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Stigmatization of People Living with Human Immunodeficiency Virus in the Sunyani Municipal Area, Ghana

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Abstract: It is generally known that People Living with Human Immunodeficiency Virus (PLWHIV) have been subtly ejected from their homes, lost their jobs, and some have been denied the use of community amenities. Some have been verbally abused and clients have avoided patronage of their goods and services. The purpose of the study were to; assess the extent to which PLWHIV are stigmatized; the type of care and support given by relations, friends and other community members to infected persons; the effectiveness of the existing HIV/AIDS educational programmes in addressing the dangers of stigmatization of HIV/AIDS infected persons in the Sunyani Municipality and make recommendation to inform policy. Two hundred heads of households were selected through the Cluster sampling procedure and snowball technique was adopted to select 13 PLWHIV and five known relations, since the study is a sensitive one. Primary data were also obtained from the Municipal Health Directorate, the Municipal Assembly, five Municipal health personnel, three NGOs as well as two religious bodies. The study revealed that stigma is deeply-rooted in the Municipality as 58% heads of households interviewed were not willing to disclose their HIV status if tested positive. The 39% of PLWHIV who had disclosed their HIV status to a sibling, a parent, a grandparent, a spouse and children were happy about the kind of support; financial, companionship and pieces of advice they receive from them. The educational campaign addressing stigma and its attendant spread of the disease in the study area is woefully inadequate. Therefore the paper advocates for more interventions of educational campaigns to raise awareness on the issue of stigmatization of PLWHIV.

Key words: Care and support, HIV/AIDS educational programmes, PLWHIV, stigma

INTRODUCTION

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) reared its ugly face on the world scene in the early 1980s. Since then millions of infected persons have died and are still dying every passing day. Its devastating and destructive impact are felt much in Sub-Saharan Africa (SSA) which houses two-thirds (63%) of all the infected persons globally. The estimated number of persons living with HIV and AIDS worldwide in 2007 was 33.2 million. In every 18 seconds, someone in the world becomes infected with HIV– the virus that causes the AIDS. In Africa around 3,000 new cases of infection occur every day (UNAIDS, 2008).

The Republic of Ghana has not been spared the global HIV/AIDS pandemic. In Ghana, the first AIDS case was identified in 1986 and even though the prevalence rate has been kept below 5%, the number of People Living with HIV/AIDS in the country has been increasing over the years (Ghana AIDS Commission, 2007). By September 2004, 72,541 cases had been reported by the Ministry of Health (MOH). In 2007 it was estimated that 312,030 people had HIV/AIDS comprising 247,220 adults and 19,631 children with total death of 147,357 (MOH, 2007). In 2008, the estimated adult persons living with HIV/AIDS were 236,151 persons made up of 98,306 males and 137,845 females. There were 22,541 new infections and 18,082 AIDS deaths. Twenty one thousand children were living with HIV with 10,163 being females. Three thousand nine hundred and seventy eight new infections occurred in almost equal proportions by gender. An annual AIDS death amongst children is also estimated at 2,241 (MOH, 2008). In 2009, the estimated adult persons living with HIV/AIDS was 267,089; an increase of 13.10% over the 2008 adult persons living with HIV/AIDS (NDPC, 2010).

Ghana's HIV prevalence rate is said to be stabilizing, having fallen from 3.1% in 2004 to 2.7% in 2005, 1.9% in 2007 and 1.85% in 2009 (NACP 2004, 2005, and 2007; NDPC, 2010). The prevalence is projected to rise gradually to 1.92 in 2015 if current trend continues.

The disease has no cure currently but infected persons could be given anti-retroviral treatment (ART) to improve the quality of their lives and make them

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live longer and healthier, which is a far cry from the situation several years ago when HIV infection was seen as a death sentence. In fact, due to availability of ART, some of the infected persons PLWHIV look 'healthier' than some non-HIV infected persons and such PLWHIV on therapy could live far more than 20 years after the infection (Smith, 2003). It seems therefore that the disease is manageable. However, infected persons feel reluctant to disclose their HIV/AIDS status for fear of being discriminated against. The stigma attached to the disease is so dehumanizing causing disintegration of the family system as members of families as well as the general public separate themselves from their otherwise loved ones (Nyanzi, 2004). This concealment is more likely to result in the spread of the disease, rather than to its control or eradication (Baiden, 2004).

According to MOH (2008) the fear of becoming infected underlies stigma and discrimination, which remains a major impediment to the prevention of HIV transmission and providing treatment, care, and support to people who are HIV-positive and their families. HIV and AIDS-related stigma is increasingly recognized as the single most humiliating challenge to the slowing of the spread of the pandemic at the global, continental, and national and the community levels. Stigma relating to HIV and AIDS undermines public health efforts to combat the pandemic (USAID, 2003).

Sunyani being the regional as well as the municipal capital, with the availability of the basic infrastructural facilities, attracts migrants. The Municipality had an HIV prevalence rate of 3.0% (MOH, 2007) compared to the national prevalence rate of 1.9% in 2007. The research therefore sought to: assess the extent to which People Living with Human Immunodeficiency Virus (PLWHIV) in the Sunyani Municipality are stigmatized; analyze the type of care and support given by relations, friends and other community members to infected persons; assess the effectiveness of the existing HIV/AIDS educational programmes in addressing the dangers of stigmatizing behaviour towards HIV/AIDS infected persons in the Sunyani Municipality and make recommendation to inform policy.

METHODOLOGY

The study was carried out in the Sunyani Municipal Area of the Brong Ahafo Region in Ghana, between 18th December 2009 and 20th May, 2010. The research approach was cross-sectional and a case study design was used. The case study was used because it is an empirical enquiry that allows the researcher to investigate and understand the dynamics of the phenomenon being studied. Data for the study was derived from both primary and secondary sources. Primary data were collected based on semi-structured interviews and questionnaires. Additional information relevant to the study was obtained from secondary sources such as the Ministry of Health, Ghana AIDS Commission, World Health Organization, the worldwide web, books, periodicals, and articles.

The views of the various stakeholders: the Municipal Assembly focal person on HIV/AIDS, Municipal health directorate, five municipal health care workers, three NGOs and two religious bodies were gathered through interviews and questionnaires administration. Slovin's sampling method (Guilford and Fruchter, 1973), $n = N/[1+N(\alpha)^2]$ (where n = sample size; N = sample frame; = confidence level); was used in determining the sample size. A total number of 200 heads of households were interviewed based on the sample frame (i.e. total number of households 21,492 in the Municipal Assembly) at a margin of error (α) of 7% (sample size $n = 21,492/1+21,492\ (0.07)^2 = 202$). The research utilized a combination of both probability and non-probability sampling techniques. Based on the recommendations made by the Municipal Health Director (because they had the highest number of reported HIV/AIDS cases in the municipality), nine electoral areas were selected from Sunyani urban, Abesim town and Atronie area councils in the Sunyani Municipality.

Based on the uneven number of households in the electoral areas, proportional stratification was used to select the number of households' heads for the study. Hence, 168 (84%) , 28 (14%) and 4 (2%) household heads from the Sunyani Urban council, Abesim Town council and the Atronie area council respectively were selected to answer the questionnaires (Table 1). Each electoral area was divided into 5 clusters of households and one cluster selected using a simple random sampling. From the selected cluster from the electoral areas, the houses were numbered and randomly selected according to the proportional distribution of respondents. Heads of households were then administered with the questionnaires.

The accessible population (PLWHIV) receiving Anti-Retroviral Therapy (ART) was 16 with two defaulters. It was prudent to reach out to all the 16 known persons within the study period to get varied opinions about the subject matter. However, 13 out of the 16 were available for the study. As the topic was a sensitive one, the snowball technique was used to solicit for information from infected persons through nurses who work directly with PLWHIV. Since only five PLWHIV had informed their family members about their status, five of their relations (to whom they had disclosed) were also interviewed.

An interview guide was used to obtain information from the Municipal health director, one focal person on HIV/AIDS for the Municipal Assembly, five health personnel (nurses who work directly with PLWHIV) from

the Municipal hospital, three NGOs (PPAG, Concern Universal and 6th March Women's Foundation) and two religious bodies (who had a coordinator in charge of health; the Seventh Day Adventists Church and Islamic Mission) were purposively selected and interviewed because they have a wealth of information on the topic.

The nature of the research necessitated a combination of both qualitative and quantitative techniques to analyse the data. The questionnaires were analyzed using Statistical Package for Social Science (SPSS) software (SPSS- PC for windows, version 16). In analyzing the data, statistical association was used to establish relationships and tables were used for the quantitative data. Descriptive analysis was used for the interviews conducted.

RESULTS AND DISCUSSION

Knowledge about HIV/AIDS: The focus of the study was to find out the level at which PLWHIV are stigmatized by society. However, before assessing this phenomenon, the respondents' knowledge about the HIV/AIDS was sought. Ninety eight percent of heads of households had knowledge about the existence of the disease. All the 13 PLWHIV and their five relations (to whom they had disclosed their HIV sero-status) were also aware of the existence of the disease.

The survey revealed that heads of households knew very well that HIV could not be transmitted through dancing with infected person (95%), sharing lavatories (90.0%), hugging infected persons (97%), coughing and sneezing (80.0%). They also knew that HIV can be transmitted through unprotected sex (98.0 %), sharing toothbrush (98.0%) sex with many partners (98.0%) and sex with prostitutes (100%) (Table 2). All the 13 PLWHIV and their five relations to whom they had disclosed were able to identify the major routes of the transmission of the disease. Generally, the respondents in the study had good knowledge of the mode of transmission of HIV/AIDS, which was consistent with USAID (2003) and USAID/GHANA (2010) studies in Ghana.

Major routes of transmission of HIV/AIDS amongst PLWHIV: The HIV is spread through several means such as sexual intercourse, unscreened blood transfusions,

Table 1: Electoral areas and heads of household sampled for the study

Area	Electoral areas	Electoral areas selected	Total household	Administered questionnaire	%
Sunyani	13	7	14391	168	84
Abesim	3	1	2440	28	14
Atronie	2	1	341	4	2
Total	18	9	17172	200	100

Table 2: Knowledge of the mode of transmission of HIV/AIDS among heads of households

	Heads of households who			
	Agree		Disagree	
Mode of transmission	No	%	No	%
Sex with prostitutes	200	100	-	-
Sharing lavatories	20	10.0	180	90.0
Unprotected sex	196	98.0	4	2.0
Coughing/ sneezing	40	20.0	160	80.0
Hugging PLWHIV	6	3.0	194	97.0
Sex with several partners	196	98.0	4	2.0
Dancing with PLWHIV	10	5.0	190	95.0
Eating with PLWHIV	3	1.5.0	197	98.5
Sharing of blades/razor use	186	88.0	24	12.0

Table 3: Perception of respondents on HIV/AIDS stigmatization

	Respondents who			
	Agree		Disagree	
Category of interviewees	No	%	No	%
PLWHIV	13	100	-	-
Relations	5	100	-	-
NGO's	3	100	-	-
Municipal assembly	1	100	-	-
Municipal health director	1	100	-	-
Municipal health workers(nurses)	5	100	-	-
Religious bodies	2	100	-	-
Heads of households	187	93.5	13	6.5

Table 4: Respondents view on stigmatization and concealment

	Stigmatization would lead to concealment			
	Agree		Disagree	
Category of interviewees	No	%	No	%
PLWHIV	13	100	-	-
Relations	5	100	-	-
NGO's	3	100	-	-
Municipal assembly	1	100	-	-
Municipal health director	1	100	-	-
Municipal health workers (nurses)	5	100	-	-
Religious bodies	2	100	-	-
Heads of households	180	90	20	10

Table 5: Concealment and spread of the disease

	Concealment would lead to the spread of the disease			
	Agree		Disagree	
Category of interviewees	No	%	No	%
PLWHIV	13	100	-	-
Relations	5	100	-	-
NGO's	3	100	-	-
Municipal assembly	1	100	-	-
Municipal health director	1	100	-	-
Municipal health workers(nurses)	5	100	-	-
Religious bodies	2	100	-	-
Heads of households	177	88.5	23	11.5

the use of contaminated sharp implement, mother to baby transmission during pregnancy, childbirth, breastfeeding or other exposure to one of the above bodily fluids. However, various studies have confirmed that the dominant route of spread of the pandemic is through sexual intercourse (Coovadia and Bland, 2007; Bentsi, 2003; Koeing *et al*., 2004). About 84.6% of the PLWHIV in this study believed they contracted the disease through sexual intercourse, confirming Bentsi (2003) and Coovadia and Bland (2007) study where sexual intercourse accounted for 75% and 78% of the spread of HIV respectively.

Perception of respondents on HIV/AIDS stigmatization: All the 13 PLWHIV and their five relatives interviewed agreed that HIV/AIDS infected persons are stigmatized. The three NGO's, the Municipal focal person on HIV/AIDS, the healthcare providers and the two religious bodies also agreed that PLWHIV are stigmatized.

Among the heads of households interviewed, 94% admitted that known PLWHIV are stigmatized by society (Table 3). This is an indication that stigmatization of HIV persons is deeply-rooted in the Sunyani Municipality confirming MOH (2007) finding that even though HIV prevalence is low in Ghana, HIV is firmly established within the society with its attendance consequences of stigma and discrimination.

Stigma and concealment: The stigmatization of PLWHIV often leads to the concealment of one's HIV-positive status. Ninety percent of heads of households admitted that stigmatizing people living with HIV/AIDS leads to concealment (Table 4). The non-governmental organizations, the Municipal Assembly, the health director and the religious bodies as well as the PLWHIV themselves and their five relations to whom they had disclosed all agreed to this assertion. About 62 % of PLWHIV have not had the courage to disclose their HIV status and the 39 % who had done so, had informed a sibling, grandparent, parent or spouse and children but not to a friend.

The PLWHIV who have disclosed their HIV status to relations were happy with the kind of support like financial, companionship and emotional support they receive from them. They have not regretted informing them because the confidentiality of their HIV status has been respected. None of the PLWHIV had disclosed their HIV serostatus to their employers, co-workers or clientele for fear of losing their livelihood.

About 42% of the heads of households were prepared to disclose their HIV status to others when tested positive while 58% were unwilling to do so. Out of the 42% of heads of households willing to disclose their HIV positive status, none would disclose to a friend, an employer or customer but 76% would do so to a spouse and children and 24% to other relations.

The heads of households also indicated that they had heard or seen self employed persons living with HIV/AIDS who had lost their jobs/clientele after their HIV status became known. Thirty percent lost customers and 65% lost their employment.

Table 6: Medical care and general support for PLWHIV

Provision and sources of funding for care and support for PLWHIV	Responses from heads of households			
	Provision of care and support		Responsibility for medical treatment	
	No	%	No	%
Self	19	9.5	16	8.0
Relative	136	68.0	44	22.0
Government	25	12.5	109	54.5
NGOs	8	4.0	15	7.5
Friends	5	2.5	13	6.5
others	7	3.5	3	1.5
Total	200	100	200	100

Table 7: Institutional support, prevention and treatment given to PLWHIVs

Institution	No. of registered PLWHIVs under institutions	Type of support, prevention and treatment given to PLWHIVs
Municipal assembly	56	Supplementary feed, payment of NHIS premium
Municipal health directorate	16	PMTCT and VCT services, Educational campaign, provision of ART
Concern universal	50	Entrepreneurial skills

Table 8: Types of support needed by PLWHIV

Category of interviewees	Summaries of views on types of support
PLWHIV	Companionship, care, love, empathy
Relative	Socialization, compassion, counseling
NGOs	Compassion, financial provision of ART on sustainable basis
Municipal assembly	Love, compassion and good company
Health director	Nutritious food, financial etc
Municipal health workers(Nurses)	Nutritious food, financial, counseling etc
Heads of households	Associating with PLWHIV, moral, shelter, financial etc
Religious bodies	Kindness, love, moral, financial etc

Eighty nine percent of the heads of households interviewed concluded that concealment leads to the spread of the disease (Table 5). The institutions, together with the PLWHIV and the five relations to whom they had disclose their HIV status also attested to this fact (Table 6). The PLWHIV and the institutions admitted that concealment of one's HIV-positive status could increase the spread of the disease. This finding is also consistent with Baiden (2004) study in Ghana.

Seventy five percent of the heads of households indicated denying PLWHIV the kind of empathy needed because of fear of contracting the disease. 60% of heads of households thought that PLWHIV led promiscuous life styles. 52% indicated that some PLWHIV have actually been abandoned by their extended family whilst 49% had witnessed PLWHIV thrown out of their matrimonial homes.

Provision and sources of funding for PLWHIV: sixty eight percent of heads of households were of the view that family members should be responsible for taking care of PLWHIV whiles 13 and 10% wanted the government and PLWHIV respectively to shoulder this responsibility.

On who should bear the cost of treating PLWHIV, 55% of the heads of households advocated for the government whilst 22% wanted the family to take this responsibility. Eight percent agreed that PLWHIV should pay for their own treatment and NGOs taking 8%. Though PLWHIV have not disclosed their HIV positive status to friends, 7% of the household heads believed that friends could shoulder this responsibility.

Type of support, prevention and treatment given to PLWHIV: Support to PLWHIV by relations, friends as well as the general public and institutions would go a long way in soothing the pains and agony of PLWHIV. The survey revealed that Municipal Health Directorate, the Municipal Assembly and Concern Universal have altogether registered 122 PLWHIV providing them with various types of support, prevention and treatment such as; Voluntary Counseling and testing (VCT); Antiretroviral drug therapy (ART) delivery services; Provision of Prevention of Mother to Child Transmission (PMTCT); provision of vocational training and economic support; provision of food supplements; Payment of NHIS premium among others (Table 7). It is therefore anticipated that many people would avail themselves to take advantage of these supports to go for voluntary counseling and testing so that the fight against the epidemic could be won.

In addition, it was observed that PLWHIV wanted members of the society to show care, love, empathy and companionship to make them feel at home. The rest of

Table 9: Educational campaign on HIV/AIDS stigma

	Heard about the campaign		Have not heard about the campaign	
Categories of interviewees	No	%	No	%
PLWHIV	3	23.1	10	76.9
Relations	1	20	4	80
NGO's	3	100	-	-
Municipal assembly	1	100	-	-
Municipal health director	1	100	-	-
Municipal health workers	5	100	-	-
Religious bodies	2	100	-	-
Heads of households	168	84	32	16

Table 10: Assessment of the activities for curbing HIV/AIDS

Institutions	Activities being implemented	Progress/achievements
Municipal assembly	Education of the PLWHIV to live responsible sexual life, Incorporation HIV/AIDs issues in assembly programmes	Adequate
NGOs	Talk shows, educational campaign on radio	Not adequate
Municipal health directorate	Public health education, PMTCT, voluntary counseling and testing	Adequate
Religious bodies	Sermons, social gatherings talks on HIV/AIDS issues	Not adequate

respondents also indicated that there is the need to show love and care to PLWHIV. A variety of support was advocated by the respondents to be provided to PLWHIV (Table 8).

Assessment of respondents knowledge of HIV/AIDS activities in the municipality: Some of the key activities being implemented in the Sunyani Municipality to mitigate the spread of HIV/AIDS include: close collaboration of the Medical Health Directorate with Community-Based Organizations (CBOs) and NGOs to educate the populace on HIV/AIDS menace, nutritional support for PLWHIV; provision of ART services, promotion of Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) (Sunyani Municipal Assembly, 2006-2009).

Educational campaign on HIV/AIDS stigma: Education has been identified as an essential means for combating the spread of the HIV/AIDS. United Nations (2010), for instance, identifies that understanding how to prevent transmission of HIV/AIDS is the first step to avoiding infection explaining further that though some progress has been made, comprehensive and correct knowledge of HIV/AIDS among young people is still unacceptably low in most countries. This therefore indicates the importance of and urgent need for education in combating the spread of HIV/AIDS.

Education on combating HIV/AIDS pandemic in the Sunyani municipality is implemented through the mass media (radio, Television, print media) religious bodies Sunyani municipality is implemented through the mass media (radio, Television, print media) religious bodies and community based programmes. Table 9 shows the respondents views about Educational Campaign on HIV/AIDS Stigmatization in the Municipality. About 80% of the relations of PLWHIV (to whom they had disclosed), 77% of PLWHIV and 16% of the heads of households had not heard about education on HIV stigmatization. While all the religious bodies, the Municipals Assembly, Municipal health workers (nurses) and the Municipal Health Director were aware of it. Conversely, all the PLWHIV and their five relations (to whom they had disclosed), the three NGOs and religious bodies and 84% of heads of households who have heard about the educational campaign said it was not enough. Consequently, there is the need for the intensification of education on stigmatization of HIV/AIDS persons to effectively combat the spread of the disease in the Municipality.

It was therefore not surprising when all the respondents be it PLWHIV, relations (to whom they had disclosed), the heads of households as well as all the institutions agreed that education on stigmatization could be an effective means of addressing the menace. The survey revealed that 23% of the PLWHIV wanted the educational campaign done through the television with the majority of 62% calling for radio programmes whilst 15% called for legislation, 20% of the relatives (to whom the PLWHIV had disclosed), asked for television programmes whereas 80% wanted it done through the radio. All the institutions would also like the campaigns done through the radio. Among the Heads of households 57% called for radio stations to disseminate the information while 9% wanted a legislation to be passed to address the problem. The call for legislation is laudable since it would protect PLWHIV from discrimination, according to UNAIDS (2007), 67% of countries now have some form of legislation in place to protect PLWHIV.

Respondents awareness about antiretroviral therapy (ART) and its benefits: Public awareness of ART could also help in fighting the disease as newly HIV infected persons could avail themselves to it. All the PLWHIV, their relations (to whom they had disclosed), and

institutions were aware of the existence of An Antiretroviral Therapy (ART) which is used to prevent the multiplication of the virus that kills the white blood cells. All the PLWHIV interviewed are receiving the antiretroviral therapy, 30% pay five Ghana cedis (GH¢5.00) for the drug and 70% receive it for free due to their levels of poverty. Ninety nine percent of heads of households knew the presence of the drug. All the thirteen PLWHIV and their five relations (to whom they had disclosed) attested that, ART has brought significant improvement in their lives. This finding is consistent with Smith (2003) study in South Africa, where antiretroviral therapy has made some infected persons look "healthier" than even non-infected persons.

About 25% of heads of households were aware of the Prevention of Mother-to-Child Transmission (PMTCT) and Antiretroviral Therapy (ART) delivery services. According to the Municipal healthcare providers they insist on maintaining confidentiality of one's HIV serostatus. Accordingly to the PLWHIV, they had not experienced any breach in confidentiality as they queue with all other patients attending hospital for medical care. This findings is in contrast to a study conducted by (UNAIDS, 2008) in India, Indonesia, the Philippines and Thailand where respondents reported breaches of confidentiality by healthcare workers.

Assessment of HIV/AIDS activities implemented by institutions: The Municipal Health Director indicated that through the Public Health Education section, PMTCT and sustainable availability of the ART, much has been achieved (Table 10). The Municipal Assembly holds monthly meetings with PLWHIV who have registered with the assembly where the PLWHIV are educated to desist from having unprotected sex in order not to spread the disease. However, all the institutions agreed that much is needed to be done to prevent people from being infected on daily basis. Although the two religious bodies (Seventh Day Adventists Church and Islamic Mission) educate their members about the disease, they admitted that the campaign needs to be given a wider recognition through social gatherings.

CONCLUSION AND RECOMMENDATIONS

After analysing the data on Stigmatization of PLWHIV in the Sunyani Municipality the following are the findings that were made evident:

- About 84.6% of the PLWHIV in this study believed they contracted the disease through sexual intercourse.
- All the PLWHIV, their confided relations and members of the institutions interviewed agreed that HIV/AIDS infected persons are stigmatized.
- As a result of stigmatization about 62% of PLWHIV have not disclosed their status to anyone, and those who had, had informed closed family members but none had disclosed to a friend. The fear of losing one's job or clientele has also led to concealment.
- 58% of the heads of households interviewed were not willing to disclose their HIV status if tested positive because of stigmatization.
- The PLWHIV who have disclosed their HIV status to relations were happy with the financial and emotional support they received from them. Seventy five percent of the heads of households disclosed denying PLWHIV the kind of empathy needed because of their fear of contracting the disease.
- The Municipal Health Directorate, the Municipal Assembly and the NGO (Concern Universal) supported registered PLWHIV with; ART, PMTCT, vocational training, food supplements and payment of NHIS premium among others.
- All the PLWHIV interviewed are receiving the antiretroviral therapy, 30% pay five Ghana cedis (GH¢5.00) for the drug and 70% receive it for free due to their levels of poverty.
- The PLWHIV attested that, ART has made them "healthier" than when they were initially diagnosed with the virus.
- Majority of respondents were aware of an on-going educational campaign addressing the spread of the disease, but thought that the campaign concentrated on the disease neglecting the stigmatization aspect of the disease.

The following policy recommendations have been made to help address the stigmatization of HIV/AIDS patients in the Sunyani Municipal area.

The role of the media: As the study revealed, it is expected that FM stations (the radio) could assist in the efforts by all stakeholders especially the Ghana AIDS Commission to ensure that victims of PLWHIV are not stigmatized, isolated or discriminated against. If the radio stations scattered throughout the country could devote a fifteen-minute free air-time per week to health professionals to disseminate information and educate the public on the need to avoid stigmatization of PLWHIV this would go a long way in addressing this menace.

Promotion of disclosure: Concealment serves as one of the pillars that facilitate the spread of the disease. It would therefore be necessary on the part of society to commend an HIV infected person who discloses his/her status instead of stigmatizing discriminating against him/her. It is recommended that members of the community especially key opinion leaders like traditional rulers, assembly persons, leaders of religions bodies, teachers, health professionals and NGO's could help curb it.

Role of religious bodies in curbing HIV/AIDS stigmatization: The religious bodies could also play significant roles in reducing stigmatization of PLWHIV by constantly educating their members. As they preach morally upright lives to their members they should also not forget that there are miscreants within their memberships. Therefore through their sermons, Bible or Koran studies, crusades and conferences they should talk about HIV/AIDS issues to drum home the message of inculcating the habit of going for HIV test as early detection will help those infected to be put on the Antiretroviral Therapy (ART) on time to save their lives. At the same time, the religious conduct based on the Bible or Koran encourages adherents to show empathy, love, and companionship to those unfortunate ones who have been infected with the disease rather than condemning them.

Policy formulators and implementers should focus on how to successfully promote stigmatization message, the target population for the message and the medium to adopt for the campaign. The research has provided evidence to this effect and draws critical implication for planning adequately for HIV/AIDS education campaigns.

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