

Beyond Prejudice: Understanding People Living with Human Immunodeficiency Virus (PLHIV)

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The main objective of this study is to identify the relationship among the information, motivation and behavior among forty (40) HIV-positive patients of the Research Institute for Tropical Medicine. Majority of the respondents were college graduate bisexuals who acquired HIV through sexual interaction. Descriptive-correlational method was used since this was suitable and appropriate for the study. Findings showed that the respondents' extent of knowledge along risk factors and prognosis are not significantly related to the respondents' motivation. Likewise, extent of knowledge along prevalence is not significantly related to motivation along faith and hope and life in general. On contrary, extent of knowledge on prevalence is significantly related to motivation on self-construct. The respondents' motivation along self-construct and faith and hope and life in general is not significantly related to their behavior patterns along family relationship and significant others. Likewise, motivation to self-construct and life in general is not significantly related to behavior pattern along self. On the other hand, motivation along faith and hope is significantly related to behavior pattern along self.

Keywords: Knowledge, motivation, behavior patterns, PLHIV, self construct.

INTRODUCTION

Infection with human immunodeficiency virus (HIV) causes progressive dysfunction of cell-mediated immune system. HIV-related immune suppression significantly upturns the risk for acquiring opportunistic infections due to bacteria, viruses, fungi, parasites, and protozoa. These opportunistic infections are a major source of morbidity and mortality in HIV-infected patients (Mirzadeh *et al.*, 2012). In an article published by the TIMES magazine on the July 2013 issue, one Filipino acquires HIV for every three hours, 9 out of 10 recent cases are men under 30 (Trivedi, 2013). In September 2015, there were 692 new HIV Absero-positive individuals. This was 22% higher compared to the same period last year (565). Most (94%) of the cases were still asymptomatic at the time of reporting, 96% are male and the median age is 27 years old (age range: 7 years - 62 years). More than half (52%) belonged to the 25 - 34 year age group while 31% were

youth aged 15 - 24 years old. The regions with the highest number of reported cases for September 2015 were: NCR with 270 (39%) cases, Region 4A with 128 (18%) cases, Region 3 with 60 (9%) cases, Region 7 with 60 (9%) cases, and Region 11 with 38 (5%) cases. One hundred thirty-six (20%) cases came from the rest of the country (Department of Health, 2015).

According to the World Health Organization (WHO) (2016), since the beginning of the epidemic, almost 71 million people have been infected with the HIV virus and about 34 million people have died of HIV. Globally, about 36.9 million [34.3 – 41.4 million] people were living with HIV at the end of 2014. The newly developed Information–Motivation–Behavioral Skills (IMB) model integrated elements to create a conceptually based, generalized, and parsimonious model to guide thinking about complex health behaviors. The IMB model appears to have many of “active ingredients” which are needed to change health behaviors. An assumption of the IMB model is that unhealthy behavior is often caused by health promotion information, motivation, and behavioral skills deficits; in

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fact, these deficits prevent the occurrence of health enhancing behaviors. The IMB model identifies three core determinants of the initiation and maintenance of health behaviors: accurate information that can be readily translated into health behavior performance; personal and social motivation to act on such information; and behavioral skills to confidently and effectively implement the health behavior. Information refers to funds of behavior-relevant accurate information and faulty heuristics or misinformation about a health behavior (Gao *et al.*, 2013). Rebecca and Jadesola (2013), Kiene and Fisher (2013), Voisin *et al.*, (2013), Bekalu and Eggermont (2013a), Bekalu and Eggermont (2013b), and Veinot (2013) provided abundant ideas about how an individual perceives and connotes things about HIV such as factors affecting information seeking which include, age, "cultural" behaviors, educational background, accessibility, problem solving and reading skills. Wolitski and Parsons (2006) provided substantial information about motivational patterns of people who are found to be HIV positive like the model on motivation for innovation will be presented as part of a comprehensive motivational process, involving two broad systems: goal generation, composed of envisioning and planning sub-processes; and goal striving, composed of enacting and reflecting sub-processes. Risky sexual behaviour is usually the focus of HIV prevention programmes and little attention has been given to sexual behaviour patterns among HIV positive individuals. These information about behavior skills were provided by Thomas *et al.*, (2009) and Martin *et al.*, (2013)

Since most of the studies were conducted outside the country, and most considered studying the respondents' knowledge, motivation and behaviors on their illnesses separate from each other, the researchers opted to focus on information-motivation-behavior as a collective approach. Specifically, this study presented respondents' extent of knowledge about HIV in terms of risk factors, prognosis, and prevalence; their motivation after knowing they are HIV positive along self-construct, faith and hope, and life in general; their manifested behavior patterns after knowing that they are HIV positive along family relationship, significant others and self. This study further dealt with the relationship between the respondents' extent of knowledge about HIV and their motivation after knowing they are HIV positive and finally, the relationship between the respondents' motivation and their manifested behavior patterns after knowing that they are HIV positive.

METHODS

Respondents of the Study

The respondents of this study were 40 HIV patients of the

Research Institute for Tropical Medicine (RITM), Muntinlupa City, Philippines. Majority of the respondents were bisexuals with ages ranging from 21 – 30 years. Most of the respondents were college graduates and all of them acquired HIV through sexual interaction.

Instrumentation

The researchers used self-made questionnaire for the purpose of collecting the needed data. The instrument was divided into four (4) parts: Part 1 covered the profile of the respondents. Part 2 covered statements about the respondent's extent of knowledge about HIV. Part 3 covered statements about the respondent's motivation after knowing that they are HIV positive. Part 4 covered the behavior patterns of the respondents after knowing that they are HIV positive. To test the validity of the questionnaire, the researchers presented it to a panel of experts for their suggestions and recommendations. The panel is composed of experts in the field of Psychology, research and statistics. After incorporating their suggestions, it was then distributed to the respondents.

Data Collection Procedure

The questionnaire was considered as the most appropriate data-gathering instrument for this descriptive-correlational research study. A structured questionnaire was preferred for collecting data because the questions and sequence are fixed and identical to all respondents. Hence, it has the advantage of obtaining standard responses to items in the questionnaire, making it possible to compare between sets of data (Orodho, 2004). The researchers sent letter of request to the Research Institute for Tropical Medicine (RITM) for them to be able to conduct a questionnaire survey to their HIV positive patients. Since the researchers were not allowed to personally meet the respondents, all questionnaires were entrusted to a nurse-in-charge who distributed them to the respondents. He was instructed by the researchers as to the objectives of the study. After distribution, the researchers retrieved the questionnaires from the nurse-in-charge. The information that was acquired by the researchers from the Institute was treated with high confidentiality. Data were then tallied, statistically treated, analyzed and interpreted.

Data Analysis

The statistical tools used for the quantitative analysis in this study were the following: weighted mean was used to determine the respondents' (a) extent of knowledge, (b) motivation, and (c) behaviour patterns and the following measures were used: (4) 3.51- 4.00 for strongly agree or to a great extent, (3) 2.51- 3.50 for agree or to a moderate extent, (2) 1.51-2.50 for disagree or to a less

extent and (1) 1.00- 1.50 for strongly disagree or to a least extent. Multiple regression was used to determine the relationship between the (a) respondents' extent of knowledge and their motivation, and (b) respondents' motivation and their behaviour patterns.

Ethical Consideration

Permission to conduct the study and administer the questionnaire was secured from the authorized person in RITM and the respondents. Confidentiality was also ensured in treating responses of the respondents.

RESULTS AND DISCUSSIONS

Table 1 shows the respondent's extent of knowledge about HIV: risk factors. Indicator 3, which is "HIV can be acquired through blood transfusion," ranked 1 with a weighted mean of 3.70; whereas, indicator 5, which states "Bodily fluids such as Saliva /Spit, Tears and Sweat cannot transmit HIV," ranked last (5) with a weighted mean of 3.05. All indicators got a verbal interpretation of "To a great extent" except indicator 4 that is "HIV can be acquired through Health Care accidents (by reusing injection needles)" which got a verbal interpretation of "To a moderate extent." The average weighted mean of the respondent's extent of knowledge about HIV: risk factors is 3.51 which has a verbal interpretation of "To a great extent." This means that the respondents are well informed about the risk factors about HIV.

From Table 2 which show the results of the respondent's extent of knowledge about HIV: prognosis, indicator 5, which states that "ARV (antiretroviral drug) can slow the virus from infecting my immune system that causes to live more years," ranked 1 with a weighted mean of 3.90; whereas indicator 1, which states that "HIV has no cure," ranked 5 with a weighted mean of 3.30. Indicators 2, 4 and 5 got a verbal interpretation of "To a great extent" while indicators 1 and 3 got a verbal interpretation of "To a moderate extent." The average weighted mean of the respondent's extent of knowledge about HIV: prognosis is 3.65 which have a verbal interpretation of "To a great extent." This means that the respondents are highly knowledgeable on the prognosis of HIV.

From Table 3 which show the results of the respondent's extent of knowledge about HIV: prevalence, indicator 5, which is "HIV is now commonly acquired by people in their early twenty's to mid thirty's," ranked 1 with a weighted mean of 3.35; whereas indicator 1, which is "Every two minutes, a child under the age of 15 dies of an AIDS-related illness," ranked 5 with a weighted mean of 2.63. All indicators have a verbal interpretation of "To a moderate extent." The average weighted mean of the

respondent's extent of knowledge about HIV: prevalence is 2.98 and this has a verbal interpretation of "To a moderate extent." This means that the respondents are moderately knowledgeable on the prevalence of HIV.

Table 4 show the results of the respondent's motivation after knowing they are HIV Positive: Self-construct; indicator 1 which is "I am not alone" obtained a weighted mean of 3.78 and was ranked 1 whereas indicator 5 which is "I want other people to experience what I'm experiencing now that I have HIV" had the lowest weighted mean of 1.68, has a verbal interpretation of "disagree" and was ranked last (5). The average weighted mean of the respondent's motivation after knowing they are HIV positive: self-construct is 3.24 with a verbal interpretation of "Agree". This means that the respondents were motivated from their self-construct after knowing that they are HIV positive.

From Table 5, the results of the respondent's motivation after knowing they are HIV Positive: faith and hope, shows that, indicator 2 which is "I became more dependent on God" was ranked 1 with a weighted mean of 3.80 where as indicator 4 which is "I started to believe in God since I got HIV" with a weighted mean of 2.55 was ranked 5 and has an interpretation of "agree". The respondent's motivation after knowing they are HIV positive: faith and hope has an average weighted mean of 3.55 and interpreted as "Agree." This means that the respondents were motivated in relation to faith and hope after knowing they are HIV positive.

From Table 6, the result shows that all the indicators obtained verbal interpretation of "strongly agree". Indicator 5 "I learned how important life is" has 3.85 weighted mean and was ranked 1 whereas indicators 1 and 2 "I learned to look at the positive side of life" and "I started to live my life to the fullest" has weighted mean of 3.68 each and where ranked 4. The average weighted mean of the respondent's motivation after knowing they are HIV positive: life in general is 3.74 with a verbal interpretation of "Strongly Agree." This means that they are motivated about life in general even after knowing that they are living with HIV.

Table 7 shows the behavior patterns manifested by the respondents after knowing that they are HIV positive: family relationship. Indicator 1 which states that "I became much closer to my family" ranked 1 with a weighted mean of 3.55 and indicator 3 which states that "I became more dependent on my family" ranked 5 with a weighted mean of 2.60. All of the indicators have a verbal interpretation of "Agree" except indicator 1 which has a verbal interpretation of "Strongly Agree". The average weighted mean of the behavior patterns manifested by the respondents after knowing that they are HIV positive: family relationship is 3.11 and this has a verbal interpretation of "Agree." This means that the respondents agreed that they manifested behavior patterns toward family relationship after knowing that they

Table 1: The Respondent's Extent of Knowledge about HIV in Terms of Risk Factors.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. In engaging in sexual activity, there is a chance of acquiring HIV.	3.63	To a great extent	2
2. HIV can be acquired through sexual intercourse.	3.60	To a great extent	3
3. HIV can be acquired through blood transfusion.	3.70	To a great extent	1
4. HIV can be acquired through Health Care accidents (by reusing injection needles)	3.58	To a great extent	4
5. Bodily fluids such as Saliva /Spit, Tears and Sweat cannot transmit HIV.	3.05	To a moderate extent	5
Average	3.51	To a great extent	

Table 2: The Respondent's Extent of Knowledge about HIV in Terms of Prognosis.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. HIV has no cure.	3.30	To a moderate extent	5
2. AIDS is the most advanced stage of HIV.	3.80	To a great extent	2
3. HIV can cause different illnesses such as Tuberculosis, cancer, diabetes, etc.	3.48	To a moderate extent	4
4. A person who is HIV positive can live a healthy life and have a proper medication thus can live 25 years or more.	3.75	To a great extent	3
5. ARV (antiretroviral drug) can slow down virus from infecting my immune system that causes to live more years.	3.90	To a great extent	1
Average	3.65	To a great extent	

Table 3: The Respondent's Extent of Knowledge about HIV in Terms of Prevalence.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Every two minutes, a child under the age of 15 dies of an AIDS-related illness.	2.63	To a moderate extent	5
2. An estimated 23 million people worldwide died of AIDS between 1990 and 2007.	2.83	To a moderate extent	4
3. In 2007 alone, more than 2 million people died from AIDS- related causes.	2.95	To a moderate extent	3
4. Homosexual contact is more prone to HIV.	3.13	To a moderate extent	2
5. HIV is now commonly acquired by people in their early twenty's to mid thirty's.	3.35	To a moderate extent	1
Average	2.98	To a moderate extent	

are HIV positive.

As to the behavior patterns manifested by the respondents after knowing that they are HIV positive: significant others which is shown in Table 8, indicator 3 which states that "I learned to continue my journey with the people important to me" ranked 1 with a weighted

mean of 3.65 and indicator 2 which states that "I became more dependent on my partner" ranked 5 with a weighted mean of 2.73. All indicators have verbal interpretation of "Agree" except indicator 3 which has a verbal interpretation of "Strongly Agree." The average weighted mean of the behavior patterns manifested by the respondents after

Table 4: The Respondent's Motivation after Knowing they are HIV Positive along Self-construct.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I am not alone	3.78	Strongly Agree	1
2. I see myself as someone who is strong	3.75	Strongly Agree	2
3. I know I'm unique	3.60	Strongly Agree	3
4. I do not pity myself for being HIV positive	3.40	Agree	4
5. I want other people to experience what I'm experiencing now that I have HIV	1.68	Disagree	5
Average	3.24	Agree	

Table 5: The Respondent's Motivation after Knowing they are HIV Positive along Faith and Hope.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I still have the faith that I can live for a few more years.	3.38	Agree	3
2. I became more dependent on God.	3.80	Strongly Agree	1
3. I do not blame God for having HIV.	3.78	Strongly Agree	2
4. I started to believe in God since I got HIV.	2.55	Agree	5
5. I became more religious and closer to God.	3.25	Agree	4
Average	3.35	Agree	

Table 6: The Respondent's Motivation after Knowing they are HIV Positive along Life in General.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I learned to look at the positive side of life	3.68	Strongly Agree	4
2. I started to live my life to the fullest	3.68	Strongly Agree	4
3. I started to see life as an opportunity for change	3.75	Strongly Agree	2
4. I appreciate the people around me more	3.73	Strongly Agree	3
5. I learned how important life is	3.85	Strongly Agree	1
Average	3.74	Strongly Agree	

Table 7: The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Family Relationship.

Indicators	Weighted Mean	Verbal Interpretation	Rank
I became much closer to my family	3.55	Strongly Agree	1
My family became more supportive on me	3.48	Agree	2
I became more dependent on my family	2.60	Agree	5
I became more open to my family	2.95	Agree	4
I share what I have in mind with my family	2.98	Agree	3
Average	3.11	Agree	

knowing that they are HIV positive: significant others is 3.13 which has a corresponding verbal interpretation of "Agree." This means that the respondents agreed that they manifest behavior patterns towards significant

others.

Table 9 presents that indicator 5 "I always monitor my health" gets a weighted mean of 3.75, strongly agree and ranked 1; indicator 4 "I took care of myself more" gets a

Table 8: The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Significant Others.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. My partner became more caring on me	2.95	Agree	4
2. I became more dependent on my partner	2.73	Agree	5
3. I learned to continue my journey with the people important to me	3.65	Strongly Agree	1
4. I became much closer to my partner	3.00	Agree	3
5. I am motivated to face life with my partner	3.33	Agree	2
Average	3.13	Agree	

Table 9: The Behavior Patterns Manifested by the Respondents after knowing that they are HIV Positive along Self.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. I started to live my life to the fullest	3.65	Strongly Agree	3
2. I became more jolly	3.43	Agree	5
3. I started to enjoy life	3.48	Agree	4
4. I took care of myself more	3.73	Strongly Agree	2
5. I always monitor my health	3.75	Strongly Agree	1
Average	3.61	Strongly Agree	

Table 10: Relationship between the Respondent's Extent of Knowledge about HIV and their Motivation after knowing that they are HIV Positive.

Knowledge/Motivation	P-value		
	Self-construct	Faith and Hope	Life in General
Risk Factor	0.6862	0.8837	0.8907
Prognosis	0.7920	0.4060	0.3595
Prevalence	0.0120*	0.4195	0.9694

*Significant at 0.05 Significance level

weighted mean of 3.75, strongly agree and ranked 2 while indicator 2 "I became more jolly" with a weighted mean of 3.43 and interpreted as agree, ranked 5. The average weighted mean of the behavior patterns manifested by the respondents after knowing that they are HIV positive: self is 3.61 interpreted as "strongly agree". This means that the respondents are highly convinced that they manifest behavior patterns towards self after knowing that they are HIV positive.

Table 10 shows the relationship between the respondent's extent of knowledge about HIV and their motivation after knowing that they are HIV positive. The table shows that the respondent's motivation along self-construct (0.6862) faith and hope (0.8837) life in general (0.8907) are not significantly related to knowledge in

terms of risk factors since all the p-value are higher than 0.05 level of significance. This means that the respondent's extent of knowledge about HIV in terms of risk factors has no bearing on their motivation after knowing that they are HIV positive. This result is contrary to the study conducted by Zarani *et al.* (2012) wherein information and motivation has a significant effect on coronary artery bypass graft (CABG) patients. Furthermore, the results revealed that intervention constructs (information and motivation) were significantly related to patients' adherence. The table also shows that the respondent's motivation along self-construct with a 0.7920 p-value; faith and hope with a 0.4060 p-value and life in general with a 0.3595 p-value are not significantly related to knowledge in terms of prognosis since all of the

Table 11: Relationship between the Respondent's Motivation after knowing that they are HIV Positive and their Behavior Patterns.

Motivation/Behavior Pattern	P-value		
	Family Relationship	Significant others	Self
Self-construct	0.4822	0.3254	0.1233
Faith and Hope	0.8320	0.9768	0.0394*
Life in General	0.9690	0.5301	0.1038

*Significant at 0.05 Significance level

p-values are higher than the 0.05 level of significance. This signifies that the respondent's extent of knowledge about HIV in terms of prognosis has no bearing on their motivation after knowing that they are HIV positive. The table also shows that the respondent's motivation along faith and hope with a p-value of 0.4195 and life in general with a p-value of 0.9694 are both not significantly related to knowledge in terms of prevalence since the p-values are higher than the 0.05 level of significance. This means that the respondents' extent of knowledge about HIV in terms of prevalence has no bearing on their motivation after knowing that they are HIV positive in terms of faith and hope and life in general. On the other hand, the table also shows that the respondent's motivation along self-construct with a 0.0120 p-value is significantly related to knowledge in terms of prevalence since the p-value is lower than the 0.05 level of significance. This indicates that the respondent's motivation along self-construct is dependent on the respondent's knowledge along prevalence. Thus, the greater the respondents' extent of knowledge about HIV in terms of prevalence, the more they manifest motivation for self-construct.

Table 11 presents the relationship between the respondent's motivation after knowing that they are HIV positive and their behavior. The table shows the respondent's behavior pattern along family relationship with a p-value of 0.4822, significant others with a p-value of 0.3254 and self with a p-value of 0.1233 are not significantly related to motivation in terms of self-construct since the 0.05 level of significance is lower than all of the p-values. This means that the respondent's motivation after knowing that they are HIV positive in terms of self-construct has no bearing to their behavior patterns. The table also shows that the respondent's behavior patterns along family relationship (0.8320) and significant others (0.9768) are not significantly related to motivation in terms of faith and hope since the p-values are higher than the 0.05 level of significance. However, the respondents' behavior pattern along self (0.0394) is significantly related to motivation in terms of faith and hope since the computed p-value is lower than the 0.05 level of significance. This denotes that the respondent's behavior patterns along self are dependent on the respondent's motivation along faith and hope. It implies that the more they are motivated along faith and hope, the more they manifest behavior pattern along self. A

study conducted by Kiene *et al.*, (2013) supported this findings wherein their study found out that the effect of HIV prevention motivation works through HIV prevention behavioral skills to affect HIV preventive behavior. The table also presents that the respondents' behavior pattern along family relationship that has a 0.9690 p-value, significant others that has a 0.5301 p-value and self that has a 0.1038 are not significantly related to the motivation in terms of life in general since all of the p-values are higher than the 0.05 level of significance. This means that the respondent's motivation after knowing they are HIV positive in terms of life in general has no bearing to their behavior patterns. This is contradictory to the study of Chariyeva *et al.*, (2013) wherein they found that as the motivation and number of provided sessions increased, sexual risk behavior decreases. The effect of motivation and number of sessions on sexual behavior was mediated by self-efficacy but not by motivation to practice safer sex.

Conclusion

The respondent's extent of knowledge about HIV on risk factors and prognosis are both interpreted as "To a great extent", while prevalence is interpreted as to a moderate extent. It is also concluded that the respondents were motivated after knowing that they are HIV positive in terms of their self-construct, faith and hope and life in general. The respondents also agreed to manifest behavior patterns after knowing that they are HIV positive in terms of family relationship, significant others and self. The respondent's knowledge about HIV in terms of risk factors and prognosis has no bearing with their motivation. On the other hand, the more knowledgeable the respondents are in terms of the prevalence of HIV, the more they are motivated in terms of their self-construct. Lastly, the respondent's motivation regarding HIV in terms of self-construct and life in general has no bearing on their behavior patterns. However, the more the respondents are motivated after knowing that they are HIV positive in terms of faith and hope, the more they manifest behavior patterns in terms of self.

Recommendations

Medical doctors and health advisers should properly

disseminate vital information such as the prevalence of HIV among the people to properly educate them about the nature of the virus. They should coordinate with the Local Government Units (LGU) and the academes to facilitate the information campaign drive in a wider aspect. People Living with HIV must see that acquiring the virus is not their fault and not the end of their life journey. Through friends, family even professionals, they could be helped in having acceptance of the situation where they are currently at in order for them to be motivated to live more meaningful and joyful years. PLHIV should also disclose their status to their immediate family and some of their trusted friends. This will help them ease the burden of hiding their status. Their behavior towards their family will affect how their family members can support them. Also, their family members and friends will be able to provide emotional assistance to them. Lastly, family members should accept if anyone from their family acquired HIV. Their care and support is a key factor to help the PLHIV to keep on with their lives and be more motivated to adhere with their medications.

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