

PUBLIC AWARENESS OF HIV/AIDS: HOW MEDIA PLAY A ROLE?

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Abstract. This paper examines the effectiveness of media in public awareness of the HIV/AIDS issue among the public in an area in central Selangor, comprising Kuala Lumpur and its surroundings and suburbs in Malaysia. Cross-sectional survey questionnaires were distributed to 384 respondents about accessing the public awareness of modes of HIV transmission, perceptions and attitudes towards people living with HIV/AIDS, as well as people's understanding about government policies to curb HIV/AIDS. Health care practitioners and newspapers were the preferred sources of information seeking on HIV/AIDS among the public. Most of the respondents were aware of the modes of HIV transmission. However, they were some respondents who still have misconceptions about the modes of transmission. Most of the respondents were not aware about the government's significant policies to address HIV/AIDS in the region. Overall, the respondents had certain knowledge about HIV transmission modes and moderate positive perceptions and attitudes towards people living with HIV/AIDS. Future studies should be conducted to examine about who sets the agenda in the media, and apart from gatekeepers, who are the real decision makers in deciding what is important to inform the public.

Keywords: attitudes, HIV/AIDS, knowledge, perceived risk, perceptions, Malaysia

INTRODUCTION

Twenty-seven years following the first report of HIV/AIDS in Malaysia (Sulaiman, 1991), it is important to examine how the effects of media contribute to public's understanding of the disease and government policies on HIV/AIDS. Results from cross-sectional surveys would be useful for monitoring and evaluating media effects on formulating public perceptions and attitudes, as well as under-

standing government policies about HIV/AIDS, and people living with HIV/AIDS as a whole. Additionally, these results could also be useful for future research to further examine the role of the media, public, and government in portraying public health information to the general population via mass media.

In today's media rich landscape, the advent of emerging media (for example, Internet, social network sites) has been adopted by different groups and populations across the world. Through a diversity of media, many health care practitioners and health departments have employed mass media to disseminate public health information to the general population and

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to raise awareness of HIV/AIDS, because media representations are deemed able to sway public perceptions and opinions, advocate behavior change, and influence policy and campaign strategies (Brännström and Lindblad, 1994; Miller *et al*, 1998; Tong, 2006; Chanda *et al*, 2008; Ibrahim *et al*, 2010; Tham and Zanuddin, 2011; Tham, 2014).

People's perceptions of health issues are not only shaped by their direct experiences and those of others. They also receive public health information through media accounts. This sort of public health information, including disease prevention, treatment, and health recommendations, helps the public to understand recent development of vaccines in the country or even in the world (Schiario, 2014). Because of media circulation and the saliency of HIV/AIDS-related issues, we can suggest that people are more well-informed about the issues and, further, that they will form their own individual opinion about the discussed issues within their community and peers.

The first case of HIV was diagnosed in Malaysia in 1986, when a 45-year-old Chinese male of American origin travelled to Kuala Lumpur (Sulaiman, 1991). Since then, the media have been instrumental as a tool to facilitate and alert the public about the seriousness of the epidemic through the way they represent. Research has suggested that mass media have a main role in health communication, and an admirable task in warning the public on the seriousness of various diseases, especially highly contagious diseases like tuberculosis, AIDS, SARS, bird flu and H1N1 (Hsu, 2001; Morton and Duck, 2001; Singhal and Rogers, 2003; Mallika and Katare, 2004; Tong, 2006; Turk *et al*, 2006; Chanda *et al*, 2008; Ibrahim *et al*, 2010).

Recommendations have also been made by the Joint United Nations Programmes on HIV/AIDS (UNAIDS) in accordance with the significance of the mass communication role fighting against HIV/AIDS in the global community (UNAIDS, 2004).

The general public can acquire this information about health and medical information from interpersonal sources, such as medical doctors, nurses, family, friends, the workplace, as well as mass media, such as newspapers, television news, radio channels, magazines, pamphlets, and the Internet. Studies in China, India, Nigeria and Bangladesh have shown that television and newspapers are the most preferred sources for the information pertaining to HIV/AIDS and health information (Li *et al*, 2009; Nwagwu, 2012; Sawhney and Kaul, 2012). With globalization, populations can engage with health issues, government policies, as well as provide acceptable and appropriate preventions to health problems with interactive media such as Facebook, Tweeter, YouTube.

There is limited information about public awareness of HIV/AIDS related situation in Malaysia; therefore, the purpose of this study was to explore relationships between the characteristics of the general population in the Klang Valley, their preferred sources of and attitudes about HIV/AIDS-related patients and policies. We aimed to answer the following research questions: 1) What are the primary sources that people mostly used so as to get HIV/AIDS-related information? 2) How the public react towards people living with HIV/AIDS? and 3) How effective of government policies and communication campaigns in terms of their visibility among the public?

MATERIALS AND METHODS

Sample selection

A stratified random sampling was carried out in Klang Valley. Based on a list of demographics obtained from the Department of Statistics Malaysia, Klang Valley is categorized into six districts: 1) Federal Territory of Kuala Lumpur, 2) Gombak, 3) Klang, 4) Petaling, 5) Sepang and 6) Ulu Langat. As of 2010, the Klang Valley had a total population 1,877,253 people for the abovementioned districts. The researchers employed Krejcie and Morgan's formula to systematically ascertain the sample size (Krejcie and Morgan, 1970). As a result, 42 respondents were assigned to areas with a total population less than 1,000,000 people, while areas with a total of population exceeding 1,000,000 people would be assigned 43 respondents. In total, 384 respondents were recruited for the study.

Ethical considerations

The Institutional Review Board approved this study (IRB00010204; 20150604). Respondents were informed that their participation was voluntary, and that their identification would remain confidential. Therefore, verbal consent was obtained prior to beginning the survey.

Instrument development

The instrument was developed and modified to the need of this study based on previous research (Shah *et al*, 1991; Turk *et al*, 2006; Zulkifli *et al*, 2007; Inungu *et al*, 2009). The questionnaire comprised five sections: (i) socio-demographic characteristics, which included gender, age, ethnicity, religion and education level; (ii) preferred source for obtaining HIV/AIDS-related information and knowledge of HIV/AIDS; (iii) perceptions of people living with HIV (PLHIV); (iv) attitudes to-

wards people living with HIV/AIDS (PLHIV); and (v) recognition of government policies and communication campaigns concerning HIV/AIDS.

The education level can be classified into: 1) lower education [no formal education, primary and lower secondary (Form 3 PMR)] and 2) higher education [upper secondary (SPM), vocational school and university/college]. In the interest of studying the education groups, per se, the category "Others" ($n=4$) was excluded from the test. Therefore, there were only 372 respondents selected to examine the differences between education levels and perceptions and attitudes towards PLHIV and HIV/AIDS.

There were 22 items to assess respondents' preferred source(s) for getting HIV/AIDS-related information and their knowledge about HIV/AIDS (Cronbach's alpha = 0.79). Another six items measured respondents' perceptions of PLHIV and attitudes towards PLHIV, respectively (Cronbach's alpha = 0.72 for both). Scoring was based on a 5-point Likert scale in which a value of one (1) to five (5) was assigned to each respondent for response options ranging from 'Strongly Disagree' to 'Strongly Agree,' respectively.

The recognition of government policies and communication campaigns on HIV/AIDS among the respondents was measured using a dichotomous measurement ('Yes' or 'No'). The participants were asked to identify any of the government policies and communication campaigns pertaining to HIV/AIDS that they have heard of before: 1) National Strategic Plan on HIV/AIDS 2006-2010, 2) National Strategic Plan on HIV/AIDS 2011-2015, 3) Pre-marital HIV Testing for Muslim Couples, 4) Needle Syringe Exchange Programme (NSEP), 5) Preven-

tion and Control Infectious Disease Act 342 (1988), 6) Program Sihat Tanpa AIDS untuk Remaja (PROSTAR), 7) Standard Chartered-AIESEC HIV/AIDS Learning Network Programme, and 8) World AIDS Day. These policies and campaigns were selected based on their significance in addressing HIV/AIDS in Malaysia.

A self-administered and close-ended questionnaire was distributed to the respondents in Klang Valley.

Statistical analysis

The IBM SPSS Statistics® (version 20.0; IBM, Armonk, NY) was used for data management and analyses. Descriptive statistics including frequencies, means and standard deviations were performed to describe demographics, sources of HIV/AIDS information and recognition of government policies and communication campaigns on HIV/AIDS. The items in variable of perception on PLHIV and attitude towards PLHIV were summed to create individual mean scores with higher scores indicating more positive perceptions and attitudes toward PLHIV. An independent *t*-test was conducted to compare the differences between the means of perceptions and attitudes towards PLHIV among male and female respondents, and lower education and higher education groups.

RESULTS

Socio-demographic characteristics

Table 1 presents the socio-demographic characteristics of the sample. The overall response rate of this survey was 100%. Out of 384 respondents, 54.7% were female. The average age of respondents was 28.35 years (SD=11.52). In terms of ethnicity, the majority of participants were Malays (55.2%), followed by Chi-

Table 1
Socio-demographic characteristics
(N=384).

Variable	n (%)
Gender	
Male	174 (45.3)
Female	210 (54.7)
Age	
Mean ± SD	28.35 ± 11.52
Ethnicity	
Malay	212 (55.2)
Chinese	116 (30.2)
Indian	47 (12.2)
Others	9 (2.3)
Religion	
Muslim	218 (56.8)
Buddhist	69 (18.0)
Taoist/Confucianism	15 (3.9)
Hindu	38 (9.9)
Christian	28 (7.3)
Catholic	7 (1.8)
Others	9 (2.3)
Education level	
No formal education	1 (0.3)
Primary	5 (1.3)
Lower secondary (Form 3)	22 (5.7)
Upper secondary (Form 5)	99 (25.8)
Vocational school	29 (7.6)
University/college	224 (58.3)
Others	4 (1.0)

nese (30.2%), Indians (12.2%) and others (indigenous people) were 2.3%. Regarding religion, 56.8% of the respondents were Muslims and 43.2% were non-Muslims. Regarding education level, 58.3% of the respondents had a tertiary education, 25.8% of the respondents had at least upper secondary education (Form 5 SPM), and only one respondent (0.3%) had no formal education.

Sources preference

The majority of the respondents had heard about HIV/AIDS. Only six respon-

dents, however, still had never heard about the disease. Accordingly, these six persons were excluded from the data analysis.

The respondents obtained HIV/AIDS-related information from various sources. Based on the results, 79.9% of the respondents (out of 378 respondents) relied on health care practitioners in terms of getting HIV/AIDS-related information. Although with the prolific growth of new media (television, radio, Internet), newspapers (73.3%) was still considered to be the preferred media source for respondents to obtain the information about HIV/AIDS and social marketing programs. Compared to Internet (72.2%), television (73.1%) was slightly higher in regards to acquiring information about HIV/AIDS and social marketing programs among the surveyed respondents. A low proportion of respondents would consider seeking information on HIV/AIDS and social marketing programs from partners (48.5%), friends (46.1%), or relatives (44.5%). The result indicated that newspapers are still the preferred source for the respondents to seek HIV/AIDS-related information and social marketing programs.

Knowledge of modes of transmission

Regarding questions about modes of transmission (Table 2), most of the respondents agreed that HIV can be transmitted through unprotected sexual intercourse (92.6%) and pregnancy (67.2%). However, some of them still thought that skin contact (6.3%), kissing (28.3%), cough/sneeze (21.1%), bites from mosquitoes or other insects (32%), sharing foods or drinks (23.1%), sharing clothing (9%), and sharing utensils (22.8%) are the modes of HIV transmission.

Perception towards people living with HIV/AIDS (PLHIV)

Respondents' perceptions towards

people living with HIV/AIDS (PLHIV) is summarized in Table 3. In terms of percentages, 75.1% agreed PLHIV still have the ability to work. Sixty-point nine percent of the respondents stated that PLHIV should be isolated from other people. Sixty-four point three percent stated that PLHIV should not be ashamed of themselves; however, 30.7% opined that PLHIV are not clean. About half (50.8%) of the respondents disagreed PLHIV should not have children. For them, PLHIV can have children even though they are affected with HIV. Sixty-five point three percent stated that PLHIV should be blamed for bringing the disease into the community.

The mean perception towards PLHIV of the respondents was 3.53 (SD=0.61). This score indicated a moderately positive perception among the respondents about PLHIV. Females had a higher total mean score (3.60±SD=0.60) than male respondents (3.45±SD=0.61).

The total mean score was 3.29 (SD=0.56) for the low education group and 3.55 (SD=0.61) for higher education group. Significant differences were observed between male and female respondents, the lower education group (below PMR), and higher education group (above SPM) on the respondents' perception towards PLHIV. The independent *t*-test indicated that there was a significant difference between males and females [*t* (376) = -2.485, *p* < 0.05] on their perception about PLHIV. In terms of educational level differences, the *t*-test also showed that there was a significant difference in educational level on perceptions about PLHIV among the respondents [*t* (372) = -1.988, *p* < 0.05].

Attitude towards people living with HIV/AIDS

Table 4 shows the public's attitude towards PLHIV. The results indicated

Table 2
Response of modes of HIV/AIDS transmission^a.

Means of transmission	Strongly disagree <i>n</i> (%)	Disagree <i>n</i> (%)	Neutral <i>n</i> (%)	Agree <i>n</i> (%)	Strongly agree <i>n</i> (%)
Sexual contact without proper protection (heterosexual or homosexual)	13 (3.4)	5 (1.3)	10 (2.6)	81 (21.4)	269 (71.2)
Skin contact (hug or shake hands)	172 (45.5)	127 (33.6)	44 (11.6)	24 (6.3)	11 (2.9)
Kissing	74 (19.6)	101 (26.7)	96 (25.4)	73 (19.3)	34 (9)
Cough/sneeze	88 (23.3)	110 (29.1)	100 (26.5)	64 (16.9)	16 (4.2)
Bites of flies/mosquitoes/other insects	77 (20.4)	97 (25.7)	83 (22)	91 (24.1)	30 (7.9)
Sharing foods or drinks	110 (26.5)	114 (30.2)	77 (20.4)	66 (17.5)	21 (5.6)
Sharing clothing	123 (32.5)	150 (39.7)	71 (18.8)	26 (6.9)	8 (2.1)
Sharing utensils (spoon, cup, fork, etc)	92 (24.3)	113 (29.9)	87 (23)	66 (17.5)	20 (5.3)
Pregnancy	18 (4.8)	37 (9.8)	69 (18.3)	97 (25.7)	157 (41.5)
Living/working with a person who has AIDS	135 (35.7)	118 (31.2)	74 (19.6)	35 (9.3)	16 (4.2)

^aN=378, excluded the six respondents who have never heard about HIV/AIDS.

that the respondents had a moderately positive attitude towards PLHIV. They scored a mean of 3.30 (SD=0.60); whereby, only 49.2% of them would be willing to work with PLHIV if they are asked to do so. Fifty-seven point four percent of the respondents would avoid their close friends or relatives if they are seropositive, and 65.7% were of the opinion that they would not talk to friends or family members about HIV/AIDS-related issues. Regarding willingness to buy food from vendors or shopkeepers who have HIV or to have meal with PLHIV, 26.9% and 39.7% of the respondents agreed to do so, respectively. Twenty-nine point one percent of the respondents will refuse to let others know if one of their friends or family members has got infected with HIV.

Independent *t*-test was conducted to ascertain the differences between male and female, and lower education and higher education groups on their attitude

towards PLHIV. The test showed that there is significant difference between male and female on their attitude towards people living with HIV/AIDS, $t(376) = -2.200$, $p < 0.05$. However, the result showed that there is no significant difference between lower education and higher education groups on their attitude towards PLHIV, $t(372) = -0.840$, $p > 0.05$.

Government policies and communication campaigns on HIV/AIDS

Most of the government policies on HIV/AIDS had lower visibility among the respondents; only one policy was recognized by many: the pre-marital HIV testing for Muslim couple (52.1%). Only few of the respondents (17.7% and 14%, respectively) had heard about the National Strategic Plan on HIV/AIDS 2006-2010 and 2011-2015 (Table 5). About one-third (33.9%) of the respondents had heard about the Needle Syringe Exchange Program (NSEP) and the Prevention and

Table 3
Public's perception toward people living with HIV/AIDS (N=378).

Items	Strongly disagree <i>n (%)</i>	Disagree <i>n (%)</i>	Neutral <i>n (%)</i>	Agree <i>n (%)</i>	Strongly agree <i>n (%)</i>
People living with HIV/AIDS still have the ability to work.	10 (2.6)	18 (4.8)	66 (17.5)	195 (51.6)	89 (23.6)
People living with HIV/AIDS should be isolated from other people.	19 (5.0)	24 (6.3)	105 (27.8)	133 (35.2)	97 (25.7)
People living with HIV/AIDS should not be ashamed of themselves.	21 (5.6)	37 (9.8)	77 (20.4)	156 (41.3)	87 (23)
People living with HIV/AIDS are not clean.	14 (3.7)	32 (8.5)	100 (26.5)	147 (38.9)	85 (22.5)
People living with HIV/AIDS should not have children.	83 (22)	109 (28.8)	106 (28)	56 (14.8)	24 (6.3)
People living with HIV/AIDS should be blamed for bringing the disease into the community.	18 (4.8)	28 (7.4)	85 (22.5)	155 (41)	92 (24.3)

Table 4
Public's attitude towards people living with HIV/AIDS (N=378).

Items	Strongly disagree <i>n (%)</i>	Disagree <i>n (%)</i>	Neutral <i>n (%)</i>	Agree <i>n (%)</i>	Strongly agree <i>n (%)</i>
I would be willing to work with people living with HIV/AIDS, if I am asked to do so.	10 (2.6)	30 (7.9)	152 (40.2)	139 (36.8)	47 (12.4)
I would keep certain distance from my close friends or kin if they have HIV.	8 (2.1)	34 (9)	119 (31.5)	146 (38.6)	71 (18.8)
I would not talk to friends or family members about HIV/AIDS related issues.	11 (2.9)	32 (8.5)	87 (23)	162 (42.9)	86 (22.8)
I would be willing to have meal with AIDS people.	22 (5.8)	69 (18.3)	137 (36.2)	110 (29.1)	40 (10.6)
I would buy food from a shopkeeper or vendor even if I knew that this person has HIV.	43 (11.4)	101 (26.7)	132 (34.9)	72 (19)	30 (7.9)
If one of my friends or family member got infected with HIV, I would want it to remain a secret.	46 (12.2)	100 (26.5)	122 (32.3)	72 (19)	38 (10.1)

Control Infectious Disease Act 342 (1988). In terms of communication campaigns on HIV/AIDS, most of the people were aware of these programs. Fifty-two point nine percent and 55.8% of the respondents

heard about the PROSTAR and the World AIDS Day, respectively. For the Standard Chartered-AIESEC HIV/AIDS Learning Network Programme, only 21.2% of the respondents knew about the program.

Table 5
The salience of government policies and communication campaigns on HIV/AIDS
(N=378).

	Yes n (%)
Government policies	
National Strategic Plan on HIV/AIDS 2006-2010 (NSP)	67 (17.7)
National Strategic Plan on HIV/AIDS 2011-2015 (NSP)	53 (14)
Pre-marital HIV Testing for Muslim couple	197 (52.1)
Needle Syringe Exchange Program (NSEP)	128 (33.9)
Prevention and Control Infectious Disease Act 342 (1988)	128 (33.9)
Communication campaigns	
Program Sihat Tanpa AIDS untuk Remaja (PROSTAR)	200 (52.9)
Standard Chartered-AIESEC HIV/AIDS Learning Network Programme	80 (21.2)
World AIDS Day	211 (55.8)

DISCUSSION

This study explored the extent of public understanding and awareness of HIV/AIDS and PLHIV, perceptions and attitudes among respondents on HIV/AIDS and PLHIV, and recognition of government policies and communication campaigns on HIV/AIDS in Malaysia. Several important findings merit further consideration. The results suggested that the major sources of information on HIV/AIDS were health care practitioners and newspapers. This supports the significance of the mass media, especially newspapers, in public health. However, this result was slightly different from other research conducted in China, India, Nigeria and Bangladesh, which reported that television news was an important source of HIV information (Li *et al*, 2009; Nwagwu, 2012; Sawhney and Kaul, 2012). Despite the decline in circulation and readership of newspapers, especially in the USA, newspapers are still relevant as one of the preferred sources for public health information in Malaysia (Salman *et al*, 2011; Broom and Sha, 2013). The reason may due to newspaper still

serves as sources of much that is reported in other media, and it is also has ease of access in the community. Notwithstanding the growth of new communication technologies in this digital age, the Internet is still wanting in privacy issues, content accuracy, reliability, and other concerns (Salman *et al*, 2011).

The absence of a vaccine for HIV should compel the public to seek relevant HIV/AIDS treatment and prevention information from health care practitioners. It is worth noting that 80% of the participants reported that they prefer to acquire information about HIV/AIDS and social marketing programs from health care practitioners such as doctors and nurses. It is true that health care practitioners are regarded as reliable sources to provide care and accurate information on this subject matter to patients, their relatives and to the general public. It would be difficult to deny that they have credible and accurate knowledge about the disease (O'Malley *et al*, 1999). Consequently, this also highlights the importance of effective communication between patients-providers in reducing morbidity and mortality

of chronic diseases through personalized information exchange for future research.

In our study, the findings on HIV transmission knowledge were encouraging. The majority of respondents had good knowledge about the modes of HIV transmission of which unprotected sexual intercourse and pregnancy were identified by 92.6% and 67.2% of the study participants, respectively. However, although the media seem to have done a credible job in fostering general awareness about HIV/AIDS, there were still some of the respondents who had misconceptions about the modes of HIV transmission. Reports that mosquitoes' bites, kissing, sharing foods or drinks and sharing utensils can transmit HIV/AIDS, suggested the media are fixated on overly general HIV-related issues, neglecting the importance of HIV transmission knowledge and receptivity. Inungu *et al* (2009) conducted research to examine students' HIV knowledge, sources of information, attitudes towards people living with HIV/AIDS, and their sexual behavior. The results indicated that, although those respondents (college students) were knowledgeable academically when it comes to knowledge of HIV/AIDS, most of them still have misconceptions regarding HIV/AIDS. Therefore, this study suggests that the government should further reinforce the need for more education about HIV/AIDS among the general population. Willingness to talk about the issue could possibly be explored to help reduce misconception about the modes of HIV/AIDS transmission.

Based on our analyses, moderate positive perceptions and attitudes towards PLHIV have been suggested among the surveyed respondents. The inferential statistical test indicate that there is significant difference between males and females, and lower education and higher educa-

tion groups in terms of their perceptions towards people living with HIV/AIDS. With regards to the respondents' attitudes towards PLHIV, the significant difference only was seen among the males and females, and there was no significant differences for education groups. These results indicated that the exposure of information and messages within the community on HIV/AIDS-related issues seems to have been inadequate and ultimately resulted in the perpetuation of stigma and discrimination among the wider community. The results also suggested that while we have made impressive efforts at achieving results to address this epidemic, we seem to be leaving some people behind in terms of information provision about HIV/AIDS.

Tong (2006) has described that the international AIDS reporting can be regarded as consisting of three phases: the initial reaction of fear and ignorance, the development of awareness, and finally, a concentration on more precise scientific and policy developments. Therefore, we can suggest that the media should now focus more on policy developments; go beyond just generating awareness among the public. However, the results are not consistent with our results, which suggested that more than half of the respondents did not hear about the government's significant policies on HIV/AIDS, especially the National Strategic Plan on HIV/AIDS (NSP), both in 2006-2010 and 2011-2015; the Needle Syringe Exchange Programme (NSEP); and the Prevention and Control Infectious Disease Act 342 (1988). Fortunately, 42% of the respondents did hear about the policy on pre-marital HIV screening program among muslims.

Based on our results, we can suggest that although the media has served as a provider of communication to the public about accurate public health information,

providing information about the government's initiative on HIV/AIDS prevention and policy making is somewhat deficient throughout the community at large. This information and awareness messages are crucial, and people should be well-informed on how the public and the government authorities can work together to curb the epidemic effectively.

Over the course of 27 years, we suggest that the general public should have attained positive perceptions and attitudes towards people living with HIV/AIDS. However, our mean scores indicated only moderate gains in positive perceptions and attitudes towards PLHIV among the respondents. We should not assign blame to the media or to the public for the lack of coverage or knowledge about HIV/AIDS. Instead, the government should also play its significant role in engaging and empowering the public about the knowledge and severity of the disease, as well as government policies and communication campaigns in reversing the spread of HIV/AIDS. The public has a right to access any public policies regarding their own well-being. While it took several years for the media to begin reporting on HIV/AIDS, we concluded that based on our exploratory results, that the effectiveness of media has more potential to rectify people's misconceptions and misperceptions about HIV/AIDS and towards PLHIV, as well as providing information on government initiatives and efforts in tackling HIV/AIDS to the wider community. Because this study was exploratory research on questioning the effectiveness of media on public awareness of HIV/AIDS-related issues and government policies, the researchers recommend future research to address the plight of who set the agenda in the media, and apart from gatekeepers, who are the

real decision makers in determining what is important to let public to know about.

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