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Love, Sexual Intimacy, and Relationship Satisfaction Among Persons Living with Human Immunodeficiency Virus

Gregorio S. Naldo, Jr.
Lyceum of the Philippines University - Batangas

Abstract

Living with human immunodeficiency virus (HIV) involves not only medical concerns but also complex emotional, interpersonal, and social experiences that may influence romantic relationships. This study examined how persons living with HIV experience love, sexual intimacy, and relationship satisfaction and used the findings as the basis for a psychoeducational relationship-support intervention. A qualitative multiple-case design was employed with four purposively selected gay and bisexual men living with HIV in the Philippines who were in established romantic relationships. Data were collected through semi-structured interviews, transcribed verbatim, and analyzed using inductive thematic analysis with within-case and cross-case comparison. Three cross-case themes emerged: Reclaiming Authentic Connection Through Acceptance, Trust, and Resilience; Rebuilding Intimate Connection Through Mutual Trust, Open Communication, and Shared Responsibility; and Sustaining Enduring Partnerships Through Commitment, Mutual Support, and Shared Purpose. Participants initially described self-stigma, fear of rejection, disclosure concerns, transmission-related anxiety, and uncertainty about relationship stability. Over time, self-acceptance, partner acceptance, honest communication, treatment adherence, shared responsibility, and mutual support contributed to greater relational security and satisfaction. Relationship satisfaction was understood not as the absence of difficulties but as confidence in the partners' ability to manage challenges together while maintaining commitment and shared future goals. The findings support integrating relationship-centered psychosocial care, communication support, responsible intimacy, and stigma reduction into HIV services.

Keywords: *HIV; romantic relationships; sexual intimacy; relationship satisfaction; relational resilience; psychosocial support*

1. Introduction

Romantic love, sexual intimacy, and relationship satisfaction are central dimensions of interpersonal life and psychological well-being. For persons living with HIV (PLHIV), however, these experiences may develop within a distinctive set of emotional, social, and relational conditions. In the Philippines specifically, longitudinal analyses of HIV incidence, prevalence, and antiretroviral treatment coverage indicate substantial shifts in the epidemic over the past three decades, even as psychosocial and relational challenges have persisted alongside biomedical progress (Atento et al., 2026). Although advances in HIV treatment have substantially transformed the experience of living with the condition, interpersonal consequences may persist through concerns regarding stigma, disclosure, rejection, transmission, and acceptance. These concerns can influence how individuals understand themselves as romantic partners, how they approach intimacy, and how they evaluate the stability and quality of their relationships (Iveniuk et al., 2022; Norman et al., 2024; Romijnders et al., 2025).

Improved biomedical outcomes do not automatically eliminate the psychosocial challenges associated with intimate relationships. PLHIV may continue to experience fear of judgment, apprehension about disclosing their status, uncertainty about whether a partner will remain in the relationship, and anxiety regarding sexual intimacy. Such concerns may contribute to avoidance, emotional withdrawal, diminished self-confidence, and isolation. At the same time, supportive romantic relationships can provide an important psychosocial resource by reducing the effects of anticipated stigma and strengthening emotional security and treatment-related support (Gutin et al., 2023; Nyblade et al., 2021).

Sexual well-being is similarly intertwined with psychological and relational factors. Research indicates that stigma and concerns related to HIV can remain associated with sexual satisfaction even in the era of effective biomedical prevention (Milewska-Buzun et al., 2023; Norman et al., 2024). Consequently, intimacy among PLHIV cannot be understood solely as a matter of sexual behavior or biomedical risk. It also involves emotional closeness, trust, communication, disclosure, partner safety, and the shared management of health-related responsibilities.

The relational significance of HIV becomes particularly visible in decisions concerning disclosure, trust, health practices, emotional vulnerability, and future plans. For some individuals, intimacy may initially become associated with risk and uncertainty; for others, partner acceptance and collaborative coping may provide opportunities to rebuild self-worth and relational confidence. Philippine research involving gay men in HIV-serodiscordant relationships has likewise emphasized openness, trust, emotional support, and acceptance as central to sustaining intimate partnerships (Acaba, 2018). More recent work on Filipino gay and bisexual men living with HIV demonstrates how stigma intersects with identity and may shape self-acceptance, emotional recovery, and social relationships (Pamoso et al., 2025).

Research on HIV-affected couples further suggests that relational coping is not simply an individual process. Supportive couple relationships may buffer the harmful effects of HIV stigma (Gutin et al., 2023), while dyadic coping can contribute to relationship satisfaction and cohesion when partners respond to stress through shared emotional support and problem-solving (Hou et al., 2025). These findings indicate that the couple relationship may function as an important context for psychological adaptation and health-related behavior.

Despite this growing literature, an important gap remains in understanding how love, sexual intimacy, and relationship satisfaction are experienced together as an integrated relational process. Much existing research examines stigma, treatment adherence, sexual satisfaction, communication, or coping as separate domains. Less is known about how PLHIV reconstruct romantic identity, rebuild intimate confidence, and sustain satisfying partnerships after diagnosis, particularly within the Philippine sociocultural context. This gap is consequential because relationship-centered interventions require an understanding of how these domains interact in everyday life rather than in isolation.

Accordingly, this study examined the experiences of persons living with HIV in relation to love, sexual intimacy, and relationship satisfaction. It sought to describe relevant participant and relationship characteristics, explore how participants understood and experienced love, examine their experiences of sexual intimacy and relationship satisfaction, and use the findings as the basis for a psychoeducational relationship-support intervention.

2. Review of Related Literature

2.1 HIV, Stigma, and Relational Well-Being

Advances in antiretroviral therapy have transformed HIV into a manageable chronic condition for many people with access to treatment, yet the psychosocial consequences of diagnosis remain significant. HIV-related stigma may operate through anticipated rejection, internalized negative beliefs, and discriminatory social responses, shaping how individuals perceive themselves and approach social and intimate relationships (Nyblade et al., 2021). Psychological responses to diagnosis can include fear, uncertainty, social withdrawal, and concern regarding future relationships, underscoring the importance of early psychosocial support (Ninnoni et al., 2023).

Stigma becomes particularly consequential in intimate relationships because disclosure may be experienced as a test of acceptance and belonging. Supportive couple relationships can buffer the adverse effects of stigma and reinforce emotional and treatment-related stability (Gutin et al., 2023). In the Philippine context, intersectional stigma among gay and bisexual men living with HIV may involve the simultaneous negotiation of HIV status, sexual identity, social expectations, and access to supportive relationships (Pamoso et al., 2025). These findings indicate that relational well-being among PLHIV cannot be understood solely in biomedical terms; it is also shaped by the social meanings attached to HIV and by the responses of significant others.

2.2 Love, Acceptance, Trust, and Relational Resilience

Love in relationships affected by HIV can serve both emotional and adaptive functions. Acceptance, honesty, companionship, and commitment may reduce fears surrounding disclosure and help individuals reconstruct a sense of relational worth. Among Filipino HIV-serodiscordant gay couples, Acaba (2018) documented the importance of trust,

communication, and relational negotiation in sustaining intimate partnerships. Similar work with mixed-status couples has shown that resilience may involve incorporating HIV into everyday life without allowing it to become the defining feature of the relationship (Yang et al., 2023).

Partner acceptance may be especially important after experiences of anticipated or actual rejection. Psychosocial support for HIV-serodiscordant couples emphasizes the value of mutual understanding, communication, and emotional assistance in sustaining the partnership (Lelaka et al., 2022). Research on gay serodiscordant couples has also described the effort to establish a sense of relational normality while continuing to manage public stigma and HIV-related concerns (Philpot et al., 2020). Couple-based intervention research further suggests that strengthening communication, emotional connection, and shared problem-solving may be useful in HIV-affected relationships (Hampanda et al., 2021).

Taken together, the literature suggests that relational resilience is not simply an individual ability to endure adversity. It is also created through interpersonal processes in which partners disclose, respond, communicate, reassure, and remain committed. Love in this context therefore includes the reconstruction of self-worth, the experience of being accepted as a whole person, and the development of trust sufficient to sustain vulnerability.

2.3 Sexual Intimacy, Communication, and Shared Responsibility

Sexual intimacy among PLHIV is influenced by more than physical sexual activity. It may include emotional closeness, disclosure, trust, knowledge of HIV, treatment adherence, perceived partner safety, and the ability to discuss concerns without judgment. This relational function of disclosure is consistent with broader psychological research linking fear of intimacy to difficulties in self-disclosure across other populations (Qi, 2026). Studies of sexual well-being among PLHIV indicate that satisfaction may remain affected by stigma, anxiety, and other psychosocial factors even when treatment has reduced biomedical risk (Milewska-Buzun et al., 2023; Norman et al., 2024).

Open communication is therefore central to intimate security. Communication regarding sexual agreements and expectations can support confidence and collaborative decision-making among male couples (Neilands et al., 2021). Contemporary communication about Undetectable = Untransmittable (U=U) also illustrates how biomedical knowledge can reshape perceptions of sexual risk, although effective communication requires accurate and culturally responsive explanation (Grace et al., 2022). In addition, research in Indonesia found that spousal intimacy was associated with antiretroviral therapy adherence, reinforcing the close relationship between intimate partnership and health behavior (Wardhani & Yona, 2021).

These findings support a relational interpretation of responsible intimacy. Treatment adherence, disclosure, informed decision-making, respect for boundaries, and partner safety can become shared practices rather than burdens placed exclusively on the person living with HIV. Sexual intimacy may therefore be rebuilt through a combination of biomedical knowledge and interpersonal trust.

2.4 Relationship Satisfaction, Dyadic Coping, and Mutual Support

Relationship satisfaction among HIV-affected couples may be influenced by emotional support, communication, coping, commitment, sexual adjustment, and the ability to manage health-related stress jointly. This is broadly consistent with general relationship research identifying trust and communication as significant predictors of adult romantic relationship satisfaction (Gabriel et al., 2026). Faraji et al. (2021) found that marital contentment among couples affected by HIV must be interpreted alongside quality of life and the relational context rather than HIV status alone. Supportive couple relationships may also mitigate the impact of HIV stigma on treatment adherence (Gutin et al., 2023).

Dyadic coping extends this perspective by recognizing that stress experienced by one partner affects both members of the relationship. In a daily diary study of HIV-serodiscordant male couples, Hou et al. (2025) showed the relevance of shared coping processes to relationship functioning. Mutual emotional support, collaborative problem-solving, and joint management of stress can therefore become relational resources rather than merely individual responses to illness. Philippine evidence also demonstrates the importance of perceived social support and coping in the psychological well-being of women living with HIV (Melgar et al., 2022).

Relationship satisfaction in the context of HIV should therefore not be equated with the absence of conflict or stress. It may instead reflect confidence in the partnership's ability to withstand challenges. Commitment, reciprocal care, collaborative coping, and a shared orientation toward the future can sustain a sense of relational stability even when HIV-related concerns remain present.

2.5 Synthesis and Research Gap

The reviewed literature consistently indicates that stigma, acceptance, trust, communication, sexual safety, coping, and partner support are interrelated dimensions of intimate life among PLHIV. Supportive partnerships can function as psychosocial resources, while fear of rejection and stigma can undermine self-worth and intimacy. Yet many studies continue to examine these experiences as separate concerns, such as treatment adherence, sexual satisfaction, stigma, or coping.

Less is known about how PLHIV integrate these experiences over time and reconstruct a meaningful intimate life following diagnosis, especially in the Philippine setting. A qualitative multiple-case approach is useful for examining how acceptance, trust, sexual intimacy, commitment, and shared purpose interact within actual relationships. The present study addresses this gap by analyzing love, sexual intimacy, and relationship satisfaction as interconnected relational processes and by translating the findings into a psychosocial relationship-support intervention.

3. Methodology

3.1 Research Design

The study employed a qualitative multiple-case design to examine the experiences of persons living with HIV in relation to love, sexual intimacy, and relationship satisfaction. The multiple-case approach enabled examination of each participant as an individual case while also permitting comparison of patterns across cases (Yin, 2018). A similar multiple-case approach with within-case and cross-case synthesis has been used in Philippine psychological research examining trauma, self-compassion, and self-forgiveness (Manibo, 2026). Analysis therefore incorporated both within-case interpretation and cross-case synthesis.

3.2 Participants and Sampling

Four purposively selected participants took part in the study. They were men who have sex with men, including gay and bisexual men living with HIV in the Philippines. Inclusion criteria required participants to be at least 18 years old, to have been diagnosed with HIV for at least one year, to be currently involved in a romantic relationship, and to voluntarily agree to discuss their experiences of love, sexual intimacy, and relationship satisfaction. Purposive sampling was used to identify information-rich cases directly relevant to the research questions (Tracy, 2020).

3.3 Research Instrument

Data were collected using a semi-structured interview guide developed for the study. Open-ended questions were aligned with the research objectives and allowed participants to describe their experiences in their own terms while permitting probing and follow-up questions when clarification was needed. The interview guide was reviewed by specialists in the relevant area to support cultural sensitivity, ethical appropriateness, and alignment with the study purpose. Interviews were conducted in English or Filipino according to participant preference.

3.4 Data Gathering Procedure

Potential participants were recruited through HIV support groups and through coordination with counselors and health practitioners. Institutional ethical review was obtained before data collection, and participants completed informed consent procedures. Face-to-face in-depth interviews were conducted in private settings, audio-recorded with permission, and typically lasted 60 to 90 minutes. The researcher maintained a reflexive journal and transcribed the interviews verbatim after data collection.

3.5 Data Analysis

The interview data were analyzed using inductive thematic analysis. Following Braun and Clarke (2006), the researcher repeatedly read the transcripts for familiarization, generated codes from the raw data, organized related codes into subcategories and categories, and developed themes that addressed the research questions. Within-case analysis

preserved the distinctive experience of each participant, while cross-case analysis identified commonalities and recurring patterns across the four cases.

3.6 Ethical Considerations

Participation was voluntary, and participants were informed of the study's purpose, procedures, and their right to withdraw without penalty. Pseudonyms were used in the source study to protect identity, while the present article refers to participants by case number. Confidentiality and emotional safety were prioritized because the interviews addressed HIV status, sexuality, and intimate relationships. Participants were debriefed after interviews and could be referred for counseling when appropriate. Research data were stored securely and used only for purposes related to the study.

4. Results and Discussion

4.1 Participant Characteristics

The four participants were men living with HIV who were in established same-sex romantic relationships at the time of the interviews. They ranged from 29 to 38 years of age, had lived with HIV for approximately four to nine years, and had been in their current relationships for approximately three to more than five years.

Table 1. *Participant Characteristics*

Participant	Age	Years Living with HIV	Current Relationship Duration
Participant 1	34	4 years	More than 4 years
Participant 2	29	Almost 4 years	3 years
Participant 3	38	9 years	More than 5 years
Participant 4	34	Approximately 6 years	More than 4 years

Across the four cases, three overarching patterns emerged corresponding to the principal relational domains of love, sexual intimacy, and relationship satisfaction.

Table 2. *Cross-Case Themes of Love, Sexual Intimacy, and Relationship Satisfaction*

Relational Domain	Overarching Theme	Core Categories	Cases
Love	Reclaiming Authentic Connection Through Acceptance, Trust, and Resilience	Acceptance; mutual trust; relational resilience	1, 2, 3, 4
Sexual Intimacy	Rebuilding Intimate Connection Through Mutual Trust, Open Communication, and Shared Responsibility	Mutual trust; open communication; responsible intimacy	1, 2, 3, 4
Relationship Satisfaction	Sustaining Enduring Partnerships Through Commitment, Mutual Support, and Shared Purpose	Commitment; mutual support; shared purpose	1, 2, 3, 4

4.2 Love: Reclaiming Authentic Connection Through Acceptance, Trust, and Resilience

The first cross-case theme describes how participants reconstructed their understanding of love after HIV diagnosis. Although their personal histories differed, each participant experienced uncertainty concerning acceptance, disclosure, rejection, or personal worth. Across cases, love gradually became associated less with idealized romantic attachment and more with self-acceptance, honesty, mutual trust, and the capacity to remain emotionally connected despite adversity.

Self-acceptance was an important starting point. Participant 1 initially believed that the diagnosis had diminished his desirability as a romantic partner, but later separated his medical condition from his personal worth. Participant 2

initially avoided romantic vulnerability because disclosure might lead to rejection, then came to view honesty and emotional openness as necessary for authentic connection. Participant 3 had experienced actual rejection following disclosure and subsequently rebuilt confidence through emotional healing and the acceptance of a later partner. Participant 4 similarly described movement from self-stigmatization toward self-acceptance, honesty, and mutual acceptance.

The pattern across cases therefore involved acceptance, mutual trust, and relational resilience. Participants did not describe love as the absence of HIV-related difficulty. Rather, they experienced love as the process of being known beyond the diagnosis and continuing to choose honesty, empathy, understanding, and commitment. This pattern is consistent with Philippine findings emphasizing trust and communication within HIV-serodiscordant gay relationships (Acaba, 2018) and with research describing resilience as the integration of HIV into relational life without allowing it to define the partnership (Yang et al., 2023).

> *"I have HIV, but that does not mean that I am no longer worthy of being loved."* (Participant 1, translated from Filipino)

4.3 Sexual Intimacy: Rebuilding Intimate Connection Through Mutual Trust, Open Communication, and Shared Responsibility

The second cross-case theme captures participants' experiences of sexual intimacy following HIV diagnosis. Fear and uncertainty were present across the cases, particularly regarding transmission, partner safety, disclosure, and the possibility that HIV would prevent a satisfying intimate life. Over time, participants described movement toward greater security through HIV knowledge, treatment adherence, communication, trust, and shared responsibility.

Participant 1 initially avoided sexual intimacy because he feared harming his partner. Learning more about HIV treatment and discussing decisions openly reduced this fear and allowed responsibility to become shared rather than individually borne. Participant 2 emphasized emotional safety and open communication. Participant 3 described rebuilding confidence through responsible behavior, treatment adherence, and mutual understanding. Participant 4 emphasized dialogue, emotional closeness, treatment adherence, and shared responsibility as foundations for meaningful intimacy.

Across all four cases, mutual trust, open communication, and responsible intimacy formed the common pattern. Participants did not define restored intimacy simply as the resumption of sexual activity. Instead, intimacy was associated with feeling emotionally secure, being able to discuss concerns, making informed decisions, and protecting the well-being of both partners. This supports evidence that HIV-related sexual well-being remains linked to stigma and relationship context (Milewska-Buzun et al., 2023; Norman et al., 2024) and that communication and accurate U=U information can reshape how partners understand sexual safety (Grace et al., 2022; Neilands et al., 2021).

> *"We agreed that both of us were responsible for each other's safety. I was not the only one taking precautions; we both made appropriate decisions so that we could feel secure in our relationship."* (Participant 1, translated from Filipino)

4.4 Relationship Satisfaction: Sustaining Enduring Partnerships Through Commitment, Mutual Support, and Shared Purpose

The third cross-case theme describes how participants understood satisfaction within their relationships. Relationship satisfaction was not equated with the absence of conflict, health concerns, or relational stress. Rather, it was associated with confidence that difficulties could be managed together through commitment, reciprocal assistance, shared coping, and common goals.

Participant 1 linked satisfaction to personal growth, commitment, and emotional support. Participant 2 emphasized shared resilience, mutual encouragement, and commitment to a continuing future together. Participant 3 described the partnership as strengthened by resilience, reciprocal assistance, and common life goals, while Participant 4 emphasized trust, mutual support, and shared aspirations. Across all four cases, commitment, mutual support, and shared purpose were consistently present.

This pattern is compatible with evidence that HIV-affected couples can sustain relationship satisfaction through mutual understanding and support (Faraji et al., 2021) and that dyadic coping processes are relevant to relationship

functioning among serodiscordant male couples (Hou et al., 2025). The findings suggest that satisfaction may be better understood as relational capacity: the confidence that partners can face continuing challenges together while maintaining care, commitment, and a shared future orientation.

> *"Whenever I feel discouraged, he does not let me face it alone. He always reminds me that I am not fighting alone; we are fighting together. That is when I feel happy and fulfilled in our relationship."* (Participant 1, translated from Filipino)

4.5 Psychosocial Relationship Enrichment Intervention

The findings informed a psychosocial relationship enrichment intervention organized around five areas: self-acceptance and emotional healing; love, trust, and honest communication; healthy sexual intimacy; relationship satisfaction and mutual support; and community support and HIV stigma reduction. The intervention translates the principal relational difficulties and adaptive processes identified in the cases into structured areas for psychosocial support.

Self-acceptance activities address internalized stigma and fear of rejection; communication and trust-building activities respond to the importance of disclosure and emotional openness; sexual-health psychoeducation addresses anxiety and responsible intimacy; couple resilience and shared-goal activities respond to mutual support and future orientation; and community activities address the wider stigma experienced by PLHIV. The intervention is therefore an applied product derived from the qualitative findings rather than an independently tested treatment program.

4.6 Discussion

Across the three relational domains, participants' narratives reflected a movement from threat and uncertainty toward relational reconstruction. HIV initially introduced concerns involving rejection, disclosure, stigma, transmission, and diminished self-worth. Over time, participants developed relational resources - acceptance, trust, communication, responsibility, commitment, mutual support, and shared purpose - that enabled them to integrate HIV into their relationships without allowing the diagnosis to define the relationship itself.

The findings concerning love reinforce previous research on partner acceptance and relational resilience. Supportive relationships may reduce the effects of HIV stigma (Gutin et al., 2023), while mixed-status couples may develop a sense of ordinary relational life by incorporating HIV without centering the partnership on the condition (Philpot et al., 2020; Yang et al., 2023). The present cases add detail to this process by showing that self-acceptance and partner acceptance appeared to reinforce each other. Participants often became more capable of viewing themselves as worthy partners when significant others responded with acceptance and continued commitment.

Disclosure likewise functioned as more than the transmission of health information. It was experienced as a moment of vulnerability through which participants tested the trustworthiness and durability of the relationship. Supportive responses transformed disclosure from an anticipated threat into a mechanism for building relational security. This finding aligns with Acaba's (2018) account of Filipino HIV-serodiscordant gay couples, in which trust, disclosure, and communication are central to relationship negotiation.

The sexual-intimacy findings show that responsible intimacy operated as a dyadic process. Participants linked intimate confidence with treatment adherence, accurate knowledge, communication, joint decision-making, and emotional reassurance. This is consistent with research connecting spousal intimacy and health behavior (Wardhani & Yona, 2021) and with U=U communication research demonstrating the importance of translating biomedical knowledge into meaningful interpersonal understanding (Grace et al., 2022). Responsibility therefore shifted from an individual burden carried by the person living with HIV toward a shared relational practice.

Relationship satisfaction was similarly grounded in dyadic coping. Participants did not describe satisfying relationships as problem-free. Instead, satisfaction emerged through mutual support, shared coping, commitment, and future planning. Hou et al. (2025) likewise emphasize dyadic coping processes among HIV-serodiscordant male couples, while Melgar et al. (2022) demonstrate the psychological importance of social support among women living with HIV in the Philippines. Together, these findings support the view that relational support is not merely an outcome of successful adjustment but may be one of the mechanisms through which adjustment occurs.

From a behavioral and social perspective, the findings suggest a coherent relational sequence: acceptance helps restore relational self-worth; trust and communication enable intimacy; shared responsibility promotes intimate security; and commitment, support, and common goals sustain relationship satisfaction. These processes are analytically distinct but interconnected. Psychosocial support for PLHIV may therefore be strengthened when relational life is treated as an integrated system rather than through isolated interventions focused only on stigma, treatment adherence, or sexual risk. This integrated view of support parallels findings in other caregiving contexts, where addressing emotional, identity-related, and coping dimensions together, rather than through fragmented services, is associated with more effective psychosocial support (Quinto et al., 2026).

5. Conclusions, Recommendations, and Implications

5.1 Conclusions

The study demonstrates that living with HIV does not preclude meaningful, intimate, and satisfying romantic relationships. Across the four cases, self-acceptance, partner acceptance, trust, communication, shared responsibility, mutual support, and commitment enabled participants to manage the interpersonal challenges associated with HIV.

In relation to love, participants initially experienced fear of rejection, self-stigma, and diminished confidence as romantic partners. Over time, love was increasingly understood as honesty, acceptance, empathy, trust, and the continuing decision to remain committed. In relation to sexual intimacy, participants moved from anxiety about transmission and safety toward greater confidence through HIV knowledge, treatment adherence, communication, informed decision-making, and shared responsibility. Relationship satisfaction was grounded in the partners' ability to confront challenges together through mutual support, collaborative coping, commitment, and shared future goals.

Taken together, the findings indicate that HIV became one element within the broader relationship rather than its defining feature when couples were able to build trust, communicate openly, assume shared responsibility, and maintain a common orientation toward the future. The study therefore supports a relational understanding of psychosocial adaptation to HIV in which individual adjustment and partner interaction are closely interconnected.

5.2 Recommendations

HIV treatment centers may strengthen existing services by incorporating relationship-centered psychosocial support alongside routine medical care. Relevant services may include individual counseling, preparation for disclosure, communication-focused interventions, sexual-health counseling, and referral for psychological concerns. Couple involvement should remain voluntary and should occur only when emotional and interpersonal safety can be maintained.

Clinical psychologists, counselors, and other qualified professionals may use the proposed psychosocial relationship enrichment intervention as a structured support resource for gay and bisexual men living with HIV. The intervention should emphasize self-acceptance, honest communication, trust development, responsible intimacy, mutual coping, and shared future planning. Couple-based approaches should be adapted carefully to the circumstances of the participants and should not assume that partner involvement is appropriate in every case (Hampanda et al., 2021; Lelaka et al., 2022).

Healthcare providers should continue to provide accurate, current, and non-stigmatizing information concerning treatment adherence, viral suppression, sexual health, consent, safer-sex practices, and shared decision-making. Community organizations and advocacy groups may likewise strengthen anti-stigma efforts and confidential support environments in which PLHIV can discuss relationship and sexuality concerns without fear of judgment.

Future research should include broader participant groups, including women, transgender individuals, heterosexual men, and other HIV-affected populations. Longitudinal and dyadic designs may also clarify how love, intimacy, coping, and relationship satisfaction develop over time and how the perspectives of both partners converge or differ.

5.3 Implications of the Study

The findings indicate that HIV-related adjustment should not be treated solely as an individual psychological process. Participants' accounts show that adaptation was also relational: self-worth was reinforced by partner acceptance, intimate confidence developed through communication and shared responsibility, and relationship

satisfaction was sustained through mutual support and common goals. Psychosocial interventions may therefore benefit from incorporating the couple or relational context when appropriate and ethically safe.

The study also provides a behavioral explanation for how intimate relationships can function as protective psychosocial resources. Acceptance may counter internalized stigma; honest disclosure may strengthen trust; shared responsibility may reduce anxiety surrounding intimacy; and collaborative coping may reinforce commitment and stability. These behaviors are not merely outcomes of adjustment but may contribute to adjustment itself.

For HIV care, the findings suggest that treatment adherence, sexual-health knowledge, disclosure, communication, emotional support, and relationship planning operate together rather than independently. Medical management may therefore be complemented by psychosocial and relational support. At the community level, stigma reduction remains essential because stigma can influence self-perception, disclosure, intimacy, and relationship security (Nyblade et al., 2021; Pamoso et al., 2025).

The broader contribution of the study lies in showing that love, sexual intimacy, and relationship satisfaction among PLHIV are interconnected relational processes rather than isolated psychosocial variables. The cases illustrate how individuals and partners negotiate stigma, vulnerability, safety, trust, responsibility, and future orientation within intimate relationships.

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