

Article

Buddhists Care: Examining the Impact of Religious Elements on Reducing Discriminatory Attitudes toward People Living with HIV/AIDS

Yao Song ¹ and Zhenzhen Qin ^{2,*}¹ School of Design, The Hong Kong Polytechnic University, Hong Kong 00852, China² School of Journalism and Communication, Anhui Normal University, Wuhu 241002, China

* Correspondence: zhen.qin@connect.polyu.hk

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Abstract: Faith-based programs have been long regarded as influential social approaches to form positive attitudes to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) within the last few decades. However, recent scholars argue that religions serve a double role in supporting HIV-infected people. Moreover, relevant evidence is mainly collected from studies among participants of the Western religious traditions, such as Christianity. This study applies the theory of the attitude formation model to examine Buddhist factors impacting discriminatory attitudes towards HIV/AIDS and the causal path to positive behavior intention. To investigate its underlying mechanism, Buddhist elements, as an important antecedent, were introduced in the advertisement against HIV/AIDS-related discrimination to influence people's attitudinal reaction. Results show that Buddhist advertising could significantly increase perceived religiosity and compassion. Then, both perceived religiosity and compassion jointly increase anti-prejudicial attitudes towards HIV-infected people and have a positive impact on interaction intention at the end.

Keywords: Buddhist Compassion; HIV/AIDS-related Discrimination; HIV/AIDS-related Stigma; Buddhist Advertising; Public Health

1. Introduction

Social attitudes have increasingly continued to threaten global human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention effectiveness (Sayles et al. 2009). Though faith-based programs have been long regarded as influential social approaches to form positive responses to HIV/AIDS (Blevins et al. 2019), recent scholars argue that religions underpin prejudice while assisting (Anderson et al. 2008; Blevins 2015). Moreover, relevant evidence is mainly collected from studies among participants of Western religious traditions, such as Christianity. Other major religions, like Buddhism, have seldom been empirically studied on the discourse of attitudinal reaction to HIV/AIDS (Clobert et al. 2015).

Buddhism has been associated with the doctrine of cultivating compassion to attenuate prejudice (Davidson and Harrington 2002). However, prior research reports that Buddhists present a controversial response to HIV/AIDS (Moyo and Ying-Ling 2014; Engstrom 2005; Malamuth et al. 1980; Songwathana and Manderson 2001; Kittikorn et al. 2006). This urges investigators to conduct a relevant study of the empirical effects of Buddhist factors on HIV/AIDS-related discrimination.

On the other hand, for about two decades, communicative approaches of advertising have been widely adopted to educate people with HIV/AIDS-related knowledge and contribute to attitude formation towards HIV-infected people (Hutchinson et al. 2007; Hendriksen et al. 2009; Ackerson et al. 2012). Faith-based factors, such as religiosity, have seldom been studied in the research into advertisements against HIV/AIDS-related discrimination.

To address the above issues, this study applies the theory of the attitude formation model to examine Buddhist factors impacting discriminatory attitudes towards HIV/AIDS and the causal path to positive behavior intention. The significance of this study is two-fold. First, it introduces the Buddhist elements presented in advertisements against HIV/AIDS-related discrimination as an important antecedent in influencing people's attitudinal reaction. Second, the current study provides empirical evidence of Buddhist reactions to enrich the current literature of faith-based responses to public health.

2. Literature Review

2.1. HIV/AIDS-Related Discrimination and Advertising

Undoubtedly, HIV/AIDS is one of the world's most serious public health challenges. Up to 2017, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that 36.9 million people across the world were living with HIV affection (UNAIDS 2018). Over the past decade, medical breakthroughs in HIV/AIDS therapy have transformed HIV infection from a fatal diagnosis into a manageable chronic illness (Jensen-Fangel et al. 2004), but social attitudes towards HIV/AIDS continue to threaten global HIV/AIDS prevention effectiveness (Sayles et al. 2009). HIV/AIDS-related discrimination has been regarded as a barrier to HIV treatment and related care (Genberg et al. 2008; Nyblade and MacQuarrie 2006). For instance, discrimination has been cited as the main factor for why people are reluctant to access HIV/AIDS tests and medical care (World Health Organization and Unicef 2015). On the other hand, violence against people living with HIV/AIDS caused by discrimination has exacerbated the problem (Dlamini et al. 2007).

HIV/AIDS-related discrimination has been defined as prejudice, negative attitudes, and abuse directed at people diagnosed with HIV and AIDS (Kitara and Aloyo 2012). Internationally, discrimination has been voiced along with the HIV/AIDS pandemic. A recent survey shows that over 50% of participants report involving discriminatory attitudes towards people living with HIV or AIDS (UNAIDS 2015). To address this issue, scholars have exerted efforts to understand the antecedents and mediatory process of such discriminations to seek possible interventions (Parker and Aggleton 2003; Genberg et al. 2008). Among those, communicative determinants have been studied as crucial approaches to educate people with HIV/AIDS-related knowledge and contribute to attitude formation towards HIV-infected people (Hutchinson et al. 2007; Hendriksen et al. 2009; Ackerson et al. 2012). Scholars argue that informative inputs foster informal discussions about HIV/AIDS to eliminate the fear, and then decrease discrimination (Genberg et al. 2009; Ackerson et al. 2012; Khuat et al. 2004). However, the in-depth mechanism of how communicative approaches form attitudes to decrease discrimination towards HIV/AIDS remains ambiguous for researchers to further investigate proper intervention programs.

Recently, it has been suggested that access and exposure to HIV/AIDS-related advertisements constitute an effective tool of communication to combat HIV/AIDS-related discrimination (Ackerson et al. 2012; Peltzer et al. 2012). Within this context, organizations and government bodies promote various advertising programs to educate the public about the transmission and prevention of HIV/AIDS (Johnny and Mitchell 2006). Current research into HIV/AIDS advertisements mainly focus on demographic variance (e.g., different racial groups) (Khuat et al. 2004), general emotional motivation (e.g., fear) (Scalvini 2010), and knowledgeable education (Fuqua 2002). An intervention may incorporate mass media communication to elevate its value and reduce discrimination associated with HIV, and hence improve multiple outcomes such as mental health status, substance use, social isolation, and employment (Tran et al. 2019). Though religious beliefs have been discussed as a crucial factor to influence public health (Blevins et al. 2019; Chatters 2002; Idler 2015), the role of faith-based determinants have seldom been studied in the research into advertisements against HIV/AIDS-related discrimination.

2.2. Buddhist Compassion and HIV/AIDS-Related Discrimination

In the past decade, the role of religion in influencing international public health has been increasingly important (Blevins 2018; Blevins et al. 2016). However, recent scholars argue the paradoxical influence of religious beliefs. In particular, it acts as a double-edged sword in supporting people living with HIV/AIDS. Blevins (2015) proposes that Christianity and Islam in Africa serve as a driver of discriminatory attitudes towards others (e.g., sex workers) while encouraging supportive HIV programs. Also, negative attitudes of the clergy towards HIV prevention education has been reported recently (van Dyk 2017).

On the other hand, most prior research into religion-based health issues are mainly from studies among participants of the Western Christian tradition; additional investigations on Islam and Hinduism are limited in number. Among those major religions, Buddhism has been characterized by the doctrine of cultivating compassion for all living beings to advocate helping behavior and non-violence. Buddhist teachings, deity figures and relevant practices, such as animal release (Shiu and Stokes 2008), are used to help people shape a caring, more considerable and compassionate personality (Davidson and Harrington 2002; Schroeder 2002). Moreover, prejudice is unstressed in Buddhism (Clobert et al. 2017). Relevant studies have confirmed that Buddhist belief is significant in decreasing discriminatory attitudes towards other social groups (Clobert et al. 2015) since Buddhism emphasizes holistic thinking about the world through empathizing with all living beings, especially those in need of help (Davidson and Harrington 2002).

Nevertheless, the Buddhist influence on HIV/AIDS-related discrimination remains ambiguous. Some studies indicate that Buddhists tend to support HIV/AIDS treatment and care (Moyo and Ying-Ling 2014; Engstrom 2005; Malamuth et al. 1980) while a small number of studies argue that HIV/AIDS is viewed as an immorality and a sinful act in Buddhist philosophy to increase stigma and discrimination (Songwathana and Manderson 2001; Kittikorn et al. 2006). Consequently, it is necessary to test the role of Buddhist concepts in implicitly activating anti-discrimination towards HIV/AIDS in the context of advertising.

2.3. Buddhist Symbolic Elements in Advertising

Religious beliefs play a significant role in shaping values and attitudes towards real life; for this reason, elements with symbolic meanings in specific religions have been largely exploited in advertising to influence people's attitudinal behaviors (Song and Qin, 2019; Taylor et al. 2010; Dotson and Hyatt 2002; Nardella 2012). Scholars construe that the mindset of religious belief elicited by religious symbols influences people's information process of advertising objects to form purposive attitudes (Naseri and Tamam 2012).

Recent studies further reveal the role of religiosity in influencing religion-informed attitudinal reactions. Religiosity refers to the degree to which beliefs in specific religious values and attitudes are held and practiced by an individual, "incorporating cognitive, emotional, motivational, and behavior aspects" (Hackney and Sanders 2003; Naseri and Tamam 2012). Scholars have confirmed that religiosity plays a mediating role in the relationship between relative and contextual variables, and behavior intention in Islam (Alam et al. 2011; Hassan Fathelrahman Mansour and Diab 2016). In this view, the perceived religiosity predicts attitudes and consequent behaviors directed at advertising objects. For example, religiosity predicts bystanders' intention to prevent domestic violence (Muralidharan et al. 2018). Nevertheless, other major religions, like Buddhism, have seldom been investigated in the context of advertising.

As aforementioned in Section 2.2, Buddhist doctrinal teachings advocate compassion through empathizing with all living beings in need of help (Davidson and Harrington 2002), which are visualized and presented as many symbolic elements with figurative quality in sacred sites and in media (Miller 2015). For example, in Mahayana Buddhism, a Bodhisattva refers to the deity with a compassionate mind to attain Buddhahood. It embodies the meaning of selfless love, which is the supreme symbol of radical compassion (Mair and Blofeld 2006). Various figures of Bodhisattva are

exploited as elements in visual media to enlighten people with Buddhist meanings (Patry Leidy 1252). It has been suggested that religiosity tends to be reinforced through a cognitive process of such symbolic information to construct attitudes for consequent moral behaviors (Winchester 2017; Bychkov 2019). Though printed media has been reported as a source to construct Buddhist religiosity (Yeung and Chow 2010), the empirical effects of Buddhist symbolic elements on religiosity and behavioral reaction are limited in current literature, especially in the context of HIV/AIDS-related discrimination.

2.4. Attitude Formation Model and Advertising against HIV/AIDS-Related Discrimination

The study of attitude formation has been conducted in social psychology for years (Anderson 1971). Attitudinal constructs have been regarded as one of the fundamental determinants to predict behavior actions towards various aspects of our social environment, such as the response to HIV/AIDS. According to the theory of attitude formation model, three components of affect, behavior, and cognition significantly construct an individual's attitude structure (Breckler 1984). The tripartite model has been applied in a number of persuasive advertising studies for behavior prediction (Fishbein and Ajzen 2011; Bagozzi 2006). Emotional (Unger 1995) and cognitive (Manoj 2015; Min Han 2004) factors play significant roles in forming positive attitudes towards advertising objects. However, limited research addressing the attitudinal response to public health, especially for HIV/AIDS-related discrimination, has applied the attitude formation model to construct positive attitudes.

Consequently, following this model, an advertisement against HIV/AIDS-related discrimination that employs a Buddhist symbolic element will elicit emotional perceptions of compassion and the cognitive process of religiosity to form positive attitudes against prejudice and predict consequent behavior to support and care for those HIV-infected people in need of help.

3. Hypotheses and Research Framework

According to the relevant literature in Section 2, we hypothesized that advertising with Buddhist symbolic elements, compared with advertising without Buddhist symbolic elements, could significantly promote an individual's anti-prejudicial attitude and finally influence interaction intention towards HIV-infected people. Also, the relationship is mediated by two independent factors: perceived religiosity and compassion. To sum up, we had the following hypotheses:

Hypothesis 1 (H1). *An individual would have a higher perceived religiosity when exposed to advertising with Buddhist symbolic elements.*

Hypothesis 2 (H2). *An individual would have higher compassion towards HIV-infected people when exposed to advertising with Buddhist symbolic elements.*

Hypothesis 3 (H3). *The perceived religiosity significantly influences an individual's anti-prejudice towards HIV-infected people.*

Hypothesis 4 (H4). *Compassion significantly influences an individual's anti-prejudice towards HIV-infected people.*

Hypothesis 5 (H5). *Anti-prejudice significantly influences an individual's interaction intention with HIV-infected people.*

In order to empirically prove the significant role of Buddhist advertising against HIV/AIDS-related discrimination in influencing an individual's anti-prejudice, their interaction intention with HIV-infected people, and the underlying mechanism, related experiments were conducted to address and validate the above relationship. Figure 1 depicts the theoretical relationship and the five hypotheses (H1–H5) in the current study.

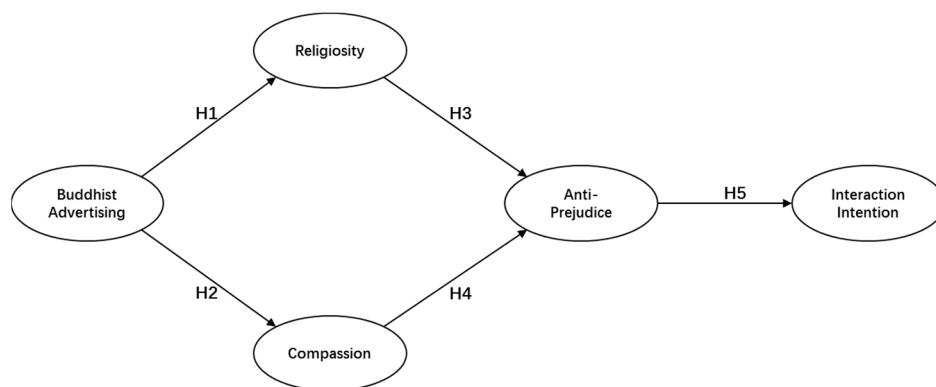


Figure 1. The research framework of the current study.

4. Research Methods

4.1. Measurement Items

As for the measurement items of different factors, a nine-point Likert scale was used to estimate different constructs. To specify, the measurement items or scales were adapted from previous related studies (Table 1). Compassion for people with HIV was estimated by an entire three-item Likert scale ((Coursey and Pandey 2007); 1 = Strongly Disagree, 9 = Strongly Agree). Perceived religiosity was estimated by an entire five-item Likert scale retrieved from Putney and Middleton (1961) (1 = Strongly Disagree, 9 = Strongly Agree). Following the adapted suggestions (St Lawrence et al. 1990), the anti-prejudice attitude was measured on five items from the relevant work (Malamuth et al. 1980). Finally, interaction intention towards people with HIV was measured by an entire three-item Likert scale adapted from a prior study on HIV stigma ((Li et al. 2006); 1 = Strongly Disagree, 9 = Strongly Agree). Table 1 shows that the Cronbach's alpha ranged from 0.824 to 0.914, suggesting the items are consistent and reliable in the current study.

Table 1. Measurement items and their reliability in the current study.

Sources	Items	Cronbach's Alpha (α)
Religiosity (Putney and Middleton 1961)	Buddhism forms an important basis for the kind of person I want to be My ideas on Buddhism have a big influence on my view in other areas Were I to think about Buddhism differently, my whole life would be very different I often think about Buddhist matters Buddhism is one of the most important parts of my philosophy of life	0.896
Compassion (Coursey and Pandey 2007)	It is difficult for me to contain my feelings when I see people in illness I am often reminded by daily events about how dependent we are on one another I have compassion for people in need who are unwilling to take the first step to help themselves	0.824
Anti-Prejudice (Malamuth et al. 1980)	HIV people deserve sympathy and understanding HIV people deserve the best medical care possible HIV has been traumatic for affected people HIV people have a lot of pain and suffering HIV people are safe to others	0.880
Interaction Intention (Li et al. 2006)	If I met HIV people, I am willing to strike up a conversation with them I would continue the friendship with a HIV-affected friend I am willing to work in the same office with HIV people	0.914

4.2. Stimuli and Pilot Study

Regarding the stimuli and experiment design, a between-subjects experiment was conducted to address the hypotheses. It contained two different scenarios of advertising against HIV/AIDS-related discrimination: advertising with Buddhist elements and advertising without Buddhist elements. Then,

one professional advertising designer was recruited to make two types of advertising (for experiment stimuli, see Figure 2a,b).



Figure 2. (a) Advertising without Buddhist elements. (b) Advertising with Buddhist elements.

To control the potential confounding effects of the experimental stimuli, the current study made sure that two advertisements have the same width, height, phrase length, color, style, and position. The only difference between these two versions was that Figure 2a was a general prosocial claim with the statements “be strong” and “as a social member”, while Figure 2b focused more from Buddhist perspective with the statements “be devout”, “as a Buddhist”, and a Buddhist image. The phrases “be strong”, “as a social member”, “be devout,” and “as a Buddhist” were carefully chosen to keep the meaning relatively unchanged but Buddhist elements were introduced (Muralidharan et al. 2018). Thus, we confirmed that the only difference between the two stimuli was the Buddhist elements that we intended to introduce.

4.3. Experiment Procedure

In order to validate the effect of Buddhist advertising on anti-prejudice attitudes, interaction intention, and the underlying mechanism towards HIV-infected people, an experiment sample was recruited from Amazon Mechanical Turk (M-Turk) in the experiment. There are two major advantages to conducting this experiment on this platform: first, the M-Turk population has more than 480,000 individual workers from 180 countries, which could be more representative of the population to a large extent; second, it is also a valid experiment data source which could provide adequate reliability and validity in the research from various disciplines, such as religion and other

humanity research (Rand et al. 2014; Ritter and Preston 2013; Feldman et al. 2016; Stewart et al. 2015; Daly and Natarajan 2015).

In the current study, 100 Buddhist participants were recruited through the M-Turk platform (mean age = 34.99 years; 66 men and 34 women). As for the experimental process, they firstly consented to participate in the experiment, and were then evenly and randomly assigned to the two scenarios mentioned earlier (Figure 2a,b). After describing the background, they were required to evaluate a prosocial advertisement. To specify, they were asked to look at the advertisement and finish the questionnaire prepared. At the end of the test, there is a manipulation check to confirm whether they were influenced by the Buddhist elements in the advertisement (the extent of their agreement with the statement, “This advertisement has Buddhist elements.” 1 = strongly disagree; 9 = strongly agree).

5. Findings

Statistical softwares, AMOS 25 and SPSS 22, were used to analyze all the data. There was no missing or incomplete data in the experiment. As for the manipulation check, we could find a significant difference from the result of t-test. Consistent with our prediction, an individual who was exposed to the advertisement with Buddhist elements (mean = 7.22) rated higher than those exposed to the scenario without Buddhist elements (mean = 3.52; $t(98) = -8.43$, $p < 0.01$; Note: a t-score is one form of a standardized test statistic in which a large t-score indicates that the groups are different), indicating manipulation in the experiment was successful. Before the main analysis, skewness and kurtosis of all the factors were checked (Dorić et al. 2009). The skewness and the kurtosis of all the factors ranged from -0.315 to -0.879 and from -0.877 to 0.130 , respectively. Since all values were within the threshold (Suki 2013; Dorić et al. 2009), it suggests that they are following a normal distribution. Table 2 shows the means, standard deviations (SD), and correlations of different constructs.

Table 2. Means, standard deviations (SD), and correlations of different constructs.

Constructs	Mean	SD	RE	COM	ANT	INT
Religiosity (RE)	6.10	1.92	1.000			
Compassion (COM)	6.49	1.82	0.518 ***	1.000		
Anti-Prejudice (ANT)	7.10	1.86	0.505 ***	0.779 ***	1.000	
Interaction Intention (INT)	6.68	1.96	0.522 ***	0.595 ***	0.672 ***	1.000

Note: *** $p < 0.01$.

To begin with, we conducted a one-way ANOVA to explore the different effects of advertisements on the perceived religiosity and compassion towards HIV-infected people, then introduced path analysis to examine the relationship between different variables. By applying a bias-corrected confidence interval (CI) with bootstrapping (5000 resamples), AMOS could not only analyze the path coefficient but also the underlying mechanism within the model. For example, there might exist a significant mediation effect if the CI does not contain zero.

In order to control the potential influence of age and gender in the ANOVA analysis, we used them as covariate variables. One-way ANOVA showed that advertising with Buddhist elements (mean = 6.54, SD = 1.69) would raise higher perceived religiosity than advertising without Buddhist elements (mean = 5.66, SD = 2.04; $F(1, 96) = 4.80$, $p < 0.05$; Note: the F value is one of the key statistics in ANOVA. It is the between group variability divided by the within group variability. A large F value shows the groups are different). Thus, H1 was supported. As for the path analysis (advertising stimuli–religiosity–anti-prejudice), results indicated that advertising stimuli displayed a significant effect on perceived religiosity (effect = 0.219, $p < 0.05$). In addition, perceived religiosity could also significantly improve anti-prejudice towards HIV/AIDS (effect = 0.207, $p < 0.05$). In accordance with H3, perceived religiosity significantly mediated the effect of Buddhist advertisement on anti-prejudice (effect = 0.045, 95% CI (0.045, 0.357)).

Then, we tried to explore whether Buddhist prosocial advertising could increase an individual's compassion towards HIV-infected people and whether compassion also mediated the effect of Buddhist advertising on anti-prejudice. Similar to the analysis of H1, we also found that an individual exposed to the advertising with Buddhist elements tends to have a higher compassion level (mean = 6.80 vs. 6.18, SD = 1.68 vs. 1.91; $F(1, 96) = 4.40, p < 0.05$). Figure 3 shows the difference in religiosity and compassion between advertising with Buddhist elements and advertising without Buddhist elements. Thus, H2 was validated. Path analysis indicated that advertising stimuli had a significant impact on compassion (effect = 0.204, $p < 0.05$). Furthermore, compassion had a strong positive influence on anti-prejudice (effect = 0.675, $p < 0.05$). Compassion towards HIV-infected people was a significant mediator between advertising stimuli and anti-prejudice (effect = 0.137, 95% CI (0.114, 0.892)).

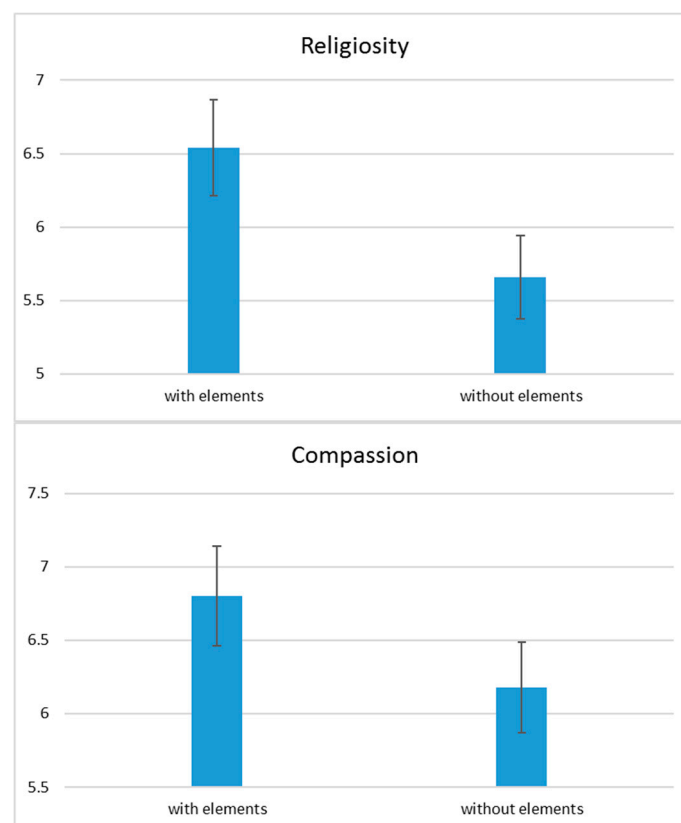


Figure 3. The difference in religiosity and compassion between advertising with Buddhist elements and advertising without Buddhist elements. Note: Religiosity and Compassion was measured by 1–9 Likert Scale: the higher value means the stronger agreement associated with the statements in the measurements.

Finally, we examined whether anti-prejudice could improve an individual's interaction intention with HIV-infected people. Supporting H5, results suggested that anti-prejudice could significantly contribute to an individual's intention to interact (effect = 0.648, $p < 0.05$). Figure 4 shows the result of the path analysis in the whole theoretical model.

To be more specific, for the advertising with Buddhist elements, perceived religiosity could increase anti-prejudice towards HIV/AIDS (effect = 0.192, $p < 0.05$), and compassion towards people with HIV/AIDS could increase anti-prejudice (effect = 0.728, $p < 0.05$). Similarly, for the advertising without Buddhist elements, compassion had a similar influence on anti-prejudice (effect = 0.242, $p < 0.05$), and compassion towards people with HIV/AIDS showed a similar response to anti-prejudice (effect = 0.754, $p < 0.05$). To sum up, both the religiosity and compassion towards people with HIV/AIDS could significantly improve anti-prejudice towards people living with HIV/AIDS in two scenarios.

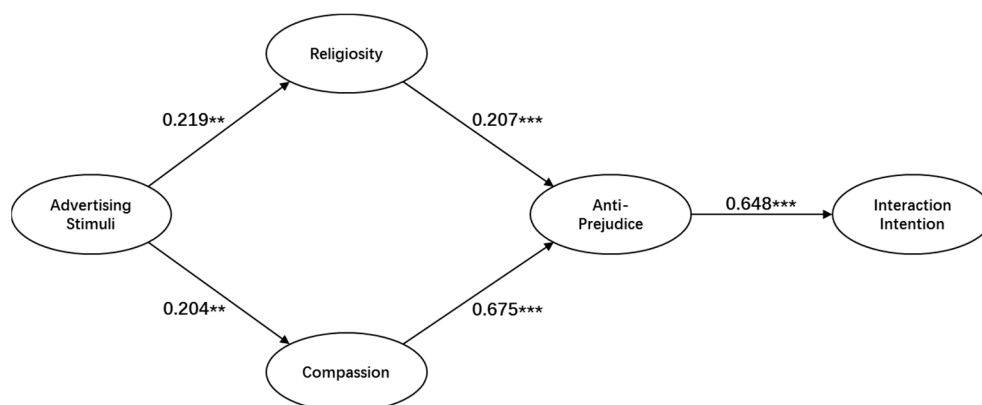


Figure 4. Path analysis of the theoretical model. Note: ** means $p < 0.05$; *** means $p < 0.01$.

6. Discussion, Limitations and Future Research

Based on the theory of attitude formation model, this study aims to explore and validate the effect of advertising with Buddhist elements on an individual's anti-prejudice attitude, interaction intention towards HIV-infected people, and the mediating roles of perceived religiosity and compassion. Results show that an individual tends to have a higher level of perceived religiosity and compassion when exposed to advertising with Buddhist elements. To be specific, Buddhist advertising could significantly increase the cognitive component of religiosity and the emotional component of compassion. Then, both perceived religiosity and compassion jointly increase anti-prejudice attitudes and have a positive impact on interaction intention at the end.

This study has several theoretical contributions. First of all, though prior studies have tried to discuss the role of religions, such as Christianity, in the context of HIV/AIDS-related discrimination, limited research has discussed the effect of Buddhism, which is characterized by the doctrine of cultivating compassion for all living beings. Regarding this theoretical research gap, the current study extends the literature on the Buddhist response to public health by discussing the significant role of advertising with Buddhist elements on the attitudinal reaction to HIV/AIDS-related discrimination.

Secondly, prior research on Buddhism has shown a nuanced attitude towards HIV/AIDS-infected people. Some scholars argue that HIV/AIDS is viewed as immorality and a sinful act in Buddhist teachings (Songwathana and Manderson 2001; Kittikorn et al. 2006). However, other studies report that Buddhists tend to support HIV/AIDS-infected people because of compassionate empathy, which is one of the main Buddhist doctrinal teachings helping Buddhists to shape a caring, more considerable and compassionate personality (Davidson and Harrington 2002; Schroeder 2002). Thus, the current research tries to solve the ambiguous influence of Buddhism by providing the evidence that Buddhism-informed compassion would predict a more positive anti-prejudicial attitude and have more intention to interact with those who are HIV/AIDS infected. This finding is consistent with previous research on Buddhist spirituality, acting with compassion toward all sentient beings with an awareness and appreciation of the natural world (Aung 1996; Mcgrath 2007; Watts and Tomatsu 2012).

Lastly, previous research has seldom explored the mechanism of how a Buddhist symbolic element influences an individual's attitudes and related behavioral reactions. Based on the attitude formation model, this study tries to fill this research gap by showing the mediating roles of perceived religiosity and compassion in this process. To be more specific, compassion, as an emotional factor, and religiosity, as a cognitive factor, could jointly influence anti-prejudice attitudes towards HIV-infected people. Our results empirically confirm the usefulness of religious symbolism in advertisements within the framework of the attitude formation model to predict behavioral intentions in the context of HIV/AIDS-related discrimination.

This research also has some practical implications. According to UNAIDS (2017) data, an estimated 36.9 million people were living with HIV. Among the infected people, nearly 1.8 million were children. At the same time, new HIV infections in East Asia are increasing rapidly. For example, the number

of young infected people (aged 15–24) in the Philippines has increased by 170% while in Pakistan, their number has increased by 29%. However, social attitudes have increasingly dampened HIV/AIDS prevention effectiveness (Sayles et al. 2009) and the efficiency of the anti-retroviral treatment program (Than et al. 2019). It is not only necessary but crucial to explore an effective way to promote an individual's attitude towards HIV-infected people. Concerning the important role of Buddhism in the culture of East Asia (Mair 2006), Buddhist advertising might play a significant communication role to increase an individual's attitude towards HIV-infected people and the consequent behavior to support.

There are also some limitations to the current study. For example, although we recruited Buddhists to participate in this study, we did not consider how long each participant has engaged with Buddhism; prior research has indicated that the time length of Buddhist practice might influence people's healthy behavior. It might be theoretically interesting to analyze its influence on discriminatory attitudes towards HIV/AIDS in a future study. Besides, the current study aimed to figure out the impact of Buddhist elements on people's attitudes and consequent behavioral reactions. However, the inclusion of a Buddhist image in the experiment group might have a potential confounding effect. Although we followed the suggestions on Buddhist advertising (Muralidharan et al. 2018), merely the inclusion of a Buddhist image might still potentially influence the result. Future studies would try to introduce a comparable social image in the control group to validate the conclusion of this study. Also, although the theoretical model in the current paper is based on the theory of attitude formation model (Muralidharan et al. 2018), the actual behavioral reaction (for example, the actual behavioral data) is not discussed in the current study. Indeed, the relationship between intentions and actual behavioral reactions has long attracted attention and been explored to some extent (Morwitz and Fitzsimons 2004). A future study could conduct a field experiment to collect actual behavioral data and validate the present finding. Lastly, the current study recruited 100 Buddhists and the related measurement items to explore the effect of advertising with Buddhist elements on perceptions towards HIV/AIDS. However, the sample size is relatively small, and there are many other scales on the same factor. A future study might consider applying different measurement scales and bigger sample sizes to further validate the effect of Buddhist elements not only on Buddhists, but also on general people's perceptions and related behavioral reactions.

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