

INFORMATION BEHAVIOUR IN THE CONTEXT OF HIV/AIDS-RELATED EMOTIONS

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Abstract

This paper describes the results of an ethnographic which set out to generate in-depth knowledge information behaviour in the context of HIV/AIDS-related emotions. The results of this investigation have revealed that people's capacity to access and use information is greatly influenced by the emotional state. The results of this investigation proved to be a rich source of data illuminating information behaviour in the context of HIV/AIDS-related emotions. The paper 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. This study suggests that, in the context of a life-threatening illness – HIV/AIDS, 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. In the light of the above, the paper suggests that information systems and services on HIV/AIDS should be designed to better respond and serve the needs of people experiencing emotional turmoil. Such information systems and services coupled with better information literacy programmes so as 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.

Keywords: *Information Behaviour, Emotions, HIV/AIDS*

Background

Information behaviour is a term that used to describe the many ways in which human beings 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; Donald Case, 2007).

The importance of knowledge of information behaviour and its relevance to the design of people-centred information services and products has been emphasised by scholars such as Hepworth (2007) whose paper underscored 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, the current paper 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.

Justification

Evidence from neurological studies emphasizes the importance of emotions in human cognition and perception (Picard, 2001). However, library and information Science research has paid scanty attention to ways in which HIV/AIDS-related emotion influence information behaviour, particularly from the point of view of persons infected with or affected by HIV/AIDS, (PI/A HIV/AIDS).

The aim of the paper

The purpose of the current study is to map out the information behaviour in the context of HIV/AIDS - related emotions. This is done so as to unearth information behaviour adopted by those affected and infected by HIV / AIDS.

Methodology

The study reported in this paper employed ethnographic approaches so as to understand the information behaviour of the hard-to-reach

population. These are persons infected with or affected by HIV/AIDS as far as possible from their own perspectives.

Ethnography a field-work 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, 2004; Hammersley & Atkinson, 2007; Hammersley, Atkinson, Paul, 1995; LeCompte & 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 persons in the UK affected by HIV/AIDS was selected. It included a range of age groups, disease stages, sexual orientations, and 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. Other activities including registering new service users, participating in school outreach programmes, 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. Interviewees were asked to recount specific experiences. The intention was to understand the world from the respondents' points of view. Information redundancy was employed to determine saturation (Lincoln, 1985). Spradley's analytical model of ethnographic analysis (Gorman, 2005; LeCompte, Schensul, Jean, 1999; Spradley, 1979) was employed for the data analysis. All respondents gave informed consent. Anonymity was achieved by attributing pseudonyms to interview quotations and by anonymising the contents of some quotations to avoid possible identification of individuals.

Data Analysis and Theoretical Framework

The interviews were audio-recorded, and transcribed verbatim. The data were managed using qualitative data management software: NVivo 8™. The generated data was analysed using Spradley's Domain Analysis (Spradley, 1979). This is one of the highly recommended approaches to analyse qualitative ethnographic data.

Results

The interviewees proved to be a rich source of data illuminating information behavior in the context of HIV/AIDS-related emotions. Various patterns of information behaviours emerged from the data. These include not only seeking and sharing information, but also hysterical information seeking, covert information seeking, hiding, destroying 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, hopeless, and worthless, loss of control, worrying about dying, and what family, friends and the community perceptions, shock, 'shame, guilt, 'feelings of loss and grief', loneliness and isolation, 'stress', 'denial', 'embarrassment and devastation, shape HIV/AIDS related information behaviour.

Hysterical Information Behavior

HIV/AIDS related shock and worrying about HIV/AIDS resulted in emotion-focused information behaviour such as hysterical information seeking (in the context of the paper reported in this study hysterical information seeking refers 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] have 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. The HIV/AIDS-emotions such as shock devastation, grief and loss were experienced by PI/A HIV/AIDS. For instance Monica [person infected with HIV] reported 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 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].

In other cases negative 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 has 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 for reading an HIV/AIDS magazine in the library, shared his experience with 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: 'what you are reading about?'. So I have always got some sort of excuse I wouldn't feel comfortable reading it where my colleagues are So regarding HIV/AIDS information in public areas such as libraries or the Internet, issues regarding HIV/AIDS, 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 but also and covert information seeking. For instance Jane who was ashamed after receiving information that she is HIV positive, she 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 stared 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 for, 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 behavior that PI/ A HIV/AIDS adopted as a result 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 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 (e.g., 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. 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 bag, 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 hidiers 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] to enable people feel comfortable with coming to the support group meetings and activities.

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

The paper has also indicated that, as people’s appraisal of the threats, challenges posed by HIV changed over time, so their emotional state changed from negative to positive (Richard S. Lazarus & Folkman, 1987) as they came to terms with their condition and tried to change the troubled environment by engaging in seeking, and sharing information. This kind of

behaviour explained by Lazarus (1984) whose assertion 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 the study reported in this paper revealed that the respondents who were initially ashamed, angry and frightened, and hated anything to do with HIV, including HIV/AIDS information, reported having looked for information when their appraisal of HIV changed. The paper suggests that receiving information from, and interacting with, other people infected/affected 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 extracts from describing the experiences of Job and Sarah [persons infected with HIV] before and after coming to terms with HIV/AIDS were 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 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. 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'". Joel [person infected with HIV].

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.

Discussion and Conclusion and Implications

The study reported in this paper 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 paper has provided evidence that HIV/AIDS-related emotions can greatly influence information behaviour.

The study reported in this paper has not only extended the body of knowledge by unearthing new forms of information behaviour – 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 emotional feeling (Johnson-Laird et al., 1989), as feeling states involving positive or negative affective valence (Ortony, Clore, & Collins, 1988), as states of automatic arousal (Schachter & Singer, 1962), or changes in the activation of action dispositions (Frijda, 1986).

This study suggests 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 study has extended the body of research by building on findings from studies such as Harris et al. (2010), Hogan and Palmer (2005), Hogan and Palmer (2005), Huber and Cruz (2000), Veinot (2010), and Zukoski et al. (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 paper has showed that showed that in the absence of a known cure or vaccine, (Albright, 2006, 2007; Albright, Kawooya, 2007;

Albright, 2005) it may not 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, & 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 (1984), who stressed 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 paper has employed Lazarus and Folkman's (1984) cognitive emotion 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, & Fernandez-Dols, 2003; Scherer, 2003; Sander et al., 2005; Lopatovska, & Arapakis, 2010) and facilitate rational decision making and perception (Damasio, 1994).

Lazarus' (1993) definition of coping as on-going cognitive and behavioural efforts to manage (including to master, reduce or tolerate), specific internal and/or external demands and conflicts among them, was useful in generating understanding of the adaptive and/or non-adaptive cognitive and behavioural information-related strategies that people adopted so as to manage (reduce and/or tolerate) the debilitating effects of HIV/AIDS.

Lazarus and Folkman's (1984) Stress Appraisal and Coping theory suggest 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.

The forms of information behaviour identified are not described as positive or negative although some behaviour is deemed more beneficial than others. This finding is consistent with Lazarus (1993), who observed that there is no universally good or bad coping strategy although some might more often be better or worse than others. The study reported in this paper corroborates Lazarus's (1993) observation that the coping process is dependent on the context in which the disease occurred and would change because people's appraisal of threats also change over time. 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.

Emotion -focused Information behaviour were mostly strategy most employed during in 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 in the course of living with HIV.

The findings reported in this paper 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), Ellis (1993) 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 when people may not opt to look for information (Case, Andrews, Johnson, & Allard, 2005; Narayan, Case, & 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 also shape information behaviour.

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 ongoing 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 paper 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 interaction with information can, to a great extent, depend on ones the emotional state. This explains why information behaviour, including hysterical information seeking as well as hiding, avoiding and sharing information may adopted in order to cope with HIV/AIDS. The paper 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 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.

These findings further suggest that in order to enhance the impact of information in the management and prevention of HIV/AIDS, a framework that provides for an intimate understanding information service provision in the context emotions is 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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