by setting aside all biases, assumptions, and knowledge of HIV and the Muslim culture, in this phenomenological attitude to remain as close as possible to the participants' lived worlds.

Peer Debriefing

The author held more formal and informal dialogues with academic colleagues and supervisors to assess the reasonableness of the emerging themes and offer feedback on possible biases and contradictions. This peer review strengthened the confirmability and dependability of the findings.

The validation processes demonstrate the effort made within phenomenological frameworks to preserve the rigor and credibility of the research while attending to the participants' voices and cultural identities.

Data Gathering Procedure

This study follows a systematic and ethical approach to the data collection process, safeguarding the cultural and religious sentiments of the participants. After obtaining research ethics board approval and the required clearances from the school, the researcher collaborated with the school's principal and class coordinators to select possible participants from Balindong National High School who were Muslim Senior High School students, 18 years and older.

Participant Recruitment and Consent:

An orientation session was conducted for students to inform them about the study's scope and the eligibility criteria. Students wishing to participate were issued informed consent documents detailing the study's procedures, their role as participants, as well as confidentiality and anonymity promises. Only students who granted written informed consent were part of the study.

Scheduling and Conduct of Interviews

Individual in-depth interviews and focus group discussions (FGDs) were the primary methods of data collection. These sessions were held in the school to ensure privacy and comfort for the participants. Each interview was approximately 30–45 minutes long, and discussions could last from 60-90 minutes, depending on how in-depth the participants wanted to go.

Recording and Documentation

With their consent, all interviews and discussions were audio recorded so that they could be accurately transcribed. Additionally, field notes were recorded during and after each session, capturing non-verbal communication, situational elements, and the researcher's immediate thoughts.

Language and Cultural Sensitivity

With the help of culture-appropriate aides if needed, interviews were conducted in English, Filipino, or Maranao as preferred by the participants. Such an approach minimizes the communication gaps that may exist and ensures the full and meaningful articulation of the participants' experiences.

Saturation Point

Data collection ended when thematic saturation—which is when no new themes or important perspectives come from further interviews—was reached. This ensured that the data gathered was thorough and representative of the participants' collective experiences.

All audio data were transcribed after collection was completed. These transcriptions were the foundation for the thematic analysis that was performed on the data in the following analysis phase.

Data Analysis

The thematic analysis applied to the in-depth interviews and focus group discussions stemmed from a descriptive phenomenological analytic approach. With this approach, the goal was to reveal the essence and significance of participants' experiences in regard to HIV awareness without outside influences, meaning theoretical explanations or interpretations.

Transcription and Familiarization

Transcription started with the verbatim transfer of text from audio to written form. To fully engage with the participants' experiences and narratives, the researcher had to read the transcripts multiple times.

Bracketing (Epoché)

In accordance with Husserl's phenomenological technique, bracketing was utilized throughout the analysis. The researcher set aside personal assumptions, prior knowledge, and biases to ensure data was viewed with openness so that neutrality was granted. This approach guaranteed that the meanings derived from the narratives were genuine and based on participants' accounts.

Coding and Categorization

Participants' awareness, perceptions, and experiences of HIV were captured through the significance of the statements, phrases, and expressions. The researcher referred to initial coding as a combination of highlighted and bundled statements. Emerging themes were created by grouping the meaningful units with content and meaning.

Theme Development

The researcher distilled the participants' lived experiences into broader themes based on the codes to capture the salient meanings and structures. Each theme was polished to ensure it accurately represented the data and the primary focus of the study, which was HIV awareness in the context of Muslim culture.

Validation of Findings

To bolster the study's credibility, a subset of participants was asked to review a synthesis of the themes (member checking) to ensure the analysis was in line with their meanings. Also, peer debriefing was done with colleagues and academic research advisors to further evaluate the emerging themes for their trustworthiness and coherence.

Interpretation

The participants were engaged with final themes not only as descriptive findings but also as evidence of the participants' understanding of HIV in relation to their religion, culture, and education. The interpretation was done in a manner that preserved the integrity of participants' experiences while framing their stories within the context of the sociocultural landscape of HIV awareness in conservative Muslim communities.

This analytical approach allowed the researcher to create a detailed and accurate account of how HIV awareness is perceived, assimilated, and navigated by Muslim senior high school students in Balindong, Lanao del Sur.

Ethical Considerations

Due to the nature of the topic, the culture, and the religion of the participants, specific ethical measures were maintained across the entire research process to protect the dignity and rights of everyone involved.

Ethical Clearance

The Research Ethics Committee of the University of Perpetual Help System-DALTA granted ethics approval, which was needed alongside school-based permission prior to the commencement of data collection. Balindong National High School's principal, along with other administrators, also granted the needed permission.

Informed Consent

Each of the participants was given relevant details concerning the nature of the research. They were briefed on its purpose, processes, risks, and prospective benefits. Participants were provided with an informed consent form, which was prefilled and signed prior to partaking in discussions and interviews. Only students aged 18 and above were invited to participate to ensure legal capacity for consent without requiring parental approval.

Voluntary Participation and Right to Withdraw

Participation in the study was entirely voluntary. Students were informed that they could decline to answer any question or withdraw from the study at any time without consequence. This provision was reinforced verbally before and during each data collection session.

Confidentiality and Anonymity

All information shared by participants was treated with strict confidentiality. Identifiable details were removed or anonymized in transcripts and final reports. Pseudonyms were used in place of real names to protect the identities of the participants. Audio recordings, consent forms, and transcripts were securely stored and accessed only by the researcher.

Cultural and Religious Sensitivity

Special care was taken to conduct the study in a manner that was respectful of Islamic values and Maranao cultural norms. The researcher ensured that the language, questions, and setting were appropriate and non-threatening. Interviews were conducted in participants' preferred language (English, Filipino, or Maranao), and culturally sensitive facilitators were consulted where necessary.

Psychological Support and Referral

Although the topic did not involve direct trauma, participants were informed that if any discomfort or emotional distress arose during or after the interview, they could be referred to the school guidance counselor for support. No participant reported harm or distress during the data-gathering process.

By observing these ethical principles, the researcher ensured that participants' rights were protected and that the study was conducted with integrity and cultural humility.

RESULTS AND DISCUSSIONS

This chapter presents the findings derived from the lived experiences of 19 Muslim Senior High School students from Balindong National High School, Lanao del Sur. The analysis was guided by Husserl's descriptive phenomenology and organized around the five research questions. Themes were developed through thematic analysis of verbatim transcripts, reflecting how participants interpret HIV awareness within their cultural, religious, and educational contexts.

Theme 1: Minimal Knowledge and Emergent Awareness

The participants' knowledge of HIV—its meaning, modes of transmission, and preventive measures—was strikingly lacking, often vague, and influenced by silence. For most students, learning started with a “hindi ko po alam, Ma'am” or “wala pong tinuturo sa school.” Those phrases go beyond revealing a lack of knowledge; they express an absence within the universe of experience. From a phenomenological viewpoint, such a deficit of information exists as an in-built framework of existence pertaining to HIV that has not, in fact, been encountered. It is not experiential in nature because it does not exist within their directed horizon—it is not what their consciousness is focused on, what becomes salient within their gaze.

Participants showed no evidence of intentionality toward HIV as a lived reality. HIV, in this case, neither familiar nor known, existed as a distant and almost abstract notion. To illustrate this, one participant said, “Wala po akong idea ma'am, hindi rin tinuturo sa school,” which translates to “I have no idea ma'am, they don't teach that at school.” Such accounts go beyond stating unawareness; rather, they convey a phenomenological stance—an experience in which one does not have the possibility of engaging or interacting in any meaningful way with HIV. For Husserl, consciousness is always about something; in this situation, these participants' consciousness lacks direction towards the phenomenon because school, society, and even family life do not supply it as an object to be encountered.

Some people hold onto bits and pieces of information related to HIV, whether it be through overhearing a conversation or googling it. One student thought that HIV was communicable, while another thought it could be contracted through sharing a glass of water or inherited genetically. These understandings, which are pieced together from social media and reality television shows like *Magpakailanman*, illustrate how a lack of systematic instruction can spell disaster, and without proper education, people begin making sense of their surroundings based on culture. These do not only qualify as misconceptions; they are purposeful meanings, constructed by the individual's reality and lived experiences. According to Husserl, these meanings are accepted within the participants' noetic-noematic frameworks, and because their consciousness is shaped around these experiences, it is valid.

Examining how students know or do not know about HIV reveals something interesting, especially when presuppositions are set aside about what students are expected to know. Students expressed concern, relief, and even interest after being told what HIV and its modes of transmission are, confirming some very basic assumptions about human psychology. For example, some students started explaining prevention methods like abstinence or condom usage, sometimes through a religious lens: “Iwasan po ang makipagtalik kasi kasalanan po sa Islam.” From a phenomenological perspective, these statements suggest the active and thoughtful development of HIV awareness after the social silence concerning HIV is phenomenologically bracketed. It became possible for students to access information concerning HIV not as mere data, but as a lived, ethically charged experience bound within their worldviews.

Bracketing makes it clear that the students' experiences of HIV awareness are not developed in isolation. Their responses capture the essence (eidos) of what it means to lack awareness in a religiously and culturally closed environment: to simply know nothing, but remain open. The formulated eidos depicts exclusions of knowing as an experience shared by all participants where HIV is “not taught, not talked about, and therefore not real,” yet vaguely sensed to be shrouded in importance and taboo.

Knowledge-informed emotions also emerged among the students. Responses like “sensitive topic po,” and “okay lang po ituro, gusto naming matuto,” express discomfort and access to education, respectively. When put into

phenomenological frameworks, these moments illustrate that the intervention of HIV awareness does not simply get introduced into the consciousness of a participant; it becomes internalized in the moral and emotional structure over time. The discomfort described here does not center on cognition, but rather on emotions—it is the struggle of emerging awareness colliding with a culture long steeped in silence.

To sum up, the lived experience of understanding HIV among Muslim students of a higher secondary school can be illustrated as a trajectory from absence to emergence. The phenomenon of HIV only exists as a vague outline in their minds—underdeveloped, distorted, or silenced—until shaped into focus. Their upbringing allows them to almost instinctively categorize what comes to view into sin, peril, and moral judgment. The essence of this experience, relevant to most participants, is coming to the understanding that something important and its absence have profound effects. It emerges as not purely an educational gap, but an awakening of some moral consciousness.

Theme 2: Fragmented Exposure and the Silence of Formal Systems

The participants came across HIV-related information not through intentional education or systematic teaching, but rather through a chance, uncoordinated exposure to incomplete material. The stories that were shared painted a similar picture: within the scope of their formal education, where lessons cannot be found in the home environment or in the society with which they come in contact. More often than not, one would come across them on social TV or through social network sites and even through shorthand pointers during sermons. Such sporadic exposure results in phenomenological experience where HIV as a conception does not exist but is only partially perceived through moral and ethical frameworks, as well as the cacophony of information available, which does not saturate.

Several students were active participants in the discussion, and most of them argued without any caveats that they had never been offered any HIV lessons during their education. The response “wala po sa school” was commonplace among transcripts as well, and at times it seemed laced with anger, other times with acceptance. For instance:

“Da sa school ago sa area ami.” (Wala pong tinuturo sa school at sa lugar namin.) – Participant 2

“Da subject ami sa school a topic aya.” (Wala kaming subject na ganitong topic.) – Participant 3

“Da sa school.” – Participants 10, 15, 16

These repetitive answers demonstrate a collective purposeful framework of absence. From a Husserlian phenomenological perspective, consciousness is always focused on something. When learners make an effort, for instance, by attending class, their intentionality presumes learning, understanding, and life preparation. The absence of HIV within that educational environment is not a neutral absence; rather, it is a lived absence—an experience of an absence where something is expected. This absence of socially expected teaching results in partial understanding, misconceptions, or no meaningful engagement at all with the subject.

Instead of attending actual classes, learning about HIV from social media, particularly Facebook, and dramatized television recounts were the preferred avenues for the participants. One participant recounted:

“Ma’am, nababasa ko po ito sa social media at Facebook.” – Participant 3

“Una kong nalaman sa palabas sa Magpakailanman.” – Participant 4

These quotations demonstrate that the intention behind their consciousness of HIV is shaped by dramatized or circumstantial exposure rather than being self-directed. Their understanding of HIV does not come from active involvement but from passive absorption—through scrolling, overhearing narratives, or viewing emotive media. As one participant went on to reflect:

“Hindi enough iyong sa social media para katukawan ami.” (Hindi sapat ang social media para malaman namin ito.) – Participant 14

We had previously noted how, by applying epoché—the preparatory act of setting aside biases that the educative system has trained students to think about AIDS on a formal level—the researcher is able to apprehend the phenomenon as the participants live it. In their reality, media stands for education; religious dogmas take the place of rational discourse; and wonder walks hand in hand with muteness. This is not an experience of indifference; it is one of constrained knowing, not due to a lack of agency, but because of their context.

For some, even social media and television are inaccessible. One participant said plainly:

“Da akun idea ma’am... da ami katukawan ka da TV ami ago cellphone ago wifi.”

(Wala akong idea ma’am... hindi namin alam kasi wala kaming TV, cellphone, at wifi.) – Participant 15

This demonstrates a gap in technology access and a phenomenological barrier—within this student’s lifeworld, HIV does not exist. There is no directed consciousness or intentionality, as the intertwining pathways that could bear such information are completely absent. In the words of Husserl, “What is not lived cannot be known.” The education and experiences of this student are void of HIV.

Curiously, some respondents referred to religious education, for example, moral lessons from madrasahs, as offering some form of moral guidance relevant to HIV:

“Opo, sa madrasah tinuturo awal premarital relationship.” – Participant 3

“Tinuturo sa madrasa na awal makipag-relasyon ng hindi pa kasal.” – Participant 18

While these moral teachings may promote abstinence, they do not highlight HIV as a particular focus of health awareness. Rather, it gets subsumed in more overarching lessons on ‘sin,’ sexuality, and social behavior. With phenomenological reduction, we understand that these teachings provide moral limits, not medical fog. HIV dwells here merely as a silent outcome—shunned, moralized, but never uttered.

Despite the lack of details, a common thread crystallizes across the interviews: students have been left to assemble HIV information from indirect and patchy references. They intuit its urgency, but do not feel empowered to explain its complexities. It is not encountered in education, but through fragments of tales, half-heard warnings, and silent moral taboos. This pattern among participants captures the essence of their experience: jigsaw pieces of information within a framework, as opposed to direct teaching.

Yet, amid this emptiness, there remains a sense of unfulfilled possibility. When asked if they would be open to a deeper exploration of the topic if taught at school, several students expressed a willingness:

“Okay lang po ituro sa school para malaman namin.” – Participant 1

“Okey lang po i-seminar namin.” – Participant 14

“Pwede po ituro, gusto po naming matuto.” – Participant 17

This change in intention is important. Becoming mindful of HIV shifts from being passive to active—this change marks the welcoming of HIV awareness, a certain consciousness. The last portion of their experience is not anxiety, but openness. Information is not being rejected; it is instead awaited.

Basically, the experience of learning about HIV for Muslim Senior High School students from Balindong can be characterized as fragmentation, moral framing, and institutional silence, layered with an earnest wish to comprehend. It is absent of willingness, but added to respectful frameworks is culture-based knowledge.

Theme 3: Faith as Moral Compass and Barrier

Balindong National High School's Muslim Senior High School students illustrate the convergence of cultural dimensions and faith deeply influences the understanding – or more accurately, the lack of understanding – of HIV/AIDS. For most of them, Islam goes beyond being a faith and encompasses behavior, ethics, and health.

Their experience is not purely informational, but rather involves deeper ethical reasoning within the context of faith that centers on humility, compliance, and moral fortitude.

In their answers, respondents commonly associated HIV with sin and transgression through the use of words like *kasalanan*, *bawal*, and *kadusa*. A number of them stated that Islam protected them from diseases such as HIV because the religion forbade premarital or extramarital relations:

“Kasalanan po ito sa Islam. Itinuturo paano maiwasan. Miakalala dusa (malaking kasalanan).” – Participant 1

“Iwasan makipagtalik. Di kapakay sa Islam, kadusa ka.” – Participant 4

“Sa Islam at Maranao, isasapar anan (pinagbabawal yan sa Islam).” – Participant 5

These statements illustrate the profound beliefs that guide participants’ everyday actions. From a moral viewpoint, it suggests ethical reasoning instead of a clinical perspective. When participants consider HIV, it is unlikely that the biological virus, its life cycle, or the intervention methods come to mind first. Rather, what comes to mind is the stigma attached to it as a symbol of moral failing. It transcends being just a health concern—it is something one circumvents through good Muslim conduct. In their worldview, therefore, HIV exists not as a pathogen but as the consequence of disobedience.

Using *epoché*, we set aside our assumptions regarding valid HIV education to note how students engage with prevention as piety. “Islam makakatulong po” (Islam helps) is one participant’s explanation, suggesting that religious life serves as a shield. This reveals a powerful insight: not always does risk and behavior dominate concern for HIV among these students, but faith and fear. Their understanding isn’t based on a clinical approach; it is spiritual.

“Oway so Islam na pakawgop.” (Oo, pagiging Muslim ay nakakatulong.) – Participant 11

“Islam po tinuturo sa madrasah na sin po ito.” – Participant 19

“Pkaluk ako ko Allah bako makasina.” (Natatakot ako sa Allah baka magkasala.) – Participant 16

The provided explanations illustrate deliberate ontological interpretations that stem deeply from Islamic teachings. These rationalizing frameworks go beyond reason and logic in that they posit a divinely structured existence. Absence of discourse on HIV, therefore, is not the result of silence or ignorance, but culturally and religiously reverent silence. This silence is often misinterpreted as indifference, but is, in fact, an expression of anger along with protective boundaries—boundaries of polite restraint.

“Pkaluka ago conservative rito.” (Natatakot po ako, at conservative dito sa amin.) – Participant 2

“Discomfort ito na topic, pero kailangan naming malaman.” – Participant 12

In the case study, phenomenological reduction reveals the double experience: participants live in a world where HIV is both urgent and unspoken. Their experience is a strife—not only of health and belief—but of knowledge and silence. To speak of HIV is to risk confronting ideas that are socially restricted or morally laden. Because of this, the awareness exists as a concern internally and quietly, not externally and vocally.

Regardless of the reality, there is an essence that students share: they perceive that HIV/AIDS is real and grave, but their perception is entirely through the scope of culture and religion. There is a structure universal to their experience—HIV is devoid of scientifically rational discourse, rife with moral interpretation, and heavily felt. Even students stripped of their scientific dimensions possess the notion that it bears the weight of discourse around sin, discipline, and fear.

Some students recalled the impact of *ustads* (Islamic teachers) who give advice disallowing any semblance of a romantic relationship:

“Ipsapar o mga ustad ami so kaprelation.” (Pinagbabawal ng mga ustad namin ang makipagrelasyon.) – Participant 2

“yes mam, strict po iyong mga loks akn (magulang ko), tinuturo sa madrasa (Islamic school) bawal makipag relation ng hindi pa kasal” – Participant 19

“Sa bahay at sa lugar naming hindi napaguusapan, sa Islam na bawal anan.” – Participant 7

These lived experiences capture a more complex phenomenological reality: HIV is in no way regarded as a medical concern because, for these students, it has been socially rendered invisible, taboo, and morally laden. Yet, they are not resistant to awareness; rather, they are reverently constrained. Participants shared their views within the confines of the education system, highlighting willingness for more formal HIV teaching, if approached with cultural and religious respect:

“Okey lang itopic dahil mature naman po pag-iisip naming.” – Participant 16

“Okay lang po ituro.” – Participants 1, 7

Respondents show that they wish to learn about HIV comprehensively and not only see it as a moral concern. The religious frame does not seek to shut them out from learning; it instead asks that the learning respect moral boundaries and does not contravene community standards.

All put together, the impact of religious and cultural tenets on the knowledge of HIV is like a double-edged sword: it provides shelter through discipline but obscures the truth through silence. This is the experience of students who are curious yet guarded, constrained by values but not lacking the will to learn. Their worldview is shaped by Islam, but not as a stranglehold, as a guiding moral compass. What they seek, therefore, is not the ability to understand—the opportunity to understand—in a manner which values their identity.

Theme 4: Silence, Shame, and Structural Exclusion

What people said during the interviews showed that HIV awareness hinges not simply on the curriculum but much more on the gaps in education. Constraints to obtaining correct information were not always external, logistical, or technical in nature, but often internalized—silence, discomfort, and systematic absence woven into the students' social world. Their lived experience is that of being distanced from HIV education and information, not because of a lack of interest, but because of an ecosystem that actively eludes the topic.

An ongoing obstacle noted by almost every participant was the absence of formal instructional lessons in school:

“Wala sa school.” – Participant 4, 6, 7, 9, 10, 11, 15, 16

“Da subject ami sa school a topic aya.” (Wala kaming subject na ganitong topic.) – Participant 3

“Da sa school ago sa area ami.” – Participant 2

From a phenomenological approach, these utterances indicate a common intent where participants expect schools to serve as centers of knowledge, but instead, endure a curriculum that lacks a crucial yet socially sensitive topic. Using Husserl's vocabulary, he would say, “What is not offered in the educational lifeworld does not become part of consciousness.” In their reality, HIV is something that is not brought to their attention; thus, it becomes an absent notion.

Silence is amplified by societal embarrassment and fear. As mentioned by some participants, the discussion is regarded as taboo or shaming:

“Sensitive topic, ma'am.” – Participant 15

“Discomfort ito na topic.” – Participant 12

“Pkaluk ako ko Allah bako makasina.” (Natatakot ako kay Allah baka magkasala.) – Participant 16

These quotations capture feelings that stem from deeply woven social experiences. The shame I refer to is not individual, but collective. It is the result of cultural conditioning that defines conversations about sexual health as immodest or sinful. By phenomenological reduction, we understand that participants are not just uneducated. They are educated not to know information, and that education is experienced as discomfort, hesitation, and fear.

Within the home environment, a number of students noted that at home, HIV is neither addressed nor discussed as an appropriate subject matter:

“Sa bahay at sa lugar naming hindi napaguusapan.” – Participant 7

“Strict po yung mga loks akn (magulang ko).” – Participant 19

For these students, home serves exclusively as a place for moral enforcement, not inquiry. While protective, the parental role poses a challenge to free dialogue. It indicates a lifeworld shaped by a moral order where children are conditioned to learn not through questioning but through obedience, and where silence—often a disciplinary measure—shapes behavior.

Access to information digitally, something often considered a universal remedy, was described as lacking or non-existent:

“Da akun idea ma’am... da ami katukawan ka da TV ami ago cellphone ago wifi.”

(Wala akong idea ma’am... wala kasi kaming TV, cellphone, at wifi.) – Participant 15

This statement demonstrates a technological barrier, but more profoundly, it illustrates a reality where access to information is deeply divided. In this student’s reality, there are no means through which knowledge of HIV exists. From a phenomenological perspective, lacking experiences translates to lacking understanding. Thus, in this instance, the absence of HIV is not a denial, but a default absence.

The essence (eidos) of participants’ experience brings to light: HIV is something that exists in the world but is inaccessible not due to ignorance, but due to the silences, shame, and exclusions that surround HIV. These are not ignorance gaps; rather, they are gaps in knowledge frameworks of experience that shape how the participants engage (or disengage) with HIV as an awareness object.

In spite of these challenges, there is no resistance to knowledge. What emerges instead is a quiet but steady wish to know more, an openness that is constrained yet survives:

“Okey lang po ituro.” – Participants 19

“Okey lang po i-seminar namin.” – Participant 14

“Pwede po ituro, gusto po naming matuto” – Participant 17

These responses mark a vital change of readiness: as barriers are acknowledged and, for a moment, set aside—in this case, through a respectful interview—students begin to envision a reality in which discussions around HIV are possible without the burden of shame. This imaginative shift is crucial in phenomenology, particularly in Husserl’s notion of phenomenological imagination, which understands consciousness as dynamic rather than fixed.

Muslim Senior High School students’ challenges towards accessing HIV information are not only practical; it is more profound than that. His or her lived reality is one where the virus does not exist within the curriculum, is forbidden in discourse, and media outlets shun it completely. Moreover, their lived experiences always come in tandem with the prospect of change, no matter how slim. It is as if there is a readiness to break free from the silent cages that keep them bound.

Theme 5: Learning Within the Lines – Culturally Rooted Openness to HIV Education

Unlike earlier experiences characterized by discomfort and waiting, the participants shared very deep and candid suggestions on how HIV education could be integrated into their lives. It seemed as though they had undergone a shift in awareness, moving from bypassing a problem to facing it, from quiet stillness to active participation, as long as such initiatives took into consideration the values and beliefs of their community. This movement can be understood as an indexical shift of their lifeworld within the framework of HIV, something that was once evaded is now possible to be engaged with, approached, and interacted with in a considered manner.

A few of the participants were positive about incorporating HIV awareness into the school curriculum:

“Okay lang po ituro sa school para malaman namin.” – Participant 1

“Pwede po ituro, gusto po naming matuto.” – Participant 17

“Okey lang po i-seminar namin.” – Participant 14

“Mas okay po kung ituro sa subject like MAPEH or Science.” – Participant 14

As these comments show, the participants are not passively waiting to be taught. They wish to be educated, but in a setting that is safe, formal, and in a school environment. They do not deny HIV education as un-Islamic or irrelevant. Rather, they attempt to find a way for the teaching to happen in a manner that fits their ethical and societal frameworks. From a Husserlian perspective, this is a different kind of directedness—shifting HIV’s education focus from fear and bewilderment to an inquiry that is legitimate and rational.

As participants outline their preferences, they do so with unambiguous multicultural politeness. For instance, several underscored the necessity of employing gender-sensitive divisions during activities:

“Pwede po ituro, pero mas okay po kung hiwalay ang babae at lalaki.” – Participant 3

“Okay lang po ma’am pero mas comfortable kung seminar para lang sa girls.” – Participant 7

These responses demonstrate modesty and that gender segregation is not a barrier to learning, but a condition for learning. The intent is not to seclude, but to foster spaces where students feel free to participate without transgressing social or personal norms.

A few students pointed out that facilitators need to show respect alongside being knowledgeable, and should understand Islamic culture:

“Basta po hindi bastos ang magtuturo at hindi kami pinagtatawanan.” – Participant 9

“Dapat po yung speaker may respeto sa beliefs namin.” – Participant 13

“Okay lang po kahit sa school, basta hindi bastos at may alam sa Islam.” – Participant 16

These students' responses demonstrate how and why phenomenological reduction allows us to understand in full the instructional experience as more than an academic exercise; it is ethical and social. Teaching in the context of HIV is never neutral; it is emotionally and spiritually laden. The persona of the teacher—with regard to his or her Islamness—and the Islamness of the instructor are part of students' lived intentional experience. Therefore, method and manner are as integral as the material itself.

A few students even suggested specific and achievable actions towards raising awareness:

“Seminar po kada grade level, tapos hiwalay para comfortable.” – Participant 12

“Gusto ko po may pa-poster making at sharing para hindi boring.” – Participant 14

“May game-game siguro para hindi siya parang lecture.” – Participant 11

Active participation stems from the desire not to simply passively receive education. It reflects an awareness that goes beyond the troubling realities of HIV in their lives, embracing a vision of education that is collaborative, imaginative, and dignified.

The essence (eidos) of these responses captures a more bluntly stated approach: HIV awareness education does not face opposition, but rather, it must be placed within the moral architecture of their community. Participants are not refusing access but instead rejecting approaches that could potentially embarrass, violate, or confuse them. The shared experience is one of receptivity bounded by cultural reverence.

From the rich description, we extract not only the recommendations but also the emotions and ethics behind those recommendations. These students wish to learn without feeling shame. They wish to be educated without judgment. They wish the HIV discussions honor the faith that upholds them. One of the participants articulated this balance well:

“Okay lang po matuto, basta hindi kami pinapahiya at nirerespetuhan ang Islam.” – Participant 8

This statement, albeit simple, conveys the essence of the lived experience: respectful acknowledgment frames knowledge, and therefore, knowledge is welcomed. Thus, the direction is not just about providing information, but changing the deliberate experience of HIV from being regarded as taboo or sinful to being essential, respectful, and rooted in their identity.

CONCEPTUAL PARADIGM

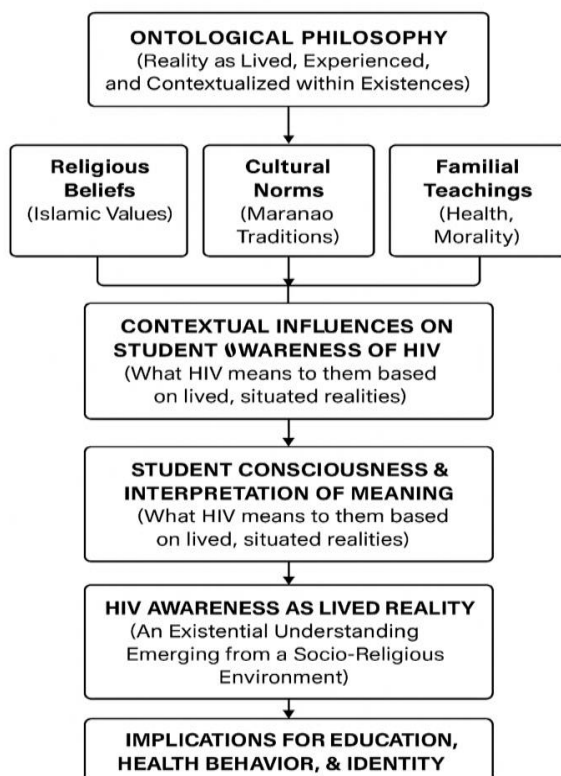


Figure 1: Self-developed paradigm entitled “Weaving Awareness: Threads of Faith, Culture, and Identity in the Tapestry of Being”

The visual paradigm entitled “Weaving Awareness: Threads of faith, culture, and identity in the tapestry of being” developed under the ontological philosophical lens presents HIV awareness not as a static form of knowledge, but as a deeply embedded human experience shaped by cultural, religious, and familial structures. The framework begins with **ontological philosophy** at its core — a view that emphasizes the nature of reality as lived, contextualized, and experienced. From this standpoint, reality is not something external or detached

from the individual; rather, it emerges through existence, in relation to the world, others, and oneself. This philosophical stance sets the stage for the exploration of HIV awareness among Muslim students as a dynamic and interpretive process of being.

From the ontological core flow three primary contextual influences: religious beliefs, cultural norms, and familial teachings. These boxes represent the foundational social frameworks that shape the students' worldview. Religious beliefs, particularly rooted in Islamic teachings, guide moral judgments, health practices, and perceptions of sexuality — all of which are central to how HIV is understood in a conservative setting. Simultaneously, cultural norms, especially those grounded in Maranao traditions, frame communal expectations and behavioral norms, adding layers of identity and societal obligations. Familial teachings also play a pivotal role, transmitting values, taboos, and narratives about health, morality, and responsibility from one generation to the next.

These three contextual influences do not operate in isolation. They interact and converge, shaping what is referred to in the next level of the framework as contextual influences on student awareness of HIV. At this stage, the focus is on how students receive, internalize, or even resist the messages they encounter about HIV within their lived realities. It is here that meaning starts to form, filtered through the interplay of culture, religion, and family dynamics. This layer acknowledges that students are not passive recipients of information — their understanding is formed within a specific socio-religious ecology.

Following this, the paradigm moves into the consciousness and interpretation of meaning. Here, the student's awareness is seen as a reflective process — a product of their ongoing interaction with their environment and their internal sense-making. This consciousness is not simply cognitive but existential; it concerns how students perceive the disease, themselves, and their place in the world in relation to the phenomenon of HIV. The interactions among beliefs, norms, and teachings continue to shape their perceptions, influencing whether HIV is seen as a threat, a taboo, a moral issue, or a health concern.

From this deep, interpretive process emerges the concept of HIV awareness as lived reality. This awareness is not merely an accumulation of information, but a manifestation of how students exist in relation to the phenomenon — how they embody, respond to, and live out their understanding of HIV. It is awareness colored by identity, ethics, and the values upheld in their communities. The phenomenon becomes not an external object to be studied but a lived, subjective experience that speaks to one's being-in-the-world.

Finally, this lived awareness informs implications for education, health behavior, and identity. What students know and believe about HIV has tangible consequences — it influences their health choices, openness to dialogue, participation in awareness campaigns, and even how they perceive individuals affected by the virus. Moreover, this awareness plays a role in shaping their emerging identities as young Muslims navigating modern health concerns within traditional boundaries.

In sum, the interaction between boxes in this paradigm illustrates a flow from being to becoming — from foundational philosophies of existence to concrete manifestations in behavior and identity. It respects the students' ontological positioning as meaning-makers in a world where awareness is not given but constructed, lived, and deeply felt.

SUMMARY, CONCLUSION, RECOMMENDATION

Summary

The phenomenological approach to this study is based on the experiences of Balindong National High School Muslim students with the awareness of HIV AIDS. Applying Husserl's descriptive phenomenology, this research concentrated on the awareness of HIV and AIDS among 19 participants and the associated stigma with HIV in relation to their religion and culture. This study was developed around five research questions aimed at exploring the dimensions and the structure of the experiences and perceptions of the students concerning HIV.

Concerning the first question: What are the students' perceptions of HIV and people living with HIV? The participants provided a glaring response to the illness HIV and its sufferers. Specifically, HIV was viewed as a

punishment resulting from sinful acts, particularly sexual immorality. Although most participants said that people living with HIV would attract their sympathy, it was clear that their understanding was characterized by religious and cultural silence. Moreover, the condition was not just a medical problem but also a marker of transgression. This aspect of their consciousness—how they perceive and experience HIV—was directed toward the societal expectations and the moral failings said to accompany it.

In responding to the second research question, the finding suggests a fragmented and inconsistent exposure landscape—What are the primary sources of HIV-related information among Muslim Senior High School students? Participants seemed to learn about HIV through religion, social media, and television dramas. There was no formal teaching in schools. The curriculum is void of HIV-related topics and references, even if cursory, were virtually absent. Encountering knowledge of HIV, then, was passive, incidental, and incomplete. This collective experience, when bracketed and distilled to its essence, points to a systemic gap in organized foundational education and purposeful pedagogy.

HIV education awareness is deeply impacted by cultural norms. This was the explanation for the third research question: “How do religious and cultural beliefs impact the awareness and understanding of HIV among the students?” This brought to light a unique feature of Islam, which is that it is both a protective and constraining force. Through this understanding, students grasped that faith, to some extent, shielded them from the morally reprehensible HIV risk factors of premarital sexual relations. Nonetheless, this religious support also stifled communication, rendering HIV a taboo subject within families, schools, and communities. The phenomenological reduction showed that the lived experience of HIV awareness is deeply tautological, suspended in tension: the desire to understand but shrouded in spiritual discipline.

As for the answer to the fourth research question: “What do the students consider as the challenges or barriers to obtaining precise information on HIV?” Participants mentioned discomfort, shame, and institutional silence. HIV and its associated topics were excluded from the formal curricula and were thought of as too shameful or taboo to discuss. There was a lack of resources or technology that could, metaphorically, bridge this chasm. These students faced not only tangible barriers but also experiential barriers. The students were situated in a context where the existence of HIV knowledge was denied, ignored, shunned, or deemed morally objectionable.

Ultimately, the fifth research question is: What recommendations can students offer for culturally sensitive HIV awareness programs?—Altered students’ answers in a very interesting way. Participant discomfort was set aside as a majority embraced the concept of HIV education, if it was given respectfully and within appropriate gendered, religious, and cultural frameworks. Suggestions included seminar-style lectures with gender-segregated groups and facilitators who observe and uphold Islamic norms. Their attitudinal shift demonstrated a willingness to engage with the material and a deep desire for secure, well-informed environments where HIV discourse is free from stigma and fear.

In sum, the results of this study elucidate the core of HIV awareness, or rather the lack of it, among the Muslim youth in this context: an experience defined mainly by an absence of information, silence, ethical dictates, limited investigation, and rudimentary yearning for culturally respectful education. Through description, devoid of evaluation or speculation, this study captures how HIV is understood, neglected, feared, and approached with caution in the lifeworld of Islam and the culture of Senior High School students in Lanao del Sur.

Conclusion

Based on the in-depth analysis of the lived experiences of 19 Muslim Senior High School students from Balindong National High School, several significant conclusions emerged, reflecting both the unique cultural-religious context and the universal human desire for understanding and protection.

HIV is perceived more as a moral issue than a medical one.

Students understood HIV not as a medical condition, but rather through a moral and religious framework. They focused not on medical symptoms and scientific explanations, but on concepts of sin, punishment, and God’s will. This purposeful focus suggests that for these students, HIV dwells predominantly within ethical dimensions, and belief guides comprehension. Consequently, perceptions of HIV do not stem primarily from a medical

viewpoint but from behavioral considerations, and this suggests the need to shift the focus of the experience of HIV from a moral failing to a public health issue.

There is a profound absence of structured, accurate, and contextual HIV education.

Students' understanding of HIV is often a disconnected mosaic pieced together from social media and television, which can be quite misleading. There is no attempt by educators to convey information in a systematic way, and the absence of structured teaching leads to vague confusions, unchallenged falsehoods, and pedagogy devoid of proper cognitive scaffolding.

Islam is both a protective barrier and a limiting structure.

Religion, in providing spiritual protective factors and moral direction, eliminates certain risks for students, such as premarital sex and drug use. However, these same religious tenets help in the perpetuation of stigma and shame in discussing healthcare. The essence of this duality is the embrace of ordered structure, and at the same time, discourages much-needed dialogue, which complicates the integration of one's spiritual identity with the imperative of frank discussions on health.

Barriers to HIV awareness are not only material but also phenomenological.

Above and beyond limited resources and funding, obtaining information involves discomfort, restrictions of emotion, societal customs, and expectations. A community's standards can be more conservative, alongside shame and the fear of being judged, can restrain questioning. Rather than passive restrictions, these can be seen as active parts of the mind that sustain what students deem permissible to wish to inquire about, and know. Thus, people live the experience of HIV as an unexpressed reality of the social world that exists beyond social dialogue.

Students are willing and ready to engage in HIV education if delivered respectfully.

With some reluctance, participants showed willingness to learn about HIV only if that approach respects their faith, culture, and dignity. Their proposals show a hope for a balanced approach: knowledge alongside modesty, education interwoven with morality. This willingness suggests that phenomenological change is possible. With value-based education, students begin to see HIV not as a taboo subject but as a vital communal concern.

Overall, the research concludes that the awareness of HIV infection among Muslim students of Balindong National High School is marked by the absence, silence, and constraint alongside curiosity, faith, and a willingness to learn respectfully. The aim is not just to supply data, but instead, to transform the position of HIV in the students' lives—from a source of stigma to a source of strength anchored in culture and scientific truth.

Recommendations

Based on the observations made from the experiences of Muslim Senior High School students regarding HIV awareness, the following recommendations are made. Each of the recommendations corresponds with the identified stakeholders in the "Significance of the Study" section, thereby ensuring relevance, alignment, and responsiveness to the sociocultural and educational milieu of Muslim adolescents.

For Students: Empowering Learners Within Cultural and Religious Frameworks

Embed HIV Education in the Senior High School Curriculum

HIV reframing should extend to MAPEH, Science, and Values Education, wherein HIV topics are approached with cultural sensitivity. Instruction needs to be more than clinical; it should incorporate Islamic teachings on health, personal responsibility, and modesty so that the information presented is not only affirming but also accessible and non-threatening.

Utilize Peer Education Approaches

Engage students as peer educators to facilitate HIV discussions in respectful local dialects. This approach fosters openness and minimizes fear for student participants who are otherwise reluctant to engage with adults on sensitive issues.

For Teachers and School Administrators: Strengthening Instructional and Institutional Support

Train Teachers and School Health Personnel in Faith-Respectful Communication Strategies

Conduct capacity-building workshops on honoring Islamic perspectives when discussing sensitive subjects such as HIV. Instruction should cover how to manage discomfort, respond to questions sensitively, and avoid stigmatization effectively.

Implement Gender-Specific and Values-Based HIV Awareness Seminars

Separate sessions for male and female students will be conducted to help them maintain cultural modesty and create an environment for candid discussions. Engage respectful of Islam, such as Muslim health practitioners or educators, to ensure the seminar is value-aligned.

For Parents and Community Leaders: Encouraging Faith-Guided Dialogue and Support

Encourage Safe Family and Community Dialogue on Health Topics

Create school-based seminars or modules aimed at equipping parents and guardians with the skills of discussing HIV and health from a value-centered perspective. Working with community and religious leaders can help shift attitudes toward talking about HIV at home without violating religious tenets.

For Health Educators and NGOs: Designing Credible and Contextualized Materials

Develop Faith-Integrated IEC (Information, Education, Communication) Materials

Create educational posters, brochures, and digital resources that integrate health information with Islamic teachings and quotations. The materials should be designed in collaboration with health professionals and Islamic scholars, and their distribution should be through schools, health centers, and local mosques for wider community accessibility.

For Policymakers and Curriculum Developers: Institutionalizing Inclusive Health Education

Promote Confidential Health Services and Counseling in Schools

Provide culturally appropriate and confidential counseling and health services at the school level where students can freely ask questions or request for assistance. The health services must be provided by properly trained and culturally competent personnel, and religious and community sensitivity must be taken into account.

For Future Researchers: Expanding and Validating the Cultural Lens

Conduct Further Community-Based Research. This study can be duplicated in other Muslim majority schools, madrasahs, or Mindanao provinces to determine if similar themes can be identified. These comparisons will be useful to the DepEd, LGUs, and health offices in developing sustainable, inclusive, and local HIV education programming.

These proposals aim to address the reliance on scientific explanation divorced from faith by providing HIV education that upholds identity, cultural appreciation, and safeguarding. True HIV education in this context must not merely inform—it must *transform*, by entering the lifeworld of students and nurturing understanding from within.

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