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Stigma and Discrimination, Coping Strategy and Caregiving of Wife Infected with HIV/AIDS

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ABSTRACT

The number of women with HIV infection and AIDS has increased steadily worldwide. The majority of new HIV cases in women are the result of sexual behaviors. A research on issues and concern of wives who have been infected with HIV and lost their husbands to AIDS was conducted in 2008 in the northern part of Malaysia. The main objective of the study was to explore what are some of the impacts of HIV/AIDS on women in Malaysia. A qualitative research was used as a method of the study. An in-depth interview has been conducted with seven women who were infected with HIV from their husbands in northern part of Malaysia. Through the study three main themes were identified, namely; stigma and discrimination, coping strategies, and care giving. Results showed that many of these women are suffering from stigma and discrimination, isolated, and insulted by family and society. Many became withdrawn and feeling helpless with their HIV status. Fear of others knowing about their HIV continues and there was nobody to turn to for psychosocial help. Caregiving has also been a problem after their husbands died of AIDS. This study suggested that some plan of action should be taken in order to help these women to cope with their HIV status. Government and non-government agencies should continue their activities to reduce stigma and discrimination, increase health and social services especially in the northern region of Malaysia.

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INTRODUCTION

AIDS cases throughout the world was increased to 2000 cases and the numbers then escalated to 360,000 cases in a decade (Hartman, 1998). UNAIDS report (2006) claimed there were 4.3 million new cases of HIV infections towards the end of 2006, 39.5 million people had been infected by HIV/AIDS and 2.9 million people had died due to AIDS (UNAIDS, 2006). For Asian countries, it is estimated 8.6 million people (6.0 to 13.0 million people) have been infected by HIV/AIDS. It is also estimated 630,000 people (between 430,000 to 900,000) had died of AIDS. Microscopically, until December 2007 in Malaysia there were 80,938 cases of HIV infections, 13,635 AIDS cases and 10,334 death cases of AIDS. In retrospect there was only one case of death of AIDS reported in 1986. Demographic distribution indicates that men between 30 to 39 years were among the highest group that was infected by AIDS. Sharing needles among the drug user was the main cause for HIV/AIDS infections in Malaysia (Malaysia AIDS Council, 2006). In contrast, the cases of HIV/AIDS infections among women are also increased every years and it does not only involve the sex worker but also housewives who are infected from their husband.

HIV/AIDS epidemic has a significant impact to the world and relatively, associated with certain issues especially related to the people living with HIV/AIDS (PLWHA). Among the significant issues with HIV/AIDS are stigma and discrimination. Stigma does not only affect the PLWHA but also their family members. Substantiated from local newspaper articles discrimination and stigma exist among medical staff. Reports from patients and their family members about ungiven treatment do not only become the excuse, even Dr. Christopher Lee, the president of Malaysian HIV medical committee admits the misconception over HIV/AIDS that attached to not only the society but also medical staff like doctors and nurses. This scenario hinders their involvement on the treatment for HIV/AIDS patient, worrying of the infections. The stigma and discrimination among medical staff leads to the fact that there were only 25 doctors who were willing to treat HIV/AIDS patients throughout the country (Malaysia) despite the spreading of this epidemic for over 22 years in this country (Hafizah Iszahanid, 2008). The attitude of doctors and nurses need to be changed upon the rising

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demand over better and skilled service and the number of medical staff to treat HIV/AIDS patient needs to be increased in handling the patient which are figuratively more than 70,000 people.

The issue of stigma and discrimination does only happen to PLWA but also their families (Li, *et al.,* 2007). When PLWHA died and the cause of death is realised to the public, the social relation is affected as the society is afraid to visit the dead who suffered AIDS. Amid the culture of visiting among the Malaysian, the stigma over the epidemic causes the society to exempt the visit for AIDS death. This is the result of ignorance upon the accurate fact of HIV/AIDS. This misconception also leads the fear among the families, anxious on the expose of the infections. This feeling exists as a result of negative stigma from the society (Atkins & Amenta, 1991; Sikkema, *et al*., 2000). This situation afflicts the party who involves in servicing and caring over HIV/AIDS patients to be ashamed and being discriminated. According to Fredriksson & Kanabus (2007) there are other factors contribute to stigma on PLWA or HIV virus itself such as fear of infection, complications on HIV/AIDS, risk activity associated to virus besides myth in believing AIDS as punishment on those who go against the religious bidding. Hence support is not only needed by the PLWHA but their care in terms of encouragement and acceptance are also important.

In the light of the issue mentioned, PLWHA and their family members are always in stress and trauma over societal rejection. If this situation continues, and no action taken out, it will inflict negative outcomes especially on the efforts to reduce the cause of HIV/AIDS. Lack of support and aid given to affected family by AIDS death will result them taking a shortcut to overcome it by being a recluse or worse, suicide. Therefore, research needs to be conducted to enable issues concerning AIDS death and psychosocial impact could ne minimised. In retrospect, there were less research has been done concerning issues of psychosocial and AIDS death in Malaysia. Even though this epidemic is not new, more focus is given to the prevention programme and awareness among the society and the patient specifically encourage PLWHA to get the treatment. This research is an exploratory in nature concerning death and AIDS. The main objectives of the research are to identify issues related to PLWHA death and to explore the daily live experiences by infected wives of HIV/AIDS

MATERIALS AND METHOD

This research is carried out in Kedah and involves seven women who were infected with HIV from their husbands. Data gathering have been conducted through interviews with the subjects. After approval from subjects is gained; each subject is interviewed from two to three sessions within 45 to 80 minutes per session. The subjects choose their own location and time for the interview. The subjects' background was given by an NGO outreach worker who is handling the cases of these women. The information however is confidential.

RESULTS AND DISCUSSION

Subject Profile:

Each research profile is presented in Table 1

Table 1: Profile of subjects.

No	Subject	Age	Race	Education	No. of child	CD4 count	HAART	Job	Source of Income	Way of infection (Husband's)	Support by family	Stigma by neighbors	Cause of death (husband's)	Disclose
1	Mrs. B	40	M	Form 5	2	100 ++	√	Housewife	self-employed	IVDU	No	No	AIDS / complication	No
2	Mrs. D	33	M	Form 5	1	300 ++	X	Shop assistance	self-employed	Null	Yes	No	AIDS / complication	No
3	Mrs. E	52	M	Form 3	4	100 ++	√	Shop assistance	self-employed	Free sex	No	Yes	AIDS / complication	Yes
4	Mrs G	35	M	Form 5	2	100 ++	√	Shop assistance	self-employed	Free sex	No	Yes	AIDS / complication	Yes
5	Mrs. H	40	C	Form 5	4	200 ++	X	Housewife	Father in law	Free sex	No	Yes	Suicide	Yes
6	Mrs. I	35	M	Form 3	5	300 ++	X	Shop assistance	self-employed	Free sex & IDU	No	Yes	AIDS / complication	Yes
7	Mrs. J	40	M	Form 5	5	300 ++	X	Housewife	Family	IDU	Yes	Yes	AIDS / complication	Yes

All subject's child are free of HIV infection; # M – Malay; # C – Chinese

Stigma and Discrimination:

Prominent issue facing PLWHA is transparently stigma and discrimination and they happen at all forms and levels; revolving their own family members, medical staff and the society. This seems to occur in a brief period of time as much it prolongs to few years on. From seven subjects involved, only one admitted did not undergo through that experiences. To one surprise, the subject was not alienated or humiliated by people around. In fact, she was help and supported by them and the family members especially. As a matter of fact after the husband's

death, the family members keep or consoling and giving moral support and materials needed by the subject. Nevertheless, for two other subjects (Mrs. B and Mrs D), they were more awoken in socialising with neighbours, worrying that the health problem faced by their family would be exposed. Subjects only told the public that the death was due to tuberculosis and asthma. For Mrs. B, she game that reasons as coincidentally another family member happened to be died of TB. What matters the most if the villagers knew that she is also infected by AIDS as she always went to hospital for treatment. She admits to be unwilling to be humiliated and estranged. This too happens to Mrs. D and she is very careful concerning the issue of the cause of her husbands' death. For five subjects, they had the experience of being alienated or stigmatised when husband suffered, before and after the death of husband by the family members and society relating to their own health status. There are two causes of these stigma; from the husband's health status and activities they done (drug user or free sex).

The second reason is from the subjects' own health status; even though they actually were infected by their husbands. This shows the stigma on PLWHA and family happened much to the society's anger over the individual who are go against the norm and also fear of AIDS itself. In the same way, the subjects revealed their experience of being stigmatised by the society who had preconceptions of their involvement concerning the risk activities and not only because of infections from their husbands. Stigma from family members was happened when Mrs G knew the screen test result of her and her husband. It became serious as not only her own family estranged her and children but they were also alienated and disclaimed by their neighbours. Before the death of her husband, the neighbours were not aware of their health status. That answers why the neighbours attended the funeral of PLWHA. But once the secret leaked, the situation was changed. Stigma and discrimination are not only suffered by the subject but also to two of her child who are still in primary school. After the death of her husband (till the interview conducted), the daily routine of the subject had changed especially the estranged relationship among the siblings and also the neighbours. She admits after the PLWHA's death, her home is no longer visited by anymore. In fact, when the subject goes to her mother's house on any special occasions, she and the children would be treated like strangers and being alienated. The same goes to the estranged relationship with the neighbours who feel afraid to go near the subject.

But for Mrs E, she has been boycotted by the family members ever since her husband suffered. Among the difficulties that she faced is when taking care of her husband especially bringing him to hospital for treatment. Having no personal transportation, she had to use ambulance to bring him to hospital because there was no one who was willing to help her. Daily care on her husband was also done only by her without any help from anyone including their own child. The subject admits the stigma still lingers but it is lesser now. The subject's child, who is still schooling, also has been alienated by school friends who affect the child to be stressful and ashamed. As this prolonged to a year, the subject decided to transfer her child to another school. Stress to stigma on Mrs E's, Mrs G's and Mrs I's children leads these children to stop schooling even though they are still at primary education. Subject has to make a conscious decision mainly when it comes to change to another school. Stigma which remains to be the prime barrier to public action has obstructed her financial resources. Previously, Mrs. I used to run a small business before the death of PLWA in order to support her family. Every morning, she would take her home-made *nasi lemak* and some battered food to several food stalls to be sold. However, after her husband passed away, society has started to boycott her and refused to buy her food. At first, the subject thought that it was just a temporary condition. Therefore she kept on doing her business as usual but thing did not turn out as expected. Her sales dropped off eventually which then led her to quit the job.

HIV/AIDS not only affect individuals who were infected, but also affect family members and people who are close to them. Even the impact that turned out was mainly negative. Supports the findings that are subject's state that the effect is not only because of the death of the husbands as the heads of family, but also because the death was due to AIDS and they also have been infected. Feeling guilty, stressed, distraught and languid as they would be losing somebody, are the feelings that are always felt while taking care of PLWHA. Other than that, the subjects would feel discrated, ashamed, and angry, stigma, alienated and having to make preparation to face the death of love ones. For that reason, formal and informal social supports should be given to family members who are taking care of PLWHA. Stigma is something indirectly felt by subjects and the family when the husbands had AIDS and then died because of the virus. Some of the stigma faced by some subjects would be avoidance of contact by own family, having negative feelings and also blaming the patients whose having the illness. PLWHA and the family would be called with names that show the stigma. The stigma issues that have be highlighted by the subjects in this study show the same phenomena related with stigma with other studies done. However, discrimination issues were less discussed by the subject as the finding from the other studies done before which show serious discrimination. Such discriminations are suggesting the PLWHA to be alienated or quarantined from society, avoiding dealing with workers from befriending with colleges with AIDS. When HIV/AIDS infections happen to woman, they are always related to free sexual activities, although in some cases they are actually the victims, as what happened to the subjects in this study.

Coping Strategy:

Results from the conversation indicate that there are two phases of reactions taken by the subjects based on two different situations that are; after they know their own health status and after the loss of their husbands due to AIDS. Although have been confirmed of having HIV/AIDS, they are still hold the role of being the husband's caretaker. This is due to their situation that shows no serious complication. Other than that, having to know they are not the root of the infection, subjects took positive step to face the epidemic. One of the activities that could help the subjects is by joining support groups, sharing experiences and feelings with others, other than going to treatments suggested by the doctors. Different ways were shown by the husbands as reaction when they knew that they were infected with HIV/AIDS. This happens as the subjects' husbands know the risky activities that they did, namely free sex and drug infection. This is because those who are feelings pain have special need, namely physical and medical, social needs, emotional/psychological, and spiritual or religion needs. While after the death of the husbands, subjects took proactive steps to do activities that would provide them financial sources. For those who are unskilful, they also fill the time with activities that they are interested in according to their abilities. Respondents are more prone to use 'problem focuses coping', compared to emotion focused coping, and expressing their ability to control the situation based on their own ability.

a) Subject's reaction before the death of PLWHA:

Subjects who have involved in this research lived together with their late husbands and took care of them throughout the laborious period. Most of the subjects have first-hand experience in managing PLWHA especially those whom suffered from serious complication. When death happens, more or less it will affect the subjects in some aspects such as emotion, economy and safety. Nevertheless most of them are still coming to terms with the death of their loved ones. They do believe that life must go on and their children need them to keep working to live life as usual. They need to exert as breadwinners and female-headed households instead of dwelling on the sadness of feeling lost. Those seven subjects have different approaches to overcome their grief after the death of PLWHA. As mentioned earlier, all of them have dependant children who need to be looked after but unfortunately they do not have permanent income. In this case, only two subjects (Mrs. E and Mrs. G) who happened to have permanent income from the their husbands' pension that is RM500 a month. In addition, both subjects do part-time jobs as a tailor and a stall worker. Even though the payment is quite low, at least they do not have much time to ponder on the past. Similarly, those who have to be the breadwinners need to be proactive in searching for suitable jobs to support their family members. Although they themselves are suffered from AIDS, they appear to be tough enough to carry out responsibility towards the family. Mrs. I, who works as a restaurant worker said that it did not take long for her to dwell on the loss of her husband.

Another three subjects (Mrs. B, Mrs. H and Mrs. J) are not working due to health problem and do not possess any skills. According to Mrs. B, the way she overcomes her sadness is by sharing with someone who she trusts the most in gaining some strength. Nevertheless, subject has limited her social contact with society in order to avoid them knowing her health status. In contrast, subject always involves with some activities organized by the hospital and NGOs for AIDS sufferers to share feelings and experiences. Subject also admits that she feels better when she knows that she is not the only person who has that particular problem. In fact she becomes highly motivated when she could share various methods done by them. Subject always takes other healthy patients to be her role-models. This will make her feel calm and fortify her emotion. This way also works for Mrs. J and Mrs. H. They agree that emotional support from family, those affected friends, medical personnel and NGO organizations will be able to help them to overcome stress-related illness. Both of them are happy and satisfied when sharing their feelings with researcher. Although some of them take different ways to confront with stress and sadness, they actually share the same purpose on dealing with grief in order to be stronger to continue their daily lives. What they have been doing all these while does not mean they have forgotten the dead but for their own good future in rising up the children.

Death, feeling lost and sorrow are expectable and regarded as normal to such epidemic. Although HIV/AIDS patients are always connected to activities that are against the society's norms, their deaths will be felt as a big loss by at least an individual especially the wife of children. Because of the death, the significant party especially family members would be experiencing impacts including fear, guiltiness, helplessness, confuse, mental disturbances, showing physical health symptoms that would also affect daily activities. Most of the women who are involved in this study didn't spend their time grieving too long, as they realised the responsibilities that they have to bear to fulfil the family's needs. Although the feeling of anger was there for the husbands' behaviour and attitude that caused the HIV/AIDS infection, but they still love their spouse and still makes them feel the lost.

b) Reaction by PLWHA:

Besides facing a new phase upon the loss of the breadwinner, subjects also need to face with a new situation regarding their infection status transmitted by their husbands. Subjects confess that there were different reactions towards their husbands after receiving results from HIV test. Most of their husbands seemed to be

prepared and accepted the results without disputation. According to subjects, their husbands could accept the fact that they had been infected by this epidemic due to their deviant behavior that would lead to HIV infection. Nevertheless, for those subjects who never indulge in any risky behavior, upon declared as having HIV infection, expressed various reactions and tried to sort out with different ways to fix their new condition. The first reaction occurred to the seven subjects is crying after they received the result from HIV test since they had shallow knowledge about HIV-AIDS. In that shocking state, subjects scolded their husbands and blamed them to be the main cause of the endemic infection. Even though their husbands refused to confess the truth, subjects had already known their outrageous activities. One of the subjects, Mrs. D did not angry at her late husband at all as she herself did not know exactly the cause of the infection. She admits that her husband never indulged in any drug abuse or promiscuity. The day she was informed about the HIV infection, CD4 for these three subjects less than 200 meanwhile the rest four subject's possessed CD4 range from 300 to 500. When this interview session is carried out, those three subjects who have CD4 less than 200 are undergoing HAART treatment meanwhile another four subjects just undergo their routine medical check-up in order to know the progress of their disease and have yet to start their HAART treatment.

These seven subjects admit that they have mixed feelings towards their husbands because the shocking news really broke their spirit and ended up with depression. Furthermore, during this critical period the husbands just kept silent whenever the subjects wanted to discuss about their health. According to Mrs. I, her husband was not only kept silent when she wanted to have discussion pertaining to their present state of health but also accused her to be the cause of this infectious disease. After getting precise information from medical personnel, it took them a few months to accept themselves in order to get used to it. Explanation given by the doctor and nurses on the disease progress, treatment, health care and daily routine more or less has given them spiritual dimension. In fact, Mrs. Helen also makes one of the nurses as someone to share her problems with. Hospitals, clinics and other Non Government Organizations such as support groups, workshops, courses and excursions are among additional activities mainly organized to give new perspective towards those concerned. By participating in these activities, subjects begin to gain more confidence and strength to live off even though without husbands by their side. Mrs. B admits that during her first stage being infected by AIDS, she isolated herself and lamented over her fate but after taking some proactive steps by mingling around with support group, she gradually started to accept her destiny. Other subjects also agreed that those organized activities have helped them a lot. Besides, they also find out that having discussion with people who have similar problems made them aware that they are not alone and still there are many people out there who have greater problems than the subjects themselves.

As far as this matter is concerned, most of them believe that passive action won't help much in reducing stress related to AIDS. Instead, they must be active enough to ensure that they have some quality time to emphasize on their health care. Mrs. E, who always cool and happy throughout each interview session said she actively, gives commitment as a sewing instructor organized for PLWHA. In addition to that, she also becomes a member of support group in the hospital where she always receives her treatment. The same goes to Mrs. I who also joins a local support group and always volunteers to take part in any activities mainly coordinated for them. Based on researcher's observation, those who are willing to take part in any organized programmes, will be able to respond actively during conversation session. In contrast, those who are passive, tend to be subtle and reluctant to talk openly. Nevertheless all subjects have been very co-operative in succeeding this project.

Caregiving:

Caregiving basically involves of taking care of ill husband, taking over the responsibility as a breadwinner after the death of the husband and looking after dependent children. Out of these seven subjects, only two subjects (Mrs. E and Mrs. I) who took full responsibility for taking care of their ill husbands until the end. This is because their families refused to give a helping hand, afraid that they might be infected by the virus and also could not content their anger towards PLWHA. Due to both subjects, physical aspect is one of the burdensome problems in this care giving. This is because they need to handle everything all alone within the household, caring for the children, preparing for food, cleaning and even going out working. The time at the end of life is very challenging and needs support and special care as PLWHA have reached their terminal time. Therefore, both subjects felt it was like a burden for them without any help and support from the family members. Meanwhile another three subjects (Mrs. B, Mrs. D, and Mrs. J) said that they are lucky enough to have families who are very supportive and willing to help their ill husbands. In fact, the husbands of these three subjects were transferred from their houses to their parents' houses for better care. This is because their family members understand that the subjects themselves are sick besides having small children who still unable to help the subjects taking care of their fathers. Therefore, caring for ill husbands was not a burden for them even though during that time their husbands were facing serious complication of AIDS. The rest two subjects stated that they do not have any experience in taking care of their sick husbands. According to Mrs. G, her husband did not suffer from any AIDS complication but had flu for two days before his death. In contrast, Mrs. Helen's husband had committed suicide right after he knew he was infected by AIDS.

All the PLWA care that had died and are involved in this study left their children who are still young and schooling. Only one PLWHA left a married child, but with a sibling who is still in his lower secondary. From interview done, it was found that financial problem isn't a major one for them after the husband passed away. This is because most of them had had to work to support their children, especially whose husbands were drug addicts. Although PLWHA had their own incomes as fisherman, labourers or doing add jobs, the incomes would be spent to buy drugs. Since the husbands were sick, the subjects had to take over the responsibility as the breadwinner including to look for financial resources. For subjects who suffer from HIV/AIDS, the role as the breadwinner is very hard and need physical and mental strength as the responsibility is very huge to them. At least they had the person to share the responsibility and feeling if the husbands are still alive, but after that everything is on their shoulder. Although subjects still have families and friends but they can only listen to the problems, not sharing the responsibility. That is why holding the role as the breadwinner is an impact that needs to be faced by subjects after their husbands leave them. From interviews done, they are also subjects who expressed their anxiety as who would be taking care of their children if they face critical health condition or when they die. Only two subjects (Mrs. B and Mrs. G) had set out their plans on custody if they die in a short time to come. Both subjects entrusted the mother in law and relative to take care of their children when they die. Yet, the other 5 subjects are still not ready to discuss about the issue. They are still not ready to face the possibilities that would happen and still in denial state.

From the care aspect, the subjects show that they also face difficulty while taking care of the sick husbands especially without family members' assistance. The caregivers also have to sacrifices including financial and energy although he/she also has financial and health problem. From the role as a caregiver, women are seen as a party who would bear the responsibility. For subjects who get help from family members to take care of the PLWA, mothers or female sibling would manage the role and receive the effects of the situation. This happens due to economical factor especially to unemployed women, where they have to do something to get financial sources for the family. In certain situation, the caregivers show more suffering and burdened compared to the patients itself. Although there are only seven subjects who are involved in this study. It still shows the same finding with other studies that involve bigger samples. It clearly proves the care and death for PLWHA bring out major psychosocial impacts to family members including deterioration of health stage, social discretion and stress.

Conclusion:

It is shown that there certain issues that indirectly relate when HIV/AIDS infection happen, either to the women themselves or the family members. The stigma and discrimination issues are closely related to this epidemic which would affect other issues. On that point, all parties should come forward and play their role either for educational purpose and awareness, prevention or aid, and support to those are infected. The role and duties should be done not only by health related organisations and individuals only but also should do by all from families' institutions and organisations. A few suggestions that can be considered based on this study are: i) Providing home care to children whose parents died due to HIV/AIDS. ii) Reducing the stigma among the society so that the PLWHA could come forward to get treatment. iii) To realise HIV/AIDS related activities, programme or campaign the authority should encourage the organisation or foundations to join them through a lot of ways including the employees' involvement as volunteers, financial aids, premise usage and many more. The involvement is the one of social responsibilities that could be contributed by those organisations not only to PLWHA but to public generally. iv) The related parties especially health institutions should provide the treatment to PLWHA not only centralized to medical treatment only but also those who are involved in multidisciplinary including social worker while doing the social diagnosis.

REFERENCES

Atkins, R., M.O. Amenta, 1991. Family adaptation to AIDS: a comparative study. Dalam Amenta, M.O. & Tehan, C.B. (edi). *AIDS and the hospice community* (71-83). Sydney: The Haworth press.

Fredriksson, J., A. Kanabus, 2007. Why is there stigma related to HIV and AIDS?. accessed http://www.avert.org.aidsstigma.htm pada 22 Februari 2008.

Hafizah Iszahanid, 2008. Hanya 25 doktor rawat pesakit HIV seluruh negara. Berita Minggu 9 November 2008.

Hartman, A., 1998. Foreword. Dalam Aronstein D.M. & Thompson B.J. (edt). *HIV and social work: a practioner's guide.* London: The Harrington park press.

Li, L., C. Lin, Z. Wu, S. Wu, M.J. Borus-M, R. Detels, M. Jia, 2007. Stigmatization and shame: consequences of caring for HIV/AIDS patients in China. *AIDS care,* 19(2): 258-263.

Malaysia AIDS Council, 2006. *AIDS in Malaysia*.

Sikkema, K.J., A. Kochman, W. DiFranceisco, J.A. Kelly, R.G. Hoffmann, 2000. AIDS-related grief and coping with loss among HIV-positive men and women. *Journal of behavioral medicine,* 26(2): 165-181.

UNAIDS/WHO, 2006. AIDS epidemic update.