AHF AIDS HEALTHCARE FOUNDATION

# Breaking Myths, Building Trust

## The Role of Media in Ending HIV Stigma

Dr Ekua Houphouet
Country Program Manager, AHF Ghana


# What is your role in reducing HIV stigma?

# Outline

- Opening: why media language matters
- Ghana media landscape and stigma evidence
- Case review: past reportage from Ghana
- HIV myth-busting and facts journalists must know
- Language clinic and headline rewrite practice
- Verification checklist and newsroom commitments
- Wrap-up

# Why this training matters

Media can either deepen stigma or open the door to testing, care & treatment and builds trust

**THE PROBLEM**

HIV coverage in Ghana is sometimes largely statistics-heavy and event-driven.

Fear-based framing can make people less willing to test or disclose.

Rumours, cure claims and moral framing travel fast on radio, social media and WhatsApp.

**THE MEDIA OPPORTUNITY**

Use accurate, people-centered language.

Ask better follow-up questions about the numbers and when sources make unverified claims.

Tell solution-focused stories that protect dignity, privacy and rights.

Note that...

**Accurate reporting saves lives and builds trust**

# Learning objectives

By the end of the session, participants should be able to:

- Identify harmful HIV myths and stigma-reinforcing language in media stories
- Distinguish between HIV facts, opinions, rumours and unverified claims
- Rewrite problematic headlines and scripts using accurate, people-centered language
- Apply a simple verification checklist before publishing HIV-related stories
- Develop story angles that build trust, protect confidentiality and encourage service uptake.

# Ghana media landscape: where stigma travels

The same channels can potentially spread myths but can also correct them

### Radio

Wide listenership, strong reach

### TV

Visual authority and agenda-setting

### Online news

Fast-moving policy and public health reporting

### Social media

Youth engagement and rapid resharing

### WhatsApp

Peer-to-peer sharing, clips and infocards

**Implication: prepare different formats for different platforms but keep the same facts and people-centered language.**

# What is the media reporting?

Coverage is visible, but we can strengthen the depth of reporting

## What are we doing right?

**The media reports:**

- **The figures**
- **Sponsored programs**
- **Important dates and events**

## What can we add on?

- **Move from “numbers only” to solutions, dignity, resilience and available services**
- **Feature community voices such as people living with HIV, adolescent girls, health workers, families and vulnerable populations**

# What is stigma associated with HIV?

Stigma blocks access to services

**HIV stigma is the negative attitudes, beliefs, stereotypes, and judgments directed at people living with HIV or those associated with HIV**

- May results in fear, blame, exclusion, discrimination, or unfair treatment
- Can discourage people from getting tested, seeking treatment, disclosing their status, or accessing health services in general

**For media professionals, HIV stigma occurs when reporting, images, headlines, interviews, or commentary:**

- Portray people living with HIV as dangerous, immoral, irresponsible, or deserving of their condition
- Link HIV to specific groups in a way that promotes blame or stereotypes
- Use fear-based, sensational, or judgmental language
- Violate confidentiality or expose a person's HIV status without consent
- Focus solely on death, crisis, or shame while ignoring treatment, resilience, and solution

# HIV stigma: what it costs

Stigma is not just a social issue. It is a public health barrier.


- People may avoid testing because they fear being judged or exposed
- People may delay treatment or struggle with adherence if privacy is not protected
- Families and communities can reinforce isolation through myths about casual contact
- Stigma can turn an accurate public health story into a barrier to care when language blames, shames or sensationalizes

**The media's responsibility is to reduce fear, protect dignity, and make services feel safe.**

# Some past reported myths

## Claims on HIV cure

### “Prophet ... Conquers HIV-AIDS”

Suggested a religious/herbal “cure” and framed the story as a “wonderful discovery.”

### “Ghana finds potential HIV cure”

Headline implied Ghana had found a potential cure, despite no approved cure.

### “God revealed cure for AIDS to me - Herbalist”

Published claims that HIV could be cured and included false transmission beliefs such as mosquito/dog bites and spiritual curses.

### “Cure for HIV and AIDS potentially discovered in Ghana”

Headline amplified a “cure” claim before internationally accepted clinical evidence.

# Why these myths are harmful

Claims should be verified before reporting

### Raises false hope

“Cure” headlines can lead people to abandon testing or ART.

### Normalizes misinformation

False transmission claims spread fear and discrimination.

### Weakens expert trust

Unverified claims can compete with guidance from official health authorities.

### Exposes vulnerable people

Sensational stories may pressure people to disclose or seek unsafe remedies.

**Rule: report health claims only after verification, context and harm check.**

# Myth-busting: quick facts journalists must know

Every HIV story should protect the public from preventable misinformation


| | | | |
|---|---|---|---|
| **Myth** | HIV spreads through sharing food, hugging or casual contact | **Fact** | HIV is not spread by ordinary contact such as kissing, hugging, sharing food or water |
| **Myth** | A healthy-looking person cannot have HIV | **Fact** | People can look healthy and still have HIV, especially early after infection |
| **Myth** | Herbs, prayer or spiritual cleansing can cure HIV | **Fact** | There is no cure, but ART controls HIV and helps people live long, healthy lives |
| **Myth** | People on treatment always transmit HIV | **Fact** | People taking ART with an undetectable viral load will not sexually transmit HIV |

# Language clinic: replace stigma with accuracy

Careful wording choices can change the public meaning of a whole story

| Avoid | Use instead |
|---|---|
| AIDS victim / sufferer | person living with HIV |
| HIV carrier | person living with HIV |
| infected person | person who has HIV or person living with HIV |
| clean / dirty test result | negative / positive HIV test result |
| spreaders / promiscuous people | people at increased risk of HIV |
| full-blown AIDS | advanced HIV disease, where clinically appropriate |

**Tip: language should describe health status without blame, judgment or identity reduction.**

# Verification checklist before publishing

A 60-second newsroom discipline for every HIV story

1. What exactly is the claim? Is it a fact, opinion, allegation, personal testimony or advert?
2. Who is the source? Are they qualified to speak on HIV science, policy or community experience?
3. What does official guidance say? Check with national or partner evidence.
4. Could the wording increase stigma, fear or privacy risk?
5. Have we included a service pathway: testing, treatment, prevention, counselling or hotline information?

**If it is not verified, do not amplify it.**

# Headline rewrite practice

Turn sensational claims into accurate, responsible public health stories

**Before**

**“Herbalist discovers cure for HIV/AIDS”**

**Before**

**“Village rejects HIV woman to protect residents”**

**Before**

**“HIV patients spread disease through food”**

**Before**

**“HIV-infected mother gives birth”**

**Before**

**“Promiscuous youth driving HIV crisis”**

**Before**

**“Security recruitment: 1300 applicants tested positive for HIV”**

# Story angles that build trust

Shift from fear and just event coverage to service, dignity and solutions

### Service journalism

Where to test, what to expect, confidentiality, costs and follow-up.

### Human-centered stories

Lived experiences with consent, privacy and dignity protected.

### Solutions reporting

Treatment access, viral suppression, prevention options and community support.

### Data with context

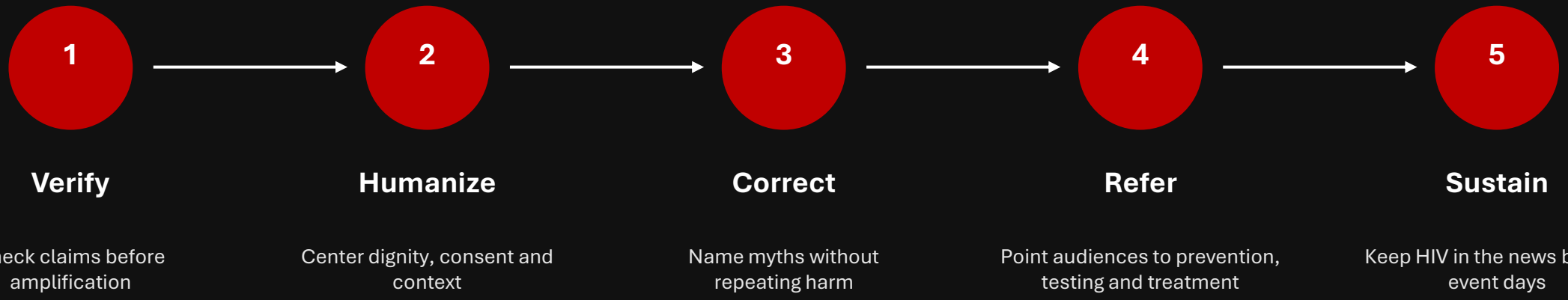
Explain trends without panic, blame or non-factual comparisons.

### Accountability reporting

Funding, commodity availability, policy barriers and implementation gaps.

**Use people-first language, verify every claim, and link audiences to help.**

# From myth to trust




**The media does not only report public health. It shapes whether people feel safe enough to seek it.**

Thank you