

EXPERIENTIAL LEARNING THEORY ON THE MISCONCEPTIONS OF PEOPLE LIVING WITH HIV/AIDS: A FIELD STUDY IN MALAYSIA

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Abstract

The number of HIV/AIDS cases is increasing among youth in Malaysia due to the low awareness and knowledge, which has led to the development of misconceptions, fear and stigma of people living with HIV/AIDS (PLWHA). By employing Experiential Learning Theory (ELT), this study examines the interaction effect among non-PLWHA, before and after HIV/AIDS campaign to understand PLWHA, the development of knowledge, behavioural changes, and acceptance in terms of fighting fear and stigmatization. ELT translates the experience of the participant's before and after, which is translated through reflection on the concept and new experience gained. Through a field research, 20 selected students from Universiti Sains Malaysia were brought to the Community AIDS Services Penang (CASP) in order to gain first-hand experience of the real-life situation of PLWHA. They were exposed to PLWHA where their change of behaviour, experience shared with PLWHA, and thoughts before and after the visitation were studied. The findings were developed based on two dialectically related modes of grasping experience: (i) concrete experience and (ii) the abstract conceptualization that the participants build before and after exposure to PLWHA. The findings show that the participants exhibited a change of behaviour, and a greater acceptance towards PLWHA.

Keywords: *Experiential Learning, HIV/AIDS, Misconception, Stigma, Youth.*

1. INTRODUCTION

The prevalence of HIV/AIDS is high among youth in Malaysia, as the statistics from the Malaysian Ministry of Health show that about 34% of cumulative HIV infections were reported in people aged between 13 and 29 years old (Ngadiman, Suleiman, & Taib, 2014). This situation is very worrying in that the number of students contracting HIV in 2012 saw an explosion of 147% from 69 (2011) to 170 (2012) (ISMAIL, 2013). Although the knowledge level concerning HIV/AIDS was noted as being high

among youth in Malaysia, such knowledge is not applied by the youth in preventing themselves from becoming infected by HIV (JAHANFAR, LYE, & RAMPAL, 2009). Serious gaps in HIV/AIDS related knowledge still exists, which has led to an increase in the number of HIV/AIDS cases annually, especially through unsafe sexual transmission thereby leading them to be members of the people living with HIV/AIDS (PLWHA) group (CHRISTOPHER, SIRAJ, & EVELYN, 2012; JAHANFAR et al., 2009; WONG-LI, CHIN, LOW, & JAAFAR, 2008).

This results are due to a lack of education in schools, and a misconception concerning HIV transmission and prevention (ZULKIFLI & WONG, 2002). Zulkifli and Wong (2002) contend that 72% of urban Malaysian adolescents do not know how to use condoms during sexual intercourse despite having a high knowledge score about HIV/AIDS. To add to this, Mohammadi (2010) asserts that only 43.1% of students who had a sexual relationship used condoms with their partners during intercourse. The number reported leads to a need to advance the understanding of youth about HIV/AIDS risk behaviour and to create a basis for interventions to reduce such behaviour.

In addition, the development of stigma and the lack of empathy towards people that have contracted HIV/AIDS is another major social issue that contributes to it, becoming a silent killer for HIV/AIDS (BAN, 2008). The majority of the public often have a negative perception that results in avoidance, fear and discrimination of PLWHA. Stigma also discourages PLWHA from disclosing their HIV status and receiving medical treatment (LIM, 2013). In general,

Botnariuc (2017) noted that successful campaigns are based on the choice of the theme, comprehensive information, and correct planning of development. As of today, the dissemination of HIV/AIDS related information and awareness campaigns, although important, are ineffective in promoting positive acceptance of PLWHA unless exposure to such people has been made. Previous studies have shown that interaction with PLWHA is an effective way to reduce HIV stigma (BOGART et al., 2008; Skinner & Mfecane, 2004; Brown, Trujillo, & Macintyre, 2001). Brown et al. (2001) assert that one-to-one conversations with PLWHA led to a significant increase in positive attitudes among Jamaican youth towards these groups and reduced the intention to isolate PLWHA. Herek and Capitanio (1997) prove that direct contact with PLWHA results in less support for coercive AIDS policies, less blame and less avoidance of PLWHA. In addition, a 'virtual interaction' with PLWHA among adolescents in Hong Kong also depicted an increase in HIV/AIDS related knowledge, and a reduction in negative attitudes (LAU, TSUI, & CHAN, 2005). However, other studies by Li et al. (2006) demonstrated that in a family institution, when any one individual in the family member contracts HIV/AIDS, the whole family eventually feels the impact, especially from the aspects of economic hardships; for instance, job loss, increasing cost of healthcare and social rejection, which hinders their access to basic goods, such as food, housing, medication and education.

In this present study, we conducted a field research in which selected students from Universiti Sains Malaysia (USM) were taken to the Community AIDS Service Penang (CASP), a shelter home established since 1989 that takes care of PLWHA, provides voluntary counselling and testing, as well as organises educational outreach programmes to sustain prevention, and care and support services to PLWHA (THOMAS, 2009). This study takes the first step towards understanding and identifying changes in the knowledge and behaviour of Malaysian youth by applying the Experiential Learning Theory (ELT). Malaysian youth are the targeted group in as much as this group comprises those people who are at significant risk of contracting HIV/AIDS because of their excessive behaviour in

terms of unprotected sexual intercourse and sexually transmitted diseases. This research aims to understand the role of learning to fight the stigma and fear of PLWHA. A good understanding of this role can better inform the design of an HIV-related intervention and also make existing HIV/AIDS related programmes become more accessible to the youth.

2. PEOPLE LIVING WITH HIV/AIDS (PLWHA)

In 2013, the estimated number of PLWHA in Malaysia was 85,332, an increase of 5,477 from 79,855 in 2011 (NGADIMAN et al., 2014). This alarming statistic shows the need for more vigorous action to be taken to curb the hike of HIV cases, and the challenge to society concerning how to deal with PLWHA; particularly as most PLWHA have experienced a state of hostility, prejudice and discrimination since the inception of the HIV epidemic. Without any specific cure having been found, HIV/AIDS continues to be a life-threatening disease that horrifies the public. Rather than giving understanding and support, PLWHA are often judged for their immoral behaviour as determined by religious beliefs, as HIV/AIDS is related to high-risk behaviour that is stigmatised in many societies (RINTAMAKI & WEAVER, 2008). Accordingly, the public always keep a distance from PLWHA, as well as their close family members and friends.

In addition, despite suffering from a physical illness, PLWHA are discriminated against other aspects, such as legislation, employment, healthcare, community and family, all of which deny the rights of PLWHA to a normal lifestyle, and, hence, discourage them from disclosing their HIV status and receiving treatment. A recent report from the Malaysian AIDS Council (MAC) showed that there were two discrimination cases from Malaysian educational institutions in which student Diplomas were being withheld on account of their HIV status, and PLWHA could not obtain scholarships because of the comments made by the administrative staff (RAHMAN, 2014).

The severity of the stigma that PLWHA encounter is profound. Research by Herek and Capitanio (1997) has shown that 33% of people

surveyed reported that they would avoid an HIV positive neighbourhood grocer, 12% would avoid an infected co-worker and 10% would exclude HIV positive children from schools. Other studies have shown that the stigma associated with HIV is greater than that of other stigmatised illnesses; for instance, cancer, herpes and leukaemia (CRAWFORD, HUMFLEET, RIBORDY, HO, & VICKERS, 1991). This stigma extends to family members of PLWHA and even volunteers working with AIDS institutions. Stigma deters people from volunteering in AIDS organisations because it will associate them with groups that have already been stigmatised due to HIV/AIDS, or what Goffman termed as 'courtesy stigma' (Synder, Omoto, & Crain, 1999).

Stigma is defined by Goffman (1963) as a deeply discrediting attribute that reduces a person to someone who is in some way tainted and can therefore be denigrated. In essence, stigmatization is a challenge for both the stigmatized person and the stigmatiser. Crocker, Major, & Steele (1998) assert that a person who is stigmatised is a person whose social identity is devalued, spoiled or flawed in the eyes of others. From the perspective of the stigmatiser, stigmatisation involves dehumanization, threat, aversion, and, sometimes, the depersonalization of others into stereotypic caricatures. Thus, stigmatization is personally, interpersonally and socially costly. It is a pervasive problem that affects global health, especially the threat to an individual's psychological and physical well-being (CABE & SORKIN, 2002). Discrimination is an element of stigma that is derived out of fear. Discrimination constitutes an act or omission in which the content of the stigma is applied at the level of an individual or society. There are four components related to stigma that is: (i) distinguishing and labelling differences, (ii) associating human differences with negative attributes, (iii) separating 'us' from 'them' and (iv) status loss. Stigma is entirely dependent on social, economic and political power. It removes power from the stigmatised person, enhances differences and reduces the stigmatized group or person's social status and self-worth (GOFFMAN, 1963).

Stigma and fear over PLHWA has four characteristics (LEE, KOCHMAN, & SIKKEMA, 2002; Herek & Capitanio, 1999). First, it is an infectious disease that is perceived as the bearer's

responsibility because the primary modes of transmission of the infection are behaviours that are considered voluntary and avoidable. Second, it is perceived as a condition that is unalterable and fatal, although the effectiveness of highly active antiretroviral therapy has begun to change the perception of HIV to one of a chronic illness. Third, conditions that are contagious always have greater stigma attached to them. Fourth, conditions that are apparent to others, such as the advanced stages of AIDS, receive more stigma. Additionally, HIV/AIDS related fear and stigma are heightened because they are associated with free sex, homosexuality, sexual promiscuity and drug use, which the public categorise as immoral behaviour.

The existence of fear and stigma also is often associated with a low level of knowledge about HIV/AIDS, leading to misconceptions, such as HIV could be easily transmitted through casual interaction like insect bites and the sharing of food (MOHAMMADI, 2010; RINTAMAKI & WEAVER, 2008). This has been further reinforced within the social setting of Malaysia, where sex and sexually transmitted infections (STIs) are considered to be sensitive issues that are not openly discussed (WONG-LI et al., 2008). Meanwhile, policymakers believe that the introduction of sexual education in Malaysian schools and universities will encourage pre-marital sexual activities (JAHANFAR et al., 2009). Such conditions not only leave youth vulnerable to high risk behaviours, but also hinder them from being conscious of the alarming state of the HIV/AIDS epidemic in Malaysia. Studies conducted among Malaysian youth show that the majority of them had a certain extent of stigma towards PLWHA. Based on a campus-wide survey, it was concluded that only 19.5% of students stated they would inform their partners or family if diagnosed positive for HIV infection, while 43% were willing to care for an HIV infected person in their own house (RAHNAMA, RAMPAL, & LYE, 2011). Based on another survey, Koh, Teh, and Khan (2013) concluded that there were certain negative beliefs regarding testing, confidentiality, disclosure and the environment of care among medical university students concerning PLWHA. Furthermore, morality has also become another major contributor to the development of

stigmatization over PLHWA. A judgemental discourse has distinguished sharply between the innocents (who contracted HIV via organ or blood transfusion, the children of mother with HIV, women whose partners are unfaithful) and those who are considered guilty and deserve it (who contracted HIV due to free sex, homosexuality, sexual promiscuity and drug use) (SKINNER & MFECANE, 2004).

Although several interventions have been made in order to assist people to step out from the fear and stigma (LAU et al., 2005; Brown et al., 2001; Herek & Capitanio, 1997). The effectiveness in measuring these interventions is not standardised due to the application of approaches. Therefore, it is not possible to identify which method is the most effective ways to facilitate the desired attitude of change towards PLHWA.

3.EXPERIENTIAL LEARNING THEORY (ELT)

David Kolb's Experiential Learning Theory (KOLB, 2015) stresses the role of experience to create and re-create knowledge, where people perceive new information through experiencing the concrete qualities of the world, and transform such experience by making reflections. ELT identifies two major dimensions of learning: (i) perception and (ii) processing. Each dimension has two extremes: perception ranges from concrete experience to abstract conceptualization, while processing ranges from reflective observation to active experimentation. These two dimensions form a four-quadrant field for mapping an individual's learning style. In other words, experiential learning is a continuous process rather than a fixed one. ELT defines learning and reflecting process through a learning cycle consisting of four stages – experience, reflection, conceptualisation, and planning. A person is said to have concrete *experience* by being involved in activities, such as visitation, and *reflects back* on the observation. The person then *forms an abstract concept* that enables interpretation of the elements noticed, and applies new knowledge to an *action plan* for the future.

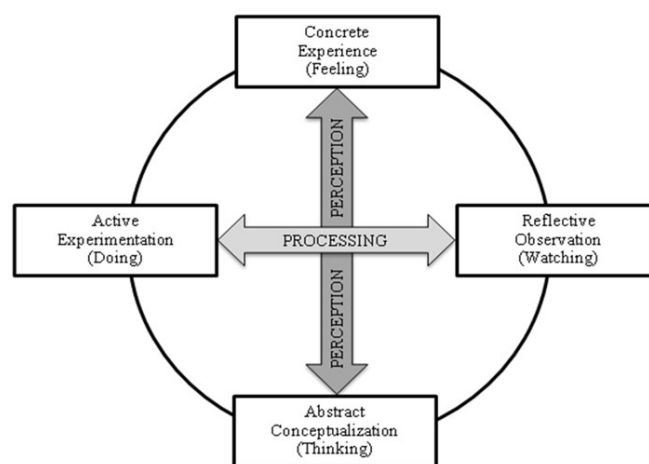


Fig.1. Experiential Learning Theory (KOLB, 2015)

In the context of HIV/AIDS, ELT has proven to be effective in translating misconceptions about HIV/AIDS and is considered to be an innovative method in HIV intervention strategies (MARSILIGA, JACOBS, NIERI, & SMITH, 2013; Judith & Porter, 1993). Judith and Porter (1993) discussed a compulsory course for social work students in an American college, which combined the theoretical and practical aspects of ELT in order to expose social work students to hands-on knowledge for dealing with HIV-related issues. Besides attending normal lectures that included HIV video sharing session and discussions with PLHWA, these students were required to perform voluntary work in HIV/AIDS agencies. Such experience benefited them, with some continuing to volunteer themselves after the course ended (JUDITH & PORTER, 1993). A similar approach was also used in a public university in the United States. In a study conducted by Marsiliga et al. (2013), they concluded that the course had conveyed practicable HIV-related knowledge to students that they could apply to prevent themselves from becoming infected. A desired change in attitude was observed as well, since their knowledge was associated with interaction with PLHWA and involvement in HIV/AIDS community services (MARSILIGA et al., 2013).

The studies above converge to suggest that the incorporation of ELT had evoked students to reflect on their personal experience or observation with regards to HIV/AIDS, therefore contextualising the information into a more meaningful one that could perhaps lead them to

adopt the desired behaviour (e.g. practice safer sex, show greater empathy towards PLWHA, etc.) in the future. However, to date, none of the studies in Malaysia have investigated the effectiveness of ELT in correcting misconceptions among youth about HIV/AIDS.

4.METHODS

Procedure and Participants

Field research or 'participant observation' is employed to understand the attitude and behaviour of individuals or a group being observed under natural settings (SILVESTRE, GEHL, & ENCANDELA, 2000; Goldstein, Spuny, Miller, & Bellucci, 1990). Field research is used to obtain insights from the targeted population so that a suitable intervention to resolve problem(s) that exist among the subjects can be proposed. For instance, the research undertaken by Lee et al. (2002) aimed to identify the challenges faced by young PLWHA in the United States through discussions about their thoughts and experience after attending a youth conference on HIV/AIDS, such as issues concerning peer support, disclosure of HIV status, and adherence to medication (GREIFINGER, ST LOUIS, LUNSTEAD, MALIK, & VIBBERT, 2013). The approach promoted inclusion of every single member without any disruption to the study settings, and it was from their real narratives that their common needs were heard and gained attention.

The participants for this study are Malaysian youth. This group is targeted due to the fact that the HIV/AIDS epidemic has shown an inclination towards this group, which constitutes half of the HIV positive carrier population worldwide. As they are the group that is highly vulnerable to becoming infected by HIV/AIDS and other STIs, this research focused on them as the research subject. Previous studies on Malaysian youth concluded that this group of people do not realise that the HIV/AIDS threat could affect them anytime, even though they are aware of the emergence of HIV/AIDS in the country and acknowledge several basic preventive measures (e.g. condom usage) (CHRISTOPHER et al., 2012; Jahanfar et al., 2009; Ng & Kamal, 2006; Wong-Li et al., 2008; Zulkifli & Wong, 2002). They often

presume themselves as being free from high-risk behaviour, and, hence, feel disconnected from HIV-related issues (MARSILIGA et al., 2013). Such an attitude exists because they are not being directly taught sexual health education and lack awareness about HIV/AIDS related issues. They also lack exposure to the real life experience of PLWHA, which would provide a great opportunity to raise awareness about HIV and exhibit greater acceptance towards PLWHA (MARSILIGA et al., 2013). In mentioning all these measures, the knowledge and behaviour that the youth demonstrated towards PLWHA is noted as being below the awareness level where discrimination and fear are prevalent.

Study Setting

Purposive sampling was employed within the student community in Universiti Sains Malaysia (USM), which is located in Penang, situated in the North of Malaysia. Penang has the second highest number of HIV cases in the Northern Region after the state of Perak (6,029 cases), with 3,646 accumulated cases from 1986 until 2010, as well as 122 new reported cases in 2011 (Community AIDS Service Penang (CASP), 2014). Since 1989, CASP is the only shelter home in the Northern Region, and is renowned for its relentless effort to take care of PLWHA. By 2013, CASP had 20 PLWHA residents, and daily activities are provided, such as morning exercise, indoor games/TV, music therapy, weekly counselling sessions on positive living, and family reconciliation sessions. Support sessions for PLWHA are also held by groups/organisations that are willing to share their time and expertise with them. Besides focusing on the needs of PLWHA, CASP also conducts numerous educational programmes to convey correct information about HIV/AIDS, as well as to provide free HIV voluntary counselling and testing (VCT) to the public.

Recruitment and Procedure

Participant recruitment was undertaken between February and March 2014, through which 50 students from different courses in USM were chosen for an interview assessment to confirm their intention and interest about the HIV/AIDS issue before selection was made. 20

were successfully recruited as study participants of the field research. The first round of interviews was conducted to see the level of awareness they had concerning PLWHA, the level of understanding about HIV/AIDS as well as to understand the concerns that these people have towards PLWHA. The interviews were conducted in a private room involving five students per group for approximately one-hour.

In order to become familiar with the surroundings of CASP and the residents, a pre-visitation to CASP was held at the end of March 2014 to prepare the participants mentally. The pre-visitation involved an informative talk and sharing session by the Shelter Manager of CASP to explain in-depth about HIV/AIDS related knowledge and the current scenario that the PLWHAs have to face, as well as a brief description of CASP about her own experience of dealing with the stigma issue as well as by the PLWHAs who narrated their personal experience from being diagnosed as HIV carriers until getting involved in voluntary work with CASP.

The programme of pre-visitation was then followed by the actual visitation, which was held mid-April 2014. In a natural setting, participants were mixed together with PLWHA during which the communication and interaction between them involved activities, such as games, a bead-bracelet making session, singing and performance by the participants and PHLA. The participants were brought to meet and greet 14 selected PLWHAs. A video recording was done throughout the visitation and activities.

In-depth interviews with 20 participants from the field research took place the day after the actual visitation. Each interview was conducted in a private room on a one to one basis for approximately one hour each. During the interview, the participants were asked to answer open-ended questions about their personal life, social life and the experiences they encountered from the CASP visitation. To allow for flexibility and spontaneity as new content was revealed during the interviews, the interview questions were not asked in the same order or wording as in the interview guide. However, all the questions in the interview guide were covered during the course of each interview.

All the interviews were transcribed by a group of project staff and the quality of the transcriptions was cross-checked by another staff member who was fluent in the local dialect, and who transcribed the interview when the local dialect was used. The transcripts were then translated into English for data analysis. The study participants consisted of 14 females and 6 males, with an average age of 21.4 years old.

Data Analysis

All the recordings were transcribed and checked for accuracy. The coding categories, which were relevant to the study objective, were categorised based on the Kolb ELT model: (i) concrete experience that refers to a feeling that is developed from specific experiences that enable the participants to relate to PLWHA, (ii) reflective observation that refers to watching or observing the PLWHA before making judgment by viewing the environment they live in from different perspectives, (iii) abstract conceptualization that refers to thinking and logical analysis of ideas, and acting on an intellectual understanding of the situation the PLWHA face, and (iv) active experimentation that refers to the ability of getting things done by influencing other people to fight stigma and fear over HIV/AIDS, and specifically accepting the PLWHA. To facilitate the theme development, one master transcript was coded by the team together, and then the transcripts were fine-tuned according to the approach suggested by Sandelowski (1986).

These themes indicate the changes in knowledge and behavioural level about HIV/AIDS and PLWHA, whether the study participants had (a) gained in-depth knowledge about HIV/AIDS; (b) erased any misconception about HIV/AIDS; (c) interacted with PLWHA; (d) been inspired by the PLWHA; and (e) intended to stay interested in HIV/AIDS in the future.

5.RESULTS

By examining the interview transcripts through the coding categories and text search, central themes relevant to the study objectives

were identified before and after the visitation; that is: (i) misconception, (ii) community acceptance, (iii) openness, (iv) inspiration and (v) social support. All of the participants show a significant improvement in their knowledge and behaviour after the visitation. It is noted that before the visitation, participants showed a higher degree of fear and stigma about PLWHA, and had greater concern about issues pertaining to HIV/AIDS. The participants were aware of the factors that make them a vulnerable group of people that can closely contract HIV/AIDS.

Generally, from the interviews, it was noted that many misconceptions exist about HIV and how it is transmitted. The participants highlighted that HIV can be transmitted by handshakes, usage of public toilets, usage of public swimming pools and usage of other public facilities, such as classrooms, transport and cafes. A considerable proportion of the participants also thought that there is no cure or treatment for AIDS based on the claims published in the media and other modes of advertisement. Most of the participants agreed that once they contracted HIV, they would die.

Correct the Misconception/ Control the Uncontrollable

1) Participant #13, age 24 years old, female:

"I was very sceptical and scared during my first visit to CASP. I have so many bad images of what PLWHA look like. Despite my fear, I tried to tell myself that I need to know the reality of how these people live, that is why I considered participating in this study..... to me, newspapers and magazines have given me the most accurate knowledge about HIV/AIDS. There were also a lot of campaigns, dramas and movies to create awareness about this. However, the media have done little to change the existing cultural values and prejudice about the situation of people living with HIV/AIDS. They portray that this group of people needs to be isolated from society because of the deadly disease they have. The media were good at educating people that HIV and AIDS exists but mainly in a frightening manner because we have seldom been given enough information to contextualise the disease... what I found out from this visit is that these people deserve a second chance to live their life to the fullest, just as each one of us does. I never knew

that once you contracted this disease you can still live a longer life. I thought that once contracted, your life comes to a swift end. This visitation has given me some great input and enabled me to see the issues of HIV/AIDS clearly"

Taking this into account, the media should apply new methods to HIV/AIDS education to improve public knowledge about HIV/AIDS. In addition, the public service announcements and social campaigns on HIV/AIDS should try to spread a more positive message about PLWHA as well as about AIDS/HIV.

2) Participant #17, age 20 years old, male:

"The message that we get from the media is a bit old, where we are told that HIV/AIDS kills; hence, it creates fear about PLWHA. Before my visitation, I look at PLWHA like a ghost. I run away if I know that someone is a PLWHA. Now I feel bad, I should not do that in the first place".

3) Participant #1, male, 23 years old expressed that he now has a clear understanding of PLWHA and the issues pertaining to HIV/AIDS:

"Honestly, I have to say that the visit really changed my expectations. Before I visited the centre, I never learnt about HIV. But after the visitation, I learnt a lot more about HIV.... it is not just about the virus, it's also about human interest and about the way to protect ourselves from being affected by the HIV virus. What I know most is that HIV can kill. It has killed a lot of innocent people; for instance, those that contracted HIV due to medical negligence like some cases I got to know about during the CASP visit. These people don't deserve to be punished their entire live... we youth should stand up and start to spread the news about how to give these people life, just like how me and my friend are doing"

The participants called for integrated programming to address the complex and interdisciplinary causes of HIV infection. Many participants stated that because of an increasing number of infected individuals, care and support should become priority issues, which the general public are not aware about. This should not just be left to the hospitals, medical bodies or non-governmental organisations. It needs to be integrated into the university programmes throughout Malaysia. Thus, many expressed interest in learning how to integrate care and

support for PLWHA into education training and the educational curriculum, especially in youth learning programmes in universities and colleges. The participants expressed that involvement of PLWHA is needed as educators to provide and facilitate access to care and support for those individuals who are infected and affected, and also to come out and educate the public about how to deal with this disease effectively.

4) Participant #2, 24 years old, female suggested that:

"A balanced approach to programme integration that increases access to HIV-related services, and that fosters community development must be based on the specifics based on each cultural context; for instance, the Chinese may have their own style of approach to this matter as well as the Malays and Indians. It should also involve clearly articulated strategies for delivery, especially to vulnerable groups, such as the youth"

Community Acceptance

Direct contact with PLWHA managed to erase misconceptions to a certain extent, and, therefore, reduced the fear of interacting with PLWHA. When individuals or groups are disadvantaged in some way, they may become even more stigmatised by those individuals or groups who are more fortunate in order to justify the negative outcomes; for instance, as mentioned during the interview:

AIDS is perceived as a punishment for homosexual behaviour. People are highly motivated to believe in a world that is just and fair, and that they will defend such a view against such a minority group.

One of the study participants shared his changes in understanding concerning the ways of HIV transmission.

"Before this, what I knew was that HIV/AIDS was a very harmful disease, and that by touching, you can actually get it. But after the visit, I learnt that, well, you know what, by touching, by tears, or by saliva, you can't actually get HIV. It is actually just a stigma that people think negatively about these people [PLWHA]?" [#7, 21 years old, male]

Some other study participants realised that the condition of the shelter home and its residents were different from what they imagined before.

"The shelter home is well-managed, clean and is the best place for the HIV-positive residents to stay. I was so shocked when I first stepped into the home. I used to think that this kind of NGO will be dirty and messy." [#3, 22 years old, female]

"Before my visit I thought that all of the residents will look very weak, but ...most of them looked healthy. I met a very friendly uncle there who looked just as normal as us." [#10, 22 years old, female]

Level of Openness

Every study participant was more open to actively engage with PLWHA after being given correct knowledge and time to prepare mentally. For example, they could sing together during karaoke session although the songs were not very familiar to the study participants. One of the study participants enjoyed being with the PLWHA throughout the visitation.

"I got to interact with the patients during my visit. We did a lot of group activities with them, including singing karaoke." [#5, 21 years old, female]

She talked to almost all the residents there, and she even promised that she will go back to the shelter home to visit as a regular volunteer. There were other participants who felt excited to meet PLWHA in person.

"I really enjoyed myself very much because this was the first time I could have direct contact with HIV patients. I managed to talk to some of them." [#8, 23 years old, female]

"This visit is the best experience that I have in my life. I got to know what HIV or AIDS patients go through in their lives after HIV. I made friends with them." [#6, 21 years old, female]

In addition, it is also worth noting that the visitation stimulated one of the participants who was very shy at the beginning. She hardly approached anyone in the shelter home and refused to be involved in the group activities with the residents. However, after she saw how much fun the group activities were, she dragged a chair from the corner to the centre of the circle and started to talk and interact with the residents near her. She was even looking forward to working as volunteer again after graduating from her university studies [#4, 20 years old, female].

Inspiration

Even though the study participants did not dare to ask sensitive questions, some of the PLWHA were willing to share about their past living experience prior to HIV infection and their distress after been diagnosed as an HIV carrier. The sharing also included how they had been approached by CASP to receive treatment and care, as well as their involvement in HIV voluntary work to help and support other PLWHA who bear the same pain as them.

Such determination and courage possessed by PLWHA touched some of the study participants.

"I was surprised, as some of the residents in the shelter home were willing to share with us their past living experiences. I would not dare to ask how they became infected but I could see their willingness to share and their friendliness touched my heart." [#5, 21 years old, female]

"I'm kind of impressed by their fighting spirit, even though they are considered as HIV patients, they don't simply give up...I am very impressed and feel motivated after seeing them." [#8, 23 years old, female]

Social Support

It was heartening to hear that some of the study participants expressed their honest concern about the HIV/AIDS issue after they had learnt something meaningful from the visitation. They were willing to revisit the shelter home, as well as contribute themselves in the future to provide support and care to PLWHA.

"The visit to the Community AIDS Service Penang was really superb and I'm looking forward to joining them again." [#8, 23 years old, female]

"After the visit last Friday, I will consider to follow up HIV or AIDS voluntary work, because, personally, I feel that the HIV or AIDS patients need our support to lead them in their life, and it is our role to give them advice or support and to become part of their lives." [#6, 21 years old, female]

"HIV and AIDS patients cannot live the same way as us. Besides worrying about their health conditions and future life, they still need to bear the stigma from the society. If there's a chance to do voluntary work to contribute myself to serve the HIV and AIDS patients, I will do as much as I can to help them." [#9, 20 years old, female]

One of the study participants seemed touched when he shared his experience in front of the screen. He then promised to tell his other friends about this meaningful visitation, hence, motivating them to also show their concern about the HIV/AIDS issue.

"Yes, if there's another chance to go to CASP I will take it. Because going there means a lot to me, as I get to know and learn a lot more about HIV, and HIV/AIDS patients." [#2, 21 years old, male]

6.DISCUSSION

The visitation coincided with an improvement in the level of knowledge about HIV/AIDS among the study participants compared to what they knew before, and led to a reduction in the misconceptions towards this issue. Instead of just obtaining information from textbooks, they perceived it within a real case scenario that formed a concrete experience on HIV/AIDS among the study participants. For instance, almost every participant realised that some of their previous beliefs regarding ways of transmission were wrong, including the assumption that HIV can be transmitted via insect bites and saliva. In this case, the briefing session by researchers and the informative talk by the CASP administrator played a major role in laying the foundation among the study participants before they were ready to interact with PLWHA.

Through an up close and personal contact with PLWHA, the visitation also enhanced the interaction between the study participants and PLWHA, therefore reducing the stigma and increasing the acceptance about the HIV/AIDS issue in general. The activities also encouraged some of the study participants who were shy at the beginning and did not even want to have closer physical engagement with PLWHA.

Most of them only became aware after the visitation that PLWHA actually looked as healthy as an unaffected person, and were surprised about their willingness to share their personal living experience, including how they became infected with HIV. Despite facing stigma and ignorance by society, PLWHA still demonstrated friendliness and hospitality to visitors (i.e. study

participants) who showed concern for them. This triggered empathy among the study participants towards PLWHA, and even inspired some of them to become more interested in HIV/AIDS and participate in voluntary work. After the visitation, one of the study participants volunteered in the 'Support, Don't Punish' Programme by Malaysian AIDS Council (MAC), which encourages the public to curb HIV/AIDS, but not PLWHA (HAZRY, M. A. S. B., 2014).

As hypothesised by Kolb, the study participants were able to reflect on what they had observed, and realised the difference to their previous beliefs. This provided a new definition or perspective to the study participants about HIV/AIDS, which later encouraged them to take a new initiative, such as to be tested to acknowledge their HIV status, or become actively involved in HIV voluntary work to share with the public their thoughts as well as to provide care and support to other PLWHA. Aligned with a study by Petruca (2017), participants in this study portrayed a strong personal brand since they are passionate with they are doing and also inspire the others to participate in the campaign.

Undoubtedly, a short duration of exposure is not able to completely enhance the interaction and understanding between the study participants and PLWHA, or completely eradicate HIV/AIDS-related stigma concerning the most complex and challenging aspects of the HIV/AIDS experience (RINTAMAKI & WEAVER, 2008). Although almost every study participant had a more positive attitude after the visitation, a number of them were still not ready to be with PLWHA, and thought that precautions were necessary before having casual interaction with them. Such a finding was similar to a study by (KOH et al., 2013) in which medical students from public universities were generally afraid of becoming infected while caring for PLWHA. It might also be due to the relationship between HIV/AIDS and death, as well as other moral issues.

The one-group study approach also has its limitations; for instance, the lack of a control group which prevented the researchers from identifying any external factors that might affect the overall changes (BABBIE, 2007). The demographic profile of the study participants

was mostly Chinese, and, hence, not adequate to represent the general understanding and perception of the Malaysian student population, which is multiracial. Even though there were only 20 participants, the findings reached saturation, as almost every one of them had the same thoughts and feedback after the visitation (SUTER, 2012).

The visitation would be more effective if it is included as a compulsory element in a semester-long course that specifically imparts HIV/AIDS related knowledge, as done previously in an American college (JUDITH & PORTER, 1993). The informative talk should also provide perspectives of HIV/AIDS from different religions within the Malaysian context. Talks or forums by PLWHA can be held regularly in universities in order to share their personal experience with other students who do not have the chance to visit the shelter home.

7.CONCLUSION

This study met the expectations in respect of the study participants as they acquired a better knowledge about HIV/AIDS, which would reduce their fear, and the stigma and discrimination towards PLWHA. In addition, the interaction with PLWHA created a greater acceptance among the study participants towards them and even inspired them. Dissemination of information is important, but, at the same time, it also needs to integrate with experiential activities through an understanding about the daily lives of PLWHA so as to enhance the learning process about HIV/AIDS. Since this cannot be found or felt from reading materials and lectures, it is recommended that such visitations should be organised regularly in future, not only to have a better understanding about HIV/AIDS, but also to constantly provide social support to PLWHA.

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