Kaleidoscope Művelődés-, Tudomány- és Orvostörténeti Folyóirat 2025. Vol. 15. No. 31.
Journal of History of Culture, Science and Medicine ISSN 2062-2597
DOI: 10.17107/KH.2025.31.8-29

Contemporary discourse on hiv/aids among the youth in a city in Ghana: a case study of tafo-pankrono

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Initially submitted Sept.10, 2025; accepted for publication Sept,30.2025

ABSTRACT

Human Immunodeficiency Virus (HIV) and its associated Acquired Immunodeficiency Syndrome (AIDS) have negatively affected many lives and altered many homes. HIV-related stigma is a major obstacle to HIV prevention and the well-being of people living with HIV (PLWH) in many developing nations, including Ghana. Since the first reported case in March 1986, the government of Ghana has put in place many measures to prevent its spread and increase access to treatment and health care, yet stigma and discrimination remain a barrier to achieving these goals. Many people perceive the disease as a death sentence. Due to certain socio-cultural factors, the disease is sometimes perceived as a punishment for immoralities, hence fuelled certain behaviours (stigmatisation and discrimination) exhibited against people living with HIV/AIDS (PLWHA)**.** Using a mixed data analysis, qualitative and quantitative research approach, this research examines the impact of HIV/AIDS and how it affects the life of PLWHA from 2000-2023, focusing on the Tafo and Pankrono communities in the Asante Region of Ghana. This will provide a comprehensive understanding of the effect of HIV on the lives of people living with it. The study discussed media and government policies in shaping HIV/AIDs as a discourse, cultural and societal factors that influence the perception, impact of stigma and discrimination on prevention efforts and access to support services, governmental policy frameworks. Primary contacts, such as HIV-positive clients, the youth, hospital personnel, and data managers, were interviewed, and statistical analysis was also conducted to obtain the number of people who have tested for HIV over the years; these responses and the statistical data were duly analysed. It could be said that the efforts and measures put in place by health personnel and the government to curb or reduce stigma and discrimination, so far, have yielded positive results or are relatively good. Despite these efforts to reduce stigma-related issues, factors such as societal norms, beliefs, and traditions, misconceptions about the disease continue to be a barrier to addressing stigma and discrimination affecting PLWHA.

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Keywords: HIV, AIDS, HIV-related stigma and Discrimination, People Living With HIV/AIDs, Antiretroviral Therapy, Tafo-Pankrono, Kumase, Asante, Ghana.

Introduction

The human Immunodeficiency Virus (HIV) is a major threat to the health and quality of life of populations globally. Emerging in the 1980s, HIV attacks, destroys, and weakens the body's immune system against infections, and put infected persons at risk for opportunistic infections such as tuberculosis, severe bacterial infections, and some cancers that their bodies would normally have been able to fend off [1] According to the WHO, Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system. Acquired Immunodeficiency Syndrome (AIDS) occurs at the most advanced stage of infection. HIV targets the body's white blood cells, weakening the immune system. Moreover, Paul Farmer, an anthropologist and physician, views HIV/AIDS as a complex disease with no easy solutions and cannot be defeated without addressing the underlying social and economic factors. However, in this research paper, HIV/AIDS, which stands for Human Immunodeficiency Virus and Acquired Immunodeficiency Virus, will be defined as a chronic and potentially life-threatening condition or disease.

Africa, including Ghana, has been home to most bacteria and viruses. According to UNAIDS (2011), about 68% of all people living with HIV (PLWA) resided in sub-Saharan Africa, and the sub-region disproportionately accommodated 70% of new HIV infections in 2010. Also, of the 33.4 million HIV-infected people around the world, there is an estimated 22.5 million in sub-Saharan Africa, according to the WHO[2]. Although, overall HIV prevalence is low (1.5%–1.8%), Ghana like other developing countries is still considered a high-risk country for several reasons: the presence of covert multi-partner sexual activity and denial, the low level of knowledge and low condom use, unsafe professional blood donation, and high incidence of self-reported sexually transmitted infections among vulnerable groups.[3] In Ghana, sexual intercourse is the predominant mode of transmission. However, primarily it is transmitted by three methods: sexual intercourse; intravenous exposure to HIV-infected blood through transmission, donated organs, drug use; and vertical transmission from mother to child.[4] According to the Ghana Country Progress Report, HIV/AIDs was first recorded in Ghana in March 1986, initially, prevalence rates rose steadily, reaching a peak around the 1980s and the late 1990s, with estimates reaching around 5% among pregnant women by 1994[5]. Equally, according to Boah et al (2023), the HIV incidence rate in Ghana decreased between 1990 and 2020 among people of all ages

[1] Elizabeth Armstrong-Mensah, et al, "HIV destigmatization: perspectives of people living with HIV in the Kumasi Metropolis in Ghana," Frontiers in Reproductive Health 5 (2023): 1169216, doi: https://doi.org/10.3389/frph.2023.1169216.

[2] Joint United Nations Programme on HIV/AIDS, *UNAIDS World AIDS Day Report 2011* (UNAIDS, 2011).

[3] Nana Nimo Appiah-Agyekum and Robert Henry Suapim, "Knowledge and awareness of HIV/AIDS among high school girls in Ghana," HIV/AIDS - Research and Palliative Care (2013): 137.

[4] Samuel Agyei-Mensah, "Twelve Years of HIV/AIDS in Ghana: Puzzles of Interpretation," Canadian Journal of African Studies/La Revue canadienne des études africaines, 35, no. 3 (2001): 441-472, doi: https://doi.org/10.1080/00083968.2001.10751229

[5] Ghana AIDS Commission Report, 1994.

and adults aged 15 to 49[6]. The article states that the declines, however, began in 1992 and 1993, respectively which shows that the adult incidence rate of HIV increased significantly at a rate of 4.5% annually between 1990 and 1993 and then declined between 1993 and 2020, with higher rates of decline occurring during 1993–2004 and 2018–2020 respectively.[7]

Akwara et al(2005), research on "An In-Depth Analysis of HIV Prevalence in Ghana" also states that Ghana's response to the HIV/AIDS epidemic was initially characterised by a medical approach, whereby the disease was managed as an individual health issue, as the first response was the formation of a technical committee in 1985 to advice government.[8] It emphasises the establishment of the National AIDS/STI Control Program (NACP) within the Disease Control Unit of the Ministry of Health for the prevention, management, and control of HIV in the country,[9] as the functions of NACP include the organisation of educational campaigns through mass media, workshops, video shows, and other channels to inform the public on how to reduce HIV-related risky behaviours, particularly through the use of condoms. Condom promotion was given considerable attention in Ghana by the joint effort of the Ghana Ministry of Health, Ghana Social Marketing Foundation, and other private and nongovernmental organisations.[10]

More people are living with HIV/AIDS today than ever since the emergence of the disease in the early 1980s, which is as a result of scientific advances such as the development and accessibility to antiretroviral drugs, along with public health interventions that have contributed to extended life expectancy and improvements in the Quality of Life (QoL) of people living with HIV (PLHIV).[11] HIV/AIDS has had a profound and far-reaching impact on societies worldwide. Beyond the health crisis, it has triggered a cascade of social and economic challenges. The most affected by HIV are people living with the disease, as they often face severe stigma and discrimination, leading to social isolation, job loss, and denial of healthcare**.** Goffman (1963) defines stigma as a "mark" that links a person to undesirable characteristics (label). Ulasi (2009) et al, "HIV/AIDS-related stigma in Kumasi, Ghana" asserted that HIV/AIDS-related stigma has been a negative factor in the crusade to diminish the prevalence and effect of the HIV/AIDS pandemic. From the inception of AIDS, people have advocated extensive measures, including the quarantine of HIV-infected people to protect the populace from the infection. Discrimination has often been rampant. Ostracism, isolation, and rejection have been commonplace in the lives of people identified with AIDS. [12] Armstrong et al (2023) opined that HIV-related stigma is the prejudice, negative beliefs, feelings, and attitudes toward PLWH, their families, and those who take care of them. It is a multidimensional social construct

[6]Micheal Boah et al, BMC Public Health (2023) 23:1399 https://doi.org/10.1186/s12889-023-16321-3.

[7] Ibid, pp4.
[8] Priscilla A. Akwara, et al, "An In-Depth Analysis of HIV Prevalence in Ghana: Further Analysis of Demographic and Health Surveys Data," ORC Macro, April 2005, pp2.
[9] Ibid.
[10] Ibid.
[11] Awolu Adam, et al., "HIV Stigma and Status Disclosure in Three Municipalities in Ghana," *Annals of Global Health* 87, no. 1 (2021): 49, https://doi.org/10.5334/aogh.3120 .
[12] Ibid.

shaped not only by individual perceptions and interpretations of micro-level interactions but also by social and economic forces.[13]

Campbell (2007) et al, "Dying twice': a multi-level model of the roots of AIDS stigma in two South African communities," posited that HIV-related stigma significantly impacts the life experiences of individuals both infected and affected by the disease. It manifests in various forms including discrimination, avoidance behaviour (refusal to share food or sit by), social rejection (shunning by family members, peers, and the wider community), the erosion of rights, psychological damage, labelling of people as "socially unacceptable", and the perpetration of physical violence.[14] Chijioke (2009) et al further added that HIV/AIDS-related stigma and discrimination have been linked to misconceptions about the disease, fear of the disease due to its manifestations and fatality, and the association of HIV/AIDS with stigmatized/marginalized individuals in the community. HIV/AIDS-related stigma can range from simple gossip to outright discrimination, resulting in job loss, house evictions, rejection, isolation, and even the killing of an HIV-infected person. It can stem from legislative, employment policies, hospital policies, cultural beliefs, or individual behaviours, thoughts, and attitudes[15].

HIV/AIDS has been a significant global health challenge for decades. While substantial progress has been made in prevention, treatment, and care, the epidemic continues to affect young people disproportionately. This study focuses on the contemporary discourse of HIV/AIDS among the youth in Kumase in the Asante Region of Ghana, specifically within the Tafo-Pankrono community from 2000 to 2023. By examining the HIV/AIDS discourse in Tafo-Pankrono, this research aims to contribute to the broader understanding of the epidemic's impact on young people in Ghana and to inform evidence-based interventions to address the ongoing challenges of stigma and discrimination faced by individuals living with it, and essential measures needed to address these challenges.

Methodology

This research employed a qualitative research data collection. A deep dive into primary and secondary data sources informed this research. Ethnographic research was employed to gain insight into how HIV is viewed or discussed among the youth. The primary sources for this study include interviews with HIV-positive clients, HIV-negative individuals within the Tafo-Pankrono community, and health personnel at the HIV Unit of Tafo Government Hospital in Kumasi. A total of 29 oral interviews were conducted: Eighteen (18) with HIV-negative participants, seven (7) with HIV-positive clients, and four (4) with healthcare workers. Except for the four health professionals, all other participants, twenty-five (25) in total, were anonymised and identified as 1st interviewee up to 25th interviewee. These 25 participants were purposefully selected through initial contact with individuals who were willing to discuss

[13] Elizabeth Armstrong-Mensah, et al, "HIV destigmatization: perspectives of people living with HIV in the Kumasi Metropolis in Ghana," Frontiers in Reproductive Health 5 (2023): 1169216

[14] Catherine Campbell et al., "'Dying Twice': A Multi-Level Model of the Roots of AIDS Stigma in Two South African Communities," *Journal of Health Psychology* 12, no. 3 (2007): 403–416, https://doi.org/10.1177/1359105307076229.

[15] Ibid.

issues related to HIV/AIDS. Interviews were concluded after reaching a saturation point. The age range of participants from both Tafo and Pankrono communities was between 15 and 32 years. Statistical analysis of archival records for several people who have tested for HIV at the Tafo Government Hospital was critically conducted. This was done by using a bar chart to indicate the years and the number of people who have tested and the number of people who have tested positive. The age ranges from 15-19, 20-24, 25-29, 30-34, and the years from 2014-2023. This was due to limited archival records. These primary records strengthened the study by providing accurate information about the impact of stigma and discrimination on the lives of PLWHA, with a focus on the youth, particularly at Tafo-Pankrono. Relevant secondary sources, such as scholarly books and journal articles that respond to the selected themes, were critically perused for the study. Additional materials were gathered from websites such as http://www.researchgate.com/, http://www.googlescholar.com/, and dhims.chimgh.org.gh, among others. A comprehensive analysis of these books and articles revealed a wide array of themes concerning HIV/AIDS, including its historical trajectory and the profound effects of stigma and discrimination on the youthful population of Kumase between 2000 and 2023. The varied scholarly viewpoints offered valuable insights for the literature review.

Discussion

In the heart of Ghana's vibrant Asante Region lies Kumase, a city pulsing with life, culture, and the hopes of its youth. Yet beneath the surface of this bustling metropolis, a silent struggle unfolds, one that touches the lives of many but is spoken of in hushed tones. This is the story of HIV and the persistent shadows of stigma and discrimination that surround those living with the virus. This chapter addresses the policies, beliefs, and practices that shape the experiences of PLWHA in Kumase, particularly among its young population. The study objectives outlined in Chapter One functioned as a guiding principle, as they formed the basis for the five themes discussed in this chapter. The themes include assessing policy development and communication of HIV, stigma and discrimination toward PLWHA among the youth in Kumase, examining the beliefs, cultural norms, and practices related to discrimination and stigmatisation of PLWHA, exploring the impacts of stigma and discrimination on HIV testing, treatment adherence, and utilisation of support services among the youth in Kumase, and identifying effective strategies and interventions such as policy change to reduce stigma and discrimination for PLWHA. Due to the confidentiality of the disease (HIV/AIDS), and lack of efforts to preserve the records concerning the same at the archives, less archival material was found. At the Tafo-Pankrono government hospital, few information was stored concerning HIV/AIDS. This compelled the researcher to rely on oral interviews from those who have not been affected by the disease. Health personnels were also interviewed, HIV guiding principles (NAP- National Aids Control Program, DHMIS- District Health Management Information System E-Tracker), and ethnographic data collections were read to generate information. These data were rigorously analysed to satisfy the objective of the study.

Historical trends of HIV/AIDS at TAFO-PANKRONO 2000-2023

Acquired Immune Deficiency Syndrome (AIDS) was first recognised internationally in 1981, and HIV was first identified in Ghana in March 1986. Since then, the epidemic has spread slowly but steadily[16]. Today, it is a serious problem in much of the world, with countries in sub-Saharan Africa, and especially those located in the east, central, and southern parts of the continent, most affected. The growing AIDS epidemic threatens to halt social and economic gains in many countries, especially in Africa[17]. HIV/AIDS is generally characterized as an African tragedy, a characterization that can hardly be disputed because in 2003 the region was home to 26.6 million people living with HIV/AIDS (UNAIDS 2003). Approximately 3 million new infections occurred there in 2003, while the epidemic claimed the lives of an estimated 2.2 million Africans in the same year. These deaths represented 75% of the 3 million AIDS deaths globally that year (UNAIDS 2004).[18] For the sake of this research, the historical trend focuses on testing, treatment, and treatment adherence, and also the number of both positive and negative PLWHA between the ages of 15 and 35.

TREND ANALYSIS OF TESTING, TREATMENT, AND TREATMENT ADHERENCE OF HIV/AIDS FROM 2000-2023 AT TAFO-PANKRONO

Testing and diagnosis of HIV infection are considered an important component of the fight against the pandemic. Testing persons for HIV is important in controlling the impact of the HIV/AIDS pandemic because it allows for counselling and diagnosis of HIV-infected persons, their sexual partners and pregnant women, and facilitates prevention strategies.[19] Since accurate HIV diagnosis is a crucial component in the fight against the HIV/ AIDS pandemic, it is imperative that suitable diagnostic kits are selected and the best algorithm must be designed for the diagnosis of HIV in the country.[20] The National AIDS Control Programme (NACP), Ghana, developed the serial testing algorithm, in which the First Response HIV-1-2-test kit is used as the screening test, and all positive samples are confirmed with the OraQuick Advance HIV-1-2 Antibody test. Discordant results are resolved using the ELISA (Enzyme-Linked Immunosorbent Assay) as a tiebreaker.[21]

Assistant Data Manager of HIV/AIDS Unit at Tafo government hospital, Mr. Michael Sarfo, asserted that

Between 2000-2010, testing was done using only the First response test kit. Individuals who tested negative were given post-counselling to help them remain negative, while positive clients were asked to do lab tests to ascertain the following: CD4 count, LFT (Liver Function

[16] Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro, 'Ghana Demographic and Health Survey", Calverton, Maryland: GSS, NMIMR, and ORC Macro, 2003.
[17] Ibid.
[18] Samuel Agyei-Mensah, "The HIV/AIDS Epidemic in Sub-Saharan Africa: Homogeneity or Heterogeneity?" *Norsk Geografisk Tidsskrift–Norwegian Journal of Geography* 59, no. 1 (2005): 14–25.
[19] Paul Owusu-Oduro, "National HIV Testing Algorithm in Ghana – Efficiency and Public Health Implications," Texila International Journal of Public Health 1, no. 8 (2013): 1-11 DOI: https://doi.org/10.21522/TIJPH.2013.08.01.Art011.
[20] Ibid.
[21] Ibid.

DOI: 10.17107/KH.2025.31.8-29

Test), RFT (Renal Function Test), and also FBC (Full Blood Count) before they are linked to treatment.[22]

The testing process significantly advanced with the introduction of OraQuick, a form of HIV self-testing that utilises oral fluid to detect HIV-1 and HIV-2 antibodies, and has since become a standardised method of diagnosis. This evolution marked a significant shift, as OraQuick provided a more efficient and accessible approach to testing.

Mr. Michael Sarfo further added that,

From 2010 onwards, OraQuick was added to the testing kits. The OraQuick, which is an introduction of viral load, was enhanced to eradicate the use of CD4 counts for treatment. [23]

After testing or diagnosis, positive clients are then asked to do various laboratory tests, which include CD4 count, liver and kidney tests, and a full blood count. Antiretroviral treatment is subsequently initiated based on the patient's classification according to the World Health Organisation (WHO) clinical staging system, which assesses the severity of HIV infection and guides appropriate therapeutic interventions.

Assistant Data Manager of HIV/AIDS Unit at Tafo government hospital, Mr. Michael Sarfo, reported that:

Treatment will be considered depending on your WHO clinical stage, such as Stage I, Stage II, Stage III, and Stage IV. And the HIV drug which was given was called (HAART), meaning HIV/AIDS Anti-Retroviral treatment. Since the available drugs weren't many, from 2000-2010, after a CD4 count, liver and kidney test, and also full blood count, and a positive client's CD4 count doesn't fall below 500, they are not put on treatment but rather they are given a drug called Septrin, until they are suppressed by the virus, with a CD4 count less than 500, then they are put on the ARVs. The features of the ARVS criteria include CD4 count below 350, WHO stage 3 and 4, TB Therapy, compromise or adherence to counselling, there should be disclosure, and also the current residence of the client should be close to the catch area."[24]

He further added,

After 2010, viral load was used in replacement of the CD4 count. Before a client would be given the ARV (Anti-Retroviral treatment), the viral load should be less than 1000 copies, which is regarded as virally suppressed, or more than 1000 copies, which is also regarded as high viral load.[25]

Treatment is always a must. After testing or diagnosis, the next step is treatment. Before 2010, the drug that was given to HIV patients was called Septrin, and it has since changed. During an interview with the assistant data manager of the HIV unit, he narrated that, in the early 2000s, the drug which was being given out was "Septrin", then it evolved, and from 2010 to 2017, the drugs which were given now included (Lopinavir+ Ritonavir,300mg each) for the treatment of Stage I and Stage II. From 2017 to the present, the drug being used is called "Dolutegravir".[26] Currently, at the Tafo Government Hospital, those under treatment are 1,608;

[22] An interview with Micheal Sarfo, data manager, at Tafo Government Hospital, Dated 6th May, 2024.
[23] Ibid.
[24] Ibid.
[25] Ibid.
[26] Ibid.

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children between 0-15 years are 35, while adults from 16 years and above are 1,573. As of 2024, the total number of registered HIV-positive clients was 3,915.[27]

Treatment adherence has always been essential for the fight against HIV/AIDS. It is not limited to only drug taking, but also adhering to counselling and going for regular checkups. This, in turn, compromises the virus, that is, the prevention of the multiplication of the virus.

The Data Manager of the HIV/AIDS Unit at Tafo government hospital, Mrs. Rita Acka, recounted that,

Clients who rigorously adhere to their medication for 6 months to 1 year can also attain 'Target not detected, which means they can't infect other people with the virus, which in turn will prevent the spread of the disease.[28]

During the research, it was realised that the ARV treatment becomes less effective if the drugs are taken in addition to herbal medicine. Mrs. Rita Acka, the data manager of the HIV/AIDS Unit further stated, I have encountered numerous clients who, prior to their diagnosis, associated HIV with extreme weight loss and viewed it as a death sentence. One such client shared that his perception was shaped by observing others living with HIV who appeared severely emaciated. However, following his own diagnosis and consistent adherence to antiretroviral therapy (ART), he began to experience significant improvements in his health: We strongly advised him against combining the prescribed treatment with herbal medicine.[29]

TREND ANALYSIS OF THE NUMBER OF CLIENTS TESTED FOR HIV/AIDS AT TAFO-PANKRONO

HIV testing is the gateway to prevention, care, treatment, and support services for PLWHA. Through HIV Testing Services (HTS) people can learn about and accept their serostatus (that is whether an individual test positive or negative for HIV antibodies) in a confidential environment where they are counseled on strategies to prevent infection to self and others, receive emotional care, and be referred for medical and psychosocial services when appropriate. In Ghana, as seen in most countries in sub-Saharan Africa, national HIV prevalence estimates have been derived primarily from HIV sentinel surveillance (HSS) in pregnant women attending antenatal clinics.[30] Since 1992, for 12 weeks each year, pregnant women seeking antenatal care (ANC) for the first time and patients newly diagnosed with sexually transmitted infections (STIs) attending STI clinics in the sentinel sites were tested for HIV using an anonymously unlinked method and the results entered into a database, analysed, and reported by the National AIDS Control Programme (NACP)(Ghana Health Service, 2003d).[31] HIV testing rates in the general population remain low in Ghana. Data from the 2014 GDHS indicates that 43% of women aged 15-49 years have ever tested for HIV and received their results (with 13% of them doing so in the last 12 months). Among men of the same age,

[27] Ibid.
[28] An interview with Rita Acka, data manager, at Tafo Government Hospital, Dated 6th May, 2024.
[29] Ibid.
[30] Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro, 'Ghana Demographic and Health Survey", Calverton, Maryland: GSS, NMIMR, and ORC Macro, 2003
[31] Ibid.

only 20% have ever been tested and received their results (6% in the last 12 months).[32] The report of the End Term Evaluation (ETE) of NSP 2011-2015 notes that the number of men and non-pregnant women tested, counselled, and received their results has declined from about 500,000 in 2011 to about 150,000 in 2013. This increased to about 200,000 in 2014.[33] A 2003 GDHS indicates that, out of the total number of 11,294 people who were tested across the then 10 regions, women were 5,949 between the ages of 15-59 and men were 5,345 between the ages 15-59. Asante region, being the second largest region in Ghana, with Kumase as its capital, had the highest number of people being tested. The survey indicated that out of the total number tested, in the Asante region, 93.4% of the eligible women tested for the disease and 85.7% of the eligible men tested.[34] By the end of the survey across all regions, 89.9% of the total survey was in the Asante region, which indicates that there is a high percentage of testing in the region, and Kumase in particular.

The HIV/AIDS unit at Tafo government hospital dates back to 2010, and ever since, the unit has been responsible for testing, treatment, and ensuring treatment adherence of all patients, although the official testing of patients or its internal ventures started in 2014[35]. From the records of DHMIS- District Health Management Information System for Tafo government HIV/AIDS unit, from 2014 to 2019, a total number of 1,335 people were tested for the disease, out of which 574 tested positive and 761 tested negative. Most of the people tested during that period were between the ages of 15-24. There was a surge in testing from 2019 onwards, the age range of testing, which was initially between the ages of 15 and 24 expanded from 15-24 to 15-35, and the total number who have tested from this period is 5,670, with those testing positive totalling 1,551 and negative totalling 4,119. During an interview with Mrs. Rita Acka, the data manager of the HIV/AIDS Unit at Tafo government hospital, she recounted that, "Although there was an established unit, most of their cases were referred to KATH (Komfo Anokye Teaching Hospital), for further diagnosis since they didn't have the required technology for thorough testing and diagnosis, therefore, there isn't much data on people who have been tested since 2010."[36]

Assistant Data Manager of the HIV/AIDS Unit at Tafo government hospital, Mr. Michael Sarfo, further added that.

Although there was an established unit, many people didn't voluntarily come for testing, unless they felt they had been infected with a disease, as a necessity before marriage, or antenatal care. This accounted for low testing and diagnosis of the disease." Since the official testing and treatment of people started in 2014, currently, the total number of registered clients are 3,915.[37] Prior to 2019, the number of individuals undergoing testing for HIV was limited. This low testing rate was attributed to a lack of the required equipment and awareness. However, a

[32] Stephen Ayisi Addo, *Locate, Test, Treat and Retain (L2TR) Ghana Campaign: 90-90-90 Ending the AIDS Epidemic by 2030, Roadmap to Treat All* (July 2016).
[33] Ibid.
[34] Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro, 'Ghana Demographic and Health Survey", Calverton, Maryland: GSS, NMIMR, and ORC Macro, 2003.
[35] An interview with Rita Acka, data manager, at Tafo Government Hospital, Dated 6th May, 2024.
[36] An interview with Rita Acka, data manager, at Tafo Government Hospital, Dated 6TH May, 2024.
[37] An interview with Micheal Sarfo, data manager, at Tafo Government Hospital, Dated 6th May, 2024.

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substantial increase in testing capacity was observed beginning in 2019, which coincided with the availability of necessary equipment and expanded testing sites. This enhanced testing capability led to a significant rise in the number of individuals being screened and diagnosed for HIV at the Tafo Government Hospital's HIV Unit.

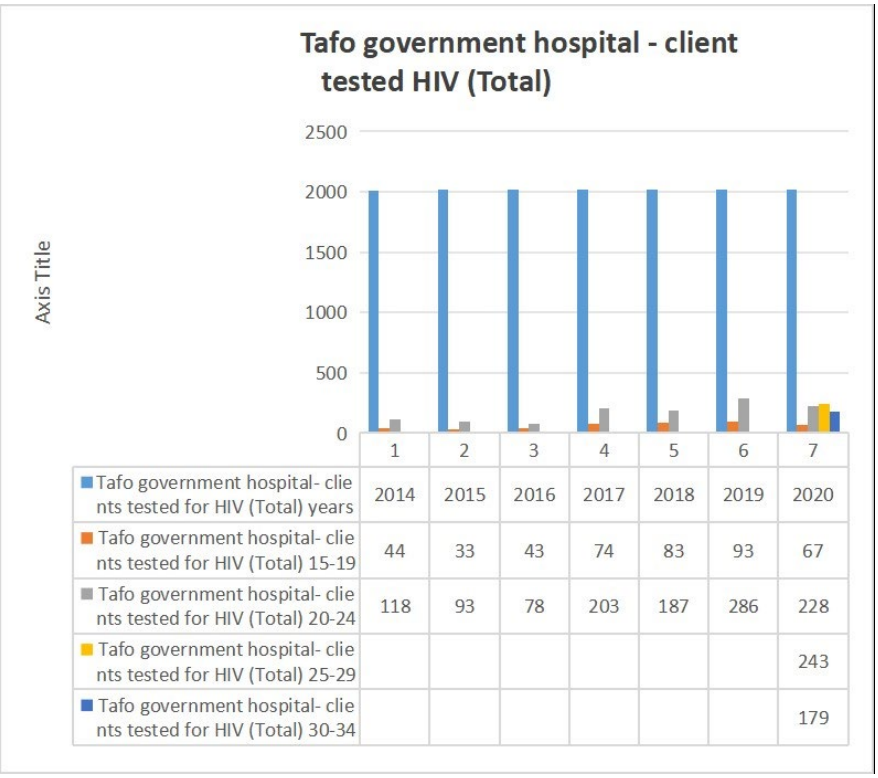

Fig.1.The total number of clients tested for HIV from 2014-2020.

The chart displays the total number of clients tested for HIV from 2014 to 2020, along with age-specific data for 2019 and 2020. The total number of clients tested each year from 2014 to 2018 remains consistently high, hovering around 2000. However, there is a noticeable decline in 2019 and 2020, with a total of 665 and 867, respectively. Age-specific testing data for 2019 and 2020 show that the highest number of tests were conducted in 20 to 24 age group, with 187 in 2019 and 228 in 2020. Other age groups, such as 15-19 and 25-29, show significantly lower numbers, indicating a potential focus on younger adults for testing in recent years.

Kaleidoscope Művelődés-, Tudomány- és Orvostörténeti Folyóirat 2025. Vol. 15. No. 31.
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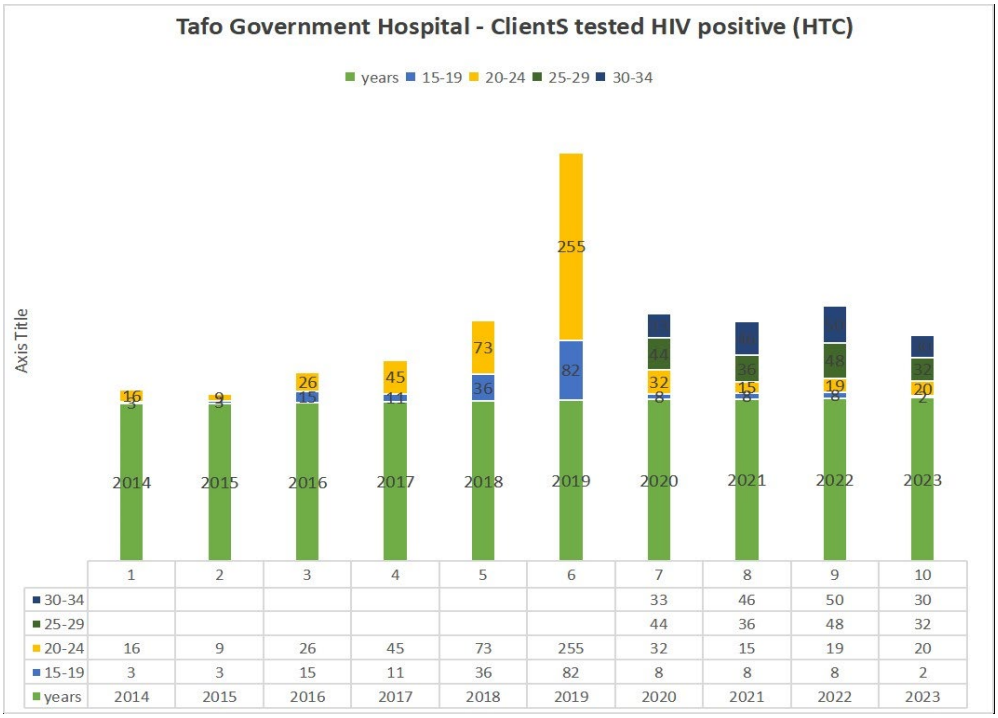

	1	2	3	4	5	6	7	8	9	10
30-34							33	46	50	30
25-29							44	36	48	32
20-24	16	9	26	45	73	255	32	15	19	20
15-19	3	3	15	11	36	82	8	8	8	2
years	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

Fig.2. Clients tested HIV positive. The chart displays the number of HIV-positive clients tested from 2014 to 2023.

The chart is broken down by age group (15-19, 20-24, 25-29, and 30-34), with each age group represented by a different colour. The data shows fluctuations in the number of clients tested every year, with some years having significantly higher numbers than others. The most prominent feature is a significant spike in the 25+ age group (yellow segment) in 2020, which stands out compared to other years. Generally, the 25+ age group consistently form the largest portion of HIV-positive tests across all years. The 15-19 age group shows relatively small numbers throughout. There's a noticeable decrease in overall positive tests from 2021 onwards compared to the peak in 2020.

Using the case study of Tafo-Pankrono, it is notable that 2,307 out of 3,915 individuals registered for treatment defaulted. This high default rate is attributed to factors such as relocation, death, and the placement of the HIV/AIDS unit within the confines of the hospital, which affects accessibility and confidentiality. Although antiretroviral medication is provided free of charge, many clients prefer government hospitals like the Tafo Government Hospital. However, due to fear of stigma and discrimination, particularly among residents who may encounter acquaintances at the facility, some clients choose to discontinue treatment or resort to herbal remedies instead.

MEDIA AND GOVERNMENT POLICIES IN SHAPING HIV/AIDS AS A DISCOURSE AMONG THE YOUTH AT TAFO-PANKRONO.

With limited human and financial resources, organisations and groups are experimenting with new ways to reach their audiences, raise awareness, and influence policy, an initiative that includes the use of the press. In Ghana, the press is a powerful tool in advocacy of all kinds, it

DOI: 10.17107/KH.2025.31.8-29

contributes significantly to healthy political discourse, national unity, and identity.[38] The media plays a crucial role in shaping young people's understanding of HIV/AIDS in Kumase. Although some media outlets cover government campaigns and prevention messages, others sensationalise the disease, focusing on death and suffering. This creates fear and misunderstanding. In an interview with the head of the HIV unit at the Tafo government hospital, she stated that the campaign against HIV in Ghana has evolved significantly over the years. Initially, there was a strong focus on awareness and prevention through education and outreach programmes. As time progressed, the campaigns became more targeted, emphasising testing, treatment, and destigmatization of HIV. Currently, there is a comprehensive approach that includes promoting testing, access to treatment, and supporting those living with HIV to lead healthy lives. The campaigns also address issues like discrimination and promote safe practices to prevent the spread of the virus.[39]

Through various platforms like radio shows, television programmes, social media platforms like Facebook, Twitter, and Instagram, as well as messaging apps like WhatsApp, the media has influenced how young people view the virus. For instance, TV series like "Shuga", "Things We Do for Love" and "YOLO" (You Only Live Once) have addressed HIV/AIDS in a way that resonates with young audiences, raising awareness and promoting safe practices. Additionally, social media campaigns often use tags like #KnowYourStatus, #EndHIVStigma, #GetTested, #HIVAwareness, #StopTheSpread, #StaySafe, and #TreatmentWorks. These hashtags are commonly used to raise awareness, promote testing, and encourage safe practices to prevent the spread of HIV. These tags also engage the youth in discussions about HIV testing and prevention, making the topic more accessible and less stigmatised. By portraying accurate information and promoting positive behaviours, the media has the power to educate and empower the youth in the fight against HIV/AIDS.

Freda Agyekum, a volunteer and assistant pharmacist at the Tafo government hospital HIV/AIDS unit, reported that,

HIV/AIDS awareness was primarily spread through community outreach programmes, educational sessions, and printed materials like posters and brochures. As technology advanced, the campaigns started utilising radio and television broadcasts to reach a wider audience. In recent years, with the increase in internet and social media usage, there has been a shift towards using online platforms, social media, and mobile apps to spread awareness and information about HIV. This change reflects the evolving communication landscape and the need to reach people through channels they use regularly.[40]

The media serves as a powerful tool for young people in Kumase, especially Tafo-Pankrono, to access accurate and up-to-date information about HIV/AIDS and also influences how they perceive the disease.

[38] Amos K. Laar, "Family Planning, Abortion, and HIV in Ghanaian Print Media: A 15-Month Content Analysis of a National Ghanaian Newspaper," African Journal of Reproductive Health 14, no. 4 (December 2010): 83.
[39] An interview with Rita Acka, data manager, at Tafo Government Hospital, Dated 6th May, 2024.
[40] An interview with Freda Agyekum, assistant pharmacist, at Tafo Government Hospital, Dated 6th May, 2024.

Kaleidoscope Művelődés-, Tudomány- és Orvostörténeti Folyóirat 2025. Vol. 15. No. 31.
Journal of History of Culture, Science and Medicine ISSN 2062-2597
DOI: 10.17107/KH.2025.31.8-29

Interviews with some of the youth at Tafo and Pankrono-the 1ST, 2nd and 3rd interviewees reported that,

They mostly get their information online! There are a lot of health pages on Instagram and Facebook that share information and answer questions anonymously. Although there are a lot of health pages and influencers sharing info, it can be hard to know what's true.[41]

The 3rd interviewee further added that,

Although I gained some foundational knowledge in school, the information was not comprehensive enough. I needed to conduct further research to delve deeper into the topic.[42]

4th and 5th interviewees also hinted that,

Sometimes we hear things from friends, but we are not sure if it's always accurate, so they try to double-check online. One further added that my older brother talked to me about it openly, he said it's important to be informed.[43]

The media doesn't always portray positive imagery about the virus or disease. The negative portrayal of HIV in the media also has a significant impact on how young people perceive the virus. When the media sensationalises or stigmatises HIV/AIDS, it leads to fear, misinformation, and discrimination among the youth. The negative depictions discourage individuals from getting tested, seeking treatment, or talking openly about HIV. It also perpetuates myths and misconceptions, hindering efforts to promote awareness and prevention.

6th, 7th and 8th interviewees all reported that,

A lot of television ads focus on the negative consequences, which makes it seem like a death sentence. Sometimes it seems scary. But the 1st respondent further added that I've seen some posts online that talk about people living healthy lives with HIV. It feels a bit distant, like it doesn't affect young people like us.[44]

The 7th interviewee further added that,

They have not seen many campaigns specifically about getting tested, especially for young people, and it would be more helpful if they had young people talking about their experiences getting tested, that might feel more relatable.[45]

Accurate and sensitive media representation of HIV/AIDS is essential for reducing stigma and empowering young people to make informed decisions about their sexual health, as the media plays a crucial role in their efforts to effectively combat HIV/AIDS stigma and promote informed sexual health choices among young people.

Government initiatives, policies, and funding directly impact how information is disseminated and perceived. The government's role in shaping discussions about HIV/AIDS among young

[41] An interview with Anonymous young people1,2&3, dated 30th May, 2024.
[42] Ibid.
[43] An interview with Anonymous young people 4&5, dated 30th May, 2024.
[44] An interview with Anonymous young people 6,7&8, dated 30th May, 2024.
[45] Ibid.

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people is vital. Government-led initiatives, policies, and funding have a direct impact on how information is shared and understood. For instance, campaigns, educational programmes in schools, and accessible healthcare services all contribute to raising awareness and promoting prevention strategies. By prioritising HIV/AIDS as a public health concern, the government helps influence the conversation, provide resources, and empower youth in Kumasi to make informed decisions about their sexual health. The national response has, consequently, been designed or oriented to provide treatment, which is superintended by the Ministry of Health. The earliest national response was the establishment of the National Advisory Commission on AIDS (NACA) in 1985 to advise government on HIV/AIDS issues.[46] In 1987, a year after the first case was diagnosed in the country, the government established the National STDs/AIDS Control Programme (NACP) under the Ministry of Health's Disease Control Unit to be responsible for issues relating to HIV/AIDS. NACP was charged with the responsibility of reducing the transmission of HIV infection and mitigating the impact of the disease on human suffering. This they do through planning and managing, monitoring and evaluating all coordinated HIV/AIDS prevention and control activities in the country, setting up sentinel surveillance systems to monitor the transmission of the AIDS virus.[47] Also, they provide HIV screening and counselling facilities in all Teaching, Regional, and District hospitals, and develop educational programmes to create awareness and increase knowledge of the disease to enhance positive behavioural change. In the year 2000, a National HIV/AIDS and STI Policy was developed, backed by an HIV/AIDS strategic framework.[48] This policy aimed to create a framework for a multi-sectoral, collaborative effort to address the HIV/AIDS epidemic. Key aspects included establishing the Ghana AIDS Commission, promoting healthy lifestyles and family values, and ensuring access to care and support for people living with HIV. [49]

Governmental policies like the National HIV/AIDS Curriculum implemented by the Ghana Education Service (GES) have a national HIV/AIDS curriculum for schools, which is a crucial step in educating young people about HIV prevention.[50] This curriculum ensures that students receive comprehensive information on HIV/AIDS, including prevention strategies, reduction of stigma, and support services. By integrating this curriculum into schools, the government is actively promoting HIV awareness and prevention among the youth, which is essential in combating the spread of the virus. The government's free HIV testing initiatives, like the "Know Your Status" campaign, represented a significant step towards promoting awareness and encouraging testing among young people in Kumasi, specifically Tafo and Pankrono.

[46] John K. Anarfi and Kofi Awusabo-Asare, *HIV/AIDS in Tertiary Institutions in Ghana (Draft)* (Accra: National Council for Tertiary Education in collaboration with the World Bank, n.d.), Institute of Statistical, Social and Economic Research, University of Ghana, and Department of Geography and Tourism, University of Cape Coast.
[47] Ibid.
[48] Ibid.
[49] Ghana AIDS Commission, *National HIV/AIDS and STI Policy* (Accra: Ghana AIDS Commission, August 2004).
[50]Ghana, Ministry of Education, Science and Sports, *Ghana's Education Sector HIV/AIDS Policy* (Accra: MOESS, 2006), 21.

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Campaigns like "Know Your Status" raise public awareness about the importance of HIV testing, making it a topic of conversation and normalising testing behaviour. By encouraging widespread testing and promoting messages of prevention and treatment, these initiatives help break down the stigma associated with HIV/AIDS, and increased testing rates lead to earlier diagnosis, allowing individuals to access antiretroviral therapy (ART) and live longer, healthier lives.

The 8th interviewee, a youth from Pankrono, hinted that,
The recent 'Know Your Status' campaign, which included self-testing kits, is a very good initiative, as he now feels empowered to take control of his sexual health by getting tested at home. Despite efforts to ensure confidentiality, some people still hesitate to get tested due to fear of their status being revealed within their communities.[51]

Through Youth-Focused Programmes, the Ghana AIDS Commission (GAC) supports youth-centred programmes through NGOs and community organisations such as the Christian Health Association of Ghana (CHAG), comprising the Catholic Secretariat, Salvation Army, and the Presbyterian Church. Others are the Ghana Red Cross, Save the Children Fund (SCF) UK, Centre for Development of People (CEDEP), CARE International, Action AID, and Stop the Killer AIDS,[52] to bring HIV/AIDS control and prevention programmes closer to the people. These programmes provide peer education by empowering young people to educate their peers in a relatable and non-judgmental way. They also provide counselling services that offer safe spaces for young people to ask questions and receive confidential support, and access to friendly services by creating youth-friendly health clinics with approachable staff to encourage testing and treatment adherence.

The dynamic relationship between the media and the government in shaping the perceptions about HIV among the youth in Ghana reflects a delicate balance between collaboration and independence, and the importance of critical information consumption for young people in Tafo-Pankrono to make informed choices about their health and well-being. While the media often amplifies government messages, there are instances where it offers alternative viewpoints, creating a balanced information landscape.

CULTURAL AND SOCIETAL FACTORS THAT INFLUENCE THE PERCEPTION OF HIV/AIDS AMONGST THE YOUTH

Beyond its biomedical aspects, HIV/AIDS is deeply intertwined with cultural values, societal expectations, and interpersonal dynamics. Since the beginning of the HIV/AIDS epidemic, metaphors such as death, guilt and punishment, crime, horror, abomination, and several others have been associated with the disease. These varied representations of the disease have compounded and somehow legitimised' stigmatisation and discrimination of people living

[51] An interview with Anonymous young person, 8th interviewee, dated 30th May, 2024.
[52] John K. Anarfi and Ernest N. Appiah, "Mitigating the Impact of HIV/AIDS in Ghana: The Role of Education" (Paper presented at the International Conference on Ghana at Half Century, ISSER and Cornell University, M-Plaza Hotel, Accra, 18-20 July 2004), Institute of Statistical, Social and Economic Research, University of Ghana, Legon.

with the disease. In many societies and cultures, stigma is expressed in the form of language.[53] The Asante Region, in which Kumase is the capital, has a religion which is anchored on belief in spiritual and supernatural powers. They have a variety of religious beliefs involving ancestors, higher gods, or abosom, and '*Nyame*', the Supreme Being of Asante. They also believe in fairies, witches, and forest monsters. These traditions, beliefs, and social norms hold immense sway over the perceptions and discussions surrounding HIV/AIDS among young individuals[54].

Traditionally, HIV/AIDS is often associated with promiscuity and infidelity, such as homosexuality, drug addiction, and prostitution. These religious or moral beliefs have led some people to believe that being infected with HIV is the result of moral faults, such as promiscuity or deviant behaviour, that deserve to be punished.[55] This association leads to social stigma and discrimination against people living with HIV/AIDS (PLWHA).

The 9th interviewee, a twenty-year-old man at Tafo, hinted that,

I believe that HIV is more transmissible through sex, and those who are infected have multiple partners, hence they deserve it. I am more disgusted with those who are homosexual. Homosexuality is against our culture and beliefs. I wish those who do that get HIV and die.[56]

The 9th interviewee further added that,

All prostitutes, especially the ladies, contract the disease and die. This is because they are dirty. They are the people society needs to get rid of. They should be dead rather than alive.[57]

In Asante culture, family honour is highly valued. A diagnosis can be seen as a personal failing, disgracing the entire family. This fear of bringing shame can lead young people to remain silent about their status, delaying testing and treatment. Oftentimes, the behaviour of distant relatives, friends, and fellow employees in Ghana contributes to HIV-related stigma among PLWHA.[58] The threat of being ostracised from the community due to an HIV diagnosis can be a strong deterrent for young people to get tested or seek treatment. Open communication about sex is often discouraged in Asante society; this extends to HIV/AIDS, leading to a culture of silence and secrecy surrounding the disease. Young people may lack accurate information and feel uncomfortable discussing their concerns with family members. This fear reinforces the silence and prevents proactive measures from being taken.

Given the paramount importance of family honour in the Asante and Kumase in particular, the perception of the HIV disease, particularly among the youth, is highly influenced by the potential consequences of stigmatisation and social ostracism by family members and the

[53] Joshua Amo-Adjei and Eugene K. M. Darteh, "Drivers of Young People's Attitudes Towards HIV/AIDS Stigma and Discrimination: Evidence from Ghana," *African Journal of Reproductive Health* 17, no. 4 (2013): 51.
[54] Ibid.
[55] M. Pindani, et al, "Stigma and discrimination against people living with HIV and AIDS in Malawi," World J AIDS 4 (2014): 123–132, http://dx.doi.org/10.4236/wja.2014.42016
[56] An interview with a 20 year at Pankrono, 9th interviewee, dated 30th May, 2024.
[57] Ibid.
[58] M. Pindani, et al, "Stigma and discrimination against people living with HIV and AIDS in Malawi," World J AIDS 4 (2014): 123–132, http://dx.doi.org/10.4236/wja.2014.42016

DOI: 10.17107/KH.2025.31.8-29

society in general. Some youth argued that they would prefer to keep the HIV status of their family members from society to avoid stigmatisation and gossip.[59]
To emphasise, Asante society often discourages open communication about sex, particularly regarding HIV/AIDS, leading to a culture of silence and secrecy surrounding the disease.

The 10th interviewee, a youth from Kodua, hinted that,
We all know AIDS is bad, but nobody talks about it. It's a silent thing. We learn nothing about sex in school, and at home, it's a taboo topic. So, how can we know how to protect ourselves from AIDS?[60]

The 11th interviewee, who lives at Tafo, Kumase, also added,
I will rather die than disclose my status because the shunning by family members, peers, and the wider community in itself is a death sentence.[61]
Although the 11th interviewee is not an HIV patient, he is quick to note that he will not be forgiven by society if he had HIV/AIDS.
HIV/AIDS can be attributed to curses or witchcraft in traditional beliefs. This adds another layer of shame and undermines the understanding of the virus's biological nature.

The 12th interviewee, a young man at Pankrono, stated that,
People say my aunt got AIDS because someone cast a spell on her out of jealousy. It makes me scared to talk about it; maybe someone will curse me too.[62]

The 13th interviewee also hinted that,
My friend got sick, they said it is AIDS, but I think someone did it to him with juju[63]
Interview with the Assistant Data Manager of the HIV/AIDS Unit at Tafo government hospital, Mr. Michael Sarfo, asserted that,
Some people also believe that handshakes, eating together, sleeping on the same bed without sexual activity, wearing the same clothes with an infected person, can make you become HIV/AIDS positive.[64]
Young women in Asante society often lack control over their sexual health. Socioeconomic factors and cultural expectations may make it difficult for them to negotiate safe sex practices, increasing their vulnerability to HIV infection. During an interview with some of the youth(females), an anonymous 20-year-old stated, “Boys don't like using condoms. They say it ruins the feeling. It's hard to say no, especially if you like him”, another 19-year-old, who is a hairdresser also indicated that, “My boyfriend doesn't want to use a condom. I am scared to

[59] An interview with Anonymous young people1,2&3, Kodua, dated 30th May, 2024.
[60] An interview with Anonymous young person, 10th interviewee, dated 30th May, 2024.
[61] An interview with Anonymous, a student youth at Pankrono, Dated 30th May, 2024.
[62] An interview with Anonymous youth 12, at Tafo-Pankrono, dated 30th May, 2024.
[63] An interview with Anonymous youth 13, at Pankrono, dated 30th May, 2024.
[64] An interview with Micheal Sarfo, data manager, at Tafo Government Hospital, Dated 6th May, 2024.

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say no, what if he leaves me? Guys don't like using condoms, they say it takes away from the feeling, and I can't exactly force him to use one, can I?[65]

Culturally sensitive education plays a pivotal role in dispelling misconceptions and advocating for safe sex practices. Engaging the community by involving religious leaders and traditional healers in awareness campaigns will foster trust and promote open dialogue. Empowering young women through programmes that aid in negotiating safe sex and accessing testing services is paramount, and breaking the stigma surrounding HIV/AIDS through anti-stigma initiatives is crucial in normalising the conversation and fostering inclusivity for individuals living with the virus.

IMPACT OF STIGMA AND DISCRIMINATION ON PREVENTION EFFORTS AND ACCESS TO SUPPORT SERVICES.

Since HIV was first identified in Ghana in March 1986[66], the government of Ghana has expanded access to treatment and care and is implementing national as well as international programmes such as the World Health Organisation's "TREAT ALL" policy. In 2020, the overall HIV prevalence rate in Ghana was 1.6%, with regional variation. Kumasi, which is in the Asante Region, and Accra, which is in the Greater Accra region of Ghana, were reported to have the largest numbers of PLWHA, with Asante accounting for 76,672 of the total infected Population.[67] Goffman conceptualized stigma as a socially and contextually constructed attribute that is deeply discrediting to an individual, creating a devalued deviant identity in the eyes of society for those possessing it[68], and discrimination as " the unfair or unjust treatment of a person because of their race, religion, sex, age, disability, sexual orientation, or other personal characteristics". Stigma and discrimination remain a major barrier to the prevention and treatment of HIV/AIDS. HIV-related stigma is the prejudice, negative beliefs, feelings, and attitudes towards PLWH, their families, and those who take care of them. It is a multidimensional social construct that is not only shaped by individual perceptions and interpretations of micro-level interactions but also by social and economic forces.[69] HIV-related stigma significantly impacts the life experiences of individuals both infected and affected by the disease. It manifests in various forms including discrimination, avoidance behavior (refusal to share food or sit by), social rejection(shunning by family members, peers, and the wider community), the erosion of rights, psychological damage, labeling of people as

[65]An interview with Anonymous youth, 12&13, Pankrono, dated 30th May, 2024.

[66]Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro, 'Ghana Demographic and Health Survey", Calverton, Maryland: GSS, NMIMR, and ORC Macro, 2003.

[67]Elizabeth Armstrong-Mensah, et al, "HIV destigmatization: perspectives of people living with HIV in the Kumasi Metropolis in Ghana," Frontiers in Reproductive Health 5 (2023): PP2. 1169216. https://doi.org/10.3389/frph.2023.1169216.

[68]Erving Goffman, Stigma: Notes on the Management of Spoiled Identity (New York: Simon and Schuster, 1963).

[69] Opcit.

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"socially unacceptable", and the perpetration of physical violence.[70] Despite the efforts of the government in expanding access to testing, treatment, and care, the stigma related to HIV continues to undermine established prevention, treatment, and care efforts.

IMPACT ON HIV TESTING

Knowing your HIV status is crucial for early intervention and maintaining good health. However, young people in Ghana, including Kumasi (Tafo-Pankrono), often face significant barriers when it comes to getting tested. Two major concerns that deter them are the fear of disclosure and rejection, both within their social circles and healthcare settings. The apprehension surrounding HIV testing among young individuals, particularly in the context of fear of disclosure, rejection, and discrimination, presents significant challenges. Confidentiality concerns regarding HIV testing are also crucial, especially among young people. The fear of privacy breaches and lack of confidentiality can be exacerbated by the existing stigma. Young individuals may be reluctant to undergo testing due to the worry that their HIV status could be disclosed, potentially resulting in increased discrimination and social repercussions.

This fear of loss of privacy further complicates the already challenging landscape of HIV testing and treatment accessibility for young people.

The 14th interviewee, a carpenter at Pankrono, shared his opinion that,

I am scared to get tested because what if my family finds out? They may think I'm having multiple partners(promiscuous), and it would be a huge shame for them and me.[71]

He further added that,

I wouldn't want people whispering behind my back or treating me differently. It's better not to know than to deal with that rejection.[72]

Fear of discrimination has discouraged people, specifically the youth, from getting tested. They are of the view that fear of discrimination increases their anxiety about the process.

The 15th interviewee, an 18-year-old youth at Tafo, hinted that,

Honestly, I'm scared. What if the result that comes out is positive? My friends might not want to hang out with me anymore. When this happens, I cannot blame them. There are a lot of negative things associated with HIV/AIDS[73]

Stories about negative experiences with healthcare providers and the fear of a breach of privacy also deter young people from getting tested.

The 15th Interviewee further reported that,

[70] Ibid.
[71] An interview with Anonymous youth 14, carpenter, at Pankrono, dated 30th May, 2024
[72] Ibid.
[73] An interview Anonymous youth 15, 18-year, at Tafo, dated 30th May, 2024.

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A friend of mine went to a clinic for testing, and the nurse made a judgmental comment. It made him feel awful, and he decided not to go back. She further added that I've heard stories about long waiting times and a lack of privacy at some clinics. It's just not a comfortable environment.[74]

The stigma associated with HIV can significantly influence testing behaviour. People may avoid testing due to concerns about judgment, discrimination, or social rejection if they are diagnosed as positive. This fear can delay diagnosis and treatment, leading to adverse health outcomes.

IMPACT ON TREATMENT AND TREATMENT ADHERENCE

Treatment for HIV involves a combination of medications known as antiretroviral therapy (ART). ART helps to suppress the virus, reduce the viral load in the body, maintain a healthy immune system, and prevent the progression of HIV to AIDS. Individuals living with HIV need to adhere to their treatment regimen consistently to effectively manage the virus and maintain their health. Regular monitoring by healthcare providers is also crucial to assess the effectiveness of the treatment and make any necessary adjustments.

During an interview with the assistant data manager at the HIV unit at Tafo government hospital, he opined that, “the treatment given to HIV clients is called antiretroviral therapy (ART). He further added that, during the early years of the disease, the drugs were limited; therefore, unless a patient was virally suppressed before they were given the ART, if not, they were given “Septrin”. From 2010, the treatment for Stage I and Stage II was Lopinavir and Ritonavir, and for ANC or pregnant women was Tenofovir, Lamivudine, and Efavirenz (TLE). Dolutegravir was added to Tenofovir and Lamivudine for adults from 2017 to the present.[75]

Taking HIV medication sometimes requires PLWH to divulge their diagnosis to others, especially when bottles of pills are found in their possession, or when they are seen taking a particular type of pill.[76] The stigma associated with taking antiviral medications tends to reduce medication adherence among PLWHA. Currently, from the records of the HIV unit at Tafo government hospital, there are 1,608 people in treatment despite the total number of 3,915 people who are registered HIV-positive clients.[77]

The fear of potential disclosure of their HIV status when they are seen taking the drugs, which increases discrimination, makes individuals hesitant to continue with their treatment.

The 16th Interviewee an HIV client hinted,

[74] Ibid.
[75] An interview with Micheal Sarfo, data manager, at Tafo Government Hospital, Dated 6th May, 2024.
[76] Elizabeth. Armstrong-Mensah, et al, "HIV destigmatization: perspectives of people living with HIV in the Kumasi Metropolis in Ghana," Frontiers in Reproductive Health 5 (2023): PP2. 1169216. https://doi.org/10.3389/frph.2023.1169216
[77] Dhims.chimgh.org.

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I mostly make sure that I am alone before I take in the drugs because I haven't been able to disclose my status to anyone, and if I am seen with the drugs, they will ask me questions, which I might not be able to provide an answer to.[78]

The 17th Interviewee also stated that,
I sometimes take my medication at the washroom, because that is where I have kept it. If my family gets to know about the drugs I am taking, they will sack me from the house. I sometimes wish not to take the medicine at all and just wait for whatever that will happen, which is death.[79]
People living with HIV (PLWH) often face the dilemma of disclosing their diagnosis, particularly when taking antiretroviral therapy (ART) medications. The presence of medication bottles or the act of taking a specific pill can lead to unintended disclosure.
Traditional medicine is increasingly considered a promising healthcare resource, although it has not been adequately promoted in many countries. The implementation and outcome of HIV/AIDS prevention and control programmes in countries with strong traditions of indigenous healing have been affected by the persistent use of traditional medicines that largely remain outside the sphere of national health services.[80] Traditional healing practices are deeply rooted in the beliefs of many in Kumase regarding the treatment of HIV. Traditional healers often claim to cure HIV/AIDS with herbal remedies, while these practices can provide emotional support, they delay or prevent young people from seeking effective antiretroviral therapy (ART). As a result of the stigma and discrimination surrounding HIV/AIDS, young people often first consult traditional healers for their symptoms, an approach that can delay timely HIV testing and access to appropriate treatment.

The 18th interviewee quizzed;
"What would you do if you thought you might have HIV? And further provided an answer "I might go to a traditional healer first. They can be very good with some things. I heard there's a powerful concoction my uncle makes that can cure anything. If I ever get sick, I'll try that before going to the hospital."[81]
Although traditional medicine is increasingly recognised as a valuable component of healthcare, stigma and discrimination surrounding antiretroviral therapy (ART) have led many individuals, particularly in settings where HIV/AIDS is heavily stigmatised, to turn to traditional remedies instead. This shift is often driven not by medical preference, but by a desire to avoid the social judgment linked to HIV treatment.

Again, the 16th and 17th interviewee all hinted that,

[78] An interview with Anonymous HIV positive client 16, at Tafo Government hospital, dated 6th May, 2024.
[79] An interview with Anonymous HIV positive client 17, at Tafo Government hospital, dated 6th May, 2024.
[80] Helmut Kloos et al., "Traditional medicine and HIV/AIDS in Ethiopia: Herbal medicine and faith healing: A review," Ethiop. J. Health Dev. 2013;27(2).
[81] An interview with Anonymous HIV positive client 18, at Tafo-Pankrono, dated 6th May, 2024.

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They have now resorted to herbal medicine because they think it is more effective than the ART, and also no one will be questioning what kind of drugs they are taking, which was a common question being asked by their friends and close relatives.[82]
The constant surveillance experienced by many HIV patients during drug and checkup visits contributed to a significant number of them discontinuing treatment. This, in turn, has exacerbated the progression of the disease.

The 19th Interviewee, an HIV patient, hinted,
I always felt that I was constantly watched by people whenever I came for my drugs and checkups, which made me stop coming for my drugs for 2 years. But now the disease has become so serious that I have no other option but to come and get my medication.[83]
This sense of being watched has caused breaks in treatment, causing many patients to stop treatment, resulting in their health declining significantly**.**

IMPACT ON UTILIZATION OF SUPPORT SERVICES
The fight against HIV has seen remarkable progress, with effective treatments allowing people living with HIV to live long and healthy lives. However, a significant barrier still exists, stigma and discrimination. Stigma and discrimination significantly affect how individuals' access and use support services. In many cases, the fear of being judged or mistreated due to societal attitudes prevents people from seeking the help they need. This issue is especially prevalent in topics like sexual health, where misconceptions and societal norms create barriers to accessing essential services and information.
Societal norms like secrecy surrounding HIV can create stigma. The stigma surrounding HIV creates a barrier for young individuals between the ages of 15 and 35, hindering their access to essential support services. In Asante society, societal norms like secrecy surrounding HIV deter others from seeking help, and the fear of being stigmatised due to their HIV status causes the youth to avoid support groups and counselling services crucial for their well-being. This fear of rejection and judgment from peers, family, and even healthcare providers lead to social isolation as they distance themselves from peers, family, and healthcare providers to shield themselves from potential discrimination.

The 20th Interviewee, HIV patient, she hinted that,
I found out I was HIV positive, and everyone started whispering. It felt like I had a disease that no one wanted to be nearby. I wouldn't even consider a support group; it felt like admitting defeat and inviting more isolation.[84]
She further added that,

[82]An interview with Anonymous HIV positive client 16&17 at the Tafo Government Hospital, Dated 6th May, 2024.
[83]An interview with Anonymous HIV positive client 19, at Tafo Government hospital, Dated 6th May, 2024.
[84] An interview with Anonymous HIV positive client 20, at Tafo Government hospital, Dated 6th May, 2024.

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Sometimes I feel like I can't be myself around others. I worry they might judge me if they find out about my HIV status. It's easier to just stay home than risk rejection.[85]

Indeed, isolation significantly impacts the mental and emotional health of HIV patients, and intensify feelings of loneliness and distress. Mental Health is a concerning issue associated with HIV. There is always a link between HIV-related stigma and depression, anxiety, and suicidal thoughts. Isolated young people struggle to cope emotionally as they mostly have negative self-talk and feelings of worthlessness. This leads to feelings of loneliness, despair, and decreased self-esteem, which affect their overall well-being and ability to manage their HIV.

The 21st Interviewee, a 19-year-old HIV patient, he hinted,

Since I haven't been able to talk to anyone, I feel depressed and lost. I don't know how to navigate this alone. I feel so alone and hopeless, and it makes me think about suicide because the burden is overwhelming.[86]

Stigma and discrimination are not limited to friends and family only but even health providers and employers. Many people with HIV are hesitant to access support services due to concerns about discrimination or mistreatment. Interviewees generally revealed that, during support group discussions or meetings some health personnels treated them differently. It made them nervous. Sometimes they decided not to attend these meetings. They sometimes felt they were being "lectured" instead of being offered support: it felt as if they were being blamed for having HIV.

The above notwithstanding, support groups also provide a sense of closure to affected people, 20th and 21st interviewees all reported that,

It was great to talk to other young people who understood what I was going through. We could share experiences, ask questions, and just feel less alone.[87]

The 22nd interviewee further suggested that,

I think it's important to have people running the groups who are young and understand what it's like to be living with HIV. It would also be helpful to have more social events or activities, not just meetings.[88]

Due to the misconception surrounding the disease, most of the HIV clients do not have white-coloured jobs.

The 23rd interviewee, an HIV patient stated that, "he once applied for a job for the position of a marketing manager, the qualification included a medical examination, when his status was

[85]Ibid.
[86] An interview with a 19-year Anonymous HIV positive client 21, at Tafo Government hospital, Dated 6th May, 2024.
[87] An interview with Anonymous HIV positive client 20&21 at the Tafo Government Hospital, Dated 6th May, 2024.
[88] An interview with Anonymous HIV positive client 22, at the Tafo Government Hospital, Dated 6th May, 2024.

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revealed, although he qualified for the position, he was denied, because the company doesn't hire HIV patients.[89] This has been a major barrier faced by many HIV patients.

Another interviewee; the 24th interviewee, a businessman at Tafo, asserted that, he will close his shop and not work again than to employ an HIV patient. He also said that if he contracts the disease his family and friends will shun him. It will be a disgrace to him.[90]

We observed that discrimination is not the norm in the medical facilities. Most healthcare providers are dedicated to providing quality care to everyone, regardless of their HIV status. However, some health providers hold outdated beliefs about how HIV spreads. They fear casual contact or sharing equipment, even though these are not transmission risks. With the fear of the unknown and despite proper safety protocols, some health providers have lingering anxieties about contracting HIV themselves. They also associate HIV with specific lifestyles or behaviours, such as homosexuality or prostitution, which leads to unconscious bias and judgment.

Our research revealed that, despite the government's efforts in combating the disease, stigma and discrimination are still major barriers, especially for the PLWHA. There has been a speedy rise in AIDS patients, as a large number of the HIV patients stop treatment, treatment adherence, and effectively utilising the support services, which brings some sense of closure due to fear and treatment that they receive from friends, family, and relatives. This has increased mortality, the spread of HIV infection, and the workload of HIV health providers, as they have to track down clients to avoid to prevent the disease from its rapid spread among the population.

GOVERNMENTAL POLICY FRAMEWORKS

Ghana was among the first countries in the West African sub-region that recognised the danger posed by HIV/AIDS and took a decisive step to control its spread. By December 2002, the Ministry of Health (MOH) had recorded a total of 64,316 HIV/AIDS cases since the first official case was recorded in Ghana in 1986. This means that on average, the country has been recording about 3,783 HIV/AIDS cases annually since 1986.[91] Ghana has made significant strides in its response to the HIV epidemic, with a decline in prevalence rates and increased access to treatment and care services. However, despite this progress, HIV remains a significant public health concern in the country.

To address the ongoing challenges posed by HIV, the Government of Ghana has developed a comprehensive policy framework to guide the national response to the epidemic. This framework is built on the principles of equity, inclusivity, and human rights, and prioritises the needs of key populations, including women, children, and marginalised communities. The

[89] An interview with Anonymous HIV positive client 23, at the Tafo Government Hospital, Dated 6th May, 2024.
[90] An interview with Anonymous youth, a businessman at Tafo, Dated 30th May, 2024.
[91] John K. Anarfi and Ernest N. Appiah, "Mitigating the Impact of HIV/AIDS in Ghana: The Role of Education" (Paper presented at the International Conference on Ghana at Half Century, ISSER and Cornell University, M-Plaza Hotel, Accra, 18-20 July 2004), Institute of Statistical, Social and Economic Research, University of Ghana, Legon.

DOI: 10.17107/KH.2025.31.8-29

current National HIV Strategic Plan and Health Sector Strategic Framework 2021-2025 has a goal of enrolling at least 95% of persons living with HIV on ART, and achieving viral load suppression in 95% by 2025 under new UNAIDS 95-95-95 targets which are a set of ambitious goals aimed at ending the AIDS epidemic by 2030.[92] These targets are: 95% of people living with HIV knowing their HIV status, 95% of people diagnosed with HIV receiving antiretroviral therapy (ART), and 95% of those on ART achieving viral suppression.[93] Antiretroviral therapy is a lifelong activity, and distinctive strategies are necessary to ensure its effectiveness and the recent development of drug resistance.[94]

The policy framework outlines the government's commitment to increase access to HIV prevention, treatment, and care services, reduce stigma and discrimination against people living with HIV, promote evidence-based and rights-based approaches to HIV programming, strengthen collaboration and coordination among government, civil society, and development partners, and mobilise resources and support for HIV research and innovation.

An interview with Dr Morrise Opoku, a pharmacist at the HIV unit at Tafo Government Hospital, shared his opinion about the above. He stated that,

To ensure that all patients are well-taken care of, HIV clients are under the National Health Insurance Scheme (NHIS), which covers their medical expenses.[95]

In an interview with an anonymous HIV client, the 25th interviewee, she stated,

When I was diagnosed with the disease, I thought I would die soon because I didn't have money, but after I came here for my counselling and medication, I realised that everything was free. Although the only money I paid was for the kidney and liver test, and also the full blood test.[96]

Under HIV Testing and Counselling (HTC), the guiding principles are confidentiality, informed consent, Post-test Counselling and support services, correct test results, and connection to services.[97] These principles guiding HTC are crucial pillars that ensure ethical and effective service delivery. Confidentiality stands as a cornerstone, safeguarding the privacy and dignity of individuals seeking testing. Informed consent empowers individuals to make voluntary decisions about their health, promoting autonomy and respect. Post-test Counselling and support services offer vital emotional and informational assistance, aiding individuals in understanding their results and accessing necessary care. Ensuring correct test results maintains the integrity of the process, fostering trust and accuracy.

Connecting individuals to services deals with legal and ethical issues, emphasising holistic care and continuity in the fight against HIV/AIDS. The legal and human rights of HTS clients should

[92] *Consolidated Guidelines for HIV Care in Ghana: Test, Treat & Track* (Accra: Ghana Health Service, October 2022), 57, https://www.differentiatedservicedelivery.org/wp-content/uploads/Consolidated-Guidelines-For-Hiv-Care-In-Ghana.pdf.
[93] Dorothy Serwaa Boakye and Samuel Adjorlolo, "Achieving the UNAIDS 95-95-95 Treatment Target by 2025 in Ghana: A Myth or a Reality?" *Global Health Action* 16, no. 1 (2023): 2271708
[94] Opcit.
[95] An interview with Morrise Opoku, pharmacist, at Tafo Government Hospital, Dated 6th May, 2024.
[96] An interview with an Anonymous HIV positive client 25, at Tafo Government hospital, 6th May, 2024.
[97] *Consolidated Guidelines for HIV Care in Ghana: Test, Treat & Track* (Accra: Ghana Health Service, October 2022), 57, https://www.differentiatedservicedelivery.org/wp-content/uploads/Consolidated-Guidelines-For-Hiv-Care-In-Ghana.pdf.

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be protected at all times in the context of other individual legal and human rights as well as public health interests. Clients using HTS, especially those who test HIV positive, should not be stigmatised or exposed to discrimination.[98]

Further guidance on the legal framework for providing other services in Ghana can be found in the L.I 2403, section 32, Ghana AIDS Commission Regulation, 2020. This framework covers the right to privacy, right to non-discrimination, equal protection and equality before the law, right to marry, and right to informed consent; in case of written consent, forms must be signed or thumbprinted by the client before testing. The age of consent as provided by the L.I 23403, sections 23 and 24, Ghana AIDS Commission Regulation, and also protecting human rights within an HTS site.[99] In addition to information giving, counselling, confidentiality, and informed consent, protecting the human rights of HTS clients should be promoted through the adoption and an ethical code of conduct for all those involved in HTS services. Such a code should include a commitment to competence, respect for the rights of individuals, professional conduct, and integrity in the discharge of duties.[100]
It should be observed that, although there are existing frameworks such as the HIV Testing and Counselling guiding principles which provide Confidentiality, Informed consent, Post-test Counselling and support services, Correct test results and Connection to services, and also Ghana AIDS Commission Regulation under the L. I 2403, section 32, which protects the rights and freedom of HIV clients, the clients themselves have less or little knowledge about their rights, and even when they become aware, the fear of being isolated by friends, families, and relatives mostly deters them from standing up for their rights. Also are these frameworks actually in practice or just in paperwork? During an interview with the HIV clients, I observed none of them had ever heard about an HIV positive patient sending a case to court about his right being infringed upon both in their respective homes and at their workplace.

CONCLUSION

Since the first case report of HIV in Ghana, the disease or virus has caused more harm. In earlier times, measures by preceding governments sought to address the issue as a national problem focusing more on its health implications rather than the societal factors increasing its spread. At the beginning of the disease, many HIV patients were isolated or quarantined from their families, relatives, and loved ones. This infringed upon their rights and freedom as they were mistreated, denied treatment, and stripped of their humanity. Although the government had fair knowledge about how HIV/AIDS patients were treated, it did nothing to resolve it due to the government interest in priotising other areas or issues in governance.
The legal and human rights of HIV clients should be protected at all times in the context of other individual legal and human rights as well as public health interests as enshrined in Ghana's AIDs Commission Regulation. These legal and ethical issues have helped reduce

[98] Ibid.
[99] Ibid.
[100] Ibid.

stigmatisation or exposure to discrimination. The legal framework for delivering HIV services in Ghana specifically L.I 2403, section 32, Ghana Commission Regulation, 2020 which provides PLWHA the right to privacy, right to non-discrimination, equal protection and equality before the law has given voice to the marginalized people. But how effective are these policies and interventions?

Despite government efforts to expand access to HIV services, stigma remains a major barrier within the Tafo-Pankrono community. Government initiatives like the National HIV/AIDS Curriculum and free testing campaigns have made strides in education and accessibility. However, traditional beliefs attributing HIV to curses or witchcraft, along with gender inequalities affecting young women's ability to negotiate safe sex, continue to hinder prevention efforts.

Also, cultural beliefs associating HIV with promiscuity, infidelity, and moral failings contribute to social stigma. Fear of disclosure and rejection deters many young people from getting tested or seeking treatment. Those who do access services often face judgment from healthcare providers and isolation from family and friends. This stigma significantly impacts mental health, leading to depression, anxiety, and even suicidal thoughts among some HIV-positive youth. While some media have raised awareness, others have sensationalised the disease, perpetuating fear and misunderstanding. By sensationalising HIV, these campaigns have generated fear and misinformation, fostering negative attitudes toward people living with HIV/AIDS (PLWHA). This harmful portrayal exacerbates discrimination and prejudice against this vulnerable population.

Through this research, it was established that stigma and discrimination hinder HIV/AIDS prevention, testing, treatment adherence, and support services among the youth in Kumase, Ghana, focusing on the Tafo-Pankrono area. Despite government efforts to improve access to HIV services, cultural beliefs linking HIV to promiscuity and moral failings perpetuate social stigma, discouraging young people from seeking testing or treatment due to fear of disclosure and rejection. Those who do seek services often face judgment from healthcare providers and isolation from their communities, adversely affecting their mental health.

It could be observed that media and government policies play a crucial role in shaping HIV discourse; while some initiatives have raised awareness, others have exacerbated fear and misunderstanding. Traditional beliefs and gender inequalities within the Tafo-Pankrono communities also impede prevention efforts. The study underscores the necessity for culturally sensitive education, community engagement, and empowerment programmes to combat stigma and enhance HIV service access for youth in Kumase.

Addressing the stigma and discrimination associated with HIV is critical to achieving global and national development goals. HIV remains a significant societal challenge, particularly in Africa, including Ghana. The youth are inappropriately affected, and the resulting stigma and discrimination hinder individual growth and national development.

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