

Yεyε

Nnipa Koro

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Preface

I came to this work through two paths that have always run alongside each other: one clinical, one personal. As a public health nurse, I learned that health is shaped not only by medicine, but by identity, systems, and the environments in which people receive care. I saw how discomfort with difference can become stigma and, ultimately, harm.

As an HIV cure advocate, I have also learned that fighting for a cure means fighting for the dignity and wellbeing of people living with HIV today. We cannot imagine a future without HIV while people are still experiencing stigma, breaches of confidentiality, and fear within healthcare settings.

These two paths brought me to the Yɛyɛ Nnipa Koro (We are one people) Project, a statement of both fact and aspiration. The health of marginalised communities is inseparable from the health of Ghana, yet our healthcare systems do not always reflect this truth.

This booklet is not an attack on individual healthcare workers, but a reflection on the systemic biases, assumptions, and silences that shape institutions and influence care.
I am deeply grateful to the 35 individuals who trusted us with their experiences, frustrations, and hopes. In a political environment that often demands silence, you chose to speak. This project belongs to you.

by Eugene Anim
Project Officer, Yɛyɛ Nnipa Koro Project

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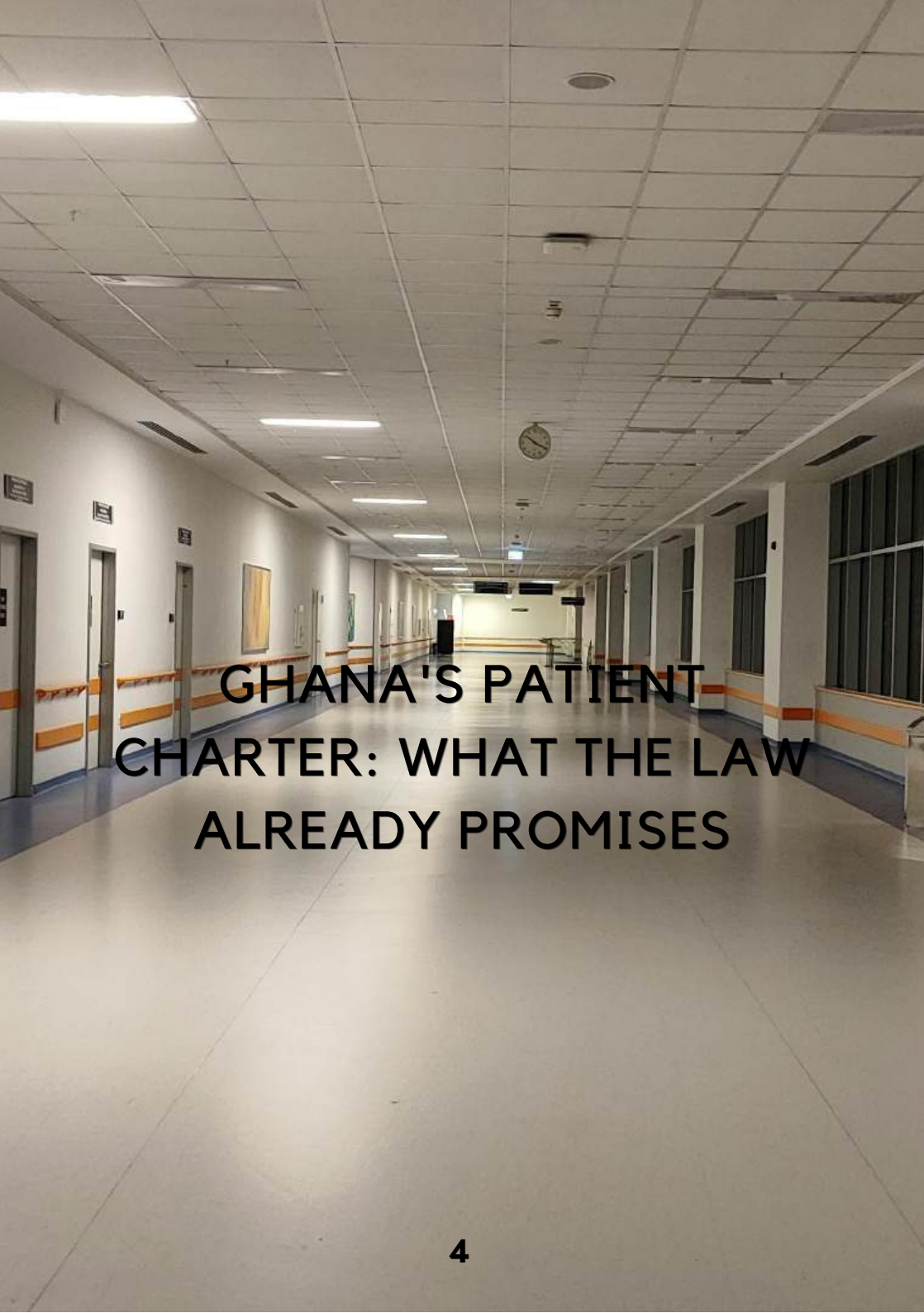
A NOTE ON CONSENT AND SAFEGUARDING

Every account in this booklet was submitted voluntarily by an individual who gave informed consent for their experience to be included. Participants were informed of the purpose of the booklet, the intended audience, and their right to withdraw at any time without questions.

All participants are identified by a unique project code only. No names, facility names, specific locations, or other identifying details have been included. Participants retain full ownership of their stories. The Yɛyɛ Nnipa Koro Project is governed by a comprehensive safeguarding framework, including an anonymisation protocol, a data handling policy, and a participant withdrawal process.

All project staff and contractors have signed confidentiality agreements before accessing any participant material. Where accounts have been lightly edited for clarity, the meaning and voice of the participant have been preserved without change. Nothing has been rewritten. Nothing has been added. What you read is what participants chose to share.

The Twi-language of one account appears first in the original Twi, followed by an English translation in italics below it, so that the participant's own language carries the primary weight of their experience.



GHANA'S PATIENT CHARTER: WHAT THE LAW ALREADY PROMISES

The Patient Charter is Section 167, Sixth Schedule, of Ghana's Public Health Act 2012, Act 851. It applies to every public health facility in Ghana and to every patient who walks through their doors. The following rights are directly relevant to the experiences documented in this booklet.

Right 1

The patient has the right to quality basic health care irrespective of the patient's geographical location.

Right 7

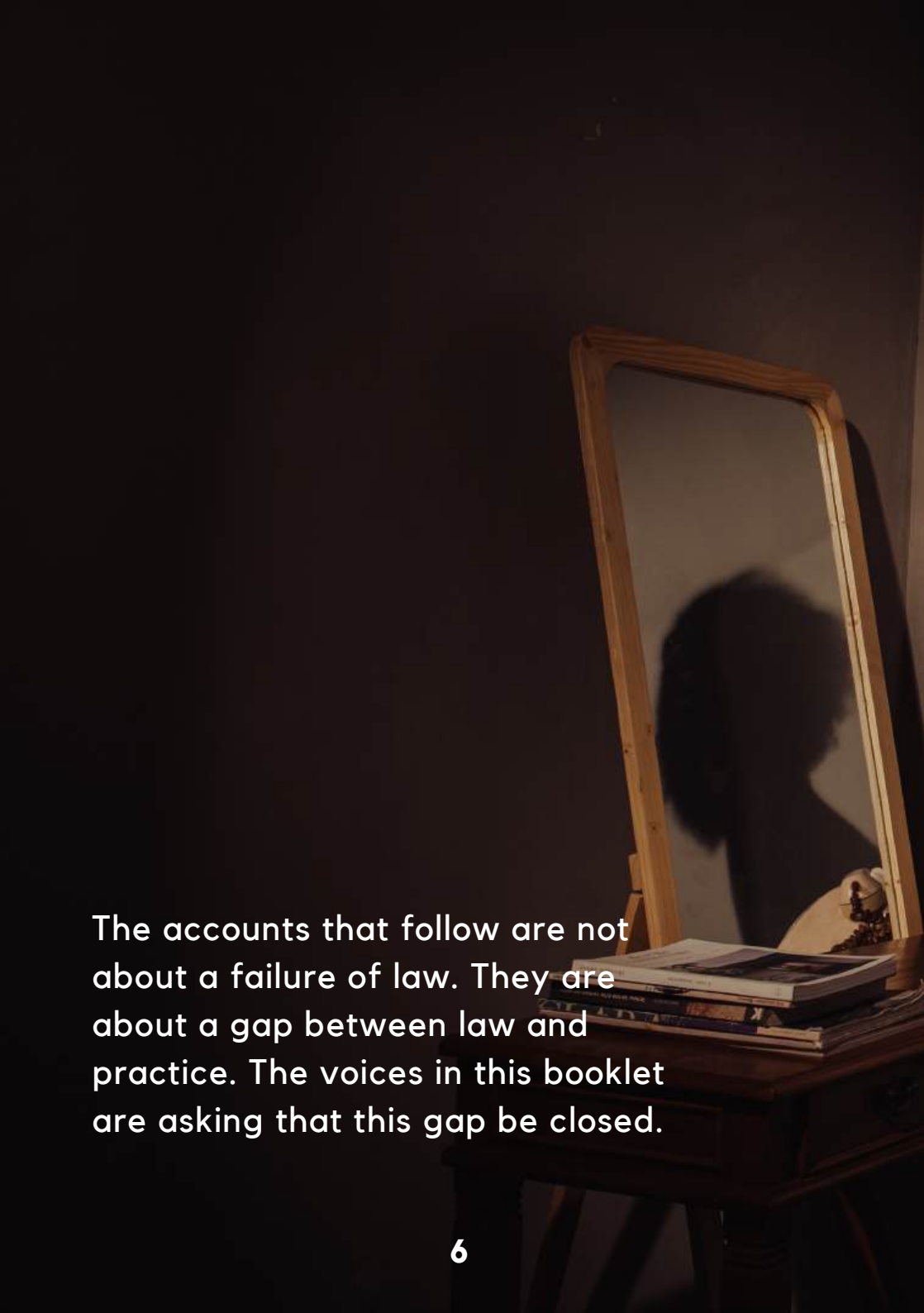
The patient has the right to privacy during consultation, examination and treatment and in cases where it is necessary to use the notes of the patient's case for teaching and conferences, the consent of the patient must be sought.

Right 8

The patient is entitled to confidentiality of information obtained about the patient and that information shall not be disclosed to a third party without the consent of the patient or the person entitled to act on behalf of the patient, except where the information is required by law or is in the public interest.

Right 13

A patient shall not be subjected to inhumane treatment.

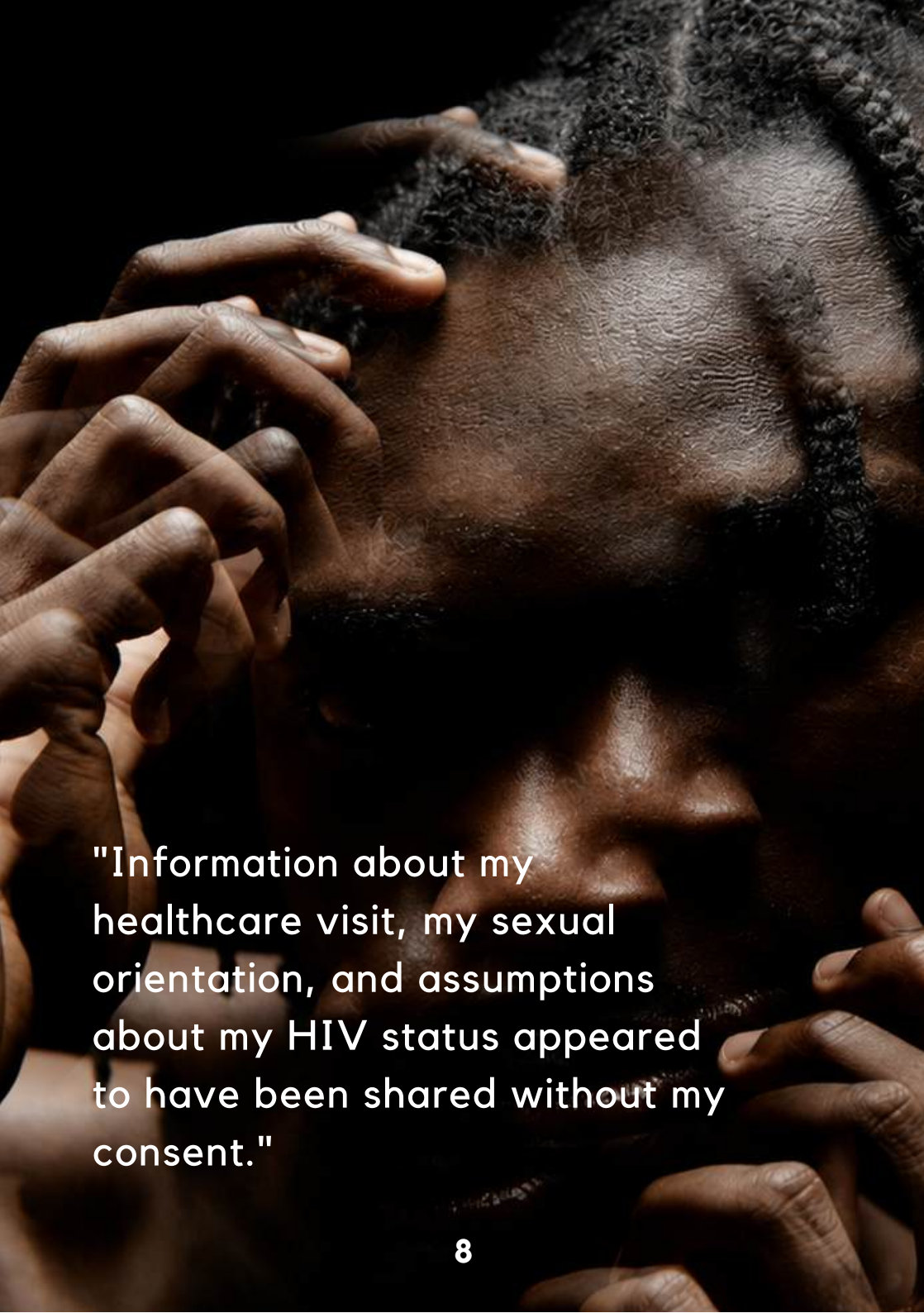


The accounts that follow are not about a failure of law. They are about a gap between law and practice. The voices in this booklet are asking that this gap be closed.

Section 1

When Confidentiality Was Broken

Confidentiality is not a courtesy. Under Ghana's Patient Charter, Right 8, every patient is legally entitled to have their health information protected. It shall not be disclosed to a third party without their consent. The six accounts in this section document what happens when that right is violated: relationships destroyed, families torn apart, communities that became unsafe, and months of treatment abandoned out of fear. In each case, the patient had not given permission. In no case described here was there accountability.


"Information about my healthcare visit, my sexual orientation, and assumptions about my HIV status appeared to have been shared without my consent."

As a bisexual man, a person living with HIV, and someone who uses drugs, I would like to share an experience that deeply affected my personal life and my trust in healthcare services.

One day, my partner was diagnosed with a sexually transmitted infection (STI). After receiving treatment, I was advised to visit a healthcare facility for screening and treatment as well. Because the facility was known to be welcoming and supportive of key populations, I felt comfortable seeking care there. My partner accompanied me to the appointment.

After being assessed, the healthcare provider explained that I also needed treatment, including medication and an injection, because I had likely been exposed to the infection even though I was not yet experiencing symptoms.

While I was receiving services, I met a woman who was a friend of my partner. She worked in a different unit within the same facility and had come to the counselling area to collect contributions from a workplace savings group. When she saw me, we greeted each other warmly and had a brief conversation. She asked about my partner, and I asked how she was doing. The interaction seemed friendly and harmless.

Later that day, however, I returned home and found my partner extremely upset. She had already packed many of her belongings and was preparing to leave. Confused, I asked what had happened. She told me that her friend from the healthcare facility had called her.

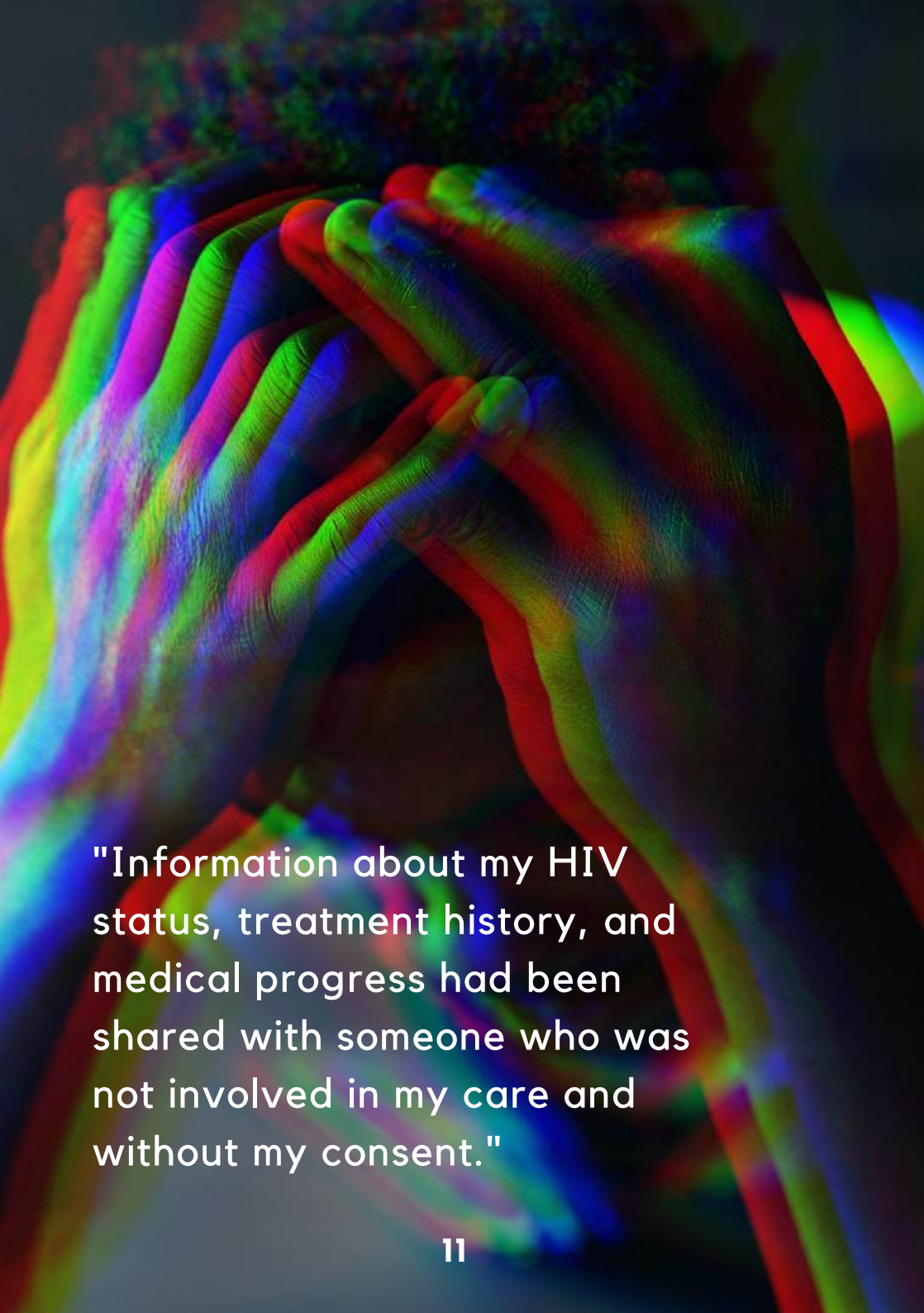
According to my partner, the friend informed her that I had a male partner and that I had visited the facility for STI treatment. She had also reportedly warned my partner that she should seek testing herself because she might have been exposed to an infection.

My partner further told me that she had been led to believe that I was receiving HIV treatment and that she was now afraid for her own health. The conversation quickly escalated. My partner accused me of putting her at risk and said she intended to get tested for HIV immediately. She told me that if she tested positive, she would hold me responsible. Even if her result was negative, she no longer wanted to continue the relationship because she felt betrayed by what she had been told.

I was shocked and devastated. Information about my healthcare visit, my sexual orientation, and assumptions about my HIV status appeared to have been shared without my consent. What should have remained confidential had become the source of conflict in my personal life.
The following day, I returned to the healthcare facility seeking answers. Unfortunately, the staff members directly involved were not present.

However, I spoke with another nurse who was familiar with the situation. From our discussion, I came to understand that information may have been shared because healthcare workers were concerned about my partner's health, knowing that I was living with HIV and receiving treatment. Even if those concerns were genuine, I felt that my privacy and confidentiality should have been respected.

The experience left me feeling betrayed, disappointed, and deeply hurt. I had chosen that facility because it was considered welcoming and supportive. I trusted the staff with highly personal information about my health and my life. Instead, I felt that this trust had been broken. As a result of what happened, I lost confidence in the facility. I no longer felt comfortable accessing services there, and I decided that I would not return for care or recommend the facility to others. The emotional impact of the experience extended far beyond the healthcare setting and affected my personal relationships and sense of safety.



"Information about my HIV status, treatment history, and medical progress had been shared with someone who was not involved in my care and without my consent."

I had been receiving antiretroviral therapy (ART) at the same healthcare facility for about six to eight months. During that time, I attended my appointments regularly and relied on the facility for my HIV treatment and care.

One day, I visited the facility for my medication refill. While waiting to be attended to, I unexpectedly met a former classmate from senior high school. It had been years since we had last seen each other, so we started chatting and catching up on old times. My former classmate worked at the facility, although not in the HIV counseling or treatment unit.

As we spoke, I submitted my treatment card and other documents to the nurse responsible for dispensing my medication. Because I knew the person I was talking to, I hoped that the staff would handle my visit discreetly and respect my privacy. At one point, the nurse called my name, but I did not immediately respond because I was trying to avoid drawing attention to myself. I did not want my former classmate to become curious about why I was there.

However, the nurse continued calling me and eventually stated loudly that I should come for my medication. She also explained that, due to a shortage of medication, I would only receive a one-month supply instead of the usual multi-month refill. My former classmate overheard the conversation.

Feeling uncomfortable, I proceeded to the pharmacy to collect my medication. When I came out, I found my former classmate waiting for me. He appeared upset and disappointed. He told me that he could not believe I had contracted what he described as a "deadly disease" and questioned why I had not taken better care of myself.

I was shocked and immediately asked him how he knew I was receiving HIV treatment. He explained that a nurse had handed him a folder and disclosed details about my care. He went on to tell me that he had been informed that I had been on treatment for several months and that my viral load had not yet reached suppression.

At that moment, I felt devastated. Information about my HIV status, treatment history, and medical progress had been shared with someone who was not involved in my care and without my consent. I felt embarrassed, betrayed, and deeply hurt.

The experience had a serious impact on me. I lost trust in the facility and no longer felt safe receiving treatment there. Because of the breach of confidentiality, I stopped attending my appointments and discontinued collecting my medication from that facility. For nearly three months, I remained at home without accessing treatment because I was afraid of experiencing further stigma and breaches of privacy.
Eventually, I was referred to another healthcare center where I was able to resume my medication and continue my treatment.

Looking back, what affected me most was not only the disclosure of my HIV status but the loss of trust it created. Confidentiality is a fundamental part of healthcare. Patients must be able to trust that their personal health information will be protected. When that trust is broken, it can discourage people from seeking care and can negatively affect their health and wellbeing.



"Instead of receiving support after a life-changing diagnosis, I found myself dealing with discrimination, and a loss of privacy."

I was 49 years old when a community health screening exercise was organized in my area. The event was led by local leaders and offered a range of health services, including HIV testing, Hepatitis B screening, typhoid testing, and other health checks.

Because of my age and my desire to know my health status, I decided to participate in the screening. I believed it was an opportunity to take responsibility for my health and receive important medical information. After the tests were completed, I received my diagnosis. I was HIV positive. Receiving this diagnosis was one of the most difficult moments of my life. I was shocked, confused, and trying to understand what it meant for my future.

During the counseling session, the healthcare provider asked whether I had a wife. When I answered that I did not, she asked if I was attracted to men. At first, I denied it because I was afraid and unsure whether I could trust her. However, she continued the conversation in a calm and supportive manner. She assured me that she understood people from different backgrounds and encouraged me to speak openly.

Because of the trust she created, I eventually disclosed my sexual orientation to her. At the time, I felt relieved. She treated me with kindness, listened to me, and made me feel that my information would remain confidential. I left the session feeling that I had spoken to someone who genuinely cared about my wellbeing.

However, later that same day, something happened that changed everything. A community leader who had helped organize the screening approached me and told me that I should be grateful to him because, through the health screening, I had discovered that I was living with HIV.

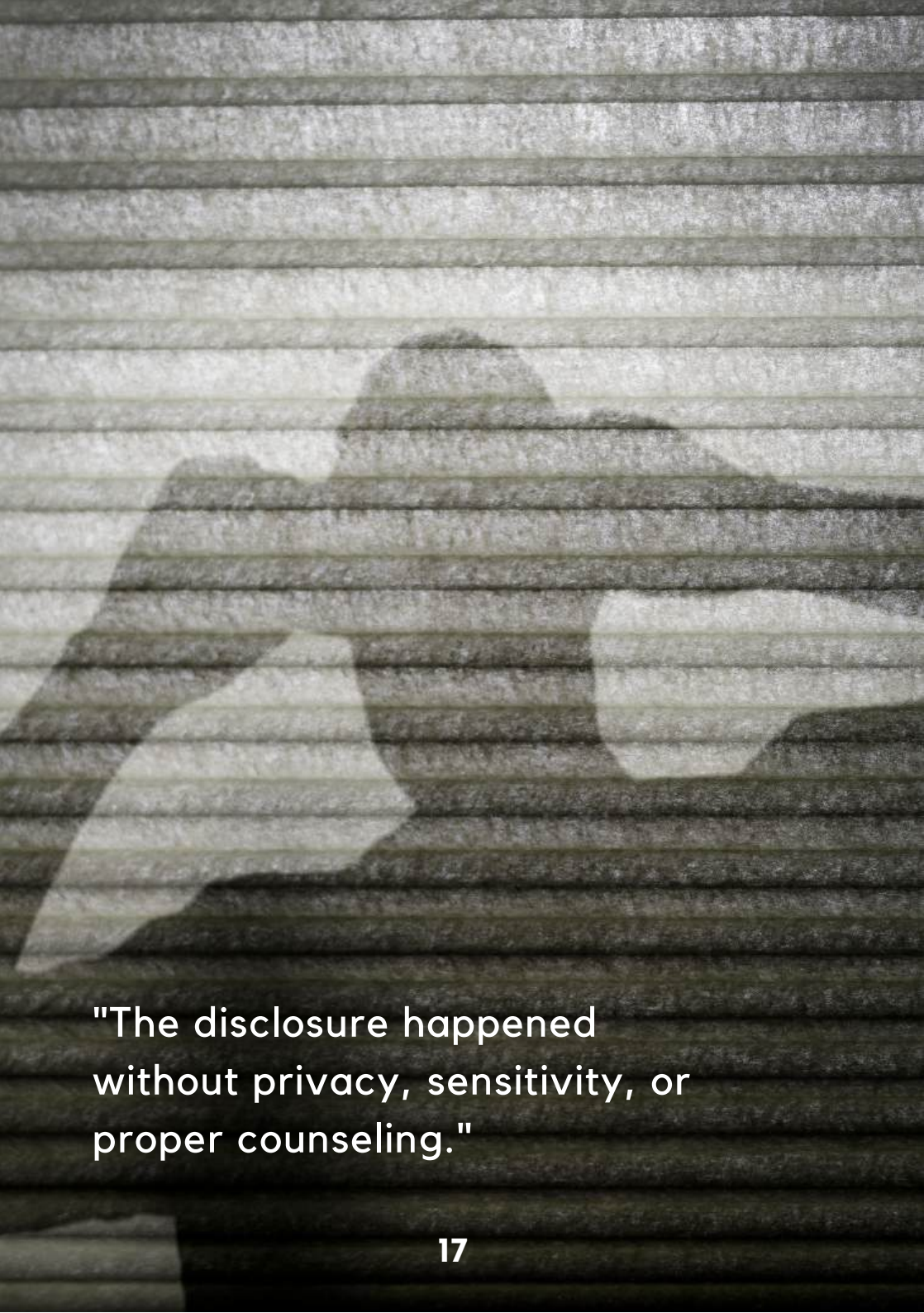
His comments immediately shocked me. I began to wonder how he knew such private information that should have remained confidential.
Soon after, rumors about my HIV status started spreading throughout the community.

People began talking about me, and I realized that information that should have remained confidential had somehow become known to others.

I felt betrayed, exposed, and humiliated. The stigma and gossip became unbearable. Instead of receiving support after a life-changing diagnosis, I found myself dealing with judgment, discrimination, and a loss of privacy. The community that I had lived in for years no longer felt safe. Eventually, the situation became so difficult that I had to leave the community altogether. Losing my sense of belonging and having to relocate because of stigma was incredibly painful.

Looking back, what hurts most is that the diagnosis itself was not the only source of pain. What should have been a confidential healthcare experience turned into a public matter that affected every part of my life. The apparent breach of trust and confidentiality that followed caused lasting harm.

Every person seeking healthcare has the right to privacy, dignity, and respect. People should be able to access HIV testing and counseling without fear that their personal information will be shared with others.



"The disclosure happened without privacy, sensitivity, or proper counseling."

In 2021, I had an experience that changed my life forever. I have a nephew who lives with sickle cell disease and often requires blood transfusions when he becomes seriously unwell. For many years, I had been willing to support him whenever he needed it. My family knew that I was one of the few people who could consistently help, and I was always willing to do so because I cared deeply about his wellbeing.

One day, when my nephew was unwell and urgently needed blood, I went to a healthcare facility to donate, as I had done many times before. To my surprise, I was told that I could not donate. The healthcare workers took a blood sample and informed me that I needed to see a doctor for further consultation. I was confused and worried because I had never experienced any problems donating blood before.

When I went to see the healthcare worker, I was asked about my relationship with the patient. I explained that he was my nephew and that I had donated blood for him on several occasions in the past. Instead of speaking to me privately and professionally, the healthcare worker began making comments in front of me and others. She said that people had been advised about HIV but did not listen, and then openly told me that I was living with HIV and should go and start taking medication.

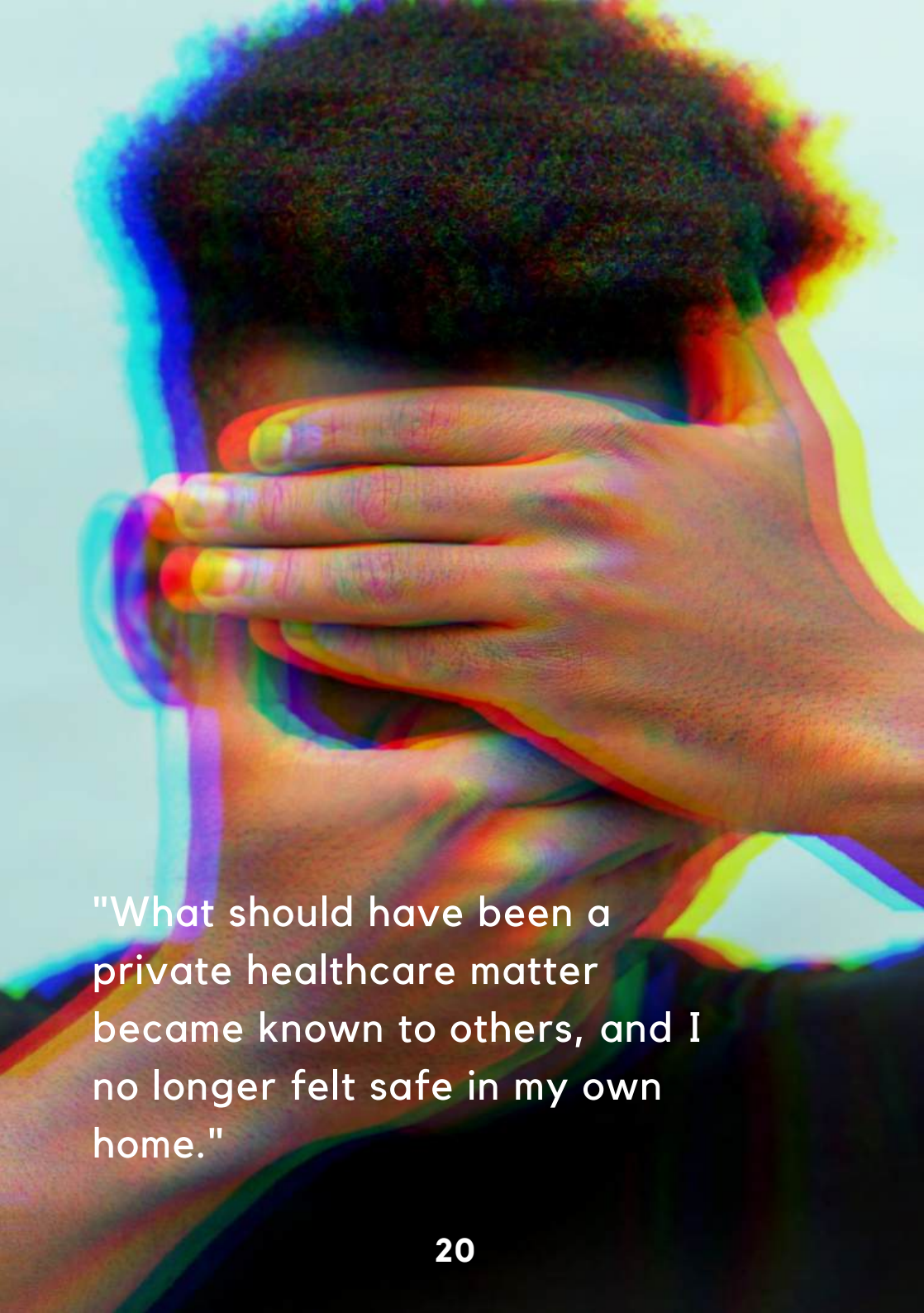
I was shocked. My mother was standing right there when this information was disclosed. Until that moment, I had not expected to receive such news in that way, nor had I permitted my health information to be shared in front of anyone else. The disclosure happened without privacy, sensitivity, or proper counseling.

The impact on my family was immediate. My mother was devastated and nearly fainted. Like many people, she had been exposed to misinformation and fear about HIV. Instead of understanding that HIV is a manageable health condition with treatment, she became frightened by what she had heard.

That day, my life changed dramatically. Because of the stigma and misconceptions surrounding HIV, some family members began treating me differently. I felt isolated, rejected, and unsupported during a time when I needed compassion and understanding the most. The people I expected to stand by me often distanced themselves, and I was left to cope with both my diagnosis and the emotional consequences of stigma.

Looking back, what hurts most was not only learning my HIV status but the way the information was disclosed and the effect it had on my relationships. Healthcare providers have a responsibility to protect patient confidentiality and deliver sensitive information with care and respect. No one should have their HIV status revealed in front of others without their consent.

Over time, I have learned that HIV does not define who I am. With treatment and support, people living with HIV can lead healthy and fulfilling lives. However, the stigma that still surrounds HIV continues to cause unnecessary pain and suffering for many individuals and families.



"What should have been a private healthcare matter became known to others, and I no longer felt safe in my own home."

I was 18 years old when this experience happened. As a young person, I had received education about HIV and other sexually transmitted infections (STIs). Because I was sexually active, I decided to take responsibility for my health by getting tested and knowing my status.

I visited a clinic near my community and went through the testing process. After the tests were completed, I was informed that I was living with HIV and also had anal warts. Receiving both diagnoses at the same time was overwhelming. I was shocked, scared, and uncertain about what my future would look like.

While I was still trying to come to terms with the diagnosis, a nurse began speaking to me in a harsh and insulting manner. Because she lived in my area and was familiar with me, I initially tried to ignore her comments and convince myself that it was not a serious issue. I focused instead on the difficult news I had just received.

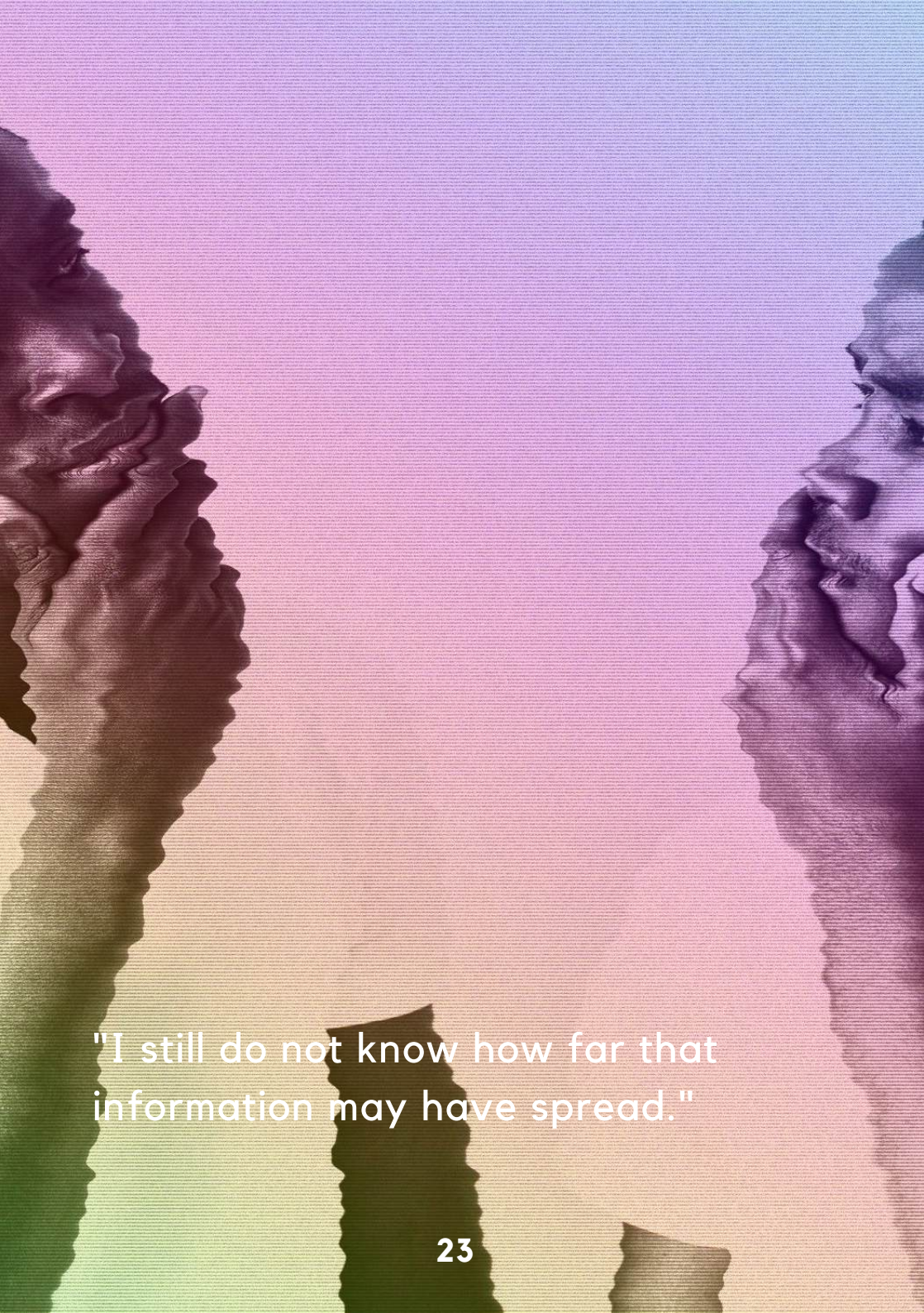
After the consultation, I was told to go home. I expected that my medical information would remain private and confidential. However, after I left the clinic, the nurse contacted my older brother and disclosed details about my health status and other personal information without my consent.

When I arrived home, everything had changed. My brother confronted me about what he had been told. Because I am somewhat feminine in my appearance and mannerisms, he became angry. He insulted me, beat me, and subjected me to verbal and physical abuse. When neighbors and other community members tried to intervene, he repeated the information that had been disclosed to him by the nurse.

The consequences of that breach of confidentiality were devastating. What should have been a private healthcare matter became known to others, and I no longer felt safe in my own home. The violence, rejection, and humiliation I experienced forced me to leave home.

Since then, life has been extremely difficult. I have had to struggle to find safety, stability, and support while also learning how to live with my HIV diagnosis. Instead of receiving care and understanding during one of the most challenging moments of my life, I faced discrimination, violence, and homelessness.

What hurts most is that the situation could have been avoided if my right to confidentiality had been respected. Healthcare providers have a duty to protect the privacy of their patients and to ensure that sensitive information is not shared without consent. When that trust is broken, the consequences can be life-changing.



"I still do not know how far that information may have spread."

I am a 24-year-old athlete living with HIV. I was not born with it, and I am not promiscuous or a drug user. To this day, I honestly do not know how I acquired the virus. I found out about my status through a blood donation process.

In my third year at university, a friend introduced me to the idea of donating blood in exchange for 400 cedis. As a struggling student, it seemed like a useful way to support myself. I thought it was simply about giving blood and receiving compensation, so I decided to try it and return again the following month as a way of generating some income.

My friend connected me to a laboratory technician who asked if I was clean. I confirmed that I was. He explained that I would need to undergo a series of tests before I could proceed. During those tests, it was discovered that I was living with HIV. I was shocked and confused, trying to understand how I could have acquired it.

The technician spoke to me calmly, helped me process the news, and referred me to a nurse within the same facility. I was tested again, and after confirmation, I was started on treatment, which I agreed to begin. Later, my friend who had introduced me to the technician called me and accused me of disgracing him. He questioned why I had agreed to donate blood while being HIV positive. From that moment, I realised my status had been disclosed to him. I felt devastated.

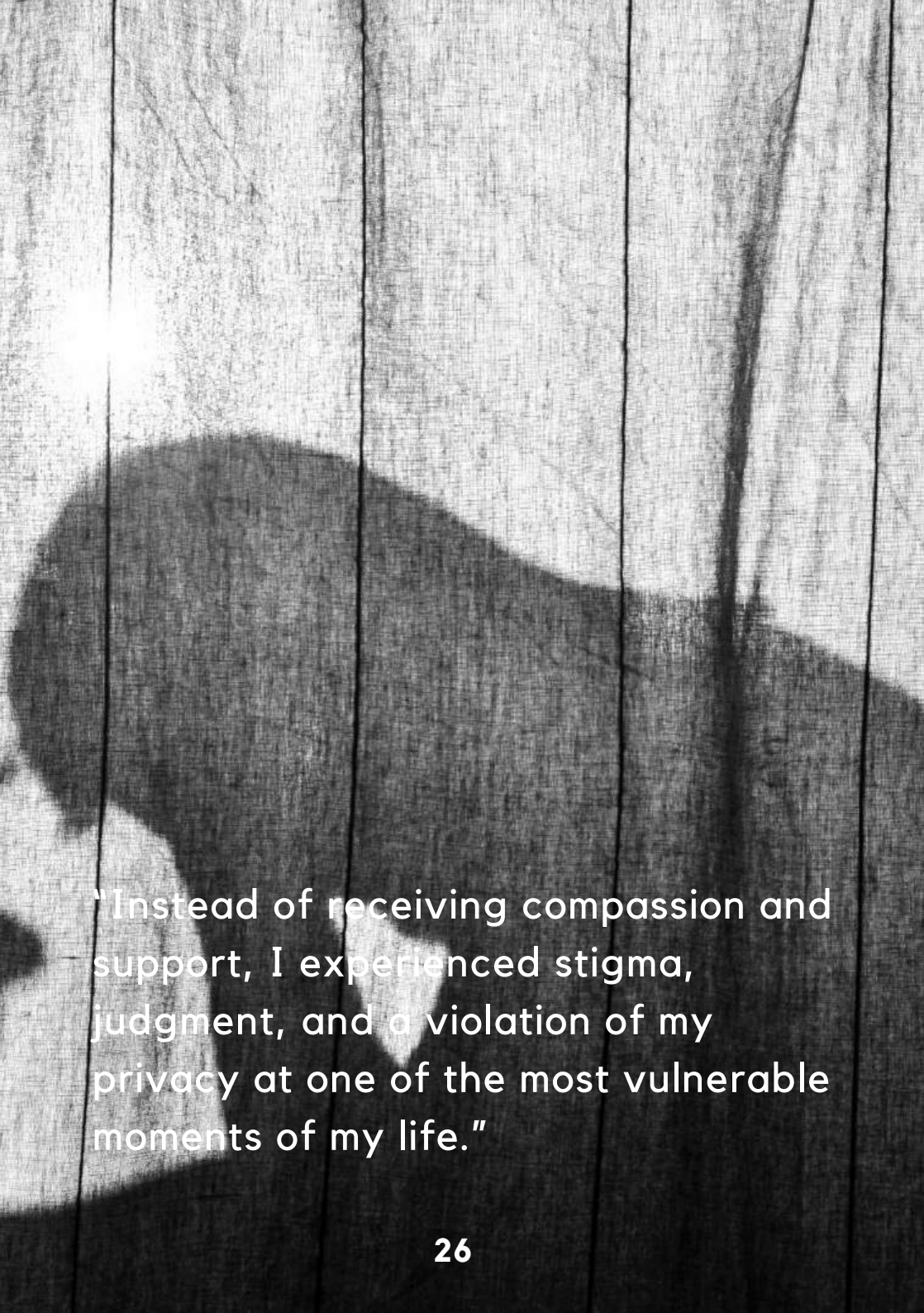
After that, my friend avoided me until we completed our time at school. I lost confidence and felt unable to face him again. That experience made me deeply question how my personal health information was shared. It should have remained confidential, but it was not. I often think about how many other people may have experienced similar breaches without any accountability or consequences.

Today, I am doing well and managing my health. However, I will never forget how exposed and vulnerable I felt when I realised my HIV status had been shared with a third party, and I still do not know how far that information may have spread.

Section 2

Words Spoken and Never Forgotten

Healthcare workers may not remember what they said. The patients always do. The accounts in this section are not about general feelings of discomfort. They are about specific words, sentences spoken in consulting rooms, corridors, and pharmacies that participants carried home and have not put down since. A nurse who predicted an imminent death. A doctor who laughed and named what he assumed was hidden. Staff who mocked a partially blind man through a door they did not know he was standing behind. Words that arrived in moments of vulnerability and stayed.



"Instead of receiving compassion and support, I experienced stigma, judgment, and a violation of my privacy at one of the most vulnerable moments of my life."

I first discovered that I was living with HIV when I was a student in Senior High School. It was a day that changed my life forever.

A blood donation team had visited our school, and many of my classmates were excited to donate blood and help save lives. Before donating, the team took a small sample of my blood for routine screening. After some time, I was informed that I was not eligible to donate and was advised to visit a hospital for further consultation.

Confused and concerned, I went to the hospital as instructed. After the tests were conducted, a nurse called me into her office. Within minutes, she informed me that I was HIV positive. I was shocked. At the time, I was not sexually active and had never imagined that I could be living with HIV. The result did not make sense to me. I immediately convinced myself that the test was wrong.

I refused to accept the diagnosis and believed there had been a mistake. Although I was enrolled in HIV care and prescribed antiretroviral medication, I refused to take the treatment. I continued to deny my status and hoped that somehow the diagnosis would disappear.

Months later, my health began to deteriorate. I became seriously ill and was eventually admitted to the hospital. During my stay, a nurse approached me and asked where my HIV medications were. She asked this question in front of my siblings, revealing my HIV status without my consent.

As if that was not painful enough, the nurse began to criticise and insult me. She asked whether I was a student and which school I attended. After I answered her questions, she blamed me for my condition, assuming that I had been engaging in irresponsible behaviour instead of focusing on my education. She then told me that I was likely dying and that I had very little time left to live.

According to her, my only chance was to take the medication and be careful because my life expectancy was now very short.
Those words deeply affected me. I felt ashamed, frightened, and hopeless. Instead of receiving compassion and support from a healthcare provider, I experienced stigma, judgment, and a violation of my privacy at one of the most vulnerable moments of my life.

However, that experience did not define my future. Over time, I began to accept my diagnosis and understand that HIV is a manageable health condition when treated properly. I learned that the misinformation and stigma I encountered were not reflections of my worth or my future. Today, I continue to live, work, and contribute to my community. My journey has strengthened my commitment to advocating for HIV awareness, fighting stigma and discrimination, and ensuring that people living with HIV are treated with dignity and respect.

My story is a reminder that no one should face judgment when seeking healthcare. Every person deserves accurate information, confidentiality, compassion, and the opportunity to live a healthy and fulfilling life.



"Sometimes, all it takes is one person's words to break you. Those words stayed with me long after I left that room."

Hi, I am a 27-year-old partially blind person who was born living with HIV. I have always lived my life at the mercy of others. The only person I have truly lived with and depended on is my grandmother. She has been my support system throughout my life. I never had a mother or a father, and most of my family members treated me like an outcast.

Well, I cannot willingly blame them. Who would willingly choose a life like mine? For many years, I did not know that I was living with HIV. I thought the daily medications I took were for my eyesight and believed that one day my sight might improve.

I found out I had HIV when I was 12 years old. I had a heated argument with my cousin, and because of my condition, my grandmother took my side. This made my aunt angry, and she said, "Why do you always choose this HIV boy? Yes, he is pitiful, but he is stubborn. He should know his place." I understood the hurtful words she directed at me, but I did not understand what HIV was.

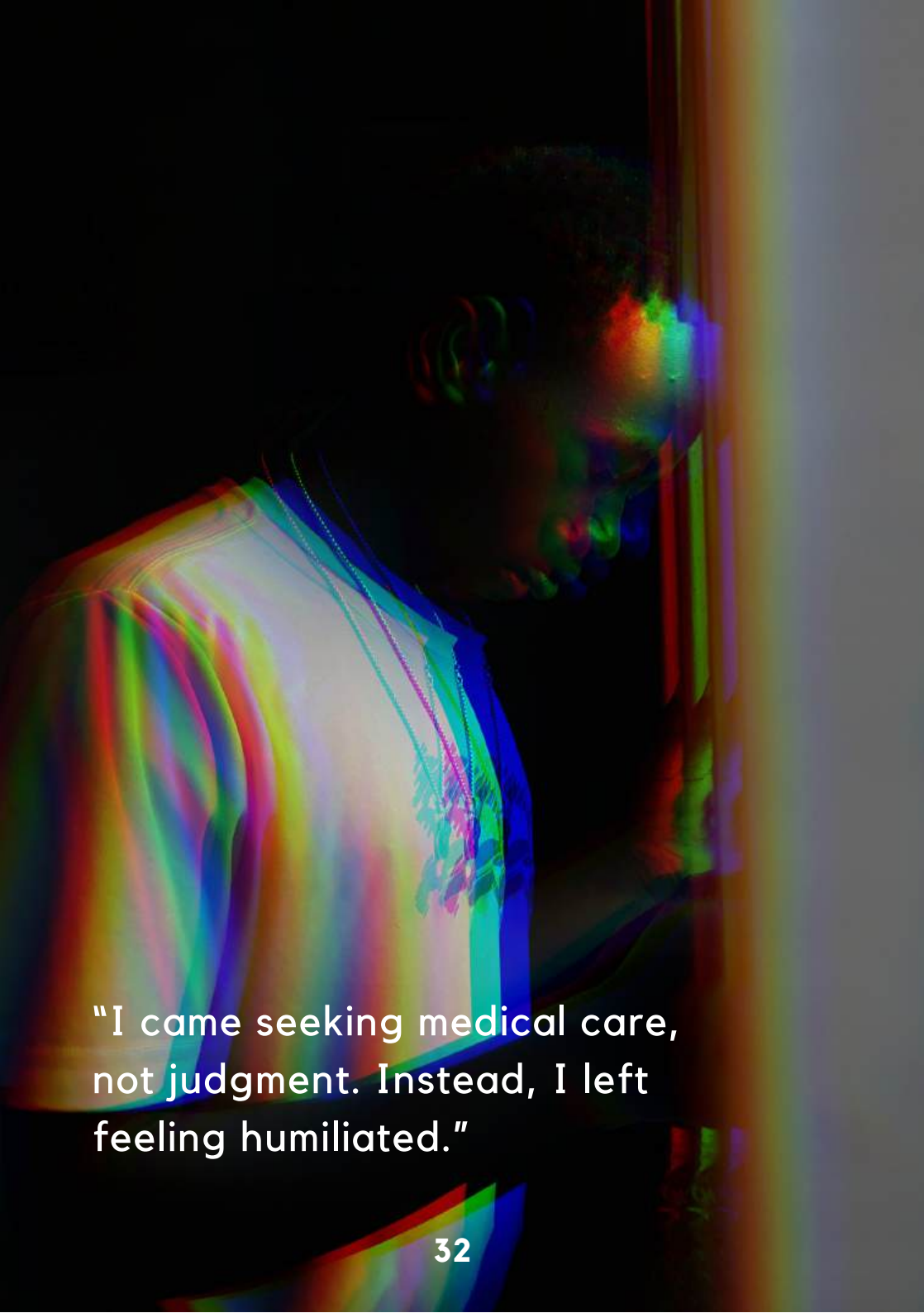
When you grow up in a family compound house surrounded by adults and difficult circumstances, you become emotionally mature regardless of your age. I spent my childhood walking on eggshells around family members, knowing that the only person truly on my side was my grandmother.

When I turned 20, I had to start visiting the health facility on my own to collect my medication. During one of my visits, I met a new nurse. She treated me kindly, and everything went smoothly. After receiving my medication, I wanted to go back and thank her.

As I was about to open the door, I overheard a conversation. They were discussing me and my condition. One of them referred to me as "two troubles one God" and questioned why I was having sex in the first place. They even mocked my visual impairment, asking whether I could "even see the hole when I enter." I immediately realised they were talking about me.

I was born with a condition I had no control over. Taking medication every day is already exhausting. Managing life with partial blindness is challenging enough. On top of that, I had to hear such cruel and degrading comments from healthcare professionals who should understand that HIV is not only the result of unprotected sex.

I thought I had developed a thick skin because of everything I had endured. I believed I had become strong enough to handle the stigma, the isolation, and the challenges that came with my conditions. But sometimes, all it takes is one person's words to break you. Those words stayed with me long after I left that facility.



"I came seeking medical care, not judgment. Instead, I left feeling humiliated."

In a nation, culture, and religion where my identity is often perceived as sinful and deviant, I am reduced to being seen as just an effeminate man who never learned how to deepen his voice or straighten his movements. All I ever hear is, "Talk like a man" and "Walk like a man," as though I owe society conformity to its expectations. Navigating life in a body like mine is an experience that is not for everyone.

For years, I struggled with a fungal infection on my nails. My mother and I spent years searching for a cure. We chased different medications and remedies, wasting money on questionable treatments that many people would not even consider medicine. Yet I took them anyway because I desperately wanted to be free from the condition.

Eventually, I decided to visit a hospital on my own. Up until then, my mother and I had mostly relied on traditional remedies. In the consulting room, the doctor and I quickly established a friendly rapport.

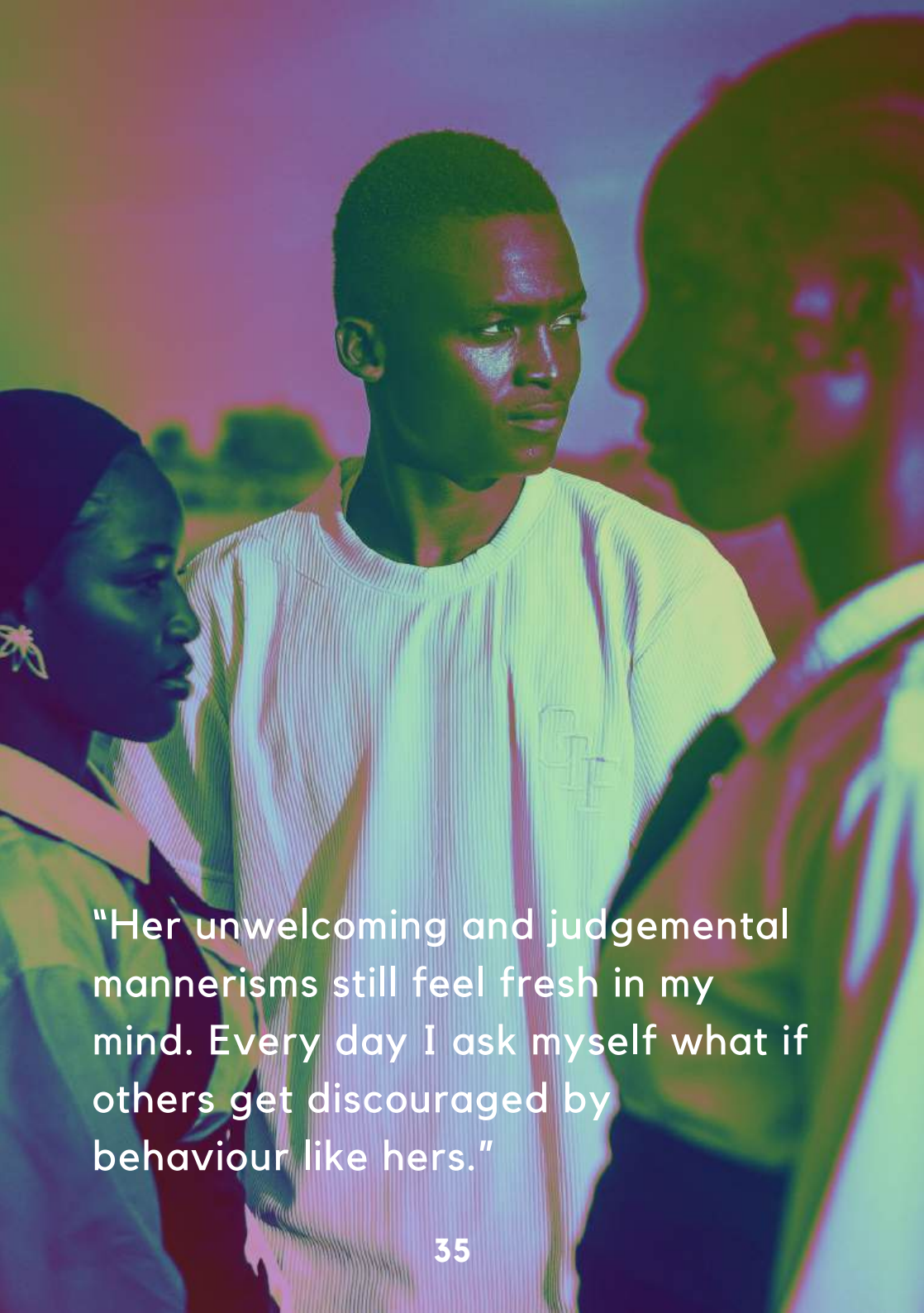
The conversation felt informal and comfortable. It almost felt as though I was speaking with a friend rather than a healthcare professional. I opened up about my condition and told the doctor about the many treatments my mother and I had tried over the years.

After examining me, the doctor suggested that I take an HIV test. I immediately responded, "No, I'm a virgin. I don't think that's the issue." The doctor looked at the nurse, and they both started laughing. Then he said, "If we decided to strip you, are you sure we wouldn't discover a manhole there?"

A manhole. I was deeply upset. How promiscuous would someone have to be to have what they were implying? Simply because of who I am, I had already been labelled as promiscuous. People often assume that gay men are nothing more than sex-crazed individuals whose lives revolve around sexual activity.

Despite the friendly atmosphere we had established, I never expected the doctor to say something so degrading. I came seeking medical care, not judgment. We come to healthcare professionals because we need their help. We open up because we want to cooperate in finding solutions to our illnesses and improving our health. Instead, I left feeling humiliated.

What hurt most was not the suggestion of an HIV test. It was the assumption behind the comment. It was being reduced to a stereotype. It was realising that even in a place where I was supposed to receive care and compassion, I was still being judged for who I am.



"Her unwelcoming and judgemental mannerisms still feel fresh in my mind. Every day I ask myself what if others get discouraged by behaviour like hers."

Somewhere within the third quarter of last year I visited one of the STI units at a health facility here in Accra to get tested for HIV. It was a very difficult time for me but I had to get my tests done so I can have some clarity and move on with my life. After going round in circles I was finally able to find the centre.

Upon arriving, I came across this lady at the office where STI and HIV tests are conducted. Immediately, I divulged the intention of my visit. The said lady's facial expression changed as if she was disgusted by my presence. Sincerely, I felt very discouraged and unwelcome, and I questioned myself if it was good to have decided on my end to come get tested or not.

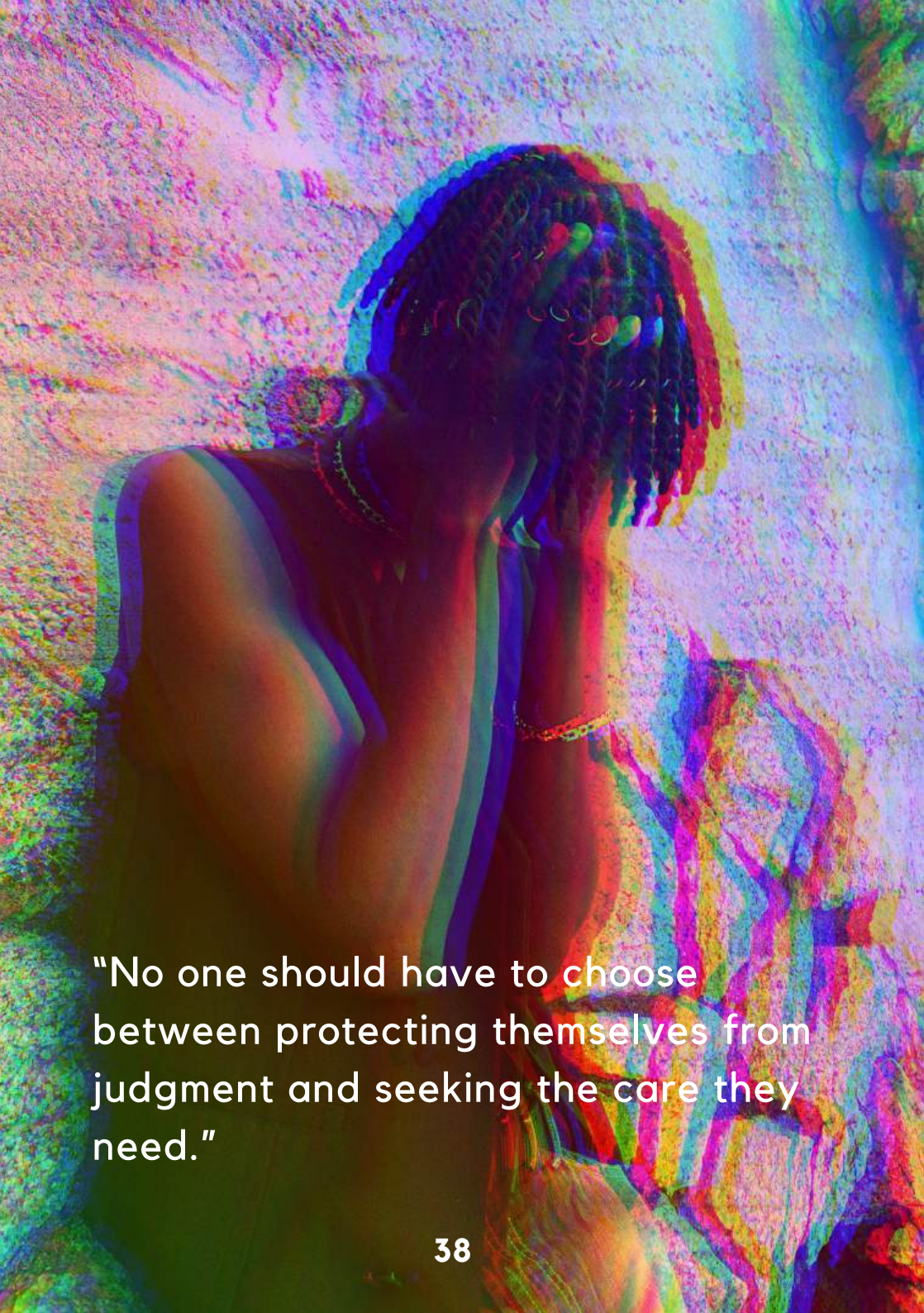
I felt judged by her actions and mannerisms but sincerely I also thought to myself that my presence there was for myself and I needed that clarity so it was not about her at all.

Lo and behold after the test was conducted it turned out I was negative, that gave me a sigh of relief but it has been several months now and her unwelcoming and judgemental mannerisms still feel fresh in my mind and every day I ask myself what if others get discouraged from knowing their HIV status by the judgemental, rude and unwelcoming behaviour of health workers like this woman I encountered.

Section 3

Denied, Delayed, or Turned Away

Some of the harm that healthcare discrimination produces is invisible to any record system. It is the appointment that was never made, the prescription that was never collected, the test that was delayed by months, the person who walked out of a waiting room and never came back. The five accounts in this section document that invisible harm. A person told to return at 20. A person turned away from PrEP because a nurse read her faith into a referral sheet. A person who left a family planning appointment and decided never to return. A person diagnosed with HIV and then lectured rather than counseled until an argument ended the session. And a person who delayed, avoided, and withheld information across multiple visits because the fear of how they would be received was greater than the urgency of the care they needed.


"No one should have to choose between protecting themselves from judgment and seeking the care they need."

Living as a bisexual person who uses drugs has shaped many aspects of my life, including how I access healthcare and support services. While healthcare is supposed to be a place of healing, support, and understanding, my experiences have often been marked by fear, stigma, and judgment.

There have been many times when I needed medical care, counseling, or support services but hesitated to seek help because I was worried about how I would be treated. As a bisexual person, I have sometimes felt invisible or misunderstood in healthcare settings. Many providers make assumptions about people's identities, relationships, and experiences, which can make it difficult to speak openly and honestly about my health needs.

The challenges become even greater because I use drugs. Too often, people who use drugs are viewed through the lens of stereotypes rather than as human beings deserving of dignity and care. I have encountered situations where healthcare workers focused more on my drug use than on the reason I came for treatment. Instead of feeling supported, I felt judged. Sometimes, I worried that disclosing my drug use would result in poor treatment, breaches of confidentiality, or being blamed for my health concerns.

These experiences created a deep sense of fear and mistrust. There were times when I delayed seeking healthcare, avoided medical appointments, or withheld important information about my health because I was afraid of negative reactions. I knew that being honest was important for receiving appropriate care, but the fear of discrimination often outweighed my confidence in the system.

The impact on my mental health has been significant. Constantly worrying about how I will be perceived or treated can be exhausting. Feeling judged or unwelcome in spaces that are supposed to provide support can lead to feelings of isolation, anxiety, and stress. It becomes difficult to ask for help when you are unsure whether you will be met with compassion or condemnation.

My safety has also been affected. When people avoid healthcare services because of stigma and discrimination, health issues can go untreated, and opportunities for prevention and support are missed. No one should have to choose between protecting themselves from judgment and seeking the care they need.

Despite these challenges, I have also encountered individuals who treated me with respect, listened without judgment, and recognised my humanity beyond labels or assumptions. Those experiences showed me what healthcare can and should look like. When providers create a safe and welcoming environment, it becomes easier to be honest, ask questions, and actively participate in one's own care.

The support I hope to see is simple but powerful: healthcare services that are respectful, confidential, non-discriminatory, and centred on the needs of the individual. Healthcare workers should receive training on working with diverse communities, including LGBTQ+ people and people who use drugs, so that everyone can access services without fear of stigma or mistreatment.

By sharing my story, I hope to raise awareness about the barriers that many people face when seeking healthcare. I want decision-makers, healthcare providers, and communities to understand that stigma has real consequences. It affects whether people seek help, whether they trust healthcare systems, and ultimately whether they can live healthy and safe lives.

Everyone deserves access to quality healthcare, regardless of their sexual orientation, gender identity, or drug use history. Respect, dignity, and compassion should not be privileges. They should be the foundation of every healthcare interaction.



"I had come to the facility seeking medical care, information, and guidance, but I felt as though I was being blamed rather than helped."

I am a young person who injects drugs, and I would like to share an experience that affected me deeply while seeking healthcare services. Some time ago, I visited a healthcare facility because I was not feeling well and wanted to have a medical check-up.

As part of the consultation, I was asked to undergo several laboratory tests. After the results were reviewed, I was informed that I was living with HIV. Receiving this diagnosis was difficult and emotional. I was trying to understand how I had become infected and what the diagnosis meant for my future.

During the counseling session, the healthcare provider asked me several questions, including whether I could remember the last time I had sexual intercourse. I explained that I was not sure, but that I regularly injected drugs and often used drugs with friends and colleagues. I asked whether sharing injecting equipment or injecting drugs could also contribute to HIV transmission. The healthcare provider explained that it could, and I appreciated receiving that information because I genuinely wanted to understand my health situation.

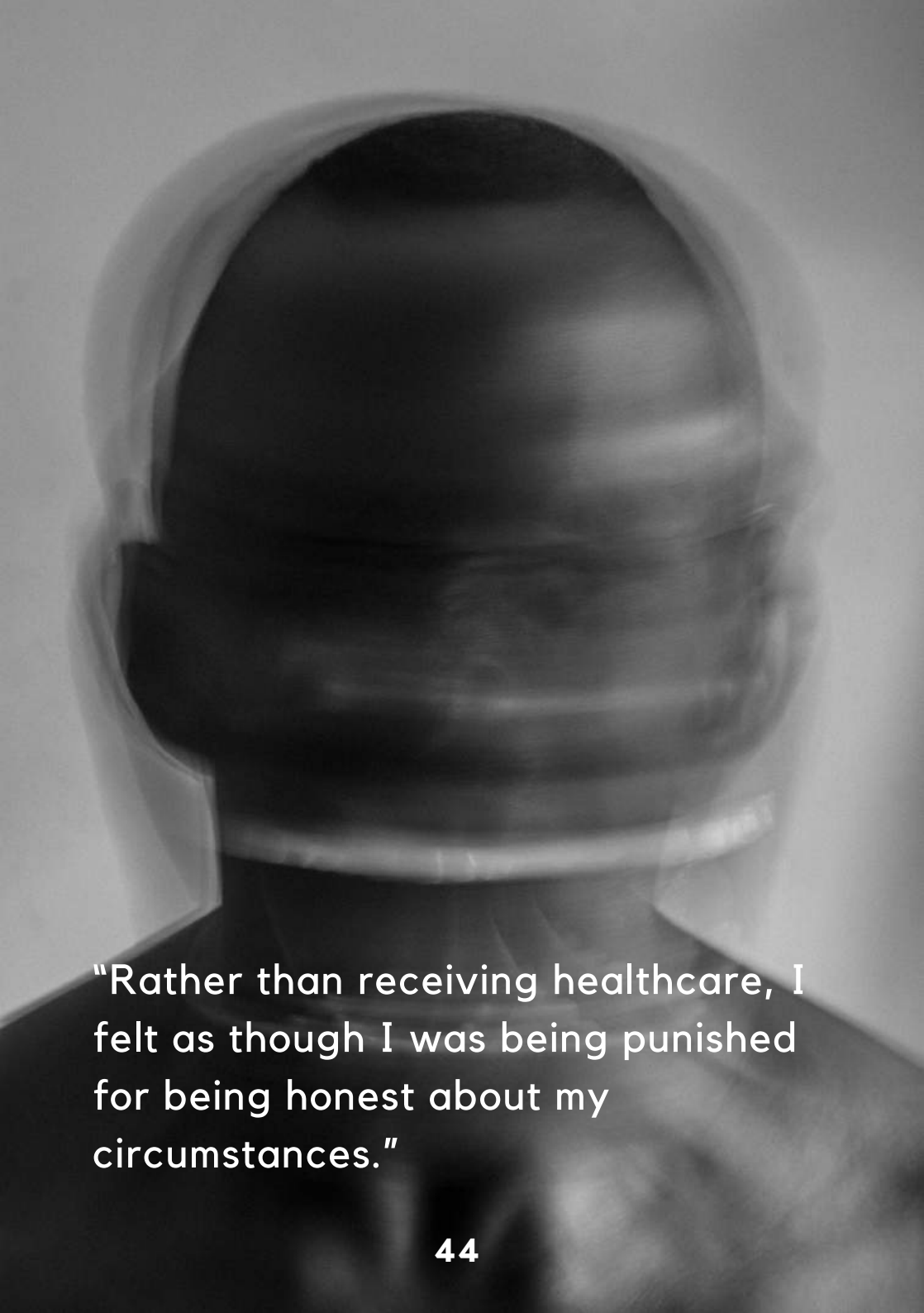
However, as the conversation continued, the counseling session gradually shifted away from healthcare and education. Instead of focusing on helping me understand my diagnosis, treatment options, and available support services, the discussion became centred on my drug use in a way that felt judgmental. The healthcare provider began preaching to me about my lifestyle and repeatedly told me that I should stop using drugs.

While I understand the health risks associated with drug use, I did not feel that I was being supported as a patient. Instead, I felt criticised and blamed during one of the most vulnerable moments of my life. I had come to the facility seeking medical care, information, and guidance, but I felt as though I was being judged rather than helped.

The experience became emotionally overwhelming. I was already struggling to process my HIV diagnosis, and the tone of the conversation made me feel ashamed and distressed. My frustration grew because I felt that my concerns were not being addressed.

Eventually, I told the healthcare provider that I had come for healthcare services and counseling, not to be preached to. An argument followed, and the interaction became tense.
At the end of the encounter, I was told to seek HIV treatment from another hospital. I left feeling rejected, unsupported, and uncertain about where to turn for help.

This experience had a significant impact on my mental health. Being diagnosed with HIV was already difficult, but feeling judged because of my drug use made the situation even more painful. Instead of feeling encouraged to engage with healthcare services, I felt discouraged and isolated.



“Rather than receiving healthcare, I felt as though I was being punished for being honest about my circumstances.”

I was 17 years old when I first learned about PrEP through some of my friends. They educated me about HIV prevention and explained that PrEP is a medication that can help reduce the risk of acquiring HIV. As a young person who was sexually active, I felt that this information was important and could help me protect my health.

At the time, I was facing many challenges in my life. I did not always have the support or resources I needed to meet my basic needs, and as a result, I sometimes engaged in sex work to survive and support myself. Because I understood the risks involved, I wanted to take responsibility for my health by accessing HIV prevention services.

With hope and determination, I visited a healthcare facility to ask about PrEP. I believed that I would receive information, counseling, and support. Instead, I was met with judgment. The healthcare worker asked me about my age and why I wanted PrEP. I answered honestly and explained my situation.

Rather than discussing my options or helping me understand how to protect myself, she told me that she came from a Christian family and that she could not encourage what I was doing. She said she would not provide me with PrEP and instructed me to go home and return when I was 20 years old.

I was devastated. I had gone to the facility seeking a way to protect myself from HIV, but instead I was turned away because of personal beliefs and judgments about my life. I felt rejected and ashamed. Rather than receiving healthcare, I felt as though I was being punished for being honest about my circumstances.

The experience left me feeling discouraged and confused. I had taken the initiative to seek preventive healthcare, yet I was denied access to a service that could help keep me safe. As a young person already facing difficult circumstances, I needed support, accurate information, and compassionate care, not judgment.

Looking back, I believe that all young people deserve access to healthcare services that are respectful, confidential, and free from discrimination. Healthcare providers should focus on helping patients protect their health, regardless of their personal beliefs or assumptions about a person's life.



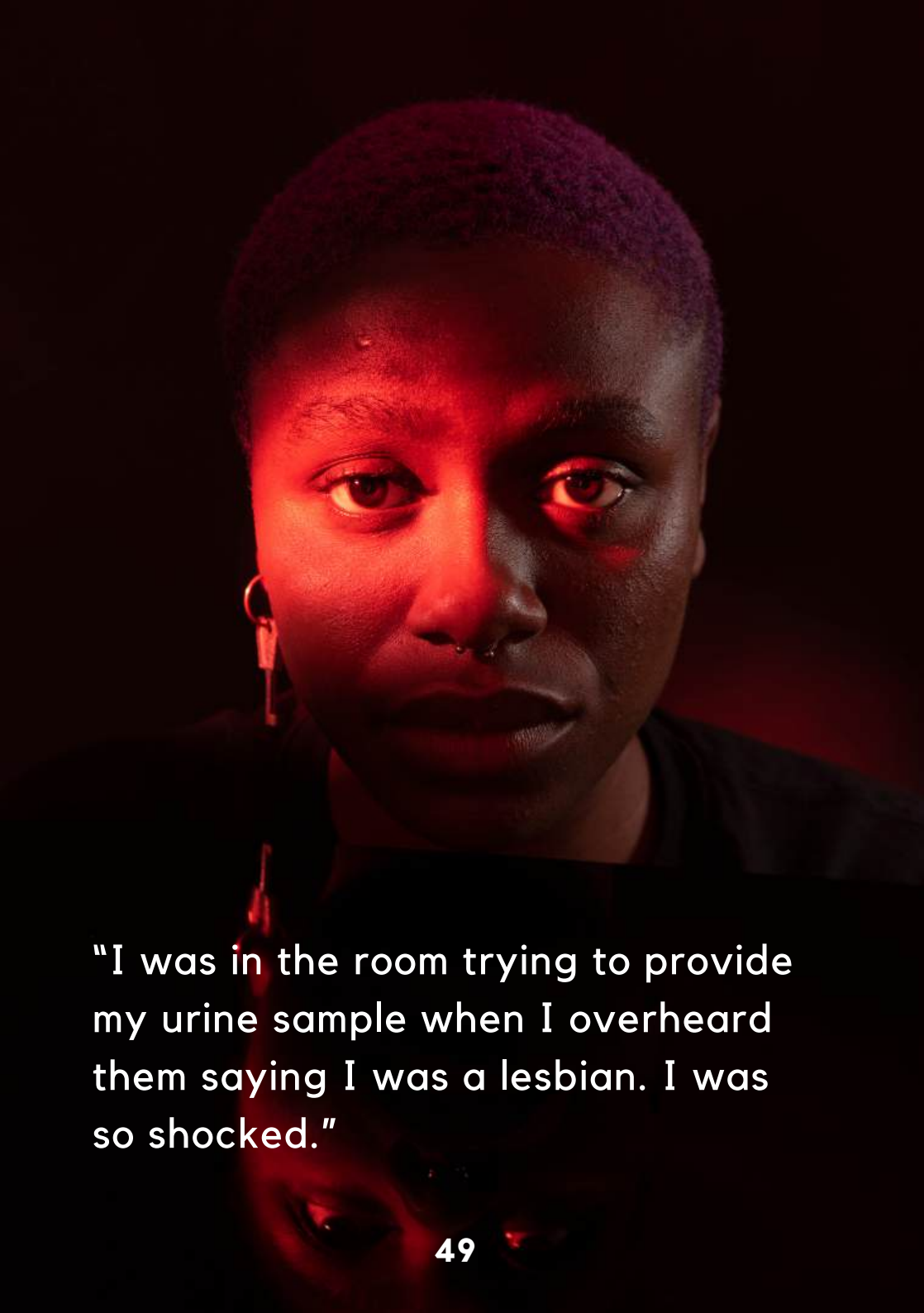
"How does a referral sheet permit or classify me as gay?"

I once went to a healthcare facility for HIV prevention counseling and commodities to protect myself from contracting the HIV virus, because I was in need of PrEP.

The moment I went with a referral sheet, the nurse suddenly collected it and read what was in it. Then she said, "Eii, a Muslim guy, a nice guy like you, why are you a gay?" And I was like, how does this sheet permit or classify me as gay?

Then, because of human nature, we started to argue. One nurse appeared and told me that I could not tell them what to do. On top of that, the service I had come for was not available, because the person meant to advise me was not around and the pharmacy had also closed.

They refused to give me the PrEP. So I had to go home and wait until the next three months to go to another facility to test and see whether I am positive or negative.



“I was in the room trying to provide my urine sample when I overheard them saying I was a lesbian. I was so shocked.”

I am a masculine-presenting woman who loves to wear male clothing. I have always felt safe, comfortable, and confident in these clothes. I do not understand why, but I just feel safe and very comfortable in them.
Aside from being masculine, I enjoy things that men do, be it football or pidgin. I have lived my life without worrying about what people think. I do what I love, and I do not care what others think of me.

I went to the hospital's family planning unit to get family planning because I am a sexually active woman, and I have a man. Being pregnant is not a priority for me at the moment.
When I got there, I told them the reason I was there, and they gave me options to choose from. I chose the Jadelle implant because it is long-lasting, and I preferred that one.

The nurse prepared me to first take a pregnancy test, and if it was negative, we would go ahead with the implant.
I was in the room trying to provide my urine sample when I overheard them saying that I was a lesbian trying to get the implant to prevent my monthly flow so that other ladies could lick me.

I was so shocked. Was I supposed to hear this? Did they not know that I would definitely hear them because it was their facility and they knew it echoed when they talked?
This was a crazy experience for me. I came back and told them that I needed to drink more water in order to provide the urine sample, so I was leaving and would be back within the next hour. I never went back again.

That was the first time I had heard such a thing. The nurse who attended to me had even indicated that my period may or may not come, so why jump to that conclusion?
Now, I just buy morning-after pills after sex with my man. I do not want to go through that experience again.



"I survived PID, but the stigma, betrayal, and loneliness I experienced in that hospital left scars that have never healed."

I am 17 years old and currently in my first year at university. During this year's vacation, I was staying in Dansoman for an internship.
One evening, I felt a sharp, unbearable pain in my lower abdomen. At first, I thought it was just ordinary stomach pain, perhaps caused by something I had eaten or by stress from the long hours at the hospital. However, the pain became worse, and I was rushed to the emergency ward.
The doctors ordered several tests and scans. After hours of waiting, I received a diagnosis of Pelvic Inflammatory Disease (PID). I was stunned. I had never imagined that what felt like ordinary stomach pain could turn out to be something so serious. But what hurt me more than the illness itself was the way I was treated afterward.

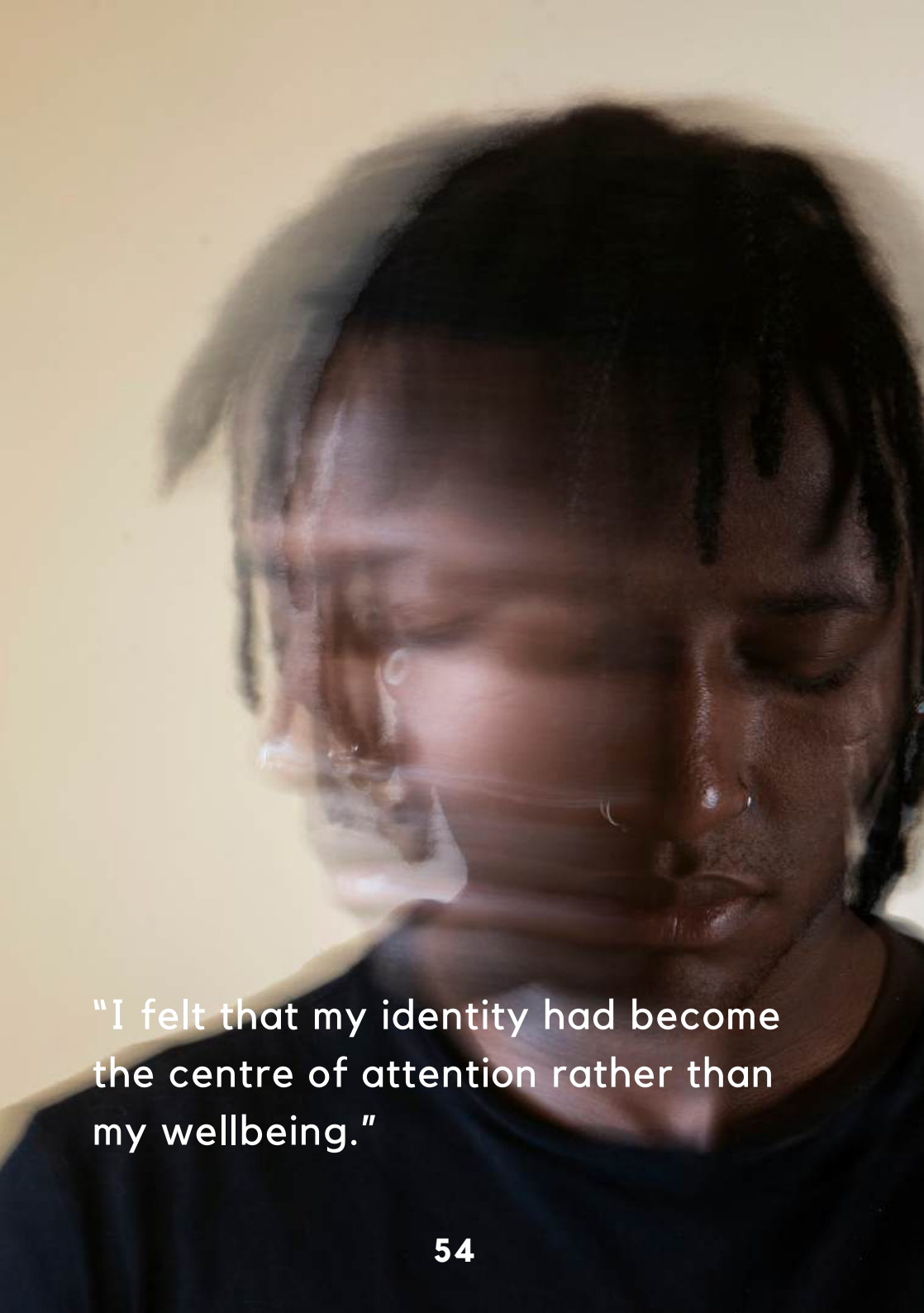
The nurses asked whether I was sexually active, and when I admitted that I was, their expressions changed. Their tone shifted from professional to judgmental. They whispered among themselves, looked at me with disdain, and treated me as though I had brought the illness upon myself. Despite my pleas for confidentiality, they informed my parents about my condition. That moment shattered me. My parents, instead of offering comfort, became distant and made me feel like a disgrace. As church elders, they had made me promise never to engage in sexual activity before marriage and insisted that I should marry as a virgin. Because I had been diagnosed with PID, I was made to feel ashamed and unworthy.

I spent a week in that hospital bed, but it felt like a prison. The care I received was minimal, almost nonexistent. Nurses passed by without properly checking on me, their eyes filled with silent accusations. I was not only battling the physical pain of the disease; I was also drowning in shame, isolation, and judgment. Each day, I felt smaller, invisible, and undeserving of compassion.
That week taught me a harsh lesson: sometimes the stigma surrounding an illness can wound more deeply than the illness itself. I was not treated simply as a patient in need of care. I was judged as a young woman for my personal choices and denied dignity at the moment I needed it most. Although I survived PID, the scars of that experience, the betrayal, discrimination, loneliness, and humiliation, remain etched in my memory.

Section 4

Identity as an Obstacle

Every person in this section came to a healthcare facility for a specific medical reason. Not one of them came to discuss who they are. But in each account, identity became the centre of the encounter, either because a healthcare worker made it so, or because the patient could feel that their presence was being interpreted before they had said a word. A Muslim man told his gayness would kill him before 30. A first-time visitor labelled before he entered the testing room. A young trans woman scrutinised for her hair. An intersex person told their identity was not real. And a 22-year-old who stopped taking her ARVs because going back felt worse than going without. In every case, the health issue the patient came for was secondary to who the healthcare worker decided they were.



"I felt that my identity had become the centre of attention rather than my wellbeing."

I am a 24-year-old Muslim who aspires to become a healthcare provider one day. I believe healthcare should be a place where people receive support, accurate information, and compassionate care, regardless of who they are.

I visited a healthcare facility after being referred by a community-based organisation that supports LGBTQ+ individuals in accessing health services. I arrived at the counseling unit with my referral form and presented it to the healthcare provider in charge. As she reviewed my referral form, she noticed my name and asked whether I was a Muslim. I said I was. She then asked whether I spoke Hausa, and when I said yes, we began communicating in Hausa.

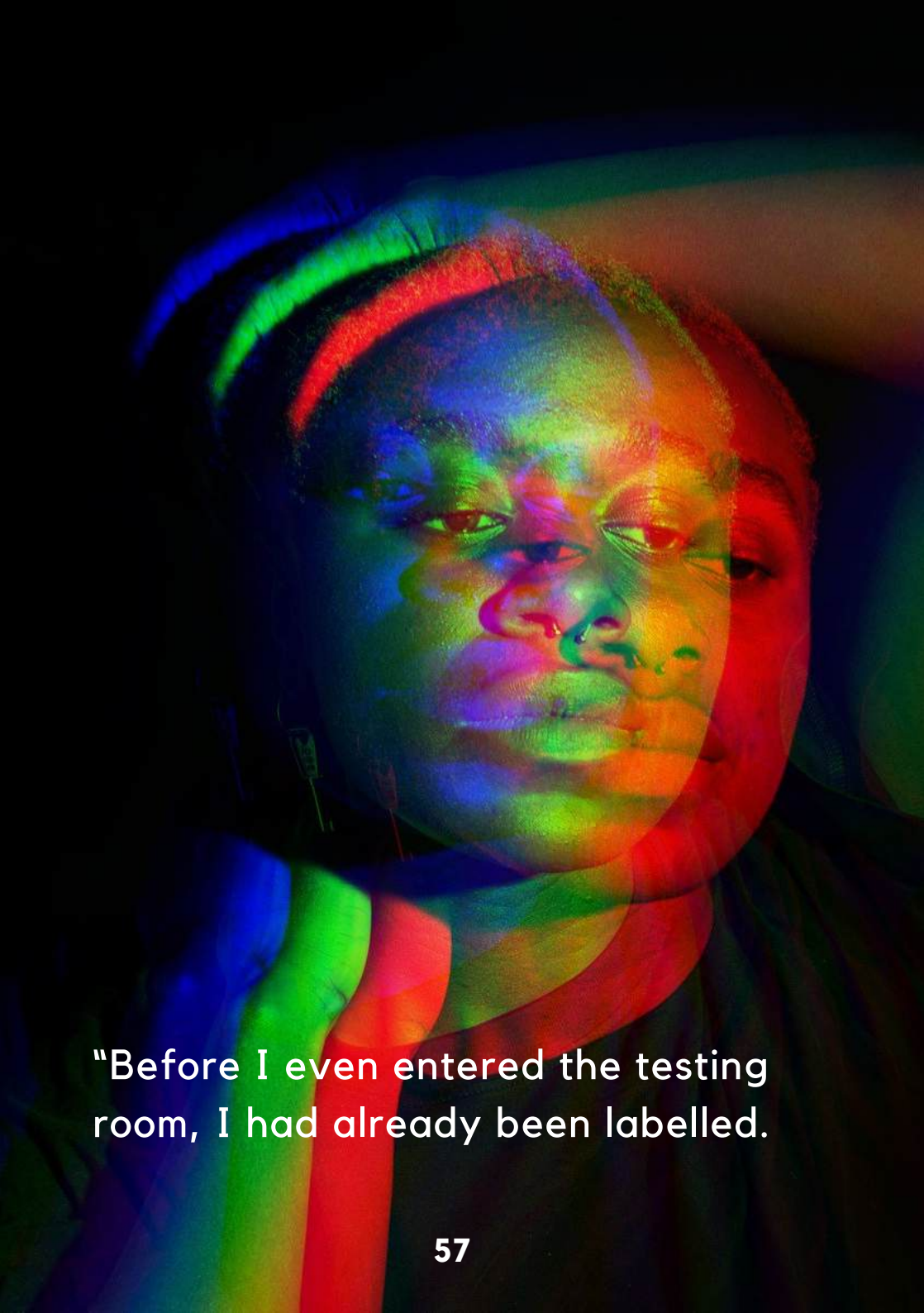
At first, I felt comfortable because we shared a common language, culture, and faith. I thought this connection would help create a safe and supportive environment for the healthcare visit. However, the conversation soon changed.

The healthcare provider began asking questions about my sexual orientation. After learning that I was gay, she started giving me personal advice rather than focusing on the healthcare service I had come for. She told me that if I wanted to live a long life, I needed to stop being gay. She claimed that people who engage in same-sex relationships rarely live beyond their late twenties.

After my examination and testing, she informed me that I had syphilis. Instead of focusing on treatment and recovery, she used the diagnosis as further evidence to support her personal views. She told me that syphilis would eventually lead to HIV, then to AIDS, and ultimately to death. She warned me that all of this could happen within a very short period if I continued being gay.

I felt overwhelmed and distressed. I had come to the facility seeking healthcare, information, and support. Instead, I felt judged because of my sexual orientation. The conversation made me feel ashamed and hopeless at a time when I needed professional guidance and accurate health information.

I left feeling that my identity had become the centre of attention rather than my wellbeing. The experience had a significant emotional impact. It affected my trust in healthcare providers and made me wonder whether I would be treated fairly in future encounters.



“Before I even entered the testing room, I had already been labelled.

I was 24 years old when I was referred to a healthcare facility for HIV testing. It was my first time visiting that particular facility, and I went there alone. Because I was unfamiliar with the environment, I felt a little confused and was not sure exactly where to go for the service I needed.

As I looked around for assistance, I noticed a table where several nurses were seated. I approached and showed them the referral sheet I had been given by the organisation that had sent me.

As soon as one of the nurses saw the referral sheet, she mentioned the name of another healthcare worker and told her colleagues that she was the person who takes care of the gay guys. She then went on to say that anyone carrying that particular white referral sheet was an HIV-positive person. Another nurse responded by saying that they did not serve gay people in that unit.

I was confused and uncomfortable. The comments were made openly in front of others, and I felt immediately judged based only on the referral form I was carrying. Hearing healthcare workers make assumptions about people's sexual orientation and HIV status was upsetting and embarrassing.

Despite how I felt, I followed the directions I was given and went to the room where HIV testing was conducted. The nurse who attended to me was professional, answered my questions honestly, and made me feel more at ease. When the results came back, I was informed that I was HIV negative. Although I was relieved, I was also confused. The comments I had overheard earlier had suggested that everyone carrying that particular referral sheet was living with HIV.

Wanting clarification, I spoke with the nurse and told her what had happened at the front desk. She explained that what the other nurses had said was not true and that the referral sheet did not indicate that a person was HIV positive.

What affected me most was realising how easily stigma and discrimination can appear in healthcare settings. I had gone to the facility seeking a simple health service, but before I even entered the testing room, I had already been labelled and judged.



“Discrimination does not just hurt in the moment. It pushes us away from the care that keeps us alive.”

I am 22. I am trans. I am living with HIV. And I stopped going to the clinic because of how I was treated there.
I remember walking in that day already nervous. I needed my ARVs, but more than that, I needed to feel like I would not be judged for being there. That did not happen.

From the moment I gave my name, the nurse used the wrong pronouns and spoke about me in a way that made it clear they saw me as different. It was not said directly, but the tone, the looks, the way they sighed before answering. I knew. I felt like my HIV status and my gender made me less deserving of care.

When I asked to speak privately, I was told there was no room. So I stood at the front desk and discussed my medication in front of other patients. I felt exposed. Like my status was something to be announced, not protected.
After that, the consultation felt rushed and cold. I was not asked how I was coping. I was not given space to talk about the side effects I was struggling with. I was just handed a date to come back and told not to miss it. But I did not go back. How could I, when every minute there made me feel ashamed for being who I am and for having HIV?
I started missing doses. Not because I did not care, but because the thought of going back made me sick. I told myself I would manage, but I could not. My health got worse, not because the treatment did not work, but because I was too scared to return.

If that day had been different, I would still be in care. If someone had just spoken to me with respect, called me by my name, and protected my privacy, I would have stayed. I would have kept taking my medication.
I am writing this because I know other young trans people living with HIV go through the same thing. Discrimination does not just hurt in the moment. It pushes us away from the care that keeps us alive.
If you have the power to change this, please do. Teach health workers that respect is not optional. For people like me, it is the reason we stay in treatment. And without treatment, we do not survive.



"I expected to be treated with dignity, respect, and professionalism. Instead, I felt that I was treated differently because of my appearance and gender expression."

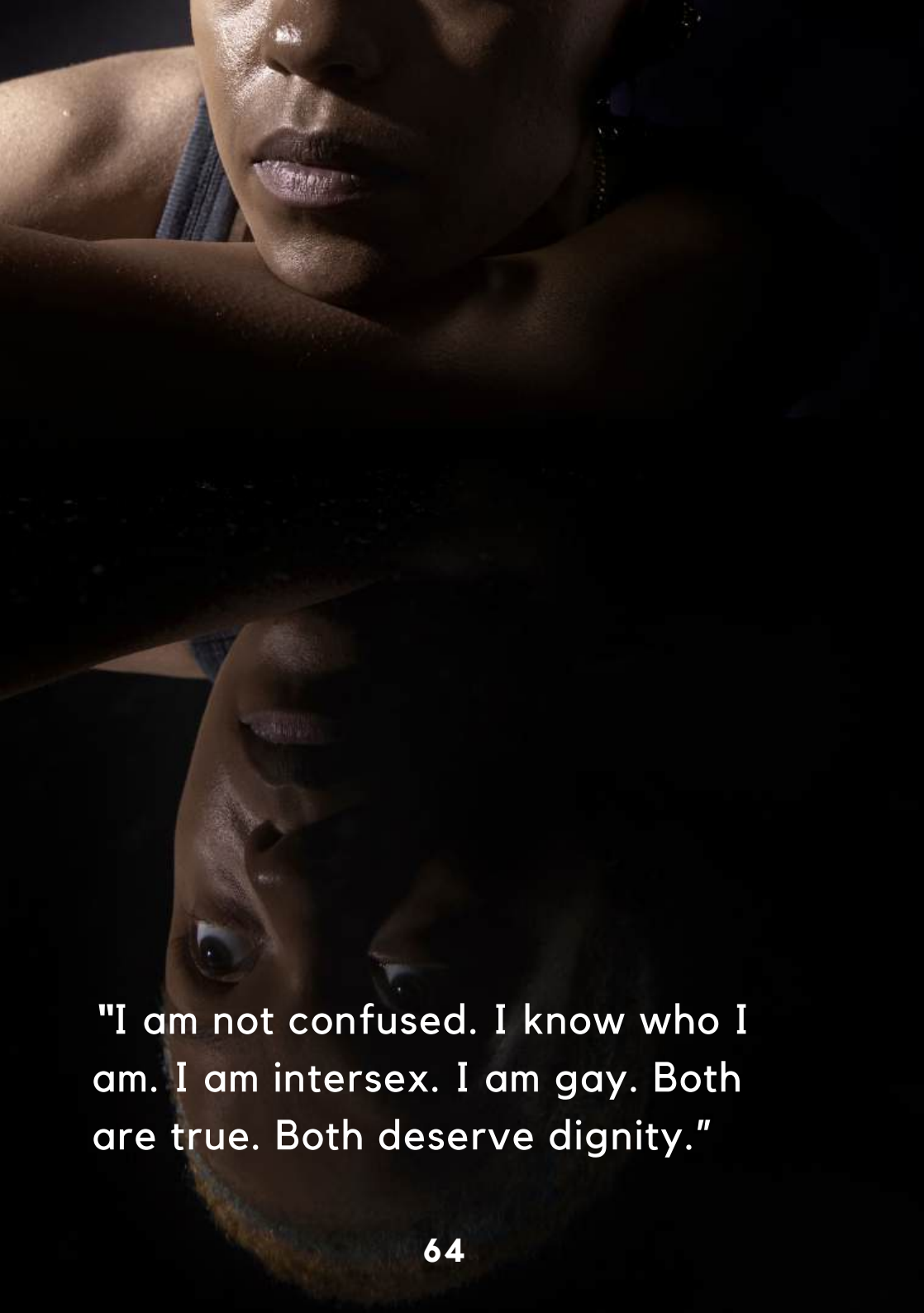
As a young transgender woman, I have often faced challenges when accessing healthcare services. One experience that stands out happened when I visited a healthcare facility to receive medical services.
On that day, I was presenting myself in a way that reflected my identity. My hair was braided, and I was dressed in a manner that made me feel comfortable and confident. Like anyone else visiting a healthcare facility, I expected to be treated with dignity, respect, and professionalism.

However, when I arrived at the facility, I felt that I was treated differently because of my appearance and gender expression. Instead of focusing on the reason for my visit, some healthcare workers appeared more interested in how I looked. Their attitudes and behaviour made me feel uncomfortable and unwelcome.

As I waited for services, I sensed judgment and disapproval from some of the staff. Rather than receiving the support and care I needed, I felt as though I was being scrutinised because I was a transgender woman. The experience made me feel excluded in a place where I should have felt safe and supported.

What hurt most was that I did not receive the quality of service I had come for. I left feeling disappointed and discouraged. The encounter reinforced a fear that many transgender individuals face, that accessing healthcare may come at the cost of dignity.

Healthcare facilities should be spaces where everyone can seek care without fear of discrimination, regardless of their gender identity, appearance, or background. When people are treated unfairly or judged because of who they are, it can discourage them from seeking medical care in the future, even when they urgently need it.



"I am not confused. I know who I am. I am intersex. I am gay. Both are true. Both deserve dignity."

I went to get care for a simple health issue. I expected questions about symptoms, tests, and treatment. Instead, I got questions about my body that had nothing to do with why I was there.

The health worker looked at my file, then at me, and said, "So are you a man or a woman? We need to put you in the right box." When I explained I am intersex, they laughed and said, "That is not a real thing. You just need to pick one." They kept using the wrong pronouns for me even after I corrected them. Every time they said Mr. man, it felt like they were erasing me.

It got worse the moment I told them that my partner was my emergency contact. They said, "Oh, so you are gay too? That explains the confusion." Like my identity and my sexuality were problems to be fixed, not parts of who I am.

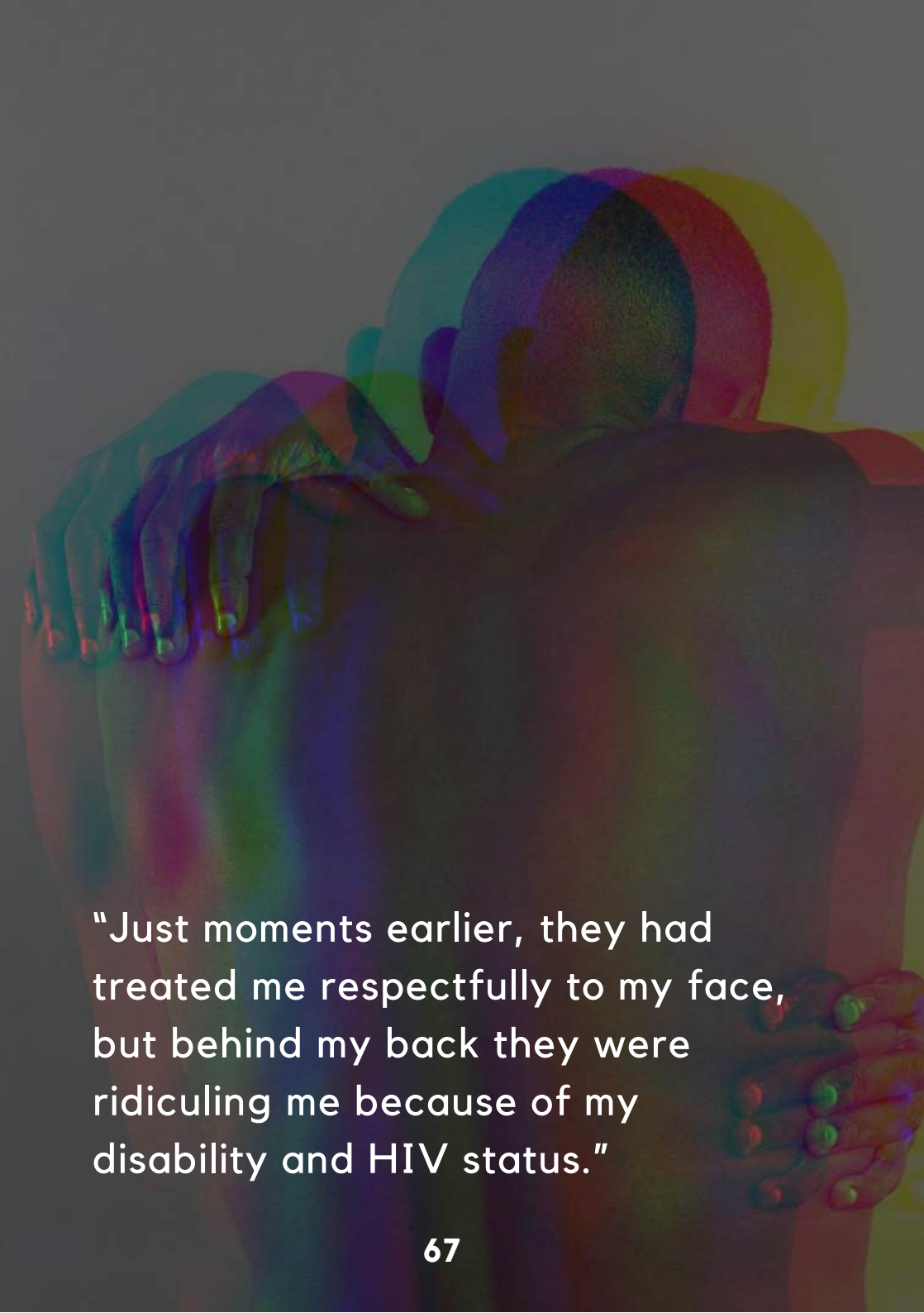
The tone changed. The respect was gone. They spoke louder, slower, like I would not understand. They asked invasive questions in front of others, without privacy. I left without answers for my health issue. I left feeling small, ashamed, and unsafe. I am not confused. I know who I am. I am intersex. I am gay. Both are true. Both deserve dignity.

I am telling you this because you have the power to change it. Train health workers to use respectful language. Teach them that intersex is real, that pronouns matter, and that a patient's sexuality has nothing to do with their care unless they bring it up. Put up signs that say all bodies and all people are welcome here. We come to clinics for healing, not humiliation. No one should have to choose between their health and their dignity. I should not have to.

Section 5

Living with Disability and HIV

The four accounts in this section describe a compounded experience. Each participant is navigating a healthcare system that was not built with their body in mind. Ramps that do not work, spaces that are not accessible, and staff who speak to companions rather than to the patient in the wheelchair. When HIV status is added to a disability, the accounts in this section show what happens: the mockery doubles, the assumptions harden, and the patient becomes, in the eyes of some healthcare workers, a kind of impossible person whose illness and whose body are treated as contradictions rather than as a human reality. The last person ended his account by writing that he thought of walking out of the hospital and being knocked down by a car. He held his peace. That sentence should be clearfuly read.



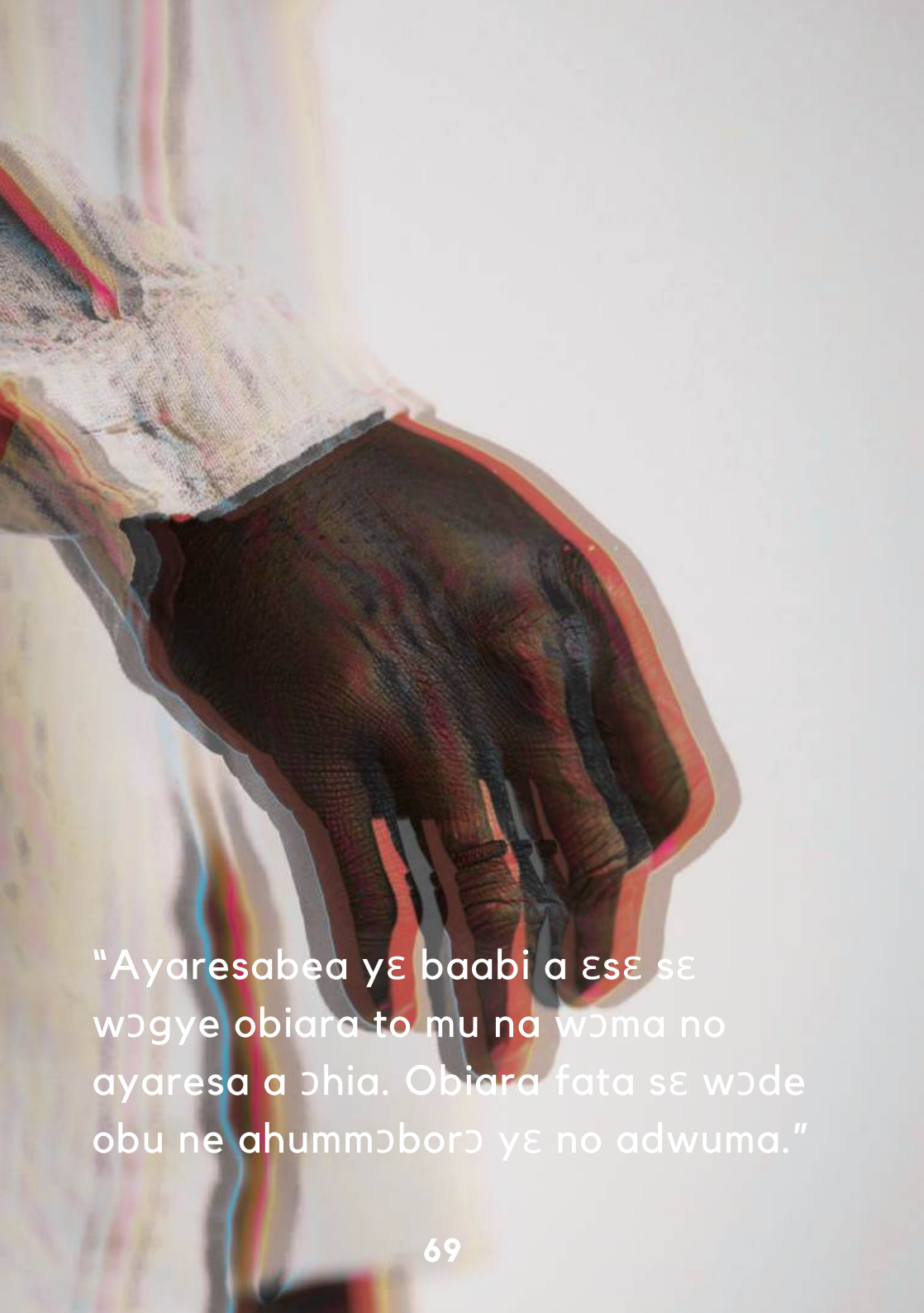
“Just moments earlier, they had treated me respectfully to my face, but behind my back they were ridiculing me because of my disability and HIV status.”

I am a person with a disability and I am also living with HIV. For many years, I have relied on healthcare services to access antiretroviral medication and maintain my health. Like many people living with HIV, I attend my appointments regularly and depend on the healthcare system for ongoing treatment and support.

One day, I visited a healthcare facility for my routine medication refill. The visit itself went reasonably well. After seeing the doctor, I was directed to the pharmacy to collect my antiretroviral medication. When I arrived at the pharmacy, there were three staff members working there. I submitted my prescription, received my medication, thanked the staff, said goodbye, and left. The interaction felt polite and professional.
A few moments later, I realised that I had forgotten my phone on the pharmacy counter. I immediately turned around and went back to retrieve it.

As I approached the door, before entering, I overheard the staff members talking and laughing amongst themselves. They were mocking the way I walked and making comments about my disability. One of them said something to the effect that someone who cannot even walk properly is now living with HIV. They continued laughing and making remarks. Hearing those comments was heartbreaking. Just moments earlier, they had treated me respectfully to my face, but behind my back they were ridiculing me because of my disability and HIV status. I felt embarrassed, betrayed, and deeply hurt. The sense of safety I had felt during the visit was immediately shattered.

As a result of that incident, I lost trust in the facility and stopped accessing my treatment there. I had to look for alternative healthcare services because I no longer felt comfortable returning to a place where I had been mocked and humiliated in my absence.
No one should be laughed at, insulted, or made to feel less worthy because of their disability or health condition. Healthcare facilities are supposed to be places where patients feel safe, welcome, and supported, not places where their dignity is discussed and dismissed the moment they walk out of the door.



"Ayaresabea yɛ baabi a ɛsɛ sɛ wɔgye obiara to mu na wɔma no ayaresa a ɔhia. Obiara fata sɛ wɔde obu ne ahummɔborɔ yɛ no adwuma."

Sɛnea Mefaa Nyaeɛ ne Animtiaabu Wɔ Ayaresabea Mu
Meyɛ ɔbarima a madi mfei aduannan nnum, na mewɔ dɛm bi a ɛma mewɔ nsa baako pɛ. Mmere bi meyaree babaso nini, enti na ɛsɛ sɛ mekɔ ayaresabea kɔ gye ayarehwɛ. Da bi, mefaa ntuasoɔ krataa bi a ɔpanyin bi a ɔboa nkurɔfo ma wonya apɔmuden ho dwumadie maa me, na mede kɔɔ ayaresabea.

Mebeduu hɔ no, me ne nurse bi a ɔyɛ ɔsomfo foforo dii nkɔmmɔ yiye. Biribiara kɔɔ so yiye kɔsii sɛ meyii ntuasoɔ krataa no maa no. Ɔhwɛɛ krataa no ara pɛ na n'nneyɛ sesaeɛ. Ɔbisaa me sɛ, "Ɛyɛ dɛn na ɔbarima a woadi mfei aduannan num te sɛ wo de saa krataa yi aba ha?"

Mebisaa no nea ɔrekyerɛ sɛn. Ɔka kyerɛɛ me sɛ nnipa a wɔwɔ ayaresabea ha no nyinaa nim sɛ saa ntoasoɔ krataa no yɛ de ma mmarima a wɔ ne won yɔnko mmarima da nkoaa. N'asɛm no maa me ho yeraw me paa. Meka kyerɛɛ no sɛ mebaa hɔ sɛ meri bɛ gye ayarehwɛ na obi mpo na ɔde me baa hɔ, nanso ɔkɔɔ so de nsɛm a ɛyɛ animtiaabu kasa tiaa me.

Akyire no ɔka kyerɛɛ me sɛ aduro biara nni hɔ enti mentwɛn. Nanso mehunuu sɛ biribi nnyɛ yiye. Enti mekɔka kyerɛɛ ɔpanyin a ɔde ntoasoɔ krataa no maa me no. Yɛsan hwɛɛ asɛm no mu, na yɛhunuu sɛ aduro no wɔ hɔ ampa. Nurse no de atorɔ na ɛkaa sɛ aduro no nni hɔ. Ɛno maa mehunuu sɛ ɔhyɛɛ da ampɛ sɛ menya ayaresa no efisɛ ɔde adwene bi a ɔwɔ fa me ho sii n'ani so.

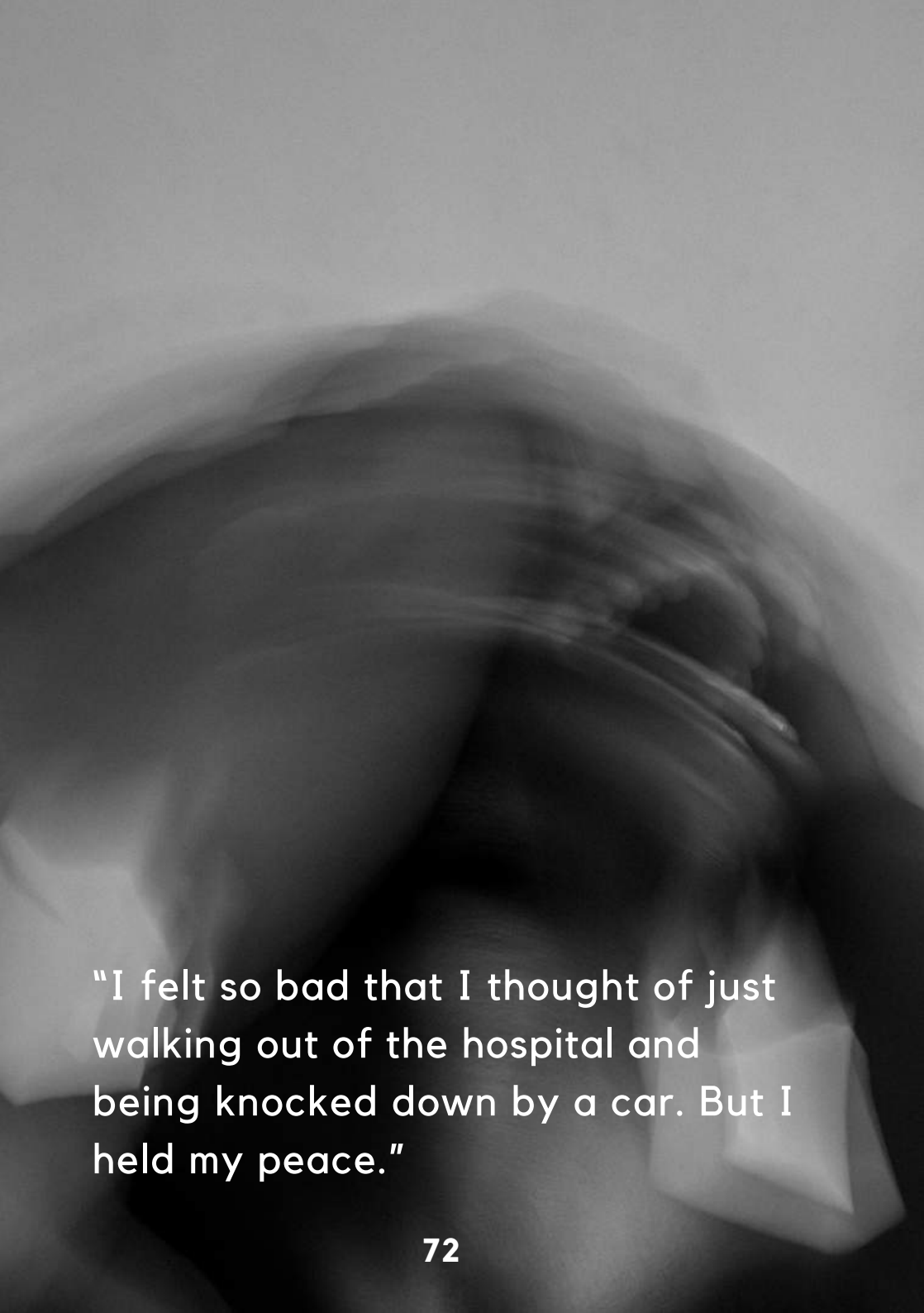
Nea ɛyɛɛ me yaw paa ne sɛ ɔkaa sɛ, "Ɔbarima a woadi mfei aduanan nnum a wowɔ dɛm nso, ɛyɛ dɛn na wofa wo ho hyɛ gayfoɔ mu?" Saa nsɛm yi maa me tee nka sɛ wɔmmu me na wɔmfa me nnyɛ onipa.
Se obi a mewɔ dɛm dedaw no, mehyia nsɛnnennen pii wɔ abrabɔ mu. Enti sɛ mekɔ ayaresabea a ɛsɛ sɛ menya mmoa na mmom mehyia animtiaabu ne nyiyim a, ɛyɛ awerɛhow kɛse.

Ayaresabea yɛ baabi a ɛsɛ sɛ wɔgye obiara to mu na wɔma no ayaresa a ɔhia, ɛmfa ho ne mfeɛ, ne dɛm, ne nipasu anaa nnipa a ɔne wɔn bɔ. Obiara fata sɛ wɔde obu ne ahummɔborɔ yɛ no adwuma.

I am a 45-year-old man living with a physical disability that has left me with only one hand. At one point I was suffering from syphilis, and so I needed to go to a health facility to get medication and treatment. One day, I collected a referral letter from a community health support worker and took it to the facility.
When I arrived, I had a pleasant conversation with a nurse who was new to the facility. Everything went well until I presented the referral letter to her. The moment she saw it, her behaviour changed completely. She asked me, "Why would a 45-year-old man like you come here with this kind of referral letter?"

I asked her what she meant. She told me that everyone at the facility knew that referral letters like the one I carried were only for gay people. Her comment made me feel very ashamed. I told her I had come to receive treatment and that someone had brought me there for that purpose, but she continued to address me in a disrespectful manner.
She then told me there was no medication available and asked me to wait. But I sensed something was not right. So I went back to the person who had given me the referral letter. We followed up together and discovered that the medication was actually available. The nurse had lied when she said there was none. It became clear to me that she had deliberately decided not to help me because of an assumption she had made about who I am.

What hurt me most was when she said, "A 45-year-old man with a disability, why would you get involved with gay people?" Those words made me feel that I was not being seen or treated as a human being.
As someone who already lives with a disability, I face many challenges in daily life. So when I go to a healthcare facility where I am supposed to receive help, and I am instead met with shame and judgment, it is deeply painful. A healthcare facility should be a place that welcomes everyone and provides the care they need, regardless of age, disability, status, or the people they associate with. Every person deserves to be treated with dignity and compassion.



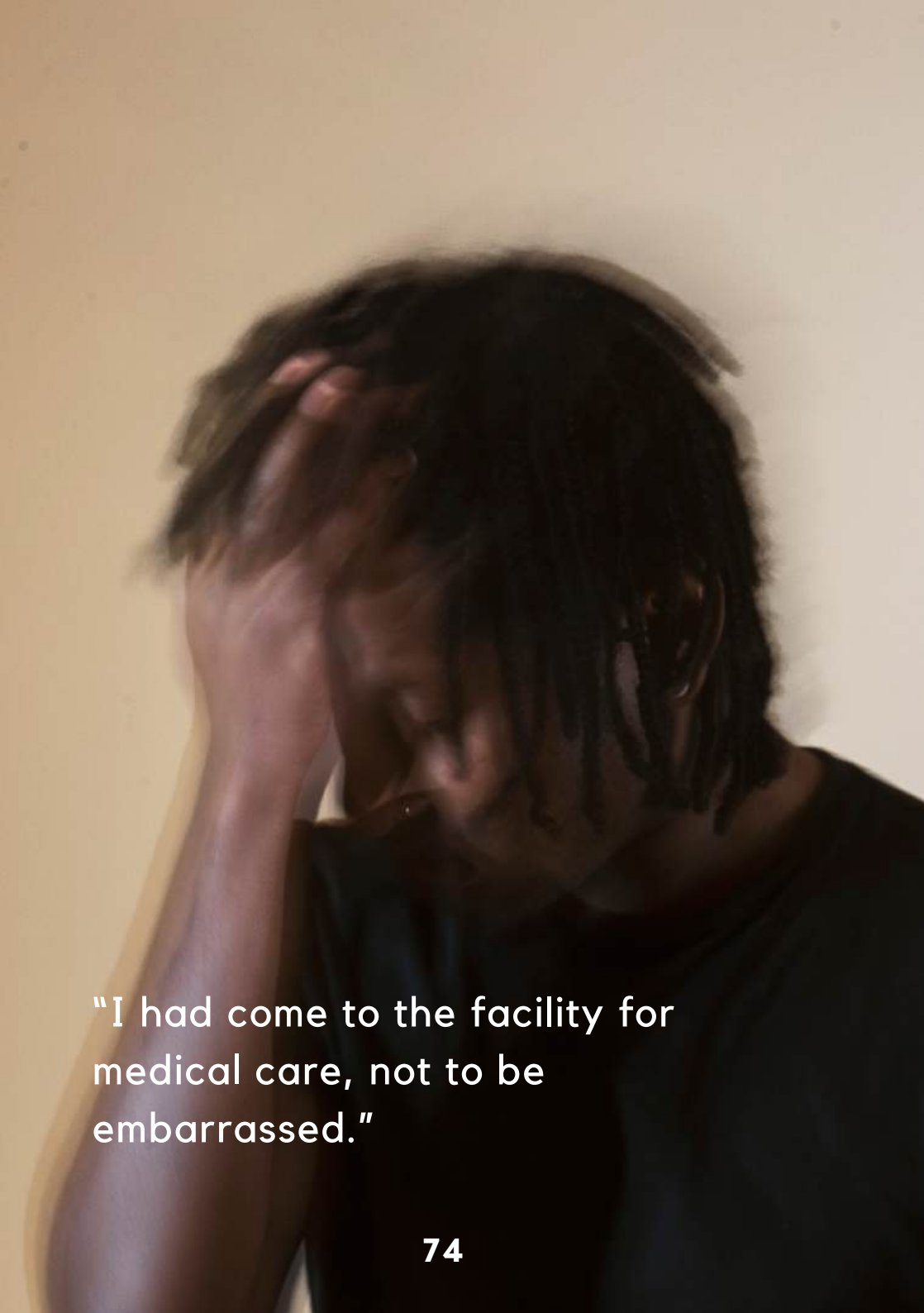
"I felt so bad that I thought of just walking out of the hospital and being knocked down by a car. But I held my peace."

I am a person living with a disability who never knew he had HIV until I visited the hospital for healthcare. I visited a hospital in Accra, which I want kept confidential, because I was sick and needed medical attention. I visited this hospital on a Monday morning, only to discover that I was living with HIV. Like any hospital in Ghana will do during a sick person's visit, they had to run some lab tests to know what exactly they were treating.

When I was about to join the queue, I saw a nurse about to enter the lab and asked if I could simply bypass those I had come to meet and have my test run, because that is what mostly happens when I visit some hospitals. Instead of helping, the nurse yelled at me to join the queue like everyone else. She continued to say all sorts of awful things to me and made some hushed and insulting references. I felt very bad, not having anything to say.

The other patients who were also there for their lab tests, seeing what happened, behaved like the kind Ghanaians they are and asked me to bypass them and go have my test run.
After waiting for more than an hour, a lab technician came to me and said that my test was done, so that I could go to the doctor for my treatment. The doctor told me that I needed to run one additional test. So I went back to the lab. When I got there, I sat down in, waiting to be attended to. The technicians were busily insulting me as a disabled person. I could hear whatever conversation the lab technicians were having from where I sat.

One who had run the test had already disclosed the results of my HIV status to his colleagues. They were saying things like, "And why should a disabled person have HIV?"' I felt so bad that I thought of just walking out of the hospital and being knocked down by a car. But thank God, I held my peace and did not do that.
That is what happened to me as a person with a disability trying to get treatment in the hospital, just like everyone else.



"I had come to the facility for medical care, not to be embarrassed."

I am a person living with a disability, and I would like to share an experience I had while seeking treatment for a sexually transmitted infection.

One day, I visited a healthcare facility because I was experiencing symptoms and needed medical attention. When I was called in to see the healthcare provider, we had a conversation about my condition. She asked me questions about my symptoms and medical history, and I answered honestly because I wanted to receive the appropriate treatment and support.

After the consultation, the healthcare provider informed me that I would need medication, including an injection. She then called another nurse from a nearby unit to administer the injection. As the nurses discussed my treatment, one of them made comments that made me feel uncomfortable and humiliated. She expressed surprise that a person with a disability would be seeking treatment for an STI and made remarks suggesting that people like me should know better or take better care of themselves.

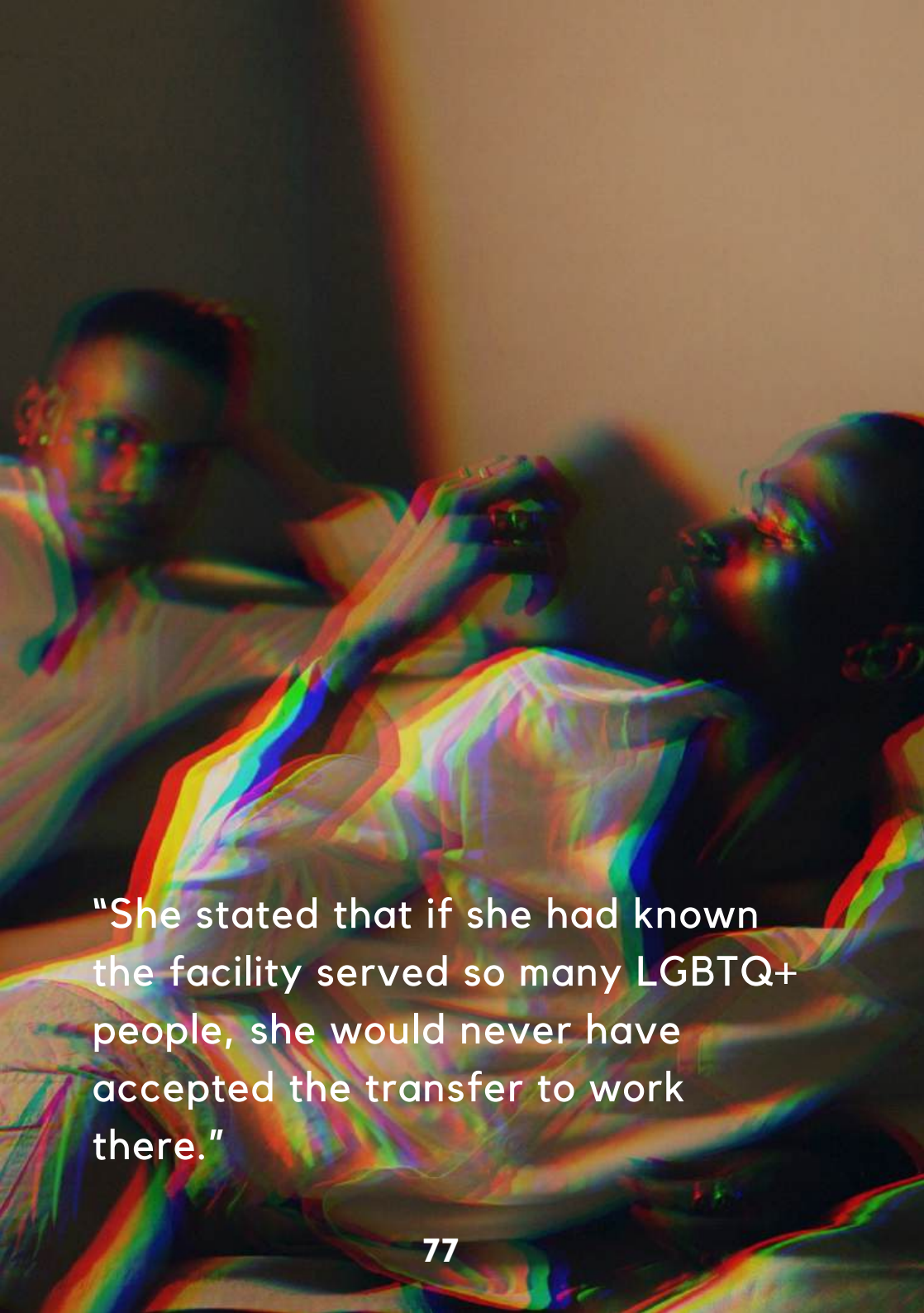
The comments implied that because I had a disability, I should not be in that situation. I felt as though my disability was being used to judge my choices and my worth as a person. Hearing those remarks was painful. I had come to the facility for medical care, not to be judged. As a patient, I expected to be treated with dignity, respect, and professionalism. Instead, I felt that assumptions were being made about me because of my disability and my health condition.

The experience left me feeling disappointed, embarrassed, and disrespected. It made me question whether healthcare providers truly understood that people with disabilities have the same rights, needs, and experiences as everyone else, including the need for sexual and reproductive healthcare. What affected me most was the feeling of being judged during a vulnerable moment. Seeking healthcare can already be difficult, and negative comments from healthcare workers can make patients feel reluctant to return for future services. When people with disabilities experience stigma in healthcare settings, it can create serious barriers to accessing the care and support they need.

Section 6

Overheard, Observed, Reported

Not all harm is delivered face to face. Several participants in this booklet describe discrimination that they overheard, witnessed, or were told about by a third party. A nurse on a phone call, not realising a patient was within earshot. Healthcare workers laughing in a corridor they assumed was empty. A new staff member whose personal beliefs changed the feeling of a facility that had felt safe for months. These accounts are a reminder that the culture of a healthcare facility is not only expressed in what is said directly to a patient. It lives in what is said when the patient is assumed to be gone.



"She stated that if she had known the facility served so many LGBTQ+ people, she would never have accepted the transfer to work there."

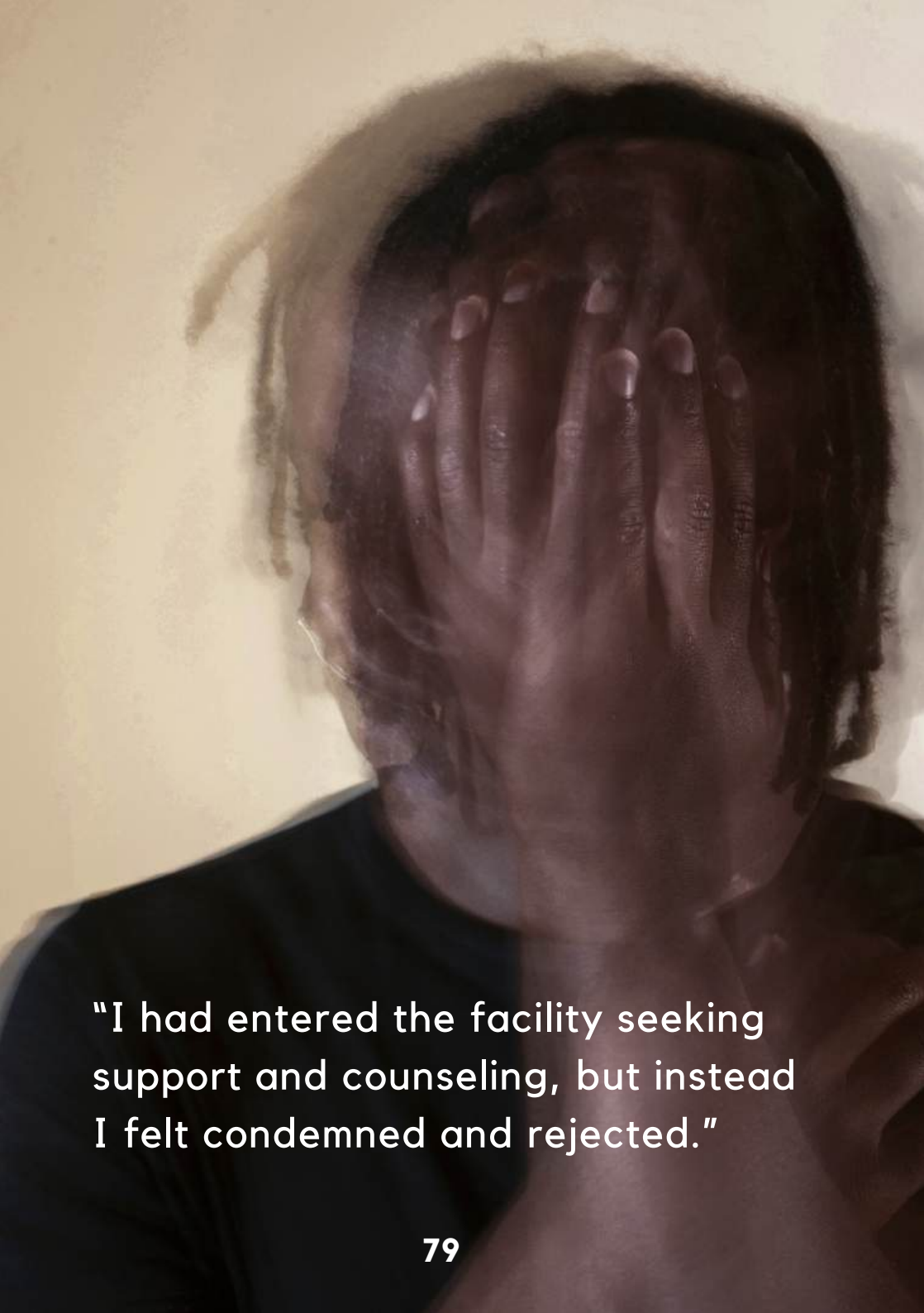
I am a gay man living with HIV, and I would like to share an experience that affected me deeply while accessing treatment.
I had been receiving HIV care from the same healthcare facility for some time. During one of my routine visits to collect my antiretroviral medication, I learned that my regular nurse had been transferred and that a new nurse had taken over my care.

When I entered the consultation room, the new nurse reviewed my records and began asking questions. She commented on my age and questioned how someone so young could be living with HIV. Rather than focusing on my care and wellbeing, she began telling me that I should have been more careful and that I should never have allowed myself to contract HIV. Although her comments made me uncomfortable, I remained quiet because I needed to continue with my treatment.

After the consultation, I was instructed to wait while my information was entered into the system before I could collect my medication from the pharmacy. As I sat nearby, I overheard the nurse making a phone call. During the conversation, I heard her tell the person on the phone to come and see the number of gay people receiving treatment at the facility. She also spoke about me and other patients in a judgmental manner.

She questioned how a young person could be living with HIV and suggested that people living with HIV were suffering because they had refused to give up what she described as a sinful lifestyle. What hurt me most was hearing her say that she was tired of caring for people living with HIV. She even stated that if she had known the facility served so many LGBTQ+ people, she would never have accepted the transfer to work there.

Listening to those comments was heartbreaking. I had come to the facility seeking healthcare and life-saving medication, not judgment. The experience left me feeling ashamed and anxious about future visits and whether I would continue to receive fair and professional care.



"I had entered the facility seeking support and counseling, but instead I felt condemned and rejected."

I am a 20-year-old young man living with HIV. I also identify as gay, engage in sex work, and use drugs. Because of the multiple challenges I face, access to supportive and non-judgmental healthcare is extremely important to me.

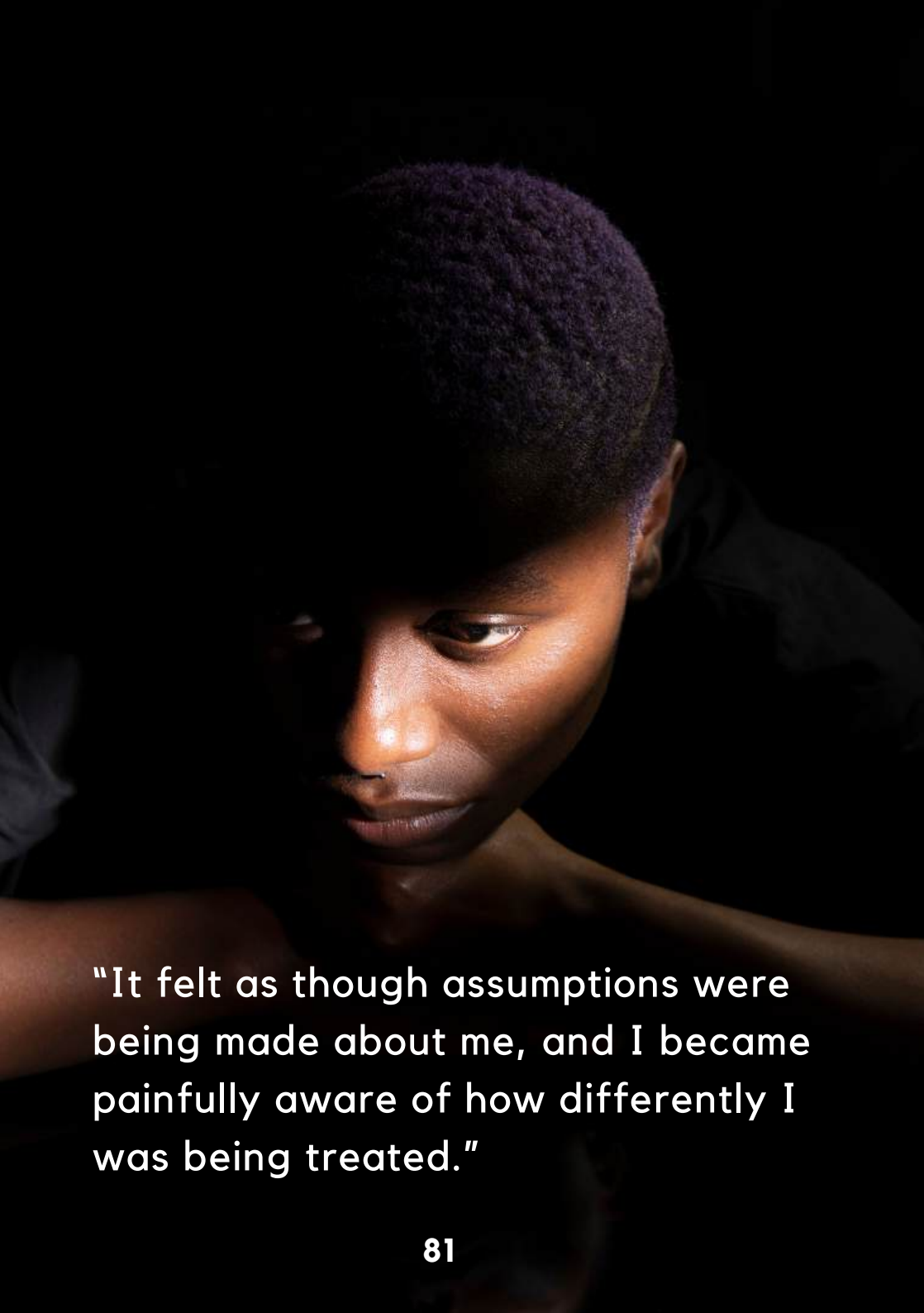
When I first visited a healthcare facility for HIV services, I felt hopeful. The facility was known for being welcoming to LGBTQ+ people and other marginalised communities. During my first appointment, the nurse created a safe environment where I felt comfortable discussing my health and my personal circumstances. For the first time, I felt confident that I could access healthcare without being judged.

As time went on, I continued attending my appointments and collecting my medication. However, during one particular visit, I requested counseling because I was going through a difficult period.

At the beginning of the session, the conversation seemed professional and focused on my wellbeing. However, as the discussion continued, the tone changed. Instead of receiving counseling based on my health needs, the conversation became focused on the nurse's personal beliefs. What started as a healthcare discussion gradually turned into a religious lecture.
The nurse began speaking about my sexual orientation, my lifestyle, and other aspects of my life in a way that felt judgmental rather than supportive.

As the conversation continued, some of the comments became so severe that I felt intimidated and threatened. By the end of the session, I no longer felt safe or welcome. I left feeling hurt, judged, and emotionally distressed. I had entered the facility seeking support and counseling, but instead I felt condemned and rejected.

The experience left me questioning whether I could trust the healthcare system I depended on. What made the situation especially painful was that I had chosen that facility because it was known for being welcoming and inclusive. A single staff member's personal beliefs had changed what had felt like a safe space into somewhere that felt hostile.



"It felt as though assumptions were being made about me, and I became painfully aware of how differently I was being treated."

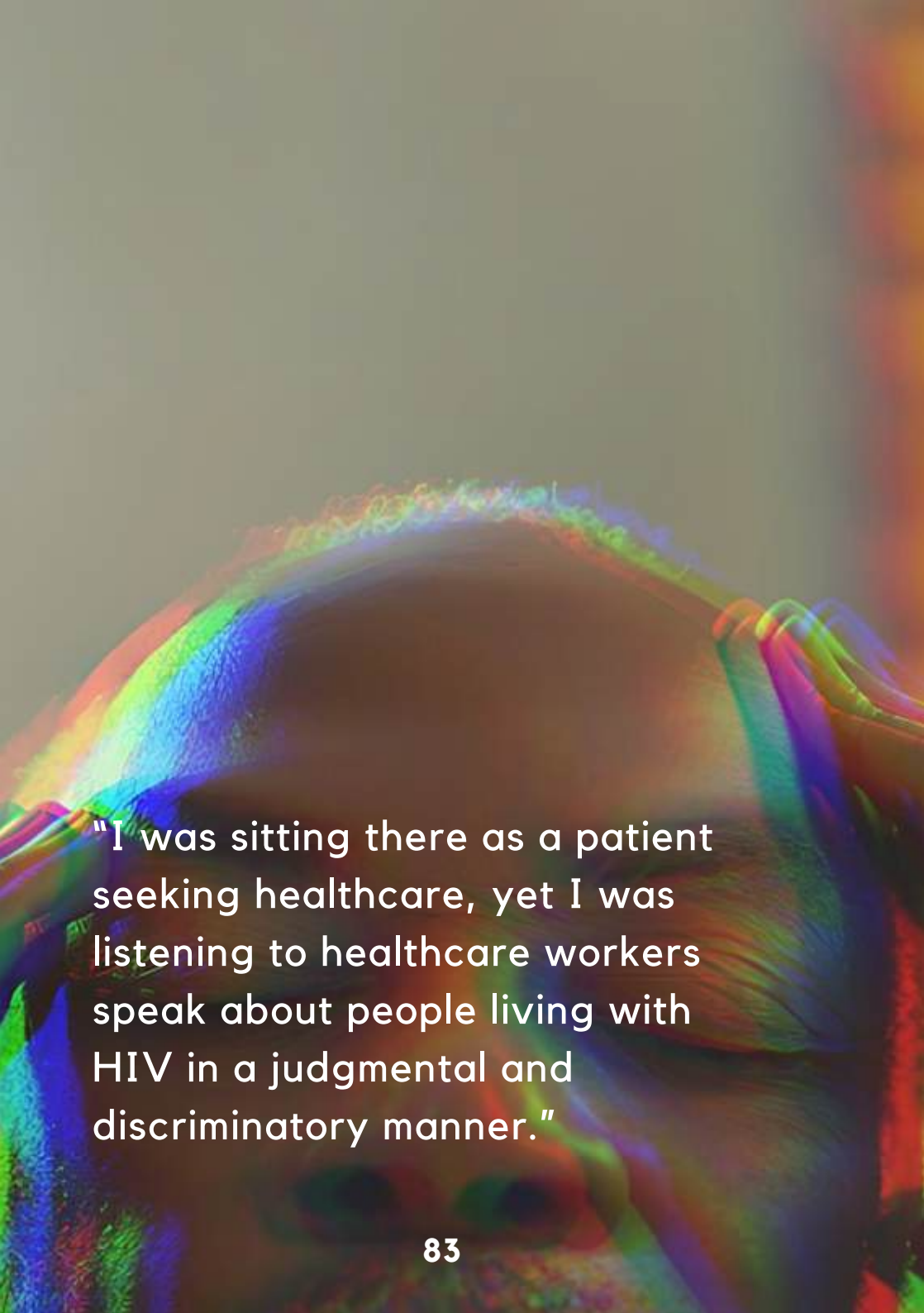
I would like to share an experience that had a significant impact on me while seeking healthcare services. I visited a healthcare facility to undergo tests for my kidney and liver health, as well as HIV testing. Like many people seeking medical care, I hoped to be treated with professionalism, respect, and compassion.

During my visit, I encountered a healthcare worker whose attitude toward me felt dismissive and disrespectful. The way they spoke to me made me feel uncomfortable and unwelcome. Instead of feeling supported during what was already a stressful and vulnerable moment, I felt judged and looked down upon.

The situation became even more upsetting when comments were made about the need to be extra careful with syringes around me. Although these comments may have been intended as a precaution, the way they were expressed made me feel singled out and stigmatised. It felt as though assumptions were being made about me, and I became painfully aware of how differently I was being treated compared to other patients. At that moment, I felt embarrassed, isolated, and deeply uncomfortable.

The experience affected my trust in the healthcare system. When people are treated in a stigmatising or discriminatory manner, it can discourage them from seeking healthcare in the future and create fear and anxiety around accessing services, even when those services are necessary.

This experience reinforced for me the importance of respectful, person-centred healthcare. Every patient deserves to be treated with dignity, regardless of their background, health condition, or perceived risk factors.



"I was sitting there as a patient seeking healthcare, yet I was listening to healthcare workers speak about people living with HIV in a judgmental and discriminatory manner."

I am a 55-year-old person living with HIV. Like many others living with the virus, I regularly attend healthcare appointments to monitor my health and ensure that my treatment is working effectively.

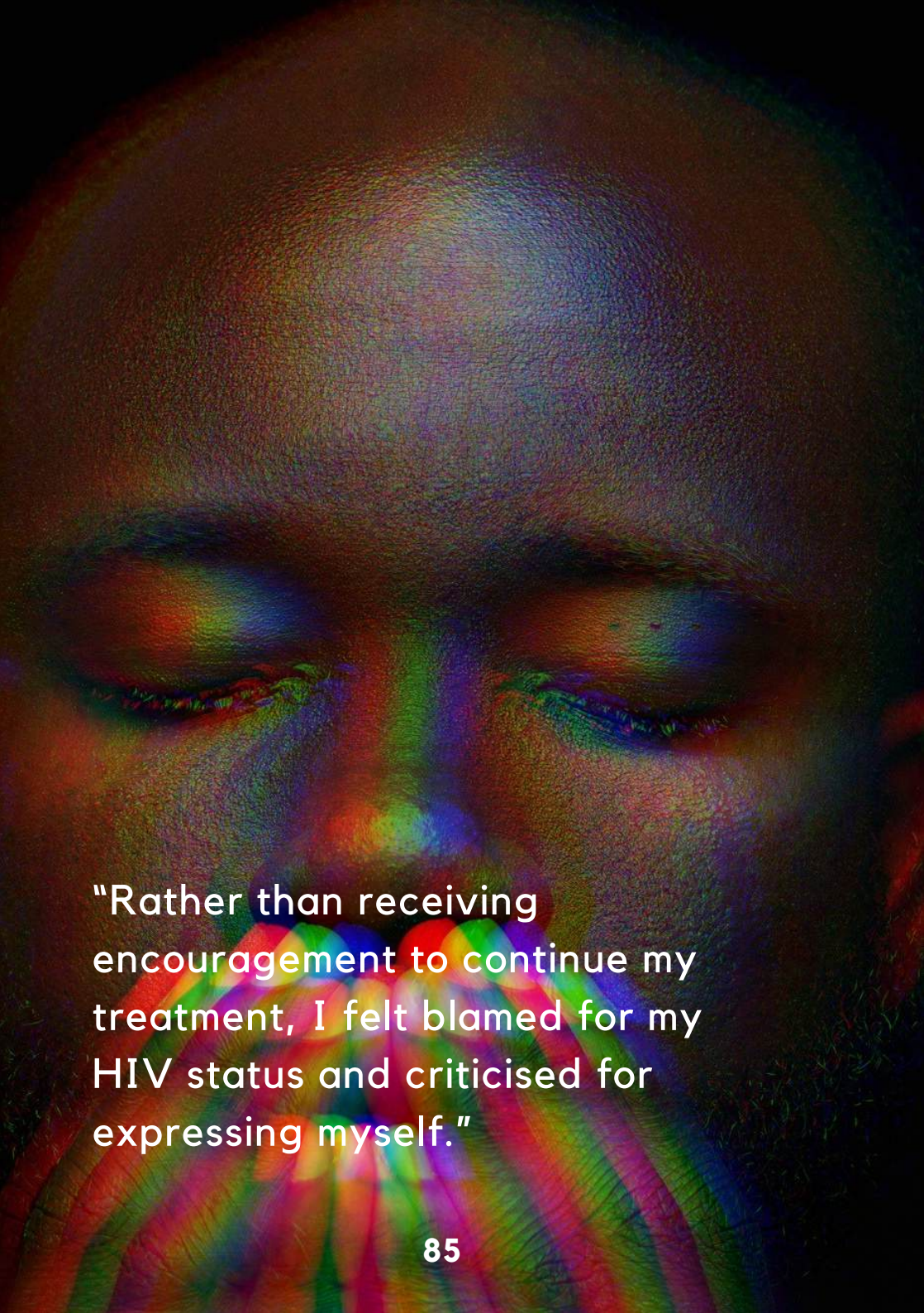
One day, I visited a healthcare facility for a routine viral load test. When I arrived at the laboratory, I was waiting to be attended to when I overheard a conversation among some young healthcare workers.

One comment in particular deeply affected me. One of the nurses said that, as young as she was, she would never allow herself to become infected with HIV because it was a deadly disease. She then went on to say that she had heard HIV was a gay disease and pointed to the fact that many gay people visited the facility for medication and viral load testing. She even expressed the view that such people should not receive healthcare.

Hearing those words was painful and disturbing. I was sitting there as a patient seeking healthcare, yet I was listening to healthcare workers speak about people living with HIV in a judgmental and discriminatory manner. Instead of hearing compassion and professionalism, I heard stigma and misinformation.

The experience made me feel uncomfortable and unwelcome. HIV is a health condition, not a moral judgment, and people living with HIV deserve the same dignity, respect, and quality of care as anyone else.

Although I continued with my appointment, the incident left a lasting impression on me. I questioned whether I would be treated fairly and whether my healthcare providers truly understood the impact of their words and attitudes on the patients in their care.



“Rather than receiving encouragement to continue my treatment, I felt blamed for my HIV status and criticised for expressing myself.”

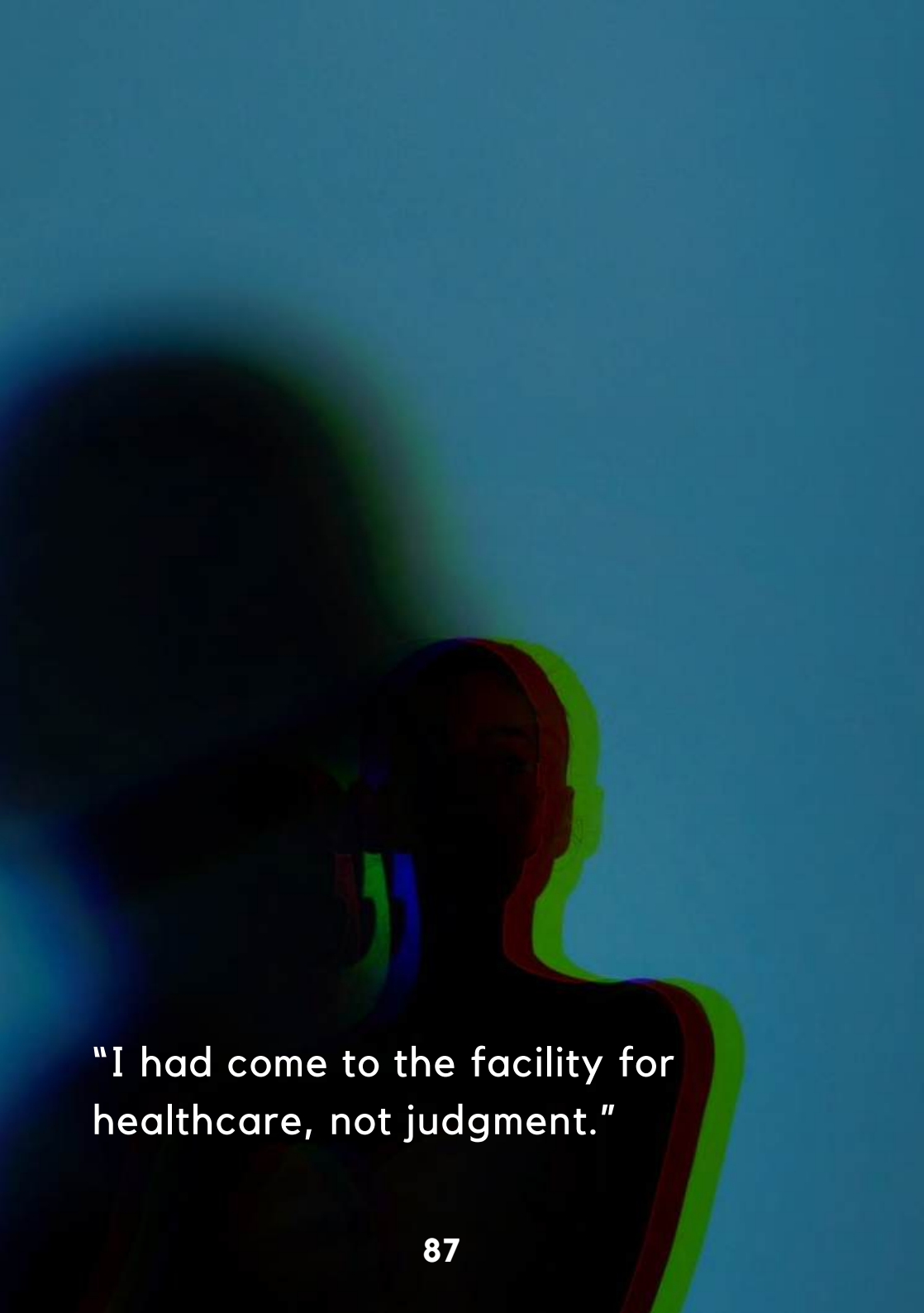
As a young gender-nonconforming person living with HIV, accessing healthcare has not always been easy. One experience in particular has stayed with me because of the way I was treated while seeking something as basic as my HIV medication.
I visited a healthcare facility for my routine antiretroviral refill. Like many people living with HIV, I understood the importance of staying on treatment and attending my appointments. I expected the visit to be straightforward and supportive. Instead, I encountered a healthcare worker who began questioning me in a way that felt judgmental and inappropriate.

They commented on my age and appearance, expressing disbelief that someone as young as me could be living with HIV. They went on to criticise the way I presented myself and suggested that I should advise myself and change my life. As they spoke, I felt increasingly uncomfortable and humiliated.

Rather than receiving encouragement and support to continue my treatment, I felt blamed for my HIV status and criticised for expressing myself in a way that did not conform to traditional expectations. The experience was painful because healthcare settings should be places where people feel safe, respected, and cared for. Instead, I left feeling ashamed and reluctant to return.

Beyond the immediate emotional impact, experiences like this can have lasting consequences. When people living with HIV face stigma in healthcare settings, it can discourage them from seeking treatment, attending appointments, or being honest about their needs. For young and gender-diverse individuals, these barriers can be especially harmful.

What I needed in that moment was compassion, professionalism, and respect. Healthcare workers have the power to make people feel supported during difficult moments in their lives. A few kind words can strengthen someone's commitment to treatment, while judgmental comments can create fear and mistrust.



"I had come to the facility for healthcare, not judgment."

I would like to share an experience that deeply affected me while accessing HIV treatment. As a young person living with HIV, attending my clinic appointments and collecting my medication is an important part of maintaining my health and wellbeing.

During one of my visits to collect my HIV medication, another person at the facility greeted and referred to me in a familiar way that reflected my identity. While the interaction itself was harmless, a healthcare worker who overheard the conversation reacted negatively. Instead of focusing on providing care, the healthcare worker began making comments about my appearance, behaviour, and HIV status.

The comments were judgmental and stigmatising. I was questioned and criticised in a way that made me feel as though my identity and my HIV status were being used to judge my character. Rather than feeling supported as a patient, I felt embarrassed, singled out, and unwelcome. The interaction left me feeling uncomfortable and anxious in a setting where I should have felt safe. I had come to the facility for healthcare, not judgment.

The experience had a significant emotional impact. It made me anxious about future visits and less confident about openly engaging with healthcare providers. When people living with HIV or LGBTQ+ individuals experience stigma in healthcare settings, it can create barriers to care and discourage people from seeking the services they need.

Everyone deserves to be treated with respect when accessing healthcare. Healthcare workers have a responsibility to provide care that is compassionate, professional, and free from discrimination, regardless of a patient's identity, appearance, or health condition.

Patterns Across the Voices

Many people contributed to this booklet. They wrote from different places in their lives, described different facilities, different staff, different years. And yet, reading across every account, the same patterns appear with striking consistency.

Confidentiality breached without consequence.

Across at least six accounts, participants describe their HIV status, sexual orientation, or personal medical information being disclosed to third parties without their consent. In several cases the disclosure happened to family members or community figures, with devastating results including family violence, rejection, forced relocation, and treatment discontinuation. In every case, the patient had not given permission. In no case described here was there any accountability.

The cost of avoidance is invisible to data.

Multiple participants describe delaying care, missing appointments, stopping medication, or simply never going back. This harm does not appear in any facility register. It cannot be counted. But the accounts make clear that discrimination is one of the most significant drivers of treatment discontinuation, missed diagnoses, and preventable deterioration.

Words do lasting damage.

Participants consistently describe specific phrases rather than general experiences. A manhole. Two troubles, one God. A nice guy like you, why are you gay? These phrases appear years later in written accounts, still fresh, still carried. Healthcare professionals may not remember saying them. The patients never forgot.

Identity changes the quality of care.

Whether a participant is trans, intersex, gender-nonconforming, feminine-presenting, or perceived as gay, accounts consistently describe a moment where the care environment shifted. The tone changed. Professionalism dropped. Assumptions replaced assessment. In several accounts, the actual health issue the patient had come for was never fully addressed because identity became the focus of the encounter.

Disability compounds the experience.

Participants with disabilities describe a layered discrimination. They are already navigating facilities that were not built for them. When HIV status is added, the mockery and judgment described in some accounts suggest that disability is treated as an additional reason to dehumanise rather than as an additional reason to provide careful, dignified support.

Even welcoming facilities are not consistently safe.

Several participants specifically chose facilities known to be KP-friendly, only to encounter a new staff member, a transferred nurse, or a colleague whose personal beliefs overrode the facility's stated commitments. Policy at the institutional level does not always reach the individual at the front desk.

A Call t

The voices in this booklet are not as
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king for the impossible. They are asking for
rantees. The following are practical, facility-
gaged with this project can commit to.

Protect confidentiality without exception.

Patient information should never be shared with family members, community leaders, colleagues, or third parties without the explicit consent of the patient. This applies in every unit of every facility, not only in HIV counseling rooms. Right 8 of the Patient Charter is unambiguous.

Provide privacy as a standard, not an afterthought.

Medication should not be discussed at reception desks in front of other patients. Diagnoses should not be delivered in public spaces. Every patient has the right to privacy during consultation and treatment under Right 7 of the Patient Charter.

Train staff on respectful language and non-discrimination.

Healthcare workers should understand how to use correct pronouns, how to communicate with patients of all gender identities and expressions, and how to deliver care that does not rely on assumptions about a patient's identity, lifestyle, or moral worth.

Separate personal beliefs from professional practice.

vPersonal religious or moral views have no place in a clinical consultation. Patients who are denied services because of a healthcare worker's personal beliefs are being denied their legal right to care.

Create genuine accountability when things go wrong.

When a patient experiences a confidentiality breach, discrimination, or humiliation at a healthcare facility, there should be a clear, accessible, and safe process for raising that concern. Patients should not have to simply absorb the harm and leave.

The Yɛyɛ Nnipa Koro Project is not asking health facilities to be perfect. It is asking them to be what they already committed to being when they accepted the responsibilities of public healthcare delivery. Every person who walks through a health facility door is entitled, by law, to dignity, confidentiality, and care free from discrimination. These are not aspirations. They are rights.

Yɛyɛ Nnipa Koro.
We Are One People.

These are our

Voices Unheard

Now You Hear Us!





LEAP ACADEMY
Donner aux jeunes leaders les moyens d'agir pour le progrès

ELTON JOHN AIDS FOUNDATION

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

FRONTLINE AIDS

