

HIV/AIDS STIGMA AMONG ASIAN MEN: DYNAMICS, CONSEQUENCES AND INTERVENTION

RAJASEGARAM, A.^{1*} – ZAKARIA, Z.²

¹ Faculty of Arts and Social Sciences, University of Malaya, Kuala Lumpur, Malaysia.

² Faculty of Social Sciences and Humanities, Universiti Malaysia Sabah, Sabah, Malaysia.

*Corresponding author

e-mail: dr.anuratha[at]um.edu.my

(Received 23rd August 2025; revised 10th October 2025; accepted 29th October 2025)

Abstract. HIV/AIDS remains a persistent public health challenge across Asia, with men who have sex with men (MSM) bearing a disproportionate burden of new infections. Despite biomedical advances in prevention and treatment, the epidemic continues to be sustained by deeply entrenched stigma that operates across cultural, social, institutional, and legal domains. This article critically examines HIV/AIDS-related stigma among Asian MSM, conceptualising stigma not merely as individual prejudice but as a structural and relational process embedded within broader systems of inequality. Drawing on existing epidemiological evidence and stigma theory, the paper analyses how intersecting forms of stigma, linked to HIV status, sexual orientation, ethnicity, and gender norms, systematically undermine prevention efforts, delay HIV testing, disrupt linkage to care, and weaken long-term treatment adherence. The analysis highlights four interrelated dimensions of stigma: perceived public stigma, internalised stigma, disclosure stigma, and fear of contagion. These dimensions interact across the HIV care continuum, shaping health-seeking behaviour and reinforcing avoidance of essential services such as testing, pre-exposure prophylaxis, and antiretroviral therapy. Importantly, the paper argues that stigma is reproduced not only within communities but also through healthcare systems, policy frameworks, and restrictive legal environments that criminalise same-sex behaviour or fail to protect confidentiality and non-discrimination. Such structural barriers intensify vulnerability among Asian MSM, including migrants and international students, who already face social marginalisation. By synthesising evidence across sociocultural, healthcare, and policy contexts, this article underscores the need for multi-level, rights-based interventions that integrate community engagement, culturally responsive healthcare practices, stigma-sensitive policies, and responsible media representation. Addressing HIV/AIDS stigma among Asian MSM is therefore not only a matter of individual behaviour change but a critical prerequisite for achieving equitable access to care and sustainable HIV prevention outcomes in the region.

Keywords: *stigma, HIV/AIDS, MSM, inequality, Asia*

Introduction

HIV continues to be recognized as one of the leading causes of death in numerous parts of Asia, a situation that demands urgent attention and intervention. However, tackling the issue of HIV/AIDS stigma provides vital insights and essential guidance for addressing the unique vulnerabilities that Asian men face regarding the HIV epidemic. In particular, men who have sex with men (MSM) are noted to be two to five times more likely to receive a new diagnosis of HIV compared to their heterosexual counterparts. This alarming statistic starkly emphasizes the severe impact that this virus has on specific populations and demographics. In numerous countries and regions throughout Asia, MSM account for a significant and concerning proportion of newly reported diagnoses, comprising nearly half of all HIV cases documented. Along with various risk factors that contribute to this troubling situation, the persistent stigma surrounding HIV complicates efforts aimed at prevention and care, particularly for

Asian MSM who face societal discrimination. From the very beginning of the HIV epidemic, stigma has been a critical element shaping public perceptions, influencing government policies, and affecting healthcare programs related to HIV and AIDS among Asian MSM. Consequently, this has led to a limited uptake of essential HIV prevention interventions, paired with insufficient testing, even in light of a rising demand for these critical services in many different settings. This troubling trend culminates in delays in follow-up care after testing, which can result in serious implications for both individual and public health as a whole. The HIV epidemic remains heavily concentrated among MSM in various countries across Asia, where the majority of this population experiences a disproportionate burden of new diagnoses annually. In many instances, except for Japan, the share of new diagnoses attributed specifically to MSM exceeds two-thirds. Across the entire region, Asian MSM are faced with heightened risks due to barriers such as a lack of access to relevant information, essential health services, and vital products, which severely hampers their ability to adopt effective preventive measures and limits the availability of HIV testing and treatment options. The deeply-rooted stigma associated with HIV and MSM cultivates a powerful influence that leads to increased sexual risk behaviors among this population and, correspondingly, very low rates of testing for HIV. In a number of settings, existing laws and policies even prohibit or restrict sexual behavior, further narrowing opportunities for networking and formal access to crucial HIV prevention information and resources for MSM. This environment of stigma and legal restrictions poses significant challenges, severely impeding effective responses to the ongoing HIV crisis and exacerbating the vulnerability of Asian MSM to the impacts of HIV.

A comprehensive understanding of stigma and its complex interplay with various sociocultural factors is crucial for addressing the problem. Unlike discrimination, which involves unequal treatment based on perceived or real characteristics, stigma refers to an attribute that is deeply discrediting, resulting in rejection, exclusion, or devaluation. While stigma refers to the cognitive, affective, and behavioral responses to discrimination (Salud, 2004), the two concepts are often considered mutually dependent. Stigmatized individuals may experience direct or indirect discrimination and are likely to perceive themselves as discriminated against, prompting the subsequent treatment of others forced to endure stigma. Stigma persists despite significant health expenditures, fostering an ambiance of blame, denial, and stigma.

Conceptual framework

Prevention efforts against HIV/AIDS have not kept pace with the rapid rise in new infections among Asian men who have sex with men (MSM): the dominant transmission group in the region. Available epidemiological data show a disproportionate trend of HIV dissemination in Asian MSM, who have the fastest increase in new infections in the region. In Korea, worrisome prevalence rates have also been documented in key affected subpopulations. In light of these troubling figures, it is of utmost importance to better understand the concept of HIV/AIDS stigma since it remains poorly examined among Asian MSM communities. Stigma can be understood as a deeply embedded and pervasive social process that involves a complex interplay of mechanisms such as labeling, stereotyping, separation, status loss, and various forms of discrimination. The stigma that targets people living with HIV/AIDS (PLWHA) is damaging not only to those individuals but also to society as a whole. However, this stigma may be particularly harsh and pronounced for men who have sex with men

(MSM) because they face multilayered and intersecting stigmas that are linked to both the disease itself and the sexual orientation of this particular group. The stigma associated with HIV/AIDS can be analyzed through four primary constructs: perceived public stigma, which refers to how society views and reacts to individuals diagnosed with the disease; internalized stigma, also known as self-stigma, which involves the acceptance and internalization of negative societal beliefs about oneself; disclosure stigma, which relates to the apprehension surrounding the fear of revealing one's HIV status to others; and fear of contagion, which pertains to the anxiety about being infected with the virus through contact with those who are HIV-positive. The process of stigmatization can drastically diminish health-seeking behaviors among MSM at every single stage of the HIV care continuum. This continuum necessitates that individuals undertake crucial actions such as getting tested for HIV, disclosing their status to healthcare providers, adhering to prescribed treatment regimens, and routinely attending necessary check-ups that are vital to their health. Furthermore, the adverse effects of stigmatization can arise not only from negative societal attitudes but can also emerge from the healthcare systems themselves. This complex situation leads to a significantly lowered uptake of essential preventative measures. Such measures include vital health practices like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), periodic check-ups for sexually transmitted infections, and routine testing for HIV. These numerous barriers that are created by stigma critically impede public health initiatives that aim to effectively control and prevent the spread of HIV/AIDS among vulnerable populations, such as MSM, who require support and understanding.

A growing body of evidence indicates that stigma is a potential determinant and/or a significant barrier to effective psycho-social and medical interventions against HIV/AIDS. In particular, the prevalence and impact of stigma remain a matter of concern although measures are in place to help track it. Moreover, the social dynamics that influence the perception and experience of stigma among MSM, along with the content of messages and strategies to prevent it, require further research. As a result, stigma represents both an urgent issue to be addressed and a knowledge gap to be filled in the Asian MSM context.

Epidemiology of HIV/AIDS and stigma in Asian male communities

Although HIV prevention among men who have sex with men has gained considerable priority in recent years, both transmission rates and the associated stigma persist as ongoing challenges that must be navigated carefully. Asian men hold a unique and significant position within the larger framework of the HIV epidemic, as they often represent a sizeable minority group in various regions of the world. They frequently exhibit a tendency to be less verbally expressive about their health issues, which can hinder communication and understanding regarding their health needs. Furthermore, Asian men contend with heightened levels of stigma that are intricately tied to both their HIV status and their ethnicity, compounding the difficulties they face. Understanding the particular context and experiences of Asian men is essential for developing effective research initiatives that truly meet their needs while addressing the pressing challenges they encounter in relation to HIV. The HIV/AIDS epidemic continues to exert a substantial health burden on Asian communities globally, posing what is, undeniably, a serious public health concern that cannot be ignored. While some regions of the world, such as North America and Western Europe, have witnessed significant declines in the number of new HIV infections through a variety of prevention and treatment strategies,

the incidence of new infections remains alarmingly high among Asian homosexual men. These disparities highlight the need for targeted interventions and culturally sensitive outreach that resonate with the specific experiences of these individuals. Since the onset of the epidemic in the early 1980s, considerable progress has been made in controlling the HIV virus, with numerous advancements critically enhancing the quality of life for patients who are living with the infection. Nevertheless, around 37.9 million individuals are currently living with HIV globally, with an estimated 1.5 million new cases diagnosed annually. Stigma remains a fundamental barrier to accessing several essential healthcare services, including testing, linkage to care, treatment adherence, and access to vital prevention services, especially for affected populations who are already facing discrimination and marginalization. In promoting better health outcomes within these communities, it is imperative to dismantle these barriers, challenge the stigma that persists, and create an inclusive environment that facilitates open and honest conversations about HIV prevention and care within Asian communities, allowing for a more supportive approach to healthcare and well-being (Bhatta et al., 2021; Wang et al., 2020; Chan and Mak, 2019).

Cultural, social, and structural determinants of stigma

Stigma surrounding HIV/AIDS remains a salient problem among Asian men, whose health services are disproportionately affected by the crisis. Anonymized surveillance data from the United States indicate that Asian men possess the second-highest virus transmission rate under the federal jurisdiction, across accumulated categories pulverized into a single Asian phenotype. Within a regional epicenter of the epidemic, San Francisco, anecdotal evidence suggests that Asian men experience an outright second outbreak of the virus. Elevated stigma is a contributing factor limiting perception of risk as a key determination of personal view; Life expectancy for recently infected men recurrently extends to sixty-eight years, yet gay porn remains viable in the immediate vicinity. Stigma correlates with reduced medication adherence, suboptimal prevention participation, and curtailed service uptake, yet formal investigation absent. Geometrically opposed temporal trends further complicate the nexus between stigma and action at health system and individual levels. Curatorial schedules for low-prevalence communities meanwhile encounter the dual challenges of tailoring definition and sustaining applicability. Lastly, disparate channels of association plead for specification between health-seeking behavior and the act of health-seeking itself (Bhatta et al., 2021; Mo and Ng, 2017).

Consequences of stigma for prevention, testing, and care

HIV/AIDS stigma among Asian men negatively affects prevention, testing, linkage to care, and retention. Stigmatizing behaviors and attitudes, interpersonal stigma, lead men to reduce risk behaviors. A second, health-system level, structural stigma, limits access to culturally responsive policies and services. Though men seeking extra-relational sex and those with uncertain HIV status experience prevention stigma, self-testing services may mitigate these pressures. For testing, stigma disproportionately burdens men with other marginalized identities (e.g., trans, immigrant) and single or non-steady partners. Certain community venues expose men to a broader range of stigma. Among immigrants and international students, prevention stigma is aggravated by immigration status, cultural beliefs, and language challenges. Harsh immigration

policies deter migrant men from seeking care and influence their comprehension of HIV services. Stigma deters linkage following diagnosis, with most men unwilling to commence treatment. Those engaging in high-level sex work face testing blame and service reluctance due to immigration status. Non-Asian allies may trigger testing stigma.

Results and Discussion

Very few studies have explored how stigma shapes people's experience of HIV/AIDS in localized Asian contexts. HIV/AIDS-related stigma is defined as the negative attitudes, beliefs, and discriminatory behavior directed at people with HIV/AIDS or perceived to be at risk of contracting it (Bhatta et al., 2021). This understanding of stigma considers affected individuals, their communities, and the wider society, and is aligned with that of international organizations working to combat stigma. The study of HIV/AIDS stigma among Asian men offers to shed light on a little-understood, pressing public-health issue whose significance increasingly dominates the global arena. The COVID-19 pandemic has redirected societal attention to matters of health security and infectious disease management. Across Asia, national governments and multinational agencies have responded by revisiting and recalibrating their priorities and strategies with regard to the international spread of HIV/AIDS and other infections. At the same time, the mobility of people and the interconnectedness of local networks and communities continue to spur the emergence of new public-health challenges on a global, regional, and national scale (Chan et al., 2007). Consequently, studies that illuminate the dynamics and consequences of HIV/AIDS stigma among Asian men are urgently needed.

The epidemiology of HIV and other sexually transmitted infections among men who have sex with men (MSM) poses a serious public-health concern across many Asian cities. In Hong Kong, the vast majority of all newly reported HIV cases from 2018 to 2021 were acquired through male-to-male sexual intercourse, and over half of all cases involved MSM with limited or no prior HIV-testing history. HIV surveillance reports indicate that MSM continue to experience a surge of new HIV infections. Similarly worrying patterns can be observed in other Asian cities such as Bangkok, Xiamen, Mumbai, Manila, and Taipei. HIV and other sexually transmitted infections remain major public-health concerns among MSM in Asia. Stigma and discrimination against people living with HIV/AIDS (PLHIV) and those at risk of the infection constitute formidable challenges to the continuing response to HIV within the MSM community, hinder effective outreach and prevention, and obstruct timely access to care and treatment. A growing body of empirical evidence links stigma and discrimination to significant adverse health impacts. Stigma impacts upon health in multiple ways, including through by undermining mental health, contributing to social exclusion and disadvantage, fostering environments marked by fear, violence and intimidation, and restricting access to health care, prevention, and treatment options. Stigma and discrimination pose major barriers to achieving Universal Health Coverage in Asia. The health and safety of MSM severely affect the overall development of many regions, yet the HIV/AIDS epidemic remains underestimated and unacceptable in Asia. The inadequate and ineffective response to the epidemic warrants immediate attention regardless of the prevailing global situation. The wider societal conditions produced by

the pandemic have exacerbated pre-existing vulnerabilities, including limited distribution of resources and a lack of access to accurate and safe information.

Interventions and best practices

In the context of HIV prevention, stigma contributes to the spread of the virus. Stigma surrounding HIV, particularly among men who have sex with men (MSM), is a critical barrier to accessing necessary care. MSM living with HIV face stigma related not only to their serostatus but also to their sexual orientation. Interventions and practices aimed at reducing stigma that co-occurs with other psychosocial health problems and mental disorders are imperative. Research findings indicate that stigma, social discrimination, and internalized stigma impede HIV testing and timely initiation of treatment among MSM (Wang et al., 2020). Policy measures to safeguard rights and enhance confidentiality regarding patients' health information, coupled with training to eliminate discrimination during patient interactions, have been proposed as viable approaches to mitigating stigma (Bhatta et al., 2021). Nonjudgmental and reassuring provider interactions are equally important to foster HIV prevention and care (Babel et al., 2021). Stigma constitutes a pressing issue in the HIV/AIDS epidemic among Asian men. Addressing stigma-related barriers towards HIV prevention, testing, and care services is crucial given the prevailing patterns of epidemic and low-care engagement among this population. Strategies should target community engagement, healthcare systems, policy, education, and mass media in order to promote equitable access and utilization of essential services.

Community engagement and cultural adaptation

Community-engagement strategies that actively incorporate community input can empower Asian men to confront stigma related to HIV/AIDS. Coproduction of messages, materials, and programs through partnerships with Asian men ensures better understanding of stigma and how it manifests within these communities, motivating individuals to identify stigma's existence and work collectively to combat it. Engaging these communities in the design of stigma-reduction initiatives facilitates greater acceptance of interventions and leads to culturally relevant processes that enhance effectiveness (Chan and Mak, 2019). Messages and interventions on stigma remain unadapted for Asian men in the United States. Although Asian men are overrepresented in national HIV prevalence estimates for men who have sex with men (MSM), many still regard HIV primarily as a concern for people outside their communities. Culturally tailored and relatable messaging could address these limitations. Community participation, an integral element of health lyrics, implies both shared decision-making processes and incorporation of local cultural elements (Herring, 2019). Numerous approaches not only invite input on specific campaign components, but also include communities in formulating the overall premise. Engaging the public fosters two-way relationships, ensuring that creativity and institutions are applied to participants' interests. Asking Asian men where and how they experience stigma, which individuals exert pressures, and which contextual circumstances influence these processes is crucial.

Healthcare system interventions

HIV-related stigma can be reduced through interventions that target healthcare systems. These interventions should aim to raise awareness about the existence and

effects of stigma, disseminate accurate information about HIV transmission modes, promote adoption of stigma-reducing measures, and strengthen support for healthcare providers affected by stigma. Interventions directed at healthcare services can increase access to HIV prevention, testing, and treatment; raise demand for preventive technologies, such as pre-exposure prophylaxis; and advance treatment-as-prevention (Pollack et al., 2022; Bhatta et al., 2021). Despite comprehensive knowledge regarding the modes of HIV transmission and the efficacy of antiretroviral treatment, healthcare providers continue to hold misconceptions and negative attitudes toward people living with HIV. A stigma-reduction initiative in Vietnam focused on healthcare systems, where stigma-related challenges were particularly salient—despite relatively high HIV awareness among the general public. The initiative employed a multi-pronged, facility-level intervention built around principles guiding stigma-reduction efforts. With input from community stakeholders, the initiative identified actionable drivers of stigma, formed partnerships between affected groups and community opinion leaders, and ensured that these groups retained a central role in programme design and implementation (Chan and Mak, 2019).

Policy and rights-based approaches

HIV/AIDS has been a substantial health threat for the past four decades and has remained a major public health concern for various regions of the world. While significant advancements have been made in prevention and care, HIV transmission continues to be a risk for men who have sex with men (MSM) including Asian MSM (Bhatta et al., 2021). The HIV epidemic continues within a context of widespread HIV stigma—societal disapproval of people living with HIV (PLHIV) or behaviors through which HIV may be transmitted—which can inhibit health-seeking behaviour and access to HIV services (Chan and Mak, 2019). Stigma arising from fears of discrimination can create barriers to HIV testing and antiretroviral treatment (ART) for persons who perceive they may be infected. Legal environments that deny and criminalize the expression of sexual orientation and behaviours continue to constrain freedom of expression and anonymity and create additional barriers preventing care access. Governing and legislative sectors within various countries still lack policy approaches that would provide regulations and legal protections for confidentiality, non-disclosure, and accessibility for non-discrimination of persons and population groups at risk, including MSM. Addressing HIV/AIDS policy and rights gives attention to the regulatory and legislative environments that govern sexual orientation, health status reporting, and other confidentiality protections. Policies that articulate rights in areas of confidentiality, non-disclosure, free health care services, and non-discrimination against persons are important in further clarifying rights the subject may expect.

Education and media representation

Stigma surrounding HIV/AIDS resistant to declines in incidence, prevalence, and mortality continues to elicit consideration of how to reduce its negative consequences (Bekalu et al., 2014). HIV/AIDS educators are seeking to understand how to conduct public campaigns that will effectively counter stigma related to the epidemic and the disease. Forming responsible messaging that incorporates effective perspectives on education and representation is a high-priority aspect of research into ameliorating HIV/AIDS stigma. Stigma expresses itself in derision of groups thought to engage in

socially unacceptable activities relating to sex, drug use, and other activities, and the belittlement that accompanies such disapproval extends to the institutions serving those groups. Designing and implementing campaigns that effectively address stigma has been shown to enhance audiences' understanding of HIV/AIDS while allowing them to express, confront, and dispel their biases.

Gaps in knowledge and future research

Despite a long history of HIV/AIDS research in the United States, significant gaps persist concerning HIV/AIDS-related stigma in the Asian male community. Researchers have documented disproportionately elevated rates of HIV/AIDS among Asian men in San Francisco and New York City, and national surveillance data show that this population; specifically, men who have sex with men (MSM): experienced the sharpest increases in HIV prevalence from 2006 to 2015. The AIDS epidemic has taken a disproportionate toll on Asian men occupying social environments characterized by widespread stigma and discrimination, yet no detailed analysis of population-specific stigma has been published to date. These circumstances highlight the pressing need for better understanding of stigma mechanisms, drivers, and effects within the Asian male population.

A preliminary review of ten major peer-reviewed articles on stigma and HIV risk or service access among MSM found no studies addressing Asian men. Selected papers involving other racial/ethnic minority MSM consistently cited the need for more research on Asian men, alongside documentation of intersecting stigma related to substance use, sexual identity, gender non-conformity, and social class. Similarly, analyses of the role of societal and internalized stigma in fueling ongoing transmission among MSM argued for targeted interventions to improve service uptake among Asian men. Substantial unmet needs, therefore, remain for research on stigma and Asian MSM, both within and beyond traditional HIV/AIDS conversations, including yet extending well beyond sexual identity and engagement with the lesbian, gay, bisexual, transgender, and queer community. Scholars have offered proposals addressing broader stigma issues specific to the Asian population and raised the possibility of a knowledge-sharing workshop focused on targeted community-based participatory research.

Conclusion

HIV/AIDS stigma among Asian men is defined as a process of devaluation, based on actual or perceived HIV status that is compounded by being male, belonging to an ethnic minority, and identifying as bisexual or gay, which severely compromises sexual wellbeing. Stigma refers to sex- and gender-related elements and encompasses both perceived and self-stigma. Stigma is linked to reduced uptake of preventive measures, delayed testing, longer time to ART initiation, lower rates of care retention and adherence, and poor mental health and wellbeing, all of which are key to ending the HIV epidemic. Intersecting cultural, social, and structural determinants affect the nature and influence of stigma within different Asian male populations. Four categories of interventions to reduce stigma at multiple levels across contexts are actionable: enhancing community engagement and co-design in programme development; implementing system-level strategies for professionals, clinics, and service models; adopting policy- and rights-based approaches; and countering stigma through education and responsible media representation that provide easily understood and relatable

information. Knowledge gaps remain regarding measurement methodologies and the stigma–health relationship. Future studies should also measure discriminatory attitudes, consider the substantial stigma influenced by culture, and explore stigma beyond MSM populations, such as younger men and non-citizens. Well-being informs sexual health promotion, and service initiatives must therefore respond to the link between stigma and treatment access, especially for international students in urban settings. Unless addressed, HIV/AIDS stigma among Asian men will undermine ongoing efforts to curb HIV transmission and associated health problems and facilitate access to essential service delivery for individuals in need. All stakeholders can contribute through concrete actions tailored to specific population or institutional settings.

Acknowledgement

This research is self-funded.

Conflict of interest

The authors confirm that there is no conflict of interest involve with any parties in this research study.

REFERENCES

- [1] Babel, R.A., Wang, P., Alessi, E.J., Raymond, H.F., Wei, C. (2021): Stigma, HIV risk, and access to HIV prevention and treatment services among men who have sex with men (MSM) in the United States: a scoping review. – *AIDS and Behavior* 25(11): 3574-3604.
- [2] Bekalu, M.A., Eggermont, S., Ramanadhan, S., Viswanath, K. (2014): Effect of media use on HIV-related stigma in sub-Saharan Africa: a cross-sectional study. – *PLOS One* 9(6): 9p.
- [3] Bhatta, D.N., Hecht, J., Facente, S.N. (2021): Psychosocial determinants of HIV stigma among men who have sex with men in San Francisco, California. – *International Journal of Environmental Research and Public Health* 18(15): 11p.
- [4] Chan, K.Y., Yang, Y., Zhang, K.L., Reidpath, D.D. (2007): Disentangling the stigma of HIV/AIDS from the stigmas of drugs use, commercial sex and commercial blood donation—a factorial survey of medical students in China. – *BMC Public Health* 7(1): 12p.
- [5] Chan, R.C., Mak, W.W. (2019): Cognitive, regulatory, and interpersonal mechanisms of HIV stigma on the mental and social health of men who have sex with men living with HIV. – *American Journal of Men's Health* 13(5): 12p.
- [6] Herring, T. (2019): The self-perceived cultural competency of HIV interventionists. – Walden University 147p.
- [7] Mo, P.K., Ng, C.T. (2017): Stigmatization among people living with HIV in Hong Kong: A qualitative study. – *Health Expectations* 20(5): 943-951.
- [8] Pollack, T.M., Duong, H.T., Nhat Vinh, D.T., Phuong, D.T., Thuy, D.H., Nhung, V.T.T., Uyen, N.K., Linh, V.T., Van Truong, N., Le Ai, K.A., Ninh, N.T. (2022): A pretest-posttest design to assess the effectiveness of an intervention to reduce HIV-related stigma and discrimination in healthcare settings in Vietnam. – *Journal of the International AIDS Society* 25: 12p.
- [9] Salud, M.C. (2004): Asian and Pacific Islander (API) and HIV/AIDS risk-related behaviors. – University of Pittsburgh 84p.
- [10] Wang, N., Huang, B., Ruan, Y., Amico, K.R., Vermund, S.H., Zheng, S., Qian, H.Z. (2020): Association between stigma towards HIV and MSM and intimate partner violence

among newly HIV-diagnosed Chinese men who have sex with men. – BMC Public Health 20(1): 8p.