

The Stigma and Acceptance of HIV Patients in Malaysia

*Abdul Rauf Ridzuan, Mohamad Hafifi Jamri, Afiqah Elysa Yaziz, Nur Eleena Habeed,
Mohd Sazili Shahibi, Nazri Che Dom, Yusa Dyujandi

Health Communication Research Group, Faculty of Communication & Media Studies, UiTM

*Corresponding Author

DOI: <https://doi.org/10.47772/IJRISS.2026.100400347>

Received: 16 April 2026; Accepted: 22 April 2026; Published: 09 May 2026

ABSTRACT

The HIV epidemic is a significant worldwide public health issue since stigma continues to be a significant barrier to social inclusion and effective treatment. Despite advancements in healthcare and awareness initiatives, public stigma towards people living with HIV (PLHIV) persists in Malaysia, which affects their general well-being and ability to integrate into society. This study aims to measure the expectancy of HIV patients in society. The study is also an attempt to understand the level of identified stigma or harmful stereotypes about HIV so that the behavior toward people with HIV would be better understood. The study will also assess the level of acceptability of people with HIV within that society. The end of this research resulted in the respondents having shown a low level of stigma towards people who are HIV positive ($M=2.13$) and high level of acceptance towards people who are HIV positive ($M=3.04$).

Keywords: HIV/AIDS, stigma, discrimination, public perception, acceptance.

INTRODUCTION

HIV, or human immunodeficiency virus, is a virus that attacks and damages the immune system, making it hard for the body to fight off infections and diseases. HIV only spreads through certain bodily fluids such as blood, semen during unprotected sex or by sharing needles from drug injection equipment.

If HIV isn't treated, it can progress to AIDS, a more serious condition. While there's no cure for HIV, antiretroviral therapy (ART) is a treatment that helps keep the virus under control. If taken as prescribed, ART can reduce the virus in the blood to undetectable levels. This allows the person to live a long, healthy life and HIV will not be transmitted to their sexual partners. This shows that while HIV is a lifelong condition, it doesn't have to define someone's life (U.S. Department of Health & Human Services, 2023).

Stigma, on the other hand, is when people judge or treat someone negatively due to their background, choices, or in this case health issues. It's when a person is seen as their "problem" instead of as a whole person. For instance, someone with health issues might be labeled "Dirty" instead of being recognized as a person who's struggling and needs support (Centers for Disease Control and Prevention, 2019).

People with HIV face judgment or unfair treatment just because of their diagnosis. For instance, like assuming only certain groups of people can get HIV or thinking someone "deserves" it due to their choices. People even judge those even taking steps to prevent HIV, like using medications or protection (Centers for Disease Control and Prevention, 2019).

HIV stigma doesn't just hurt people's feelings it will prevent people from getting tested or treated. This fear of being judged can worsen their health and allow the virus to spread further. Combating HIV stigma means educating ourselves, challenging stereotypes, and remembering that HIV doesn't define a person. Everyone deserves kindness, respect, and understanding, no matter their health status (Centers for Disease Control and Prevention, 2019).

Up to 90% of HIV patients in Malaysia are men, with the remaining 10% being women, according to a 2023 study conducted by the Malaysian Ministry of Health (KKM). Among the main causes of that figure are risky sexual habits, especially among gays. Injectable drug users, sex workers, and men who have sex with men (MSM) are all considered to be at high risk of contracting HIV.

Sharing needles or injecting supplies, having unprotected intercourse, and receiving blood transfusions are some of the ways that HIV can spread. Data from the Ministry of Health indicates that approximately 3,200 new cases of HIV were reported in 2023, and that number is predicted to be constant in 2024. Age-wise, those between the ages of 20 and 29 are involved in up to 44% of the instances that are reported. Meanwhile, 31 percent of all cases were in the 30- to 39-year-old age range. (Luqman Qamal, 1 December 2024, *90 peratus penghidap HIV di Malaysia adalah lelaki*. Buletin TV3).

The two main questions this study attempts to investigate are the degree of stigma faced by HIV-positive people and the extent to which Malaysian society embraces those who have the virus. The study will shed light on these problems in order to better understand how the general population views HIV, the elements that lead to stigma or acceptance, and the overall effects on the lives of individuals who are impacted. In order to create policies and interventions that encourage inclusivity, eliminate bias, and enhance the quality of life for individuals living with HIV in Malaysia, it is important to understand these perspectives.

Problem Statements

HIV-related stigma remains a concern in Malaysia, though the country's HIV prevalence is lower compared to other nations. In 2020, 214 school children from public and private schools were reported to be HIV positive. Over the years, this issue grew increasingly alarming, especially among the youth. As the number of cases rose to 186 in 2021, 221 in 2022, and 244 in 2023. Recent data also shows an increase in HIV cases among college students, particularly those aged 18 to 25 (Farhana Abdul Kadir, Sinar Harian. *Peningkatan kes HIV seiring kejatuhan moral anak muda*. Sinar Harian, 10 July 2024).

Malaysia's cultural and religious beliefs, shaped by the predominantly Muslim population, heavily influence the public perceptions of HIV. According to Dr. Raja Iskandar, discrimination and stigma have hampered the HIV response since the start of the pandemic. Stigma against PLHIV and communities at risk for HIV is still very much present in 2022, especially in healthcare areas where we would expect individuals to act more professionally and with respect. "Physicians in Malaysia who expressed more discriminatory intent against PWH also expressed more shame about HIV, more negative feelings towards PWH, and the belief that PWH are not worthy of receiving quality care." Additionally, there was a considerable increase in the likelihood that doctors in surgical specialties would support discriminating against PWH. The development of multi-level, multi-component, longitudinal stigma intervention methods is necessary. We must present HIV as a health issue rather than a moralistic one when we speak with our coworkers. We should also dispel myths and misconceptions about the virus, dispel stereotypes, and share the personal accounts of people living with HIV (Zainuddin, 2022).

There were 3,177 new HIV cases reported in Malaysia in 2022, bringing the total number of individuals living with the virus to 69,589. These figures point to the growing public health issue, which the Deputy Minister of Health, Lukanisman Awang Sauni, described as a significant challenge for the nation to overcome in the coming years. This rising issue has brought attention to the importance of early detection and treatment proposals to reduce the HIV screening age from 18 to 16 aim to facilitate earlier diagnosis and care (Manzor, 2023b).

Symptoms of HIV transmission and AIDS continue to increase due to immoral behavior such as free sex, perverse and unnatural relationships. The words of Allah SWT are true in surah al-Rum, verse 41: Means: "Various damages and calamities have arisen on land and in the sea because of what human hands have done, (such things arise) because Allah wants to feel the part of the retribution for the bad deeds they have done do, so that they return (repent and repent)." Islam as a religion that brings mercy to all people and all nature has brought and guided humans to live a clean, healthy and well-maintained life. Therefore, Allah SWT has given a warning through surah al-Isra', verse 32: Means: "And do not approach adultery, indeed it is adultery is an

abominable act and an evil path (which leads to damage).” Such is the method of prevention recommended by Islam. We need to be consistent and live life as a true Muslim maintain sanity and common sense by not taking drugs, avoiding immorality and staying away from adultery, fornication and lesbianism. This is the best way to protect yourself and society from all dangerous diseases. Jabatan Kemajuan Islam Malaysia (JAKIM). (n.d.). *Teks Khutbah: Mencegah HIV dan AIDS, Tanggungjawab Ummah.*

Research Questions

This study aims to examine societal attitudes toward individuals living with HIV by determining the level of public stigma directed at HIV patients and assessing the degree of acceptance they receive within the community. Specifically, it focuses on understanding how negative perceptions, stereotypes, and discriminatory attitudes coexist with, or contrast against, supportive and accepting behaviors toward HIV patients. By exploring both public stigma and acceptance, the study seeks to provide a comprehensive picture of community responses to HIV patients and to identify areas where increased awareness, education, and intervention may be needed to promote inclusive and reduce discrimination. Base from these statement, there are two research questions which will be study in this research which are:

- What is the level of public stigma on HIV patients?
- What is the level of acceptance towards HIV patients?

RESEARCH METHODOLOGY

Research Design

This research is carried out in the form of a quantitative survey. An online survey was disseminated using WhatsApp, Instagram, and Telegram. Utilizing these social media channels enables us to extend our reach and acquire more precise information on the public stigma of HIV patients in Malaysia.

Research Sampling

Data collection for this study used a convenience sampling strategy, which is a non-probability method where participants are chosen based on availability and ease of access, rather than random selection. This approach is quick, cost-effective, and well-suited for exploratory studies like pilot surveys, especially when time and resources are limited. Unlike probability sampling, where everyone has an equal chance of being selected, non-probability sampling depends on the researcher’s judgment and is commonly used in qualitative research (non-probability sampling definition, n.d.). Based on Raosoft Sample Calculator, 271 respondents are enough for 90% confident level. Researchers managed to get 304 respondents for this research.

Research Measurement

This questionnaire consists of 29 questions divided into three sections. The first section consists of 9 nominal questions on demographic background and general information. The second section consists of 9 scale questions on the level of public stigma toward HIV patients. In comparison, the third section consists of 11 scale questions on the level of awareness of HIV patients surrounding the stigma. The questions use multiple choice questions (MCQ) and 4-point Likert Scale. Developed by Rensis Likert to measure attitudes or opinions, a 4-point Likert Scale is commonly used to help avoid neutral responses, forcing respondents to choose between agreement and disagreement (Admin, 2024). This clarity improves the reliability of data. The data were later keyed in on an Excel Spreadsheet.

Data Analysis

This study utilized SPSS software (version 30) for data analysis. The process included designing a survey aligned with the research objectives, conducting a pilot test with 30 respondents to ensure reliability, and collecting responses from 30 participants. The data was then transferred to SPSS for analysis. Descriptive statistics, including frequencies, percentages, and means, were used to summarize the findings effectively.

FINDINGS: RESULTS AND DISCUSSION

Nine (9) questions were asked in the first segment. As to make sure the poll represents a wide range of opinions and experiences from all ages and backgrounds, these questions were used to determine the demographic backgrounds of the respondents. It demonstrates the responses of various groups of individuals. Table 1 represents (9) questions related to demographic backgrounds.

Table 1: Distribution of the respondents by demographic (n=304)

DEMOGRAPHIC	FREQUENCY	PERCENTAGE
Age		
18 - 24	243	72%
25 - 31	37	12%
32 - 38	20	6%
39 - 45	7	2%
46 - 52	7	2%
53+	0	0%
Sex		
Male	77	23%
Female	227	74%
Education Level		
SPM	29	9%
Diploma	157	51%
Bachelor's Degree	93	30%
Master's Degree	21	6%
Phd	2	0.66%
Marital Status		
Single	254	83%
Married	50	16%
Employment Status		
Working in government sector	31	10%
Working in private sector	37	12%
Self-employed	15	4%
Unemployed	16	5%
Student	200	66%
Retired	3	0.99%
Residency		
Urban / Bandar	184	61%
Suburban / Pinggir Bandar	82	27%
Rural / Pedalaman	35	11%
Current residing state		
East coast (Pahang, Kelantan and Terengganu) / Pantai Timur (Pahang, Kelantan dan Terengganu)	24	7%
Northern region (Perak, Penang, Perlis and Kedah) / Wilayah Utara (Perak, Penang, Perlis dan Kedah)	42	13%
Central Region (Kuala Lumpur, Selangor and Putrajaya) / Wilayah Tengah (Kuala Lumpur, Selangor, dan Putrajaya)	104	34%
Southern Region (Melaka, Negeri Sembilan and Johor) / Wilayah Selatan (Melaka, Negeri Sembilan dan Johor)	63	20%
East Malaysia / Malaysia Timur	69	22%
Household Income		
B40 (RM 0 - RM5,249)	124	41%
M40 (RM5,250 - RM11,819)	119	39%

T20 (RM11,820 and above)	57	19%
Do you know what HIV is?		
Yes	292	96%
No	11	3%

The table shows a survey of 304 respondents. This provides an insight into the levels of acceptance and stigma surrounding HIV in Malaysia. Examining sociodemographic factors such as age, gender, education, income, and residency can help better understand how these elements shape public attitudes towards HIV-positive individuals (Ridzuan et al., 2012).

The acceptance and stigma are heavily intertwined with the respondents' demographic characteristics. The data collected shows that 96.33% of participants are aware of what HIV is, a figure that suggests that respondents are primarily of high education level. As 80% of respondents had at least a diploma or bachelor's degree, this enunciates that education is crucial in fostering understanding and empathy. The dominant younger respondents contribute these positive attitudes, 73.67% aged 18–24, as they are more open-minded and exposed.

The survey also highlights how socioeconomic and geographic unlikeliness shapes attitudes towards HIV. The B40 income group (those earning below RM5,249) was the largest segment, representing 41.33% of respondents. Financial instability may amplify stigma, as individuals from lower-income groups often lack access to overarching education and resources that could dispel myths about HIV. In parallel, respondents from rural areas 11.67% might face greater challenges in accessing and gaining accurate information about HIV compared to their urban counterparts 61.33%, further perpetuating stigma in these communities.

Table 2: Level of Stigma

Items	Mean
I feel that people who are HIV positive are not truthful about their health, due to the fear of the stigma.	2.66
I believe that individuals with HIV are responsible for their condition.	2.60
I believe communities are not accepting of individuals HIV positive	2.45
I feel uncomfortable working closely with someone HIV positive.	2.09
Disclosing that someone is HIV positive would negatively affect my perception of them.	2.03
I believe people with HIV should be blamed for their condition.	2.00
I do not believe people with HIV should be treated with respect by others.	1.90
I would not treat HIV patients fairly.	1.79
Overall	2.13

HIV positive people discriminate against people because of the stigma, and this implies that people living with the virus are not telling the truth about their health in most cases, hence the statement has the highest mean score of M=2.66 in the table above. The score gives an implication that respondents understand that HIV positive persons are discriminated against, thus articulating that moderate levels of stigma still exist in Malaysian society. Such stigma is thus firmly connected with attitudes that define society's members in terms of certain status implying one's fear and desire to hide something.

The fact of stigma and discrimination makes people with HIV/AIDS unintentionally hide their actual state of health. This is so because of stigma, discrimination, and social consequences. This makes stigma to be a significant hindrance to the proper handling of HIV/AIDS since people avoid testing for the diseases, also avoid disclosing their status, and avoid accessing health care services that they need. Such a situation means that misinformation will likely occur since people are not willing to talk about their health issues, and the efforts to increase health literacy and enhance the delivery of care will be hampered (Ridzuan et al., 2017).

According to the study, the lowest mean score of M=1.79 is attached to the statement “I would not treat HIV patients fairly,” which tells us that there is less unfair treatment of HIV patients found in this study than other types of stigmas. This, however, is a positive sign; but it cannot negate the fact that stigma is alive in other

forms, for instance, people with HIV positive status feel uncomfortable when interacting with professionals or even in person. This form of stigma always leads to social exclusion and equal treatment.

These results present two truths, to begin with, discriminative perceptions like the popular one that rejects HIV patients seem to be fading away. On the other hand, there are more dimensions of stigma, for instance, perceived dishonesty or societal blame for HIV continue to persist. For instance, articles pointed out that these attitudes contribute to the social rejection of HIV positive individuals, stigma and repeated mental suffering cycles. Such societal prejudices may instill fear to those HIV patients; thus, they won't seek medical attention or even reveal their condition, thus worsening the health inequality for the patients.

Table 3: Level of Acceptance

Items	Mean
I support initiatives that aim to reduce HIV stigma.	3.37
I believe HIV patients have equal access to healthcare as everyone else	3.22
I offer emotional support to friends or family members who disclose they are HIV positive.	3.20
I do not judge individuals based on their HIV status.	3.18
I believe education on HIV has reduced the stigma against HIV patients	3.18
I support integrating individuals living with HIV into all aspects of community life.	3.11
I believe companies should hire individuals who are HIV positive based solely on their qualifications.	3.06
I believe companies should support employees who are HIV positive.	3.05
I would feel comfortable interacting with someone who is HIV positive in social settings (e.g., at work, school, or social events).	2.93
I am comfortable when someone openly discloses that they are HIV positive in a public or social setting.	2.83
I would continue a relationship as normal if I found a potential partner who is HIV positive.	2.33
Overall	3.04

The statement with the highest mean score of $M=3.37$ is: "I encourage efforts that seek to eliminate HIV prejudice." This shows strong public support for programs and initiatives meant to combat HIV related stigma. It represents that people are willing to participate and donate to raise awareness and foster positivity. This kind of support is essential for fostering a more tolerant society and decreasing prejudiced thinking since the findings of studies suggest that participation in stigma-reducing programs enhances the community's perception of people living with HIV.

Conversely, the lowest mean score, $M=2.33$, corresponds to the statement: "I will continue a relationship just like any other one if I encounter a potential partner who is HIV positive." This shows that respondents have not outgrown their uneasiness and apprehensions as regards close association with HIV-positive people. These outcomes are consistent with prior studies suggesting that personal contacts have continued to be a challenging domain for stigma elimination because they elicit fears about viral contact and social stigmatization. These misconceptions can only be combated by specific public health intervention campaigns to encourage adherence to ART, as well as to promote trust in relationships with HIV-positive individuals.

The findings indicate that the acceptances towards people living with HIV in Malaysia have a mean value of $M=3.04$ on the 4-point Likert scale. This is all good and goes a long way toward signifying a changing society for the better. Research has established that such transitions occur after years of combining health communication and social desensitization initiatives targeting the HIV epidemic.

Nevertheless, comparing the means indicates that their variability might be attributed to the differences in societal attitudes toward the lower and higher mean scores. However, there is a high level of support towards, and personal acceptance of, anti-stigma campaigns regarding HIV-positive individuals nevertheless, personal relationships with such people show that specific concerns still exist. Such a gap underscores the importance of more specific approaches to addressing the problem. The educational campaigns on areas of stigma, like intimate relationships, could deter misperceptions and prejudices in people and enhance a more inclusive

perception regarding people living with HIV. These are essential steps to help reduce marked deficits in social inclusion and to maintain inclusive human rights for all.

CONCLUSION

Based on the findings, we can conclude that the public in Malaysia is highly accepting towards HIV positive people, but the stigma surrounding it is still persistent among Malaysians and is still a working progress. Our research questions findings can be arranged as per following:

Level of Stigma	2.13
Level of Acceptance	3.04

This established that there is progress, though there is more work needed to be done in Malaysia's fight against HIV related stigma. On a positive note, most Malaysians are receptive to change, as evidenced by the high mean scores on the willingness to endorse change programs designed to decrease the stigma of AIDS $M=3.37$. Programs that increase knowledge and acceptance of individuals with HIV are needed. More specifically, the people's help is necessary for constructing a culture which reflects more tolerance and an active fight against bigotry.

However, a gap can be seen from the fact that the mean score for the statement "I would continue a relationship as normal if I found a potential partner who is HIV positive" is $M=2.33$. This proves that even as there is heightened sensitization and advocacy for anti-stigma, you will find discomfort when it comes to friendship with HIV-positive people. The area of intimate relationships remains a difficult one for interventions to deal with stigma because many people still be afraid about HIV transmission or concerns about what other people will think. This means that, although people are becoming more tolerant, the very nature of the relations that people have is an impenetrable barrier.

The total means for acceptance scores of $M=3.04$ means a good change in the direction of increased awareness, but there are significant differences between the public and private perceptions of HIV. Thus, much more work needs to be done to change people's minds towards ending stigma, even when people support such a cause in intimate spaces.

This, therefore, calls for education to bridge this gap. Also, it is vital to raise general knowledge of HIV, but it is also necessary to address myths and fears connected with intimate relationships with HIV-positive people. They added that telling stories of people living with HIV and explaining how good ART is at preventing transmission will reduce the stigma in these private spaces. All in all, despite the study being focused on proving that society is on the right track, such work serves as a sign that real change is possible but requires constant efforts. It can make people completely accept those with HIV in our personal and social lives in Malaysia through increasing communication, expanding knowledge and dealing with individual bias. Through these sustained efforts, one can be sure that stigma no longer bars people from living decent and normal lives.

ACKNOWLEDGEMENT

This research was supported by TEJA Grant (GDT2021/2-1) Universiti Teknologi MARA.

REFERENCES

1. Admin. (2024, October 25). *How to interpret 4-Point Likert Scale results?* -. <https://chartexpo.com/blog/4-point-likert-scale#4-Point-Likert-Scale-Definition>
2. Al-Qaradawi, Y. (2006). Islamic Perspective on HIV and AIDS. In *Islamic Responses to HIV/AIDS in the Arab World: Perspectives and Approaches* (pp. 34-45). Cairo: Al-Qaradawi Foundation
3. Better Health. (2015, September 18). *Stigma, Discrimination and Mental Illness*. Better Health Channel; Victoria State Government. <https://www.betterhealth.vic.gov.au/health/servicesandsupport/stigma-discrimination-and-mental-illness>

4. Centers for Disease Control and Prevention. (2019). HIV Stigma. Centers for Disease Control and Prevention. <https://www.cdc.gov/stophivtogether/hiv-stigma/index.html>
5. Darus, D. (2024, November 30). 90 peratus penghidap HIV di Malaysia adalah lelaki. Buletin TV3. <https://www.buletintv3.my/nasional/90-peratus-penghidap-hiv-di-malaysia-adalah-lelaki/>
6. HIV/STI/Hepatitis C Section of Ministry of Health Malaysia, Suleiman, A., Yuswan, F., Tze, C. P., Malaysian AIDS Council, Ramly, M., Ibrahim, N., Anwari Abdul Khanan, M. I., Mohamed, A., Razali, A. B., Ellan, P., Kurusamy, T., Khan, S. J. A. H., Bakar, R. A., Azlan, A., Ghani, J. A., Chung, P., Ismail, I., Ishak, N. C., . . . Rusli, N. (n.d.). The Global AIDS Monitoring Report 2023. In *Ministry of Health Malaysia*. https://www.moh.gov.my/moh/resources/Penerbitan/Laporan/Umum/Laporan_Global_AIDS_Monitoring_2023.pdf
7. Manzor, Z. (2023, March 2). 69,589 pengidap HIV di Malaysia. Kosmo Digital. <https://www.kosmo.com.my/2023/03/02/69589-pengidap-hiv-di-malaysia/>
8. Kadir, F. A. (2024, July 9). Peningkatan kes HIV seiring kejatuhan moral anak muda | Sinar Harian. *Sinar Harian*. <https://www.sinarharian.com.my/article/674167/suara-sinar/analisis-sinar/peningkatan-kes-hiv-seiring-kejatuhan-moral-anak-muda>
9. Sullivan, G. M., & Artino, A. R. (2013). Analyzing and interpreting data from Likert-Type scales. *Journal of Graduate Medical Education*, 5(4), 541–542. <https://doi.org/10.4300/jgme-5-4-18>
10. Swaim, E. (2023, July 25). *Types of stigma and steps to stamping it out*. Healthline. <https://www.healthline.com/health/what-is-stigma#impact>
11. UNAIDS. (n.d.). *2020 Global AIDS Update — Seizing the moment — Tackling entrenched inequalities to end epidemics*. https://www.unaids.org/en/resources/documents/2020/global-aids-report?_gl=1*_1jjj4wz*_gcl_au*NDE5OTI0NzIwLjE3MzY2NjA0Mzg.*_ga*MTc3MzA4MjA1Ny4xNzY2MjYwNDM4*_ga_T7FBEZEXNC*MTczNjY5NzI5OS4zLjEuMTczNjY5ODAzNS42MC4wLjA
12. Logie, C., & Gadalla, T. (2009). Meta-analysis of health and demographic correlates of stigma towards people living with HIV. *AIDS Care*, 21(6), 742–753. <https://doi.org/10.1080/09540120802511877>
13. Ridzuan, A.R., Abu Bakar, A., Abdul Latiff, D. I., Ismail, S., Alias, N.E., Othman, R., Koe, W.L. and Ilyas, Y.I. (2017). The Relationship Between Social Networking Site Factors, Ethnocentrism and Social Solidarity. *Advanced Sceince Letters*. 23(8), 7650 -7652
14. Manzor, Z. (2023b, March 2). 69,589 pengidap HIV di Malaysia. Kosmo Digital. https://www.kosmo.com.my/2023/03/02/69589-pengidap-hiv-di-malaysia/#google_vignette
15. Jabatan Kemajuan Islam Malaysia (JAKIM). (n.d.). *Teks Khutbah: Mencegah HIV dan AIDS, Tanggungjawab Ummah* https://www.islam.gov.my/images/eKhutbah/Teks_Khutbah_Mencegah_HIV_Dan_AIDS_Tanggungjawab_Ummah.pdf
16. Ridzuan, A.R., Bolong, J. Omar, S.Z., Osman, M.N., Yusof, R. & Abdullah, S.F.M (2012). Social Media Contribution Towards Ethnocentrism. *Procedia Social And Behavioral Sciences*, 65, 517-522.
17. U.S. Department of Health & Human Services. (2023, January 13). What are HIV and AIDS? HIV.gov. <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>
18. Zainuddin, A. (2022, December 8). HIV stigma in Malaysia still ‘Very much’ alive in 2022. CodeBlue. <https://codeblue.galencentre.org/2022/12/hiv-stigma-in-malaysia-still-very-much-alive-in-2022/>