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HIV and AIDS–Related Stigma Among Young Adults in Malaysia: A Quantitative Study

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ABSTRACT
HIV and AIDS–related stigma remains a persistent public health challenge despite advances in treatment and extensive awareness efforts. This study examines public perceptions, levels of stigma, and the influence of media and public health campaigns on HIV and AIDS among young adults in Malaysia. A quantitative survey design was employed involving 61 respondents aged 18 to 31 years. Data were collected using a structured questionnaire measuring perceptions of HIV and AIDS, stigma intensity, and perceived media and campaign effectiveness. Descriptive statistical analyses were conducted to address the research objectives. The findings reveal a generally high level of awareness regarding key HIV transmission routes, particularly blood transfusion and unprotected sexual contact. However, misconceptions persist, especially concerning non-transmission routes such as mosquito bites and casual contact. Overall, young adults exhibited moderate levels of stigma, characterised by fear of contracting HIV and discomfort in routine social interactions with people living with HIV and AIDS. These perceptions indicate that misinformation continues to influence emotional responses and social distancing behaviours. Media and public health campaigns were perceived as moderately effective in shaping public opinion and raising awareness. Nevertheless, respondents demonstrated limited willingness to engage in active advocacy behaviours, such as sharing HIV-related information on social media. The study underscores the need for targeted, culturally sensitive educational initiatives and more engaging media strategies to reduce stigma, improve public understanding, and promote inclusive attitudes towards people living with HIV and AIDS among young adults in Malaysia.

Keywords: HIV and AIDS stigma, young adults, public perception, media influence, Malaysia

INTRODUCTION

Since the start of the HIV/AIDS epidemic in the early 1980s, public perception about the disease has changed dramatically. Initially, HIV was heavily stigmatized and linked with marginalized populations such as drug users and gay men, resulting in widespread discrimination, fear, and ostracism. The public's limited awareness of the virus, its transmission techniques, and the lack of viable therapies at the time all contributed to the development of these negative opinions (Deeks et al., 2021). The media's presentation of HIV/AIDS fueled these preconceptions, promoting a story of fear and societal divide.

Over time, initiatives to counteract stigma and disinformation have had various degrees of success. Educational activities, public health campaigns, and considerable advances in medical care have all played important roles in changing the public's perception of HIV/AIDS. These initiatives have resulted in increased acceptance and awareness of HIV as a worldwide health concern, highlighting the significance of prevention and treatment. Furthermore, better access to antiretroviral medication (ART) has changed HIV from a death sentence to a treatable chronic condition, lowering both mortality rates and the disease's perceived severity.

Despite these achievements, stigma and misinformation persist, especially in rural and low-income areas where access to education and healthcare is restricted (Naslund & Deng, 2021). This persistent discrimination may dissuade people from getting HIV tested or treated, delaying diagnosis and raising the risk of transmission. To overcome these issues, public health activities are primarily centered on disseminating correct information, decreasing stigma and establishing support networks for HIV patients. These efforts seek to increase community understanding and compassion, hence improving both individual and public health outcomes.

PROBLEM STATEMENT

HIV/AIDS is still highly stigmatized, posing serious social and medical problems despite decades of awareness campaigns and therapeutic improvements. Widespread misunderstandings and cultural views frequently link the illness to marginalized groups, including the LGBTQ+ community, drug users, and sex workers, which perpetuates stigma (HIV.gov, 2024). These misconceptions discourage candid communication and education by upholding taboos around sexual health, HIV/AIDS, and preventative strategies (Shaw, 2024). The lack of comprehensive sex education and public health resources, especially in underprivileged communities where misinformation about the disease's transmission is still common, further aggravates the problem (ECDC, 2024).

The stigma associated with HIV/AIDS has far-reaching effects, making it difficult for people to be tested, get treatment, and receive assistance. This is particularly true for members of marginalized populations who experience systematic healthcare inequities and additional forms of discrimination (UNAIDS, 2021). Fear of rejection or condemnation prevents many individuals from using life-saving drugs like antiretroviral therapy (ART) or more recent prophylactic strategies like pre-exposure prophylaxis (PrEP) (ECDC, 2024). Effectively managing and preventing HIV/AIDS remains a persistent public health burden that is exacerbated by stigma, disinformation, and a lack of proper healthcare infrastructure.

Examining the persistent stigma and cultural taboos around HIV/AIDS, their effects on healthcare access, and the urgent need for more inclusive and equitable public health and education policies are the main objectives of this study. The study aims to improve health outcomes for impacted populations, lessen stigma, and foster greater understanding by tackling these concerns (UNAIDS, 2021). Stigma related to HIV/AIDS significantly hinders individuals from seeking testing and treatment, particularly among marginalized groups who face systemic healthcare inequities. Additionally, cultural beliefs and misconceptions about the virus contribute to ongoing discrimination and barriers to effective healthcare access. Addressing these issues through comprehensive education and public health initiatives is essential for promoting better health outcomes and reducing stigma in affected communities (UNAIDS, 2021).

RESEARCH QUESTIONS

RQ1: What are the common public perceptions of HIV and AIDS among young adults?
RQ2: What is the level of stigma towards HIV and AIDS among young adults?
RQ3: To what extent do media and public health campaigns influence public opinion on HIV and AIDS among young adults?

RESEARCH OBJECTIVES

RO1: To examine common public perceptions of HIV and AIDS among young adults.
RO2: To measure the level of stigma towards HIV and AIDS among young adults.
RO3: To assess the effectiveness of media and public health campaigns in shaping public opinion on HIV and AIDS among young adults.

LITERATURE REVIEW

Even after decades of public health efforts and medical improvements, HIV/AIDS stigma remains one of the most major impediments to effective prevention, treatment, and care. Misconceptions, cultural beliefs, and a lack of understanding all contribute to HIV/AIDS stigma, resulting in discrimination and fear. This problem is exacerbated by social beliefs that link the disease to marginalized groups such as LGBTQ+ people, drug users, and sex workers (HIV.gov, 2024). While antiretroviral treatment (ART) has reduced HIV from a lethal disease to a tolerable chronic condition, stigma remains, particularly in rural and low-income populations with limited access to healthcare (ECDC, 2024; UNAIDS, 2024).

Public health initiatives and the media have played critical roles in dispelling these myths by communicating correct information regarding HIV transmission and prevention. However, how HIV/AIDS is portrayed in the media is a two-edged sword: while it can raise awareness and promote acceptance, it can also perpetuate negative stereotypes if not handled sensitively (Sern & Zanuddin, 2015). The media's influence on public views has been identified as a critical aspect in reinforcing or eliminating stigma (Shaw, 2024). This research review investigates the roles of education, media, and socio-cultural factors in forming attitudes

toward HIV/AIDS. The goal is to emphasize both the beneficial effects of educational programs and then limitations faced by media depictions and societal ideas.

Researchers have investigated many elements of how public attitudes of HIV/AIDS develop, as well as how stigma impacts individuals' desire to seek testing and treatments. The evidence shows that increasing HIV information, combined with supportive public health efforts, can considerably reduce fear and stigma associated with the disease. However, misinformation continues to spread, particularly in areas with few educational resources, aggravating discrimination and health disparities. This study will go in-depth on these problems, emphasizing the importance of comprehensive education, responsible media involvement, and inclusive public health policies in combating HIV-related stigma.

HIV and AIDS–Related Stigma and Its Impact

Social values, religious convictions, and cultural standards all play a significant role in the stigma associated with HIV/AIDS in Malaysian society. People living with HIV/AIDS are marginalised, subjected to discrimination, and judged because of this stigma. According to studies, stigma exacerbates psychological suffering, resulting in emotions of guilt, fear, and loneliness that makes it difficult for people to seek help (Fauk et al., 2021). People living with HIV/AIDS (PLHIV) endure physical and mental health issues that are made worse by negative cultural attitudes, which also make it difficult for them to get necessary medical care.

PLHIV are frequently characterised as morally defective or careless by the cultural lens through which HIV/AIDS is viewed in Malaysia. This viewpoint discourages candid discussion about the illness in addition to alienating those who are afflicted. HIV/AIDS is commonly linked to taboo behaviors such as drug use and promiscuity in a community where religious teachings and traditional values have a significant influence on behavior. As a result, people with HIV/AIDS are frequently thought to be worthy of their illness, which adds to their emotional and psychological suffering.

Stigma influences a person's family and community in addition to themselves. Secondary stigma, in which society judges the individuals connected to the afflicted person, frequently affects PLHIV families (Fauk et al., 2021). As chances for work and community involvement decline, this might result in strained family bonds, social exclusion, and financial difficulties. Many people are also deterred from revealing their status by the fear of being shunned, which feeds the cycle of concealment and postponed care.

Furthermore, it is impossible to overstate the psychological cost of stigma. Research shows that stigma and mental health issues among PLHIV are strongly correlated. The widespread social narrative that HIV/AIDS is the result of moral shortcomings aggravates the widespread feelings of guilt and shame. These feelings frequently lead to worry, depression, and even thoughts of suicide, which emphasizes how important it is to receive mental health care in addition to medical care.

Another area where stigma has a significant impact is healthcare access. People are discouraged from obtaining testing or treatment because they fear prejudice in healthcare facilities (Carel & Kidd, 2014). Concerns about confidentiality violations or judgemental attitudes from healthcare professionals may cause PLHIV to completely refrain from medical

appointments. Health outcomes are made worse by this lack of timely access to care, which also raises the risk of illness development and transmission.

To combat the stigma associated with HIV/AIDS in Malaysia, a comprehensive strategy that considers its social and cultural foundations is needed. Education, community involvement, and public health initiatives are crucial for changing public perceptions and promoting compassion for PLHIV. Malaysia can foster a more welcoming atmosphere that promotes the physical and emotional health of those living with HIV/AIDS by tearing down these stigmatising ideas.

METHODOLOGY

Research Design

This research uses a quantitative survey design with a questionnaire to collect data. Quantitative research uses statistics to analyze data obtained during study, assuming there is a fact to prove. Researchers conducted descriptive research by distributing questionnaires.

Location and Scope of Study

The survey was done in Malaysia, with a focus on young adults. The study's scope includes investigating young Malaysians' beliefs and attitudes concerning HIV/AIDS, the level of stigma among the cohort, and the influence of media and campaigns in affecting public opinion. By focusing on young individuals, the study hopes to fill information gaps, analyze the impact of misunderstandings, and better understand the effectiveness of current public health strategies in raising HIV awareness and reducing stigma. This targeted focus provides culturally and contextually appropriate information, which could be used to broader public health and education projects in Malaysia.

Population and Sampling

The sample includes 61 male and female participants aged 18 to 31 years old, with an emphasis on young adults, an important population for studying HIV/AIDS views and stigma. This age range is significant because young adults are more likely to participate in social and cultural discourses that influence public health attitudes (Majid & Zainullah, 2023). The study targeted respondents from a variety of ethnic origins, including Malay, Chinese, Indian, and other ethnic groups, to represent Malaysia's diversified population.

Purposive sampling was used to select individuals based on their relevance to the research goals. To facilitate snowball sampling, first participants were recruited from contacts who were briefed on the study's aims. Some were also addressed in academic settings and online platforms utilizing convenience sampling to ensure accessibility and diversity (Creswell & Creswell, 2018). All 61 respondents provided informed consent, demonstrating ethical research techniques and willing involvement in the study.

Data Collection Procedure

Data for this study were collected using a structured questionnaire distributed to 61 respondents. Participants were approached online and in academic settings, ensuring accessibility and diversity in responses. The questionnaire consisted of closed-ended questions designed to assess perceptions, stigma intensity, and media influence related to HIV/AIDS. Respondents were briefed on the study's objectives and provided informed consent before participation, ensuring adherence to ethical research standards.

FINDINGS AND DISCUSSION

DEMOGRAPHIC

Majority of the respondents are women which holds a total of 57.4% of the total respondents. This aligns with findings from previous studies suggesting that women are more likely to participate in surveys and research studies, particularly in social and health-related contexts (Otufowora et al., 2020). The higher female participation may reflect societal dynamics where women are often more willing to engage in research due to greater interest in communal and interpersonal topics (Otufowora et al., 2020). Understanding this gender disparity is crucial, as gender differences can influence perspectives and responses to study variables (Hyde, 2014). Most of the respondents are from the age group of 31 or above, which represents 41% of the overall respondents. Leaving 11% of respondents aged 26-30 years old and only 1% of respondents aged 18-20 years old. This suggests a focus on mature participants, which is consistent with research indicating that older individuals may bring more nuanced and experienced perspectives to research contexts (Archibald et al., 2020). Younger respondents have lower engagement in this type of studies due to competing educational or social priorities (Twenge, 2017). A large number of respondents are from the Malay race with 80.3% of the overall number, with the remaining 6% being Chinese and 2% being Indian. This distribution mirrors the ethnic makeup of Malaysia, where the Malay population constitutes the majority (Department of Statistics Malaysia, 2020). The overrepresentation of Malays could influence the study's findings, as cultural norms and values often shape respondent's perceptions and behaviors.

Moving on, most of the respondents hold a Bachelor's degree with 49.2% out of the overall and 34.3% possess STPM/Diploma/Sijil qualifications. The presence of highly educated individuals in the sample is consistent with findings that education level correlates with higher research participation, as educated individuals are most likely to recognize the importance of research (Zajacova & Lawrence, 2018). However, the limited representation of those with lower educational attainment, such as SPM (6.6%) or UPSR (1.6%), could introduce biases in perspectives, as education is often linked to socioeconomic status and access to resources (Romeo et al., 2022).

Half of the respondents (50.8%) reside in urban areas, with suburban (37.7%) and rural (11.5%) populations comprising smaller portions of the sample. This urban dominance aligns with studies showing that urban populations are often more accessible for research due to better infrastructure and connectivity (UN-Habitat, 2020). Rural residents, on the other hand, face

barriers such as geographic isolation, which may limit their participation (Raghavan, 2019). The predominance of urban respondents may influence the study's applicability, as urban and rural populations often differ in their experiences and priorities.

COMMON PUBLIC PERCEPTIONS OF HIV AND AIDS AMONG YOUNG ADULTS

The overall mean score (M = 4.44, SD= 0.66) indicates a high level of awareness and knowledge, with relatively low variability in responses. However, addressing gaps related to non-transmission pathways and dispellings myths, such as those surrounding mosquito bites and casual contact, remains crucial. Targeted education campaigns that incorporate culturally sensitive approaches and engage directly with communities further strengthen understanding and reduce stigma.

Respondents demonstrated a strong understanding of common knowledge about HIV/AIDS, with high agreement of key transmission facts. The belief that HIV can be transmitted through blood transfusion scored the highest (M = 4.80, SD = 0.511). These findings align with global public health education efforts that emphasize the importance of safe medical practices and harm reduction strategies (World Health Organization, 2022). High levels of awareness in these areas suggest that targeted campaigns have been effective in disseminating accurate information about these high-risk transmission pathways.

Next, only 41% of respondents strongly agreed that HIV cannot be transmitted through mosquito bites (M = 3.59, SD = 1.465). These findings highlight persistent misconceptions about alternative transmission routes, as previous research has identified mosquito bites myths as a common area of confusion, particularly in regions with high prevalence of mosquito-borne diseases (Nyblade et al., 2019).

THE LEVEL OF STIGMA TOWARDS HIV AND AIDS AMONG YOUNG ADULTS

Overall, the mean score (M = 3.92, SD = 0.87) suggests moderate levels of stigma, with a consistent range of responses among participants. These findings point to the need for targeted educational programs to dispel myths and promote accurate information, particularly focusing on everyday interactions and casual contact. Additionally, fostering positive engagement with individuals living with HIV can improve empathy and reduce stigmatizing perceptions.

The intensity of stigma towards HIV/AIDS varies significantly across different aspects, highlighting both areas of progress and persistent challenges. Respondents expressed a high level of fear regarding contracting HIV (M = 4.49, SD = 1.01), which underscores the enduring anxiety surrounding HIV transmission. This fear is often rooted in misinformation. This finding reflects a stigmatizing narrative that perpetuates stereotypes and creates barriers for individuals within these communities.

Conversely, respondents demonstrated lower levels of acceptance in specific scenarios. The willingness to purchase food from a food stall owner living with HIV/AIDS scored the lowest (M = 3.08, SD = 1.50). This finding highlights a significant misconception, as HIV cannot be transmitted through food handling, a fact emphasized in public health campaigns by the World Health Organisation (World Health Organization, 2022).

EFFECTIVENESS OF MEDIA AND PUBLIC HEALTH CAMPAIGNS IN SHAPING PUBLIC OPINION ON HIV AND AIDS AMONG YOUNG ADULTS

The overall mean score (M = 3.91, SD = 0.72) reflects a generally favorable perception of media effectiveness, with relatively low variability in responses. However, the data points to opportunities for enhancing the impact of media campaigns by fostering more interactive and participatory engagement. For example, empowering audiences to share accurate information and encouraging empathetic portrayals of people living with HIV/AIDS can amplify positive outcomes. Tailoring messages to highlight the importance of individual actions in combating stigma could further strengthen the media's role in shaping public opinion.

Respondents largely accepted the influence of media and campaigns in affecting public opinion on HIV/AIDS, however the efficacy varied among items. The idea that media interventions play a crucial role in fostering positive attitudes and driving behavior change earned the highest ranking (M = 4.21, SD = 0.99). This highlights the media's potential to influence attitudes and encourage supportive behaviors by addressing misinformation and stigma (Nyblade et al., 2019).

In contrast, items related to individual actions and emotional engagement with media portrayals of HIV/AIDS scored lower. For instance, the willingness to share and spread positive information about HIV/AIDS on social media scored the lowest (M = 3.54, SD = 1.35). This indicates that while respondents acknowledge the media's influence, personal participation in amplifying awareness may be limited. This suggests that while emotional engagement occurs, it may not translate into significant attitude shifts or advocacy actions.

CONCLUSION

This study investigated the stigma associated with HIV/AIDS in Malaysian society, with an emphasis on young adults' perceptions, the severity of stigma, and the impact of media and campaigns. The findings demonstrated persistent myths regarding HIV transmission that contribute to the stigmatization of those living with HIV/AIDS. While young adults displayed a high comprehension of core transmission pathways, there are still gaps in knowledge about non-transmission routes such as casual contact or mosquito bites. These beliefs fuel fear and contribute to the social isolation of those affected by the condition. Furthermore, the study found moderate levels of stigma, affected by cultural and societal norms, that impede social integration and access to healthcare. Media campaigns have an important role in raising awareness and altering public attitudes; yet, their effectiveness in decreasing stigma and encouraging sympathetic behaviors has been mixed. Addressing these issues involves a diverse strategy to education, media participation, and policy creation.

To overcome the observed shortcomings, educational programs should be expanded to incorporate comprehensive and culturally relevant HIV/AIDS information. These initiatives should strive to dispel misconceptions, eliminate stigma, and increase acceptance among young adults. Integrating age-appropriate sex education into school curricula helps provide students with correct knowledge about HIV transmission, prevention, and treatment options. Furthermore, collaboration with community leaders and educators may ensure that these efforts are consistent with cultural and societal values, making them more impactful and broadly accepted.

Media efforts should be expanded to fight preconceptions and promote positive stories about people living with HIV/AIDS. To remove stigma and increase awareness, efforts should be directed toward offering fact-base, empathic, and relatable content. Engaging influencers, celebrities, and social media platforms can help to spread these messages and reach a larger audience. Campaigns could also encourage interactive engagement, such as sharing personal stories and encouraging community dialogue, in order to increase public empathy and reduce stigma.

Finally, authorities should consider enacting and enforcing anti-discrimination laws in healthcare, education, and the workplace to defend the rights of those living with HIV/AIDS. Public health campaigns must focus on addressing concerns about confidentiality breaches and prejudice in healthcare settings, which dissuade people from seeking testing and treatment. A comprehensive plan integrating education, media, and policy can effectively eliminate stigma, increase healthcare access, and promote a more inclusive society for those living with HIV/AIDS.

Future research should focus on longitudinal studies to track changes in stigma and awareness over time, especially after interventions such as media campaigns and educational activities. Researchers should also look at the viewpoints of other groups, such as rural communities or elderly people, to gain a more complete picture of public attitudes towards HIV/AIDS. Furthermore, qualitative research that include personal experiences from people living with HIV/AIDS may provide deeper insights into the stigma's impact and inform more compassionate ways for countering prejudice.

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