Information Behaviour in the Context of HIV/AIDs Related Emotions

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ABSTRACT

This study presents the results of an ethnographic (field work) research which set out to generate in-depth knowledge information behaviour in the context of HIV/AIDS-related emotions. A sample of 40 participants affected by HIV/AIDS was selected in the United Kingdom. It included a range of age groups, disease stages, and sexual orientations, educational and ethnic backgrounds. Twenty six were people infected with HIV; six were affected by HIV in other ways; and eight were involved in the provision of information and support. Respondents were recruited through support workers within an HIV/AIDS support group where the researcher worked as a part-time volunteer for 17 months. The researcher maintained visibility through regular participation in the HIV/AIDS support group activities such as making and serving tea/coffee and dinner, washing pots. Data were generated from March 2010 to May 2011 through informal open-ended in-depth interviews, each of which lasted between 90 and 180 minutes. Respondents were asked to recount specific experiences. Anonymity was achieved by attributing pseudonyms to interview quotations and the contents of some quotations to avoid possible identification of individuals. The interviews were audio-recorded, and transcribed verbatim. The data were managed using qualitative data management software (NVivo 8™). The data generated were analysed using Spradley's Domain Analysis (Spradley, 1979b). The work has identified new forms of information behaviour, including hysterical information seeking, covert information seeking, hiding, discarding information. Other patterns of information behaviours that emerged from the data included seeking and sharing information. Hence, the study suggests that information systems and services on HIV/AIDS should be designed to better respond and serve the needs of people experiencing emotional turmoil.

Keywords: *HIV/AIDS, Information behaviour, Shifting information behaviour, hysterical information seeking, covert information seeking, discarding information, sharing and hiding information*

INTRODUCTION

Information behaviour is a term that is used to describe the many ways in which human beings perceive and interact with information; in particular, the ways in which people seek and utilise information. Information behaviour is also used in Library and Information Science to refer to a sub-discipline that engages in a wide range of types of research conducted in order to understand the human relationship with information (Bates, 2010). Studies on information behaviour were initially referred to as user studies, or studies of information seeking and gathering, or studies of information needs and uses. The term 'information seeking' was used to include all kinds of research on people's interaction with information.

However information seeking suggested only explicit efforts to locate information and did not include the many other ways people and information interacted. This led to use of the term information behaviour in the early 1990s (Bates, 2010; Case, 2007). The importance of knowledge of information behaviour and its relevance to the design of people-centred information services and products have been emphasised by scholars such as Hepworth (2007) whose paper underscores the value of research on different dimensions of Information Behaviour (IB) in generating insights that facilitate the development of information products and services that meet the requirements of specific groups of people. For example, IB research generated knowledge that was used by information science practitioners and researchers in the development of information literacy standards and guidelines (Armstrong *et al.,* 2005; Hepworth, 2007).

In the light of the above, this work sets out to explore information behaviour in the context of HIV/AIDS-related emotions. The aim in so doing is to generate rich insights that facilitate the development of information products and services that meet the requirements of persons infected with or affected by HIV/AIDS. This is made possible by discussing the nature of HIV/AIDS-related emotions and providing evidence regarding the ways in which such emotions shape information behaviour. Evidence from neurological studies emphasizes the importance of emotions in human cognition and perception (Picard, 2007). However, library and information Science research has paid scanty attention to ways in which HIV/AIDS-related emotions influence information behaviour, particularly from the point of view of persons infected with or affected by HIV/AIDS, (PI/A HIV/AIDS). The purpose of this study is to map out the information behaviour in the context of HIV/AIDS-related emotions. The major aim is to unearth information behaviour adopted by PI/HIV/AIDS in order to inform the provision of information services that suit the needs of this group of information users.

METHOD

This study employs ethnographic approaches so as to understand the information behaviour of the hard-to-reach population – persons infected with or affected by HIV/AIDS – from their own perspectives. Ethnography is a fieldwork approach where ethnographers seek to place phenomena studied in their social and cultural context by immersing themselves in the life of the people they study (Brewer, 2000; Delamont, 2004; Goodley, Lawthon, Clough and Moore (2004); Hammersley and Atkinson, 2007; Hammersley and Atkinson, 1995; LeCompte and Schensul, 1999; Lewis, 1985; Myers, 1999; Pickard, 2007; Van Maanen, 1996). The approach was selected in order to enable the researcher to move beyond the study of external observable behaviour so as to develop an intimate familiarity with the dilemmas, frustrations, routines, and risks that are part of everyday information behaviour of PI/A HIV/AIDS from their own perspectives. A sample of 40 participants affected by HIV/AIDS was selected in the United Kingdom. It included a range of age groups, disease stages, and sexual orientations, educational and ethnic backgrounds. Twenty six were people infected with HIV; six were affected by HIV in other ways; and eight were involved in the provision of information and support. Respondents were recruited through support workers within an HIV/AIDS support group where the researcher worked as a part-time volunteer for 17 months. The researcher maintained visibility through regular participation in the HIV/AIDS support group activities such as making and serving tea/coffee and dinner, washing pots. Activities including registering new service users, participating in school outreach programs, line dancing, Salsa dancing and doing nails during the women's group pampering evenings helped further to build rapport and gain trust with prospective respondents. Data were generated from March 2010 to May 2011 through informal open-ended in-depth interviews, each of which lasted between 90 and 180 minutes. Respondents were asked to recount specific experiences. The intention was to understand the information world from the respondents' points of view. Information redundancy was employed to determine saturation (Lincoln and Guba, 1985). Spradley's analytical model of ethnographic analysis (Gorman, and Clanton 2005 ; LeCompte and Schensul, 1999b; Spradley, 1979) was employed for the data analysis. All respondents gave informed consent. Anonymity was achieved by attributing pseudonyms to interview quotations and the contents of some quotations to avoid possible identification of individuals. The interviews were audio-recorded, and transcribed verbatim. The data were managed using qualitative data management software (NVivo 8™). The data generated were analysed using Spradley's Domain Analysis (Spradley, 1979b). This is one of the highly recommended approaches to analyse qualitative ethnographic data.

RESULTS AND DISCUSSION

The interviewees proved to be a rich source of data illuminating information behaviour in the context of HIV/AIDS-related emotions. Various patterns of information behaviour emerged from the data. These include not only seeking and sharing information, but also hysterical information seeking, covert information seeking, hiding, destroying, discarding and avoiding information. The interview data also revealed fascinating insights into ways in which HIV/AIDS-related emotions such as shock, fear of people finding out, worrying about infecting others, feeling broken-hearted, hopelessness, and worthlessness, loss of control, worrying about dying, and what family, friends and the community perceptions are shock, shame, guilt, feelings of loss and grief, loneliness and isolation, stress, denial, embarrassment and devastation, shape HIV/AIDS related information behaviour.

Hysterical information Behaviour: HIV/AIDS related shock and worrying about HIV/AIDS resulted in emotion-focused information behaviour such as hysterical information seeking (in the context of this study, hysterical information seeking refers to panic-stricken information seeking) as they wanted to know all there is to know about HIV/AIDS in the shortest time possible. Consequently, they overloaded themselves with information and ended up being panicky and being terrified, particularly when PI/A HIV/AIDS associated themselves with all the opportunistic infections and side effects presented in the information. The extract from Ben [Person infected with HIV/AIDS] has been selected to illustrate hysterical information seeking:

> *"At that time I was wild. I really wanted to know everything as soon as possible. I wanted to know everything I could about it in the space of five minutes. I wanted to find more information about what was going to happen, how long I was going to live, what the medications were going to do, whether I could go ahead with the career that I wanted to do, it was huge... The worrying issues that I found were that I could die from a heart attack I could die from diabetes; I could die because my medications stopped working. I mean there is new information coming. The big thing for me that terrifies me absolutely is developing dementia sooner. I really don't want to be alive suffering from Alzheimers"*

Discarding information: The respondents reported that they experienced HIV/AIDS-related emotions such as shock devastation, grief and loss were experienced by PI/A HIV/AIDS. For instance Monica [person infected with HIV] reports that :

> *"...he said: 'Oh, you have HIV'; I said: 'Oh Jesus Christ! This can't be right! This can't be right! I didn't ask for that! I haven't been sleeping around!' [Respondent cries]. I have been such a good mom, and it just blew my world apart. This year I have been in the house taking anti-depressants. You know, your world falls apart, it's the stigma; you don't know what your children will do ...are they going to be ashamed of me? ...they experiencing the same heart wrenching... you know we have many prejudiced people. The devastation of it, it happened once, for a person that had not had sex for 16 years, and I got it. That broke my heart". "I went through a period of loss and grieving. It's like a grieving process, you know, like when...*

The data revealed that people experiencing HIV/AIDS-related emotions had difficulty in dealing with information. In some cases the information received was perceived to be because of the timing and the emotional state of the recipient. Such information was more often than not discarded:

> *"…they gave me information but it wasn't useful, because at the time of receiving a positive result, it is like receiving news that your beloved one is dead. You know when you have been well and then all of a sudden you are diagnosed, and people just calm you down and tell you that everything will be well? …but all the information I received at that time wasn't helpful".* Monica [person infected with HIV].

Furthermore emotions such as shock, or being upset or confused interfered with the ability to process and engage with information. In some cases this could result in disregarding the information received:

> *"...I had a phone call: 'you need to come back to the clinic'. I said: 'I have got cancer that is possibly what it can be'. HIV had never crossed my mind. When they told me it was HIV, I nearly died and my life just fell apart. I felt shell-shocked, thinking how I process this information, what do I do? [Silence] I was upset, I didn't look for information. I had just thought to end it".* Joel [person infected with HIV].

Covert information seeking: The analysis of data also revealed that people could engage in covert information seeking and hiding information as a result of fear of being embarrassed. For instance, Julius [person infected with HIV], who feared that he would be singled out when reading an HIV/AIDS magazine in the library, shared his experience as follows:

> *"In the Library, I saw a magazine; I picked it up and started reading it. But I had this feeling that I shouldn't have picked it up because people were observing what you are reading. I wouldn't feel comfortable reading it [information about HIV] where my colleagues are. So issues regarding reading about HIV/AIDS information in public areas such as libraries or the Internet, I am not conformable as people can identify you as a 'case person' [person with questionable character], so it is a bit difficult".*

The analysis also revealed that emotions such as shame, denial and embarrassment can not only result in hiding information, hysterical information seeking also covert information seeking. For instance Jane who was ashamed after receiving information that she is HIV positive, engaged in covert and hysterical information seeking:

> *"…and it was very difficult for me to tell anybody, because I felt ashamed. I went to the library because I said I wanted to know more about all of this. I have got to know what is happening in my life. I went to the library and I just pressed on everything to do with HIV. Just pressed it and printed it. Press and print, [respondent was panicking] I spent about £7-10 in the library, put everything in my bag. I went home and I started reading. And I said: 'Oh my God, I have got this, I have got that and I started worrying'".* Jane [person infected with HIV].

HIV/AIDS-related emotions such as acute fears of the unknown, being worried about an uncertain social life, death and dying, as well as medication, particularly how long the medication would be effective, as well as the side-effects can result in intense anxiety:

> *"…it is terribly worrying because, when you are diagnosed, you think I have X number of years to live now, what will my social life be like? Even when the pills worked, we didn't know how long they gonna work for". Ben [person infected with HIV].*

One of the ways respondents coped with HIV/AIDS-related fear and anxiety was by hiding information about their status and isolating themselves:

> *"You lock yourself in the house, and you treat yourself as worthless, you don't want to see people, you don't want them to look at you, you do not want to see anybody, you lock yourself away, you don't want to go out, and you don't want to take on their judgments of you, because you judge yourself enough; that's where isolating yourself comes in"* Jane [person infected with HIV].

Shifting information behaviour: The interview data reveal fascinating insights into the patterns of information Behaviour that PI/A HIV/AIDS adopted as a result of HIV/AIDS-related emotions. The respondents' experiences revealed that HIV/AIDS-related emotions can result into switching between seeking, sharing, hiding, avoiding and destroying information. For instance PI/A HIV/AIDS experiencing positive emotions such as being happy with the progress they are making in terms of health may adopt an information seeking behaviour to inform themselves about HIV/AIDS. However, if worrying information is encountered such a person may adopt emotion-focused strategies such as discarding and avoiding information: The extract from Job [person infected with HIV/AIDS] was selected to illustrate shifting information behaviour:

> *"My ability to process information very much impacted on by my mental health and emotional well-being. If I am not feeling emotionally very well, then I can't take information in. I really have a variety of emotional states. So there are times when I am more receptive to information, and other times when I am not. Now the fact that I am choosing not to access information at the moment is just as valid as choosing to look for information. These are the kind of wider issues which contribute to me being able to access information. If I am feeling happy within myself then I can choose to access information ...depending on your emotional state, you can't sometimes take that information in. Sometimes it is too complicated; sometimes it is too technical and medical; while at other times you have just got a lot going on emotionally and you are just not receptive to that information. It has actually been to do with me and the state of mind I am in. So there is something about being able to access information when it suits you emotionally. I think you have to be emotionally ready to access information".*

The above accounts illustrate that the emotional state can greatly influence the information behaviour to adopt. For instance when people are emotionally ready they can adopt problem –focused information behaviour such as seeking and sharing information. On the other hand, emotions such as fear, guilt, and shame may result into emotion-focused information behaviour such as avoidance, discarding information or covert information seeking. Emotion-focused information behaviour may be adopted to make life more bearable by avoiding realities which might prove to be overwhelming.

Hiding information: Shame, guilt and self-stigmatisation resulting from incorrect information, conflicting ideas (for example, what people thought about PI/A HIV/AIDS, lack of information about HIV, fear, prejudice and discrimination), were typical emotional reactions for most respondents. The associated Information behaviours included hiding and discarding HIV/AIDS-related information. Such behaviour was adopted in order to safeguard ones status and dignity:

> *"I mean, I didn't tell my family for the first year that I was HIV-positive because I was so ashamed and horrified that I was HIV-positive... I had had the infection that I had known about for 12 months; I didn't learn anything about it. Talking to the counselor did not change my feelings at all. I don't think my head was taking in what he wanted me to take in… Well I didn't disclose to my children for 12 months. And I lived in fear of them finding out….. It was 12 months before June last year [2009]".* Jo [person infected with HIV].

Such hiding behaviour was well known to information providers. For example, Claire [information provider] spoke of her observations relating to the hiding of information:

> *"….We have a service where we send booklets through the post but some clients insist that we put the information in black plastic bags, particularly people who live in shared houses as well as those who have children who don't know. I also know someone who hides it under the bed after reading it, and another who hides it in a specific tin".*

Information providers can also themselves be hiders of information on behalf of their clients. In some cases HIV support organisations sought to be as anonymous as possible, including putting no sign posts on their premises:

> *" So I think that what we are doing here [HIV/AIDS support centre], I mean having no signs to show that we are an HIV support group, has made information more invisible because of the stigma, so it's kind of a circle. The stigma causes someone to hide behind invisibility which causes more stigma. But hiding perpetuates stigma because we don't tell anybody we are here, so nobody gets the information. If we had a big poster people would not come here. Even when we go out, we don't wear a badge showing [Name of support organisation]; our building doesn't have any signs saying 'HIV support organisation'. When we set up information stands, our big banner doesn't mention HIV.* Joy [information provider];

or assuming a different identity when doing outreach:

> *"So […] if we are doing a home visit we have to do it under an assumed identity; e.g., we are church support workers, or we are from social services. We are not from [HIV/AIDS support organisation], so when we go out of this building HIV is not mentioned"* Luke [information provider];

as well as opting to remain anonymous during HIV campaigns:

> *"Maybe because you don't see HIV plastered everywhere, we don't mention HIV on our big banner, so people come to ask us what we are all about. We at first wondered how people were going to know about us, but it has worked in our favour in a kind of way. This kind of anonymity is a way to get people who wouldn't otherwise talk about it talking about it"* Claire [information provider].

The support organisations engaged in hiding information in order to enable potential and regular clients to feel comfortable with attending support group meetings. It is interesting to learn that, although on the surface, hiding information is a negative behaviour, it was actually useful in several ways; for instance, concealing HIV status was a safeguard against discrimination, stigma and abuse. By putting no signs on the HIV support premises, more people felt comfortable access and use the services of the support group; while eliminating big banners attracted people to the HIV stand, who otherwise would not have had anything to do with HIV/AIDS.

Seeking and sharing information: This work has also indicated that, as people's appraisal of the threats, challenges posed by HIV changed over time, their emotional state changed from negative to positive (Lazarus and Folkman, 1987), particularly when they came to terms with their condition. Such people tried to change the troubled environment by engaging in seeking, and sharing information. This kind of behaviour is explained by Lazarus and Folkman (1984) who assert that the coping process was dependent on the context in which the disease occurred, and would change because people's appraisal of threats also changes over time. This explains why this study reveals that the respondents who were initially ashamed, angry, frightened, and hated anything to do with HIV, including HIV/AIDS information, reported having looked for information when their appraisal of HIV changed. It is therefore suggested that receiving information from, and interacting with, other people infected and /or affected by HIV/AIDS can lead to positive appraisal of one's condition (to come to terms with it) and in problem focused coping strategies such as seeking/sharing (as opposed to avoiding/concealing) information. The extract from Job [person infected with HIV] before and after coming to terms with HIV/AIDS was selected to illustrate this:

> *"I can personally read HIV/AIDS information anywhere, I have sat on trains and read HIV literature, such as Positive Nation, Treatment Updates, so it is not something that worries me. I know lot of people who would be extremely unhappy to do that. It is a way along the process of people accepting the condition. You know I am 25 years old [living with HIV] so it's not a big thing to me. [Interviewer: Was it a big thing to you?] Oh yes. I mean for many, many years I wouldn't even say the word HIV; it was something I didn't want to talk about at all. Now, I can talk about it in public, it is a very big change over time. With the information I have at the moment I can refute it if someone says something incorrect about HIV. I can say to them no, no, this is wrong. I can explain to them, I can pass on that information to someone else. So it enables me to talk with confidence about the disease that I have, and if you can speak with confidence about something, it does reduce people's prejudice. And I found that very, very useful to be able to quote facts and figures and to be able to say to people: 'You know, this is how it is from my point of view'".*

The evidence presented so far has illustrated that people's emotional state has a strong influence on the pattern of information behaviour to be adopted. HIV/AIDS-related emotions, such as fear of moralistic judgments from family, friends and the wider community accounted for forms of emotion-focused information-related coping behaviours such as avoiding and hiding information, as well as covert and hysterical information seeking.

This study has revealed that an HIV/AIDS positive diagnosis was appraised as threatening, taxing, challenging and harmful to the well-being of PI/A HIV/AIDS which resulted in various emotions such as shock, grief, denial and shame. The work has provided evidence that HIV/AIDS-related emotions can greatly influence information behaviour. The study has not only extended the body of knowledge by unearthing new forms of information behaviours – covert and hysterical information seeking – that have hitherto not been identified in information science research, but it has also applied Lazarus and Folkman's (1984) Stress Appraisal and Coping theory – a useful theoretical framework for interpreting the interview data generated to understand information behaviour in the context of HIV/

AIDS-related emotions. Emotions have been defined as states of feeling, as feeling states involve positive or negative affective valence (Ortony, Clore and Collins, 1988), as states of automatic arousal (Schachter and Singer, 1962), or changes in the activation of action dispositions (Frijda, 1986). This study shows that in the context of HIV/AIDS-related emotions, information may be discarded as people may be so anxious and distressed to even consider accessing and using any information, or sharing information about their status or understanding the information they are given. Thus strong emotional reactions such as anxiety, fear, and grief can impair people's cognitive ability, making it difficult for them to engage with information. The forms of information behaviour identified are not described as positive or negative although some behaviour is deemed more beneficial than others. The current work has identified the shifting information behaviour. With respect to HIV/AIDS-related information behaviour, seeking and sharing information typically occurred when people's appraisal of the threats, challenges and harm posed by HIV changed over time, and/or when their emotional state changed from negative to positive.

The study has extended the body of research by building on findings from studies such as Harris, Veinot and Bella (2010), Hogan and Palmer (2005a), Hogan and Palmer (2005b), Huber and Cruz (2000), Veinot (2010) and Zukoski Thorburn and Stroud (2011), in which HIV/AIDS-related information was repeatedly described as a critical resource for people living with HIV/AIDS by demonstrating that although information is an important resource for people dealing with the problems associated with living with HIV/AIDS, HIV/AIDS-related emotions can hinder effective interaction with information. The work has further showed that in the absence of a known cure or vaccine, (Albright, 2006, 2007; Albright and Kawooya, 2007; Albright, 2005) it may not be enough to provide information. The respondents experiences described above suggest that providing information to PI/A HIV/AIDS may require more than correct, reliable and up to date information. It suggests a need to understand users at deeper levels in order to assist them effectively. Theories of emotion have been grouped into two main categories: the cognitive and somatic theories.

The cognitive theories of emotion argue that the cognitive activity can be conscious or unconscious, intentional or unintentional and take a form of a judgment or a thought – also known as cognitive appraisal (Folkman, Lazarus, Gruen and DeLongis, 1986). Cognitive emotions also entail the evaluation of a particular encounter with the environment, as well as the determination of its relevance to one's well-being. The major proponent of the cognitive theory of emotion was Lazarus and Folkman (1984) who stress the importance of cognitive evaluations in establishing the meaning of stimuli and the way of coping with it. On the other hand Somatic emotion theories argue that bodily responses, and not cognitive judgments, cause emotional reaction (Zajonc, 1984). Since emotions such as anger, guilt, fear, sadness and loneliness – which are difficult to manage –may interfere with people's cognitive ability to access and use HIV/AIDS-related information, the current work has employed Lazarus and Folkman's (1984) Stress Appraisal and Coping theory to explain information behaviour in the context of HIV/AIDS-related emotions. This choice is based on the premise that emotions play an essential role in social interactions (Russell, Bachorowski and Fernandez-Dols, 2003; Scherer, 2003; Sander *et al.*, 2005; Lopatovska and Arapakis, 2010) and facilitate rational decision making and perception (Damasio, 1994). Lazarus and Folkman's (1984) "Stress Appraisal and Coping theory" suggests that coping strategies may be problem-focused or emotion-focused. Both emotion-focused and problem-focused coping strategies were identified in the current research. The emotion-focused information behaviour identified include: hysterical information seeking, hiding, avoiding and discarding information while problem-focused coping strategies (information behaviour) included sharing and seeking information.

Emotion-focused Information behaviour were mostly strategy most employed during instances where people believed information may cause unpleasant emotions or diminish pleasant emotions, and/or needed to maintain hope and manage flawed information. On the other hand, problem-focused coping strategies, such as seeking and sharing information, are closely associated with changes in emotions from negative to more positive. Lazarus and Folkman's (1984), view of stress as a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his/her well-being helped to explain the relationship between HIV/AIDS-related emotions and the information behaviour that PI/A HIV/AIDS adopted.

The findings reported in this work suggest that models of information seeking behaviour which emphasise rational library-based search processes such as those involved in scholarly and work-related information seeking like those of Kuhlthau (1993), Wilson (1999) and Foster (2004), focus on information seeking contexts that are not as emotionally distressing as those of HIV/AIDS cannot explain information behaviour in the context of emotional distress. In addition, the models emphasise information seeking and the benefits of acquiring information, and assume that individuals seek or pay attention to information. However, they do not consider instances where people may not opt to look for information (Case, Andrews, Johnson and Allard, 2005; Narayan, Case and Edwards, 2011). Therefore these models cannot effectively explain information behaviour within an HIV/AIDS context where a wide range of patterns of information behaviour, other than information seeking, occur. Kuhlthau's (1993) "Information Search Process model" is based on the premise that uncertainty is a cognitive state which causes affective symptoms of anxiety and lack of confidence in the information search process. Although the model is valuable in illustrating the confusion, frustration, anxiety and vagueness experienced by individuals searching about a specific topic or question, it makes no attempt to show how feelings such as emotional distress, shame, guilt and embarrassment may influence the search process, and shape information behaviour.

CONCLUSION AND RECOMMENDATIONS

This study has generated insights into the ways in which people's emotional status can enhance or hinder effective interaction with information. While Kuhlthau (1993) posits that people experience emotions at the beginning of a search process and overcome this towards the end of the search process, this study suggests that PI/A HIV/AIDS experience on-going positive and/or negative emotional processes which greatly influence their interaction with information. Thus information behaviour within the everyday context of a life-threatening and distressing condition may present different challenges, dilemmas and frustrations compared to a search focusing on one topic, question or project. This study has revealed PI/A HIV/AIDS seem to be more likely to experience a range of emotional problems, including distress, shame, guilt, loneliness, worthlessness unhappiness, anxiety and depression. It has also showed that interaction with information can, to a great extent, depend on ones emotional state. This explains why information behaviour, including hysterical information seeking as well as hiding, avoiding and sharing information may be adopted in order to cope with HIV/AIDS. Based on what has been revealed so far, the study suggests a need for information systems and services that are responsive to the needs of PI/A HIV/AIDS. Such information systems and services coupled with better information literacy programmes should reduce magnitude of HIV/AIDS-related emotional reactions in order to improve the quality of life of PI/A HIV/AIDS. This will require a close cooperation between information professionals and health professionals and PI/HIV/AIDS. Also, in order to enhance the impact of information in the management and prevention of HIV/AIDS, a frame work that provides for an intimate understanding of information service provision in the context of emotions should be put in place. Such a framework will provide a basis for the design and implementation of information-related interventions that are responsive to the needs of information users experiencing anxiety and emotional distress.

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