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CULTURAL AND ANTI-STIGMA ANALYSIS OF PUBLIC MESSAGING TOWARDS REFRAMING HIV COMMUNICATION

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Acceptance Page

This paper prepared by **VANESSA N. PAMISARAN** with the title: **"CULTURAL AND ANTI-STIGMA ANALYSIS OF PUBLIC MESSAGING TOWARDS REFRAMING HIV COMMUNICATION"** is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree, Master of Development Communication.

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Biographical Sketch

Vanessa N. Pamisaran is an accomplished development communication professional and educator hailing from the vibrant city of Malaybalay in Bukidnon, Philippines. With a strong academic background and a passion for fostering effective communication across cultures, Vanessa brings a wealth of knowledge and experience to her work.

Vanessa's journey in the field of communication began with her studies at Bukidnon State University, where she earned a Bachelor of Science in Development Communication in 2019. Throughout her career, Vanessa has held various roles that have honed her skills in communication and education. She served as an instructor at Bukidnon State University, where she has been instrumental in shaping the minds of future communicators. Her experience also extends to roles such as instructional manager for the Alternative Learning System and enumerator for the Department of Social Welfare and Development, showcasing her versatility and dedication to community development.

Her research interests include health communication, anti-stigma messaging, and culturally responsive design for public sector and community initiatives.

Her master’s thesis, “Cultural and Anti-Stigma Analysis of Public Messaging Towards Reframing HIV Communication," examines language, imagery, and cultural alignment in HIV-related materials to inform more inclusive, plain-language, and GAD-aligned communication practices. She intends to continue working at the intersection of communication, public health, and local governance.

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Dedication

To my beloved family, my husband, Miguel, and our little Isaac, thank you for your unconditional love, constant prayers, endless patience, and unwavering support. Your encouragement sustained me through every late night, early morning, and every challenge along this journey. This achievement is as much yours as it is mine.

Finally, I dedicate this work to everyone committed to HIV prevention, treatment, and care, especially ALAGAD-MINDANAO and the Malaybalay City Health Office. Your steadfast dedication to serving communities inspired the questions explored in this study and strengthened my resolve to contribute, in my own way, to advancing HIV communication and public health.

To the communities of Malaybalay City and across the Philippines, it is my sincere hope that this work contributes, even in a small way, to fostering communication that is compassionate, clear, culturally sensitive, inclusive, and free from stigma. May it encourage greater understanding, dignity, and equitable access to information and care for all.

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Abstract

The research investigated the concept of public messaging pertaining to human immunodeficiency virus (HIV) in Malaybalay City, Bukidnon, Philippines with emphasis on the approach used in adopting stigma and culture. It followed a qualitative approach, particularly textual analysis, to analyze HIV materials that are publicly accessible within the past three years. Results indicated positive changes in the direction of supportive and empowerment-focused and neutral messages, such as localized Bisaya and service-oriented content. Nevertheless, there was an implicit stigma that was perpetuated in risk framing and moral undertones; cultural adaptation is disproportionate, and priority groups were being underrepresented or tokenized. Obstruction of access was caused by over-medicalized language and inconsistent application of the plain-language requirements. The research suggests that stigma-free communication guidelines be institutionalized, representation of key population groups be made authentic, local language and cultural adaptation be reinforced, and health workers', non-governmental organizations', and media practitioners' capacity-building be implemented.

Chapter I

INTRODUCTION

Background of the Study

The problem of human immunodeficiency virus (HIV) is still one of the urgent issues of global health, which cannot be reduced to a biomedical problem and cannot be separated from communication, culture, and social complexities. In the Philippines, that problem concerns HIV prevention, particularly in certain locations of the Philippines, such as Malaybalay City, Bukidnon, which is further aggravated by communication barriers that are a source of misinformation, stigma, and a misunderstanding of cultures. Even with the information available through government advisories, social media, and Information, Education, and Communication (IEC) materials, the fight against the pandemic is hampered by existing stigma and low cultural sensitivity.

This paper followed a qualitative document analysis research strategy, seeking to determine how HIV prevention communication resources in Malaybalay City address or confront stigma and cultural norms. The study was guided by the Health Communication Model and a framework for assessing stigma and cultural sensitivity, with attention to gender and development (GAD) and non-discrimination principles.

The global health crisis caused by HIV remains severe; it has claimed 40.4 million lives, between 32.9 and 51.3 million deaths, while still spreading throughout the entire world (HIV - Global - World Health Organization2025). New HIV infections have increased in various countries following previous periods of decreasing rates (World Health Organization, 2023).

This study upholds Republic Act No. 11166 as the governing framework that reinforces the Philippine Comprehensive Policy on HIV and AIDS Prevention,

Treatment, Care, and Support. The Act restructures the Philippine National AIDS Council and repeals Republic Act No. 8504, otherwise known as the "Philippine AIDS Prevention and Control Act of 1998." Through strengthened policies on prevention, treatment, care, and support, the law emphasizes the importance of accessible health services and effective communication in addressing the HIV epidemic.

Despite these strengthened legal provisions, the growing number of HIV cases indicates that significant challenges remain. Regional records show that the total number of HIV cases in Northern Mindanao reached 295 from January to May 2023, with 56 new cases recorded in May alone. Of these new cases, 55 were male, highlighting the continuing increase in HIV infections within the region (Mrakovcic, 2024; BukSU IPS, 2024).

The persistence of HIV cases suggests that legal frameworks alone are insufficient without effective communication among healthcare providers and patients. Supporting this view, Warner et al. (2024) found that many patients were uncertain about which healthcare provider was responsible for their treatment. Most participants reported the absence of a designated care coordinator and experienced confusion in managing complex medical conditions unrelated to HIV. Although patients recognized that effective communication among healthcare professionals contributed to better healthcare outcomes, their preferences regarding communication varied. Participants also consented to the exchange of medical records when transferring to new healthcare facilities, demonstrating their understanding of coordinated care. However, many admitted that they had never been made aware of how healthcare providers communicate regarding their treatment, indicating gaps in patient-provider communication (Warner et al., 2024).

These findings underscore the critical role of health communication in strengthening HIV prevention and treatment efforts. Effective health communication promotes awareness, encourages preventive behaviors, and improves adherence to treatment and care (WHO, 2024). In the local context, Malaybalay City continues to implement HIV response initiatives; however, the effectiveness of public communication regarding HIV transmission, prevention, and community response remains difficult to determine (BukSU IPS, 2024). This communication gap highlights the need to examine how HIV-related information is conveyed and understood within the community, providing the basis for the present study.

Statement of the Problem

The research examined governmental communication resources, from health advisories and public programs, to identify frameworks and set standards to delivering efficient HIV messages. This study specifically sought to answer the following research questions:

1. What language, tone, and imagery are commonly used in HIV-related communication materials in Malaybalay City?
2. How do these materials reinforce or challenge stigma and cultural norms, including gender sensitivity?
3. What indicators can be used to assess stigma and cultural sensitivity in HIV communication materials?

Objectives of the Study

This study aimed to:

1. Analyze the language, tone, and visual elements used in HIV-related communication materials in Malaybalay City;
2. evaluate how these materials reflect or challenge stigma and cultural norms, especially in relation to Gender and Development (GAD); and
3. assess stigma and cultural sensitivity in public health communication.

Significance of the Study

The research makes essential contributions for several reasons. This study provides health communication research with an ethical, cost-effective method for analyzing HIV prevention and treatment communication barriers in Malaybalay City. This study examines publicly available data from government reports, information, education, and communication materials, and digital media campaigns. The analytical depth remains strong, as the research explores how communication frameworks are organized, along with message distribution patterns, and their fit or mismatch with regional community needs.

The research provides public health practitioners with an understanding of the success rate of the existing messaging framework and also reveals instances in which the communication leads to unwanted stigmatization, miscommunication, and social and communication barriers (Gangcuangco & Eustaquio, 2023). These restrictions will guide scholars in developing health campaigns to prevent stigma and enhance cultural alacrity and accessibility (Mrakovcic, 2024).

These results can be used by local decision-makers who are executing programs and by designers to draft evidence-based policy communication that meets the needs of a community.

The study aims to create a more systematic system of communication relating to the issue of HIV in the city and similar demographics of the region. The study's findings can be used to promote HIV education initiatives nationwide, particularly in low-resource settings and culturally diverse contexts (Obeagu, 2024).

Delimitation of the Study

This research scope was publicly available HIV prevention and treatment information within the bounds of Malaybalay City. There is no primary data collection of people living with HIV (PLWHIV) and the healthcare providers and community stakeholders in the research. Being based on absent personal oral testimony, individual perceptions, and even behavioral responses, the investigation lacks such views. In analyzing health communication materials, the analysis focused on the content, structure, and delivery of materials produced by government agencies, non-governmental organizations (NGOs), and media houses. The studies did not address essential local factors, such as access to healthcare facilities, social health, and HIV rates. Such an assessment did not comprehensively examine communication strategies, content, or observable communication barriers in the selected documents.

Framework of the Study

The qualitative methodology applied in this study used interventional research methods, combined with the health communication model and the principles of thematic content analysis. The framework shows how HIV-associated community

communication creates meaning and formulates interpretations, with consequent impacts on stigma and health perceptions and behavior in Malaybalay City.

The Health Communication Model (Storey et al., 2014) forms a theoretical foundation that shows how communication alters the comprehension, cognition, and ostensible behaviors. The model shows how well-designed and developed public health information influences community members through knowledge dissemination, the fight against prejudice, and the movement toward healthcare services. (Storey, 2014)

Thematic content analysis was the primary data analysis method in this research. The repetitive themes were analyzed through coding and the interpretation of communication materials during the analytic process. When analyzing communication materials and evaluating their potential role in overcoming communication barriers, such as fear and misinformation, the following aspects are considered: the message's content, its presentation format, and the tacit assumptions it includes.

Methodological Approach

This qualitative research design, adopted through document analysis, is applied to the study of HIV-related communication materials in Malaybalay City. It emphasized ways in which stigmatization, cultural messages, and gender sensitivity were disseminated through language, imagery, tone, and design. Based on diversity and relevance, materials were purposively selected, including government advisories, IEC materials, social media posts, and NGO outputs. Using a content analysis framework, the research assessed cultural suitability, language tone, visual appearance, GAD compatibility, and stigma indicators. The structured assessment

was based on a coding matrix designed to determine how more inclusive, less stigmatizing communication in the public health sector can be developed.

Definition of Terms

Human Immunodeficiency Virus (HIV)

"HIV is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment" (HIV.Gov, 2026).

Health Communication

The practice and study of communication techniques that help people make better healthcare decisions and adopt behaviors to enhance health achievements at personal and public levels through policy shaping (Health Communication Strategies - Rural Health Promotion and Disease Prevention Toolkit, 2024).

Information, Education, and Communication (IEC) Materials

The dissemination of health information through printed materials and digital platforms that use health education resources, such as posters, brochures, videos, and pictures, designed for social media in public health campaigns (Advancing Health Equity Through Communications, 2023).

Thematic Content Analysis

Research analysts apply this method to qualitative investigations to identify and analyze themes or patterns that recur across text data. The method has a unique value for understanding the hidden meanings and goals within messages and communication plans (Saunders et al., 2023).

Public Health Campaigns

Governing bodies and health institutions run campaigns to promote healthy practices through strategic communication, aiming to motivate people to adopt better health behaviors and use services, (Behaviour change campaigns - World Health Organization, 2026).

HIV Stigma

“HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable” (Let’s Stop HIV Together: HIV Stigma, 2022).

People Living with HIV (PLHIV)

It is an acronym that is used internationally by healthcare providers, public health authorities, and support groups to refer to anyone who has been diagnosed with HIV (HIV and AIDS, 2025).

Chapter II

REVIEW OF RELATED LITERATURE

The prevention and treatment of HIV significantly depend on effective communication approaches because this public health condition remains a major health threat worldwide and locally. Malaybalay City faces an increasing concern about HIV cases; hence, it becomes vital to examine the design process of communication strategies, and their distribution and interpretation methods. The review examined published works about HIV prevention communication while analyzing strategic impediments affecting public messaging delivery and community involvement. This chapter reviews the literature surrounding communication's role in HIV prevention, focusing on the barriers that persist in public messaging, information delivery, and community engagement.

According to Sobradil (2019), HIV infections among key populations (men who have sex with men and people who inject drugs) are rapidly increasing in the Philippines, which has led to ongoing problems. The country has been identified as having one of the largest growing HIV epidemics in the world, with an estimated 22 new HIV infections every day.

Health communication stands as a fundamental element in HIV prevention because it provides information about prevention strategies while combating stigma and supports both behavioral transformation and diagnostic testing as well as therapy treatment compliance (Piot et al., 2007). The prevention of HIV benefits from various health communication methods that combine mass media campaigns with interpersonal communication, peer education, and digital outreach (Noar et al., 2009).

The international campaigns for HIV prevention, control, disease management, and public education have achieved great success in combating the epidemic. In 2021, there were an estimated 38.4 million people living with HIV globally (UNAIDS, 2022). A 32% reduction in new HIV infections since 2010 was driven by more availability of combination prevention strategies and antiretroviral therapy (ART). While these successes have occurred, there are still challenges to address, especially regarding reaching and supporting vulnerable populations that remain with continued barriers to prevention, treatment, and care.

The Department of Health (DOH) received 14,970 HIV-reported new case reports in 2022, according to DOH Epidemiology Bureau (2022) records, and this number represented a 21% increase from the previous year. Bukidnon requires preventive outbreak measures despite its low position because the reported cases continue to grow.

Stigma and Discrimination

Effective communication in HIV prevention and treatment activities is significantly hampered by stigma and discrimination. The material that has been written about stigma and prejudice as barriers to communication and how they affect people living with HIV/AIDS will be examined in this part.

Fauk et al. (2021) explored current discrimination and stigma that affects people with HIV/AIDS living in Yogyakarta and the Belu Region of Indonesia. Persons Living with HIV/AIDS (PLWHA) face unacceptable discrimination through negative judgments along with physical separation while adopting a refusal stance towards medical care. HIV-related stigma results in social withdrawal and diminishes health

outcomes for members of ethnically diverse communities (Ziersch et al., 2021). Fast action must be implemented to minimize identified negative impacts.

The intersections experienced by HIV individuals from minority groups lead to heightened stigma that reduces their participation in HIV care centers and prevention services (Hedge et al., 2021). Dewi et al. (2020) discovered that PLWHA faces the most discrimination and stigma because of HIV fears combined with inadequate communication and faulty cultural viewpoints. Stigma and discrimination reduction efforts can be supported through support group empowerment of PLWHA; in addition to their participation in HIV education initiatives. George (2019) studied PLWHA stigma and found it generally occurred within media, families, community health care systems, and personal settings.

According to Asrina et al. (2023), PLWHA developed prejudice and discrimination from social construction combined with public fear and incorrect beliefs about HIV-related events. The negative outcomes of social stigma include test avoidance, failure to perform good activities, and the development of mental health problems. Public discrimination, along with self-discrimination and avoidance of communication, result from this situation. Communication and trust issues may stem from sexual relationships with women and lead to poorer HIV-related and psychosocial outcomes for Black men of color (Zhang et al., 2020). In a similar study, Budhwani et al. (2021) found that health literacy and provider communication affect health outcomes for women with HIV in the United States. The study found that higher health literacy scores are correlated with higher rates of medication adherence, fewer missed health care visits, and a stronger patient–provider relationship. Thus, improving patient health literacy and provider communication may favor the HIV continuum of care. Furthermore, Suantari (2021) showed that stigma against PLWHA is affected by

socioeconomic factors including wealth status, employment status, and education. Finally, Suantari (2021) suggested that education-based interventions that foster empathy, minimize discrimination, and enhance the public understanding and awareness of HIV-related issues should be studied in the future. Peinado et al. (2020) concluded their study by demonstrating that health communication needs encouragement to reduce HIV stigma and inequalities while acknowledging that more work is essential to develop communication strategies against the virus.

Stigma develops into long-term problems that prevent successful HIV communication processes. The public's misconceptions about HIV transmission, combined with moral judgments, generate feelings of silence and fear, which prevent people from accessing HIV testing and treatment services (Mahajan et al., 2008). The research done by UNDP Philippines (2021) reveals that stigma rates remain high for both “men who have sex with men” (MSM) and transgender communities in the Philippines.

Lack of Knowledge and Awareness

People who lack knowledge about HIV/AIDS face substantial barriers when Budhwani tries to achieve effective communication, both in prevention and treatment initiatives (Budhwani et al., 2021).

According to the research conducted by Alhasawi et al. (2019), both discrimination and stigma among young people, coupled with their insufficient knowledge about HIV/AIDS, are main challenges in Kuwait. The proposed approach from this study recommends that the National HIV/AIDS Control Committee develop educational programs through various sectors and promote school-based initiatives and nationwide awareness campaigns. Alhasawi et al. (2019) underscored that these

initiatives should be implemented in various contexts, such as public sports facilities, mosques, educational institutions, sexually transmitted disease (STD) clinics, and schools. Future research ought to look into widespread misconceptions regarding the illness. Additionally, Zhang et al. (2019) stressed the need for enhanced HIV health education of the general population via the mass media, especially in vulnerable groups including older people, people of low socioeconomic status, minorities, and women at risk of mother-to-child transmission. Alawad et al. (2019), likewise, recognized the gaps in knowledge regarding HIV prevention and transmission and argued that individuals in educational institutions should be provided with opportunities to improve their education about HIV, including the reduction of stigma and promotion of more enlightened attitudes. Furthermore, Khan et al. (2019) emphasized that raising awareness of HIV/AIDS in the society of Pakistan is crucial in reducing stigma and attitudes of discrimination against those who are infected with HIV. According to Letshwenyo-Maruatona et al. (2019), higher levels of HIV/AIDS disease knowledge produce increased stigmatizing views among society toward PLWHA. This suggests that HIV/AIDS awareness initiatives may decrease Botswana's widespread discrimination against HIV-positive individuals.

Zhang et al. (2022) found that college students are knowledgeable about HIV health education, but HIV-related misconceptions and negative attitudes are present, especially when it comes to sexual transmission. The study found that the higher level of AIDS awareness among female students indicates the need to create AIDS programs of sexual health and mental attitude that are sensitive to the gender aspect so that it can provide more positive attitudes and less stigma towards PLHIV. De Wet et al. (2019) researched HIV/AIDS information accuracy among youth in South Africa and highlighted the need for community-driven interventions for unemployed youth to

fight misconceptions and control HIV cases. Chirwa (2019) demonstrated improved HIV awareness among the population, which demands concentrated poverty-focused messaging about HIV transmission and education dissemination.

By studying the educational and systemic changes needed, Fauk et al. (2021) explored stigma and prejudice among healthcare providers towards PLWHA in the Yogyakarta and Belu regions, Indonesia. The ongoing research on HIV/AIDS has not resolved the hardship of sting and discrimination, which remains the main focus of public healthcare (Babel et al., 2021). Addressing this matter requires parties to bridge information gaps while implementing psychological support along with social assistance measures, national HIV responses, and stigma control approaches.

Cultural and Language Barriers

The prevention and treatment of HIV require efficient communication to be successful. Linguistics, together with cultural barriers, creates difficulties in establishing communication with those at risk of developing HIV infection. The research already published on cultural and linguistic barriers in HIV prevention and treatment serves as the basis for examining techniques within this section.

The findings from Mathews et al. (2020) demonstrated that African Americans have different testing concerns between public events and private self-testing kits. However, these interventions could boost testing rates when post-tests are supported socially with assured confidentiality. According to De Torres (2020), multiple factors originating from individuals and their social environments impact Filipino condom usage. The main obstacles to condom use include the feeling of embarrassment alone with inadequate communication between parents and their children, insufficient sex education, societal criticism, and the high costs of condoms.

Dinglasan et al. (2022) identified three main aspects of the study: distribution, acceptability, and tracking and monitoring. The research showed that insufficient privacy during kit distribution created a problem, but social media proved useful as an HIV/AIDS awareness tool. Moreover, Djiadeu et al. (2020) highlighted the need for additional studies on HIV-related issues in Lesbian, Gay, Bisexual, Transgender, Queer, and others (LGBTQ+) communities to inform community-based HIV providers and policymakers of ways to better address HIV prevention, treatment, and care. In the same way, De Moissac and Bowen (2018) emphasized the existence of language barriers, which may lead to delayed treatment, misdiagnosis, inability to comprehend health information, poor patient assessment, and diminished trust in health care services.

Healthcare Provider-Patient Communication

Successful HIV prevention activities alongside disease management heavily depend on smooth communication between patients and their healthcare providers. People at risk need complete educational support along with medical care in order to prevent the spread of HIV because they require effective treatment for their illness. The impact of healthcare provider-patient communication about HIV on treatment procedures, as well as infection prevention, is analyzed through research assessment in this section.

Patient satisfaction, trust, and socio-demographic factors influence how patients experience provider communication effectiveness and courtesy (Platonova et al., 2019). The three domains show agreement in ratings, which confirms their alignment, yet inconsistent ratings demonstrate that trust and satisfaction produce stronger relations with effective communication. According to Drossman (2006), medical teams

that receive effective communication skill training will create higher quality healthcare services, which results in better patient-provider interaction and enhanced population health quality. Additional research is needed to validate the implementation of training and system modifications as solutions for achieving this objective. Ramaiya et al. (2020) emphasized that researchers need to develop or improve treatment approaches held by medical providers.

Caldwell (2023) showed that HIV patient assessment depends on patient-provider relationships alongside communication methods, accessibility, and convenience of care access, which leads to better care outcomes. Implementing new clinical care interventions requires proper local infrastructure and effective communication and support (Wachira et al., 2021).

Technology and Communication

Crowley et al. (2023) conducted a concept evaluation assessment to determine that short-term technology interventions for HIV clients operate effectively. However, users continue to raise privacy and anonymity issues, which need further assessment from extensive testing. The review of 15 studies by Feroz et al. (2021) showed that most commonly used functions of mHealth apps are client education and behavior change communication as well as financial transaction and incentive-based intervention. The adoption of mHealth interventions faced resistance from providers because of their negative prejudices and from patients because of discrimination and stigma combined with privacy concerns, confidentiality issues, and fears of refusal. The review advised strategies to overcome these hurdles, enhancing mobile phone adoption as a tool for health development in the young population. During the pandemic period, Open Door Health implemented telemedicine successfully to affirm

HIV and LGBTQ+ care, which earned satisfactory evaluations from patients and providers (Rogers et al., 2020).

According to McDaid et al. (2019), health interventions must examine technological structures with psychosocial and sociocultural components to achieve the best health outcomes. The test for HIV receives support through Veronese et al. (2020) research, which integrated technology and identified vital features for optimal performance while providing recommendations for further development. Romero et al. (2021) demonstrated that HIV testing advancements result from developments in social networking applications, virtual reality platforms, and smartphone-based programs. The accessibility of HIV testing can improve by selecting technology and integrating evidence-based interventions while following current trends, as well as reducing the digital divide to ensure equity.

According to Muturi (2005), behavior change communication strategies will be successful if they build a relationship through dialogues, use two-way symmetrical communication, sustain new behaviors, and enhance the effectiveness of the messages by employing appropriate communication strategies for the target groups. Similarly, Taggart et al. (2021) emphasized the need for health equity principles in future HIV messages, such as representing diverse and representative communities, ensuring transparency in messaging resources, and making sure that health equity principles are clearly explained in the messages as to how they aim for health equity. Also, there is a lack of communication between people affected by HIV. Limited communication between youth and their parents may be associated with higher risk behaviors and transmission of HIV, necessitating primary prevention programs to help fill this communication gap (Magowe, 2015).

Barnes (2000) revealed through their web-based intervention at the University of the Western Cape that identical campaigns could help other tertiary education institutions according to the identified opportunities. The discussion forum works well as a method to support students in discussing HIV and AIDS issues through interpersonal interaction. Curriculum integration quality remains the deciding factor for determining how well the program functions. All UWC educational departments should implement HIV and AIDS instruction according to the institutional HIV and AIDS policy.

Policy and Structural Barriers

Effective communication must overcome both policy restrictions and structural barriers to succeed in HIV prevention treatment initiatives. Researchers have reviewed studies investigating regulatory barriers and institutional obstacles blocking communication pathways of HIV prevention systems while recommending potential solutions.

Coetzee and Kagee (2020) demonstrated through their study that treatment noncompliance and ongoing infectious spread result from inadequate support systems in unstable lockdown rule execution conditions. Randolph et al. (2020) investigated how negative interactions in healthcare facilities and past mistrust of medical services serve as barriers to obtaining medical services.

However, Arrington-Sanders et al. (2020) revealed that stigma and mistrust of health care systems remain major obstacles to HIV prevention and treatment. The study highlighted the value of creating interventions that are intersectional, incorporating social, structural, and identity factors in the development of the intervention. Likewise, Colvin (2019) suggested that future research should aim to develop theory-based interventions and evaluation methods, to expand the research

base beyond the relatively small number of countries where most studies have been carried out, and to gain a better understanding of specific male subpopulations. In addition, Sullivan et al. (2019) highlighted the need for creative clinical strategies, the use of technology, and policy change to address structural, capacity, and implementation issues to improve acceptance and use of pre-exposure prophylaxis (PrEP).

Community-based Approaches

Participatory prevention strategies called community-based approaches enable local communities to take part in the development and execution of HIV prevention programs along with their assessment. The approaches understand that universal messaging from superior authorities fails to create changes because it does not work well in diverse populations or rural areas. The involvement of community members, especially risk-aware participants in initiative programs, leads to interventions that demonstrate cultural adaptability, situational appropriateness, and social validity (Singhal & Rogers, 2012).

Importance of Document Analysis

The qualitative research approach of document analysis involves structured reviews of printed documentation and visual and digital sources. Using this method, researchers extract meaning from, discover patterns, and identify underlying themes within communication artifacts (Bowen, 2009). As a method in public health research, document analysis enables budget-friendly examination of how health information is shaped for distribution and processed by intended recipients. The analysis method reveals hidden dimensions in artifacts, including pamphlets, posters, scripts, and online posts (Seale, 2004).

Researchers in health communication maintain that informational documents shape social perceptions, particularly in cases concerning subjects such as HIV/AIDS (Fairclough, 1992). Public health material showing fear-based approaches toward HIV can unintentionally create a stigma that keeps people from understanding important technical content, also known as the content difficulty effect. Research through this approach allows complete evaluation of written messages to reveal concealed information about content delivery and authorship.

Language, Tone, and Stigma in Communication

The article by Hanrahan et al. (2015) investigated the impact of linguistic and cultural diversity on the process of informed consent within the context of the research of HIV, especially in the emerging economies. These are the lack of literacy, various cultural perceptions of documentation, and missing or different meanings of some terms in the local languages. The syntactical and tonal issues as well as the implied politeness and culture so that a message can be well understood are normally not captured in literal translations. The results point out the unrecognized complexities in the informed consent translation and propose the solutions to them through development of open-source multilingual lexicons and growing awareness of cultural-linguistic issues in research ethics.

Communication tone of voice applies to the usage of language, pitch, pace, and volume to convey emotion and shape perception. It influences perception among people and companies to deal with each other and to communicate with their customers. A positively maintained tone may act to increase clarity, establish trust, and promote healthy relationships. Five main tones of voice exist, known as informative, humorous, respectful, formal, and informal ones, being applied to different

settings and people. Vocal aspects of good communication require the use of pitch (high or low), pace (slow or fast), and volume (loud or soft), which all combine to influence how one delivers and receives a message. At the workplace, an appropriate tone helps to enhance collaboration and contact with the audience. In order to create an effective tone of voice, the recommendations of professionals suggest examining industry trends, preserving on personal and company values, and listening to the speech or recording their own voice as a path to self-awareness.

The mood of communication is also important. In a study done by Huang et al. (2016), the content of the social media broadcast by the HIV-focused NGOs was examined concerning the content tone and the activity of users. The findings revealed that messages that have supportive, empowering tones elicited better interest compared to those with fear-inducing or strongly clinical content, which implies that a message tone, besides influencing meaning, formulates the scope in addition to the efficiency of HIV communications.

Cultural norms and language barriers also have a role to play in the way HIV is perceived, which is especially true with Asian American communities. According to Chen et al. (2023), ineffective communication due to poor English skills, cultural taboos, and mismatched communication were factors that had led to increased stigma among Asian Americans who have HIV. This highlights the importance of having communications in terms of being linguistically and culturally sensitive.

Chapter III

METHODOLOGY

This study employed a qualitative research approach, focusing on the social construction of meaning through language and communication, and used document analysis. The methodology is clearly identified as a textual analysis, a type of qualitative document analysis that examines how language, tone, and imagery construct meanings, reinforce norms, or challenge stigma in HIV-related communication materials.

Research Design

The textual analysis approach was based on the view that communication texts (e.g., posters, advisories, and social media posts) are not neutral but socially constructed artifacts that both reflect and influence cultural values and social power dynamics. The researcher, in this way, elaborated on how public health messages construct meanings of HIV, stigma, and gender sensitivity within the cultural context of Malaybalay City.

Textual analysis was chosen because it enabled a close reading of how messages convey meaning beyond surface content. Analysis involves not only what information is given but also how the ideas are framed. It examines linguistic choices, visual symbols, metaphors, and tone. This method is appropriate for investigating health communication because it reveals underlying ideologies, biases, and cultural narratives embedded in texts that may perpetuate or challenge stigma.

Following Bowen (2009) and Fairclough (1992), the textual analysis treats each material as a site for the negotiation of social meanings. It enables a critical reading of textual and visual strategies that shape how audiences perceive messages. This

approach aligns with the health communication frameworks of Story et al. (2014) and WHO (2024), which emphasize message framing, inclusivity, and audience engagement.

Data and Materials and Data Collection Method

The study employed purposive sampling to retrieve HIV-related communication materials in Malaybalay City. The data collection focused on the variability of materials in credible, accessible sources that can affect the population's knowledge of HIV.

The materials were sourced from the following channels:

1. Government institutions such as the DOH and local health units
2. NGOs involved in HIV education
3. Social media platforms of LGUs and local health organizations
4. IEC materials publicly displayed in health centers and community spaces

The selection process followed these criteria:

1. Materials must directly pertain to HIV prevention, treatment, testing, or stigma reduction
2. They must be publicly available within the last 3 years
3. They should include text and/or imagery suitable for content analysis
4. They must represent a range of communication formats (e.g., posters, brochures, infographics, digital posts)

This approach enabled systematic and situation-based recording of records that illustrate the histories of institutional messages. The way materials were gathered ensured their use in assessing how messages fit with institutional requirements, favoring local cultures, and helping (or hindering) stigma.

Communication materials relevant to HIV prevention visible in Malaybalay City were selected through purposive sampling. These included the following:

1. Government-issued advisories and bulletins
2. IEC materials such as posters, flyers, and brochures
3. Social media content from public health offices
5. NGO-produced and community-distributed content

The source, medium, target audience, and messaging approach were varied during the selection process. The ideas analyzed were examined in the materials based on gender representation, tone, visual content, and language to determine their relevance.

Analytical Framework and Indicators

A content analysis approach was used in the study with a framework based on cultural sensitivity and anti-stigma communication. Key dimensions of analysis included:

1. Language and tone: judgmental vs. neutral/inclusive
2. Imagery and visuals: portrayal of PLHIV, gender balance, stereotype use
3. Cultural appropriateness: alignment with local values, beliefs, and norms
4. GAD alignment: representation and empowerment of women and marginalized groups
6. Stigma indicators: presence of fear-based, moralizing, or exclusionary messages

In particular, evaluative terms used in the framework, especially with respect to tone and stigma, were operationally defined according to criteria from WHO (2024), Fairclough (1992), The Well Project (2024), and Bowen (2009) to ensure consistency and reliability in coding and interpretation. These terms define the communicative position and implicit meaning of the analyzed texts:

Positive Language and Tone

Positive Language and Tone emphasize empowerment, encouragement, and inclusivity.

Indicators:

1. Use of supportive or hopeful phrases (e.g., “support,” “care,” “empowerment,” “living well with HIV”).
2. Emphasis on collective responsibility and compassion rather than blame.
3. Visuals portraying people confidently engaging in preventive or supportive behaviors.
2. Tone motivates healthy behavior and reduces fear.

Interpretation: Messages in this category promote dignity, openness, and acceptance of PLHIV and encourage voluntary testing and treatment-seeking.

Neutral Language and Tone

Neutral Language and Tone present factual or medical information without emotional, moral, or judgmental undertones.

Indicators:

1. Use of objective and descriptive wording (e.g., “HIV is transmitted through unprotected sex” or “Testing is available at the city health office”).
2. Absence of emotionally charged or fear-based language.
3. Visuals focus on information or public instruction without stereotyping.

Interpretation: Materials in this category maintain professionalism and accuracy but may lack emotive appeal or cultural resonance. They are informational rather than persuasive.

Stigmatizing Language and Tone

Stigmatizing Language and Tone directly or indirectly imply moral judgment, fear, or blame toward individuals or groups affected by HIV.

Indicators:

1. Use of fear-based or moralizing phrases (e.g., “avoid immoral behavior,” “dirty needles,” “HIV victims”).
2. Depiction of PLHIV as dangerous, irresponsible, or morally deviant.
4. Visuals suggesting shame, secrecy, isolation, or punishment.
5. Association of HIV with sin, wrongdoing, or sexual deviance.

Interpretation: Stigmatizing content reinforces negative stereotypes and discourages people from testing, disclosure, or seeking care.

Culturally Sensitive Communication

Culturally Sensitive Communication is aligned with the community’s language, symbols, and beliefs in a respectful and inclusive manner.

Indicators:

1. Use of local dialects or culturally familiar imagery.
2. Avoidance of culturally inappropriate metaphors or religious bias.
3. Representation of diverse gender roles and family structures.

Interpretation: Such communication resonates with local audiences and promotes message comprehension and acceptance.

GAD Alignment

GAD aligment assesses whether materials uphold gender equality and non-discrimination principles.

Indicators:

1. Equal visual and textual representation of women, men, and LGBTQ+ persons.
2. Promotion of shared responsibility in prevention and care.
3. Avoidance of reinforcing gender stereotypes.

Interpretation: High GAD alignment indicates an inclusive communication practice that supports equity and empowerment.

To structure the analysis, a coding matrix was developed to evaluate each material across a set of qualitative indicators:

Measurement Matrix

Table 1. Measurement Matrix of Indicators

Indicator	Rating Scale
Language tone (inclusive/fear-based)	Positive / Neutral / Negative
Cultural sensitivity	High / Moderate / Low
GAD representation	Present / Partial / Absent
Stigma reinforcement	None / Implicit / Explicit
Visual representation inclusivity	High / Moderate / Low
Compliance with communication standards	Yes / Partial / No

In this study, the matrix was developed by the researcher based on the main principles in the literature on content analysis, cultural sensitivity, and stigma reduction (Bowen, 2009; Fairclough, 1992; Storey et al., 2014; WHO, 2024).

1. Fairclough (1992) for critical discourse analysis
2. Bowen (2009) on document analysis methods
3. Storey et al. (2014) for health communication theory
4. UNDP or WHO guidelines for anti-stigma communication principles

It was composed to systematically consider HIV-related communication materials in the local culture of Malaybalay City. Such an organized, multidimensional assessment enables comprehensive evaluation of materials and serves as the foundation for a more inclusive, less stigmatizing model of communication.

Ethical Considerations

No human research participant was involved in this study. The researcher used official public sources to obtain all the analytical materials. The paper followed correct sources and attributions throughout to honor academic ethical standards.

Trustworthiness of the Study

The study implemented four criteria to establish credibility and trustworthiness during qualitative research:

1. Document analysis reached credibility because the research team implemented detailed systematic coding methods.
3. The detailed context description helps establish transferability by enabling researchers to use the study in different settings.
4. The transparency of maintaining a traceable record of all analytical choices ensured dependability during the process.
5. The researcher addressed confirmability by recording their thoughts reflexively while using multiple documentary types for triangulation

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Chapter IV

RESULTS AND DISCUSSION

Based on the analytical framework and document analysis methodology, this chapter is the results of the qualitative analysis of HIV-related communication materials in Malaybalay City. Using the coding matrix, which includes language tone, cultural sensitivity, representation of key populations, stigma reinforcement, visual inclusivity, and adherence to communication standards, this section interprets the recurring patterns, themes, and meanings identified across the collected documents. The findings are analyzed in relation to the study's research objectives and are contextualized within the existing body of literature on HIV communication, stigma reduction, and culturally sensitive health communication. This approach facilitates a comprehensive understanding of how communication materials reflect and influence HIV-related awareness, inclusivity, and public perceptions.

Results

Language Tone

Most of the materials studied in Malaybalay City used positive or neutral language and concentrated on resilience, prevention, and empowerment. This finding is consistent with Huang et al. (2016), who find that engaging tones are more effective at generating engagement than fear-inducing or overly clinical content (Sheff et al., 2025). No explicit stigmatizing words were used, but indirect statements linking HIV to bad life choices remained, thus tacitly supporting the sense of shame. This is similar to the study of Mahajan et al. (2008), who warned that moralized descriptions may demoralize testing and treatment (Dessie & Zewotir, 2024).

Population Representation and Stigmatization

LGBTQ+ people, sex workers, and young people were either not properly represented or were represented only technically (e.g., rainbow symbols without any stories behind them). This is in line with Hedge et al. (2021) and Ziersch et al. (2021), who believe that low or symbolic representation supports exclusion and prevents participation in prevention activities (Kamila et al., 2024). Whereas there was little explicit stigma, implicit stigma was still evident in subtle communications that placed PLHIV in the position of the potential threat or outcome of immoral actions.

Adherence to the Communication Standards

A number of sources met international levels of precision, coherence, and enveloping context, but partial quality was the norm. There were also the weaknesses of over-medicalized language and under-utilization of simple, non-technical language. These results support studies of Bowen (2009) and Fairclough (1992), who pointed to document analysis as a useful means of identifying hidden assumptions and determining the accessibility of messages. (Lawhorn et al., 2022)

Cross-Cutting Patterns

The review showed that there were a few general trends in the dataset:

- The use of fear-based communication still remains in selected materials even when its reverse influence has been proved. (Evidence for eliminating HIV-related stigma and discrimination, n.d.)
- Implicit stigma is more common than explicit stigma and, therefore, more difficult to identify but is equally deleterious (Kooij et al., 2023).

- Cultural accommodation, as well as inclusiveness, is disproportionate, especially among women, the LGBTQ+ community, and the rural communities.
- These patterns validate that stigmatization and cultural mismatch are not necessarily overt but can be subtle in terms of tone, imagery, and presentation.

Strengths and Gaps

The main strengths were increased positive tones, a lack of direct stigmatizing messages, and the introduction and development of culturally modified campaigns that find great appeal to local people.

There were also gaps, including lack of representation of priority groups, presence of implicit stigma, poor inclusivity of images, and uneven adherence to global communication norms. Such results reflect concerns raised by UNAIDS (2022) that vulnerable populations globally are not sufficiently reached through mainstream messaging (UNAIDS global AIDS update 2022 : In danger, n.d.).

Figure 1.

"We Remember, We Rise, We Lead" (Source: HEPU-CHO Malaybalay FB Page, 2025)

Figure 1 features a mix of motivation phrases ("*We Rise, We Lead!*") and practical health advice like "*Regular na magpa-HIV test*" and "*Gumamit ng condom, lubricant, at PrEP*." The bilingual text improves reachability among Filipino viewers, indicating culturally sensitive communication. The poster depicts diverse representation, with male and female subjects involved in clinical conversations. graded as positive/high cultural sensitivity/GAD-aligned, it embodies empowerment-oriented narratives aligned with Storey et al. (2014).

Figure 2.

"Mommy, tiyakin ang inyong kaligtasan ni baby laban sa HIV" (Source: HEPU-CHO Malaybalay FB Page, 2025)

The material in Figure 2 addresses mother-to-child transmission, explaining how HIV can pass via the placenta, breast milk, and blood exposure. By addressing mothers directly, it provides gender-focused education while maintaining an empowering tone ("*Kaya mahalagang malaman ang iyong HIV status*"). Although it

emphasizes maternal responsibility, the message avoids moralizing and promotes proactive testing. The image set of a mother and infant communicates care and empathy rather than fear, coded as neutral to positive/high GAD sensitivity.

Figure 3.

"Walang Itsura ang HIV at AIDS" (Source: Department of Health, 2025)

This material explicitly challenges stereotypes by stating, "*Walang itsura ang HIV at AIDS!*" ("HIV and AIDS have no specific appearance"). It frames HIV as a universal health concern regardless of gender, age, or occupation, a clear example of neutral yet destigmatizing discourse. The visual split of a smiling face suggests that

HIV cannot be identified by looks, countering social profiling and reinforcing equality. This was rated neutral/strong anti-stigma orientation.

Figure 4.

“Free! "PrEP (Pre-Exposure Prophylaxis)" (Source: BPMC-HACT Treatment Hub, 2024)

This poster provides clinical information about PrEP as an HIV prevention measure. The use of the word “Free! ” in bright type effectively attracts attention, while the clean medical imagery emphasizes safety and accessibility. It employs neutral health promotion rather than emotional appeal, focusing on awareness and service uptake. This was coded as neutral/high clarity/low stigma.

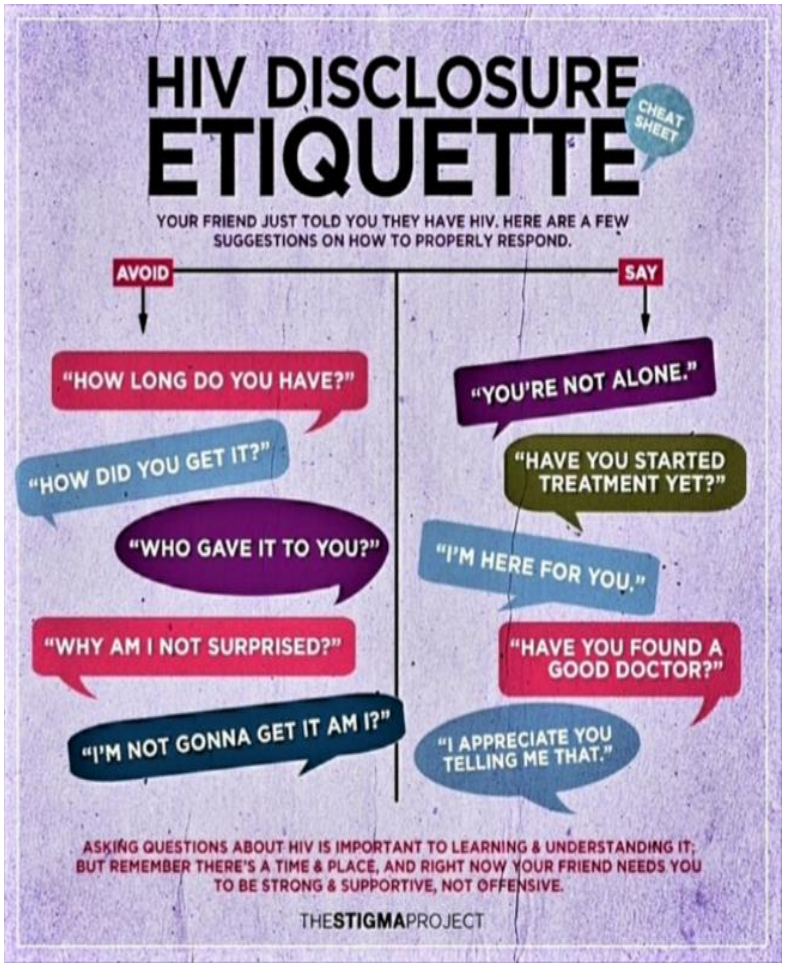
Figure 5.

"World AIDS Day 2023 – Empowering Filipino Communities" (Source: BPMC-HACT Treatment Hub, 2024)

This campaign situates HIV awareness within community empowerment by featuring the slogan "Empowering Filipino Communities to Lead the HIV and AIDS Response." The collectivist framing reflects local cultural values of *bayanihan* (community solidarity). By highlighting services such as testing, workshops, and counseling, it reinforces shared responsibility. This was rated positive/high cultural relevance/inclusive imagery.

Figure 6.

"HIV Disclosure Etiquette Cheat Sheet" (Source: BPMC-HACT Treatment Hub, 2023)



This infographic contrasts harmful versus supportive responses to HIV disclosure. Phrases on the right column (e.g., "You're not alone," "I'm here for you") represent positive communication, while the left column ("How did you get it?") identifies stigmatizing speech. Such side-by-side framing directly teaches anti-stigma discourse, aligning with the textual analysis framework for language tone differentiation. This was rated positive/educational/explicitly anti-stigma.

Figure 7.

"Get Flu Shot – Free at the Hub" (Source: BPMC-HACT Treatment Hub, 2023)

Although primarily vaccination-oriented, this material reinforces the theme of preventive health behavior among HIV care clients. It broadens the context of care from disease prevention to overall wellness, normalizing health services and helping reduce the perception of isolation in HIV clinics. This was coded as neutral/supportive of holistic health discourse.

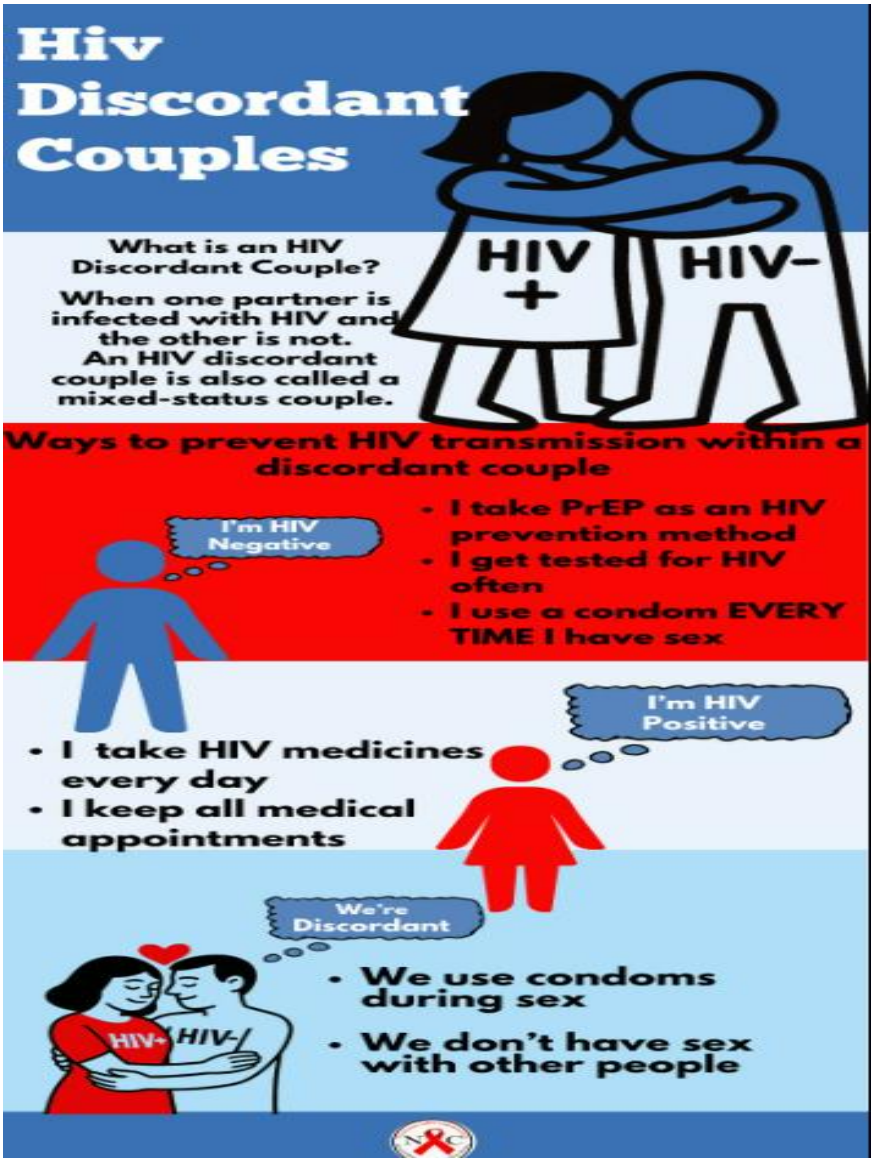
Figure 8.

"Safe Sex Starts with You and Me" (Source: National AIDS Commission, 2025)

This poster emphasizes shared responsibility through inclusive phrases such as "Talk openly with your partner" and "Use a condom correctly every time." Its tone is educational, respectful, and empowering, encouraging communication between partners rather than fear of infection. This was rated positive/high inclusivity/stigma-free in line with WHO (2024) recommendations.

Figure 9.

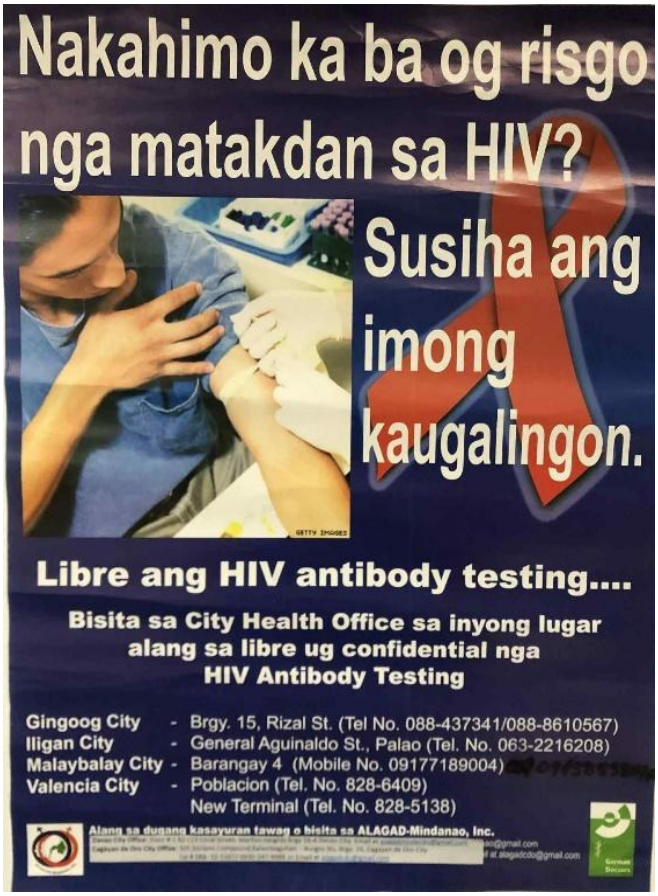
"HIV Discordant Couples—Prevention within Relationships" (Source: National AIDS Commission, 2025)



This infographic clarifies how partners with differing HIV statuses can prevent transmission through PrEP use, ART adherence, and condom practice. It visually depicts equality between partners, both shown as active agents in prevention, thereby rejecting the stereotype of guilt or blame. This was coded positive/gender-balanced/explicitly educational.

Figure 10.

*"Nakahimo ka ba og risgo nga matakdan sa HIV?**(Bisaya** Poster—Source: ALAGAD-Mindanao and Malaybalay CHO, 2025)*



This locally produced poster, written entirely in Bisaya, demonstrates the ongoing effort to make HIV awareness accessible to regional audiences. The opening line, "*Nakahi mo ka ba og risgo nga matakdan sa HIV? Susiha ang imong kaugalingon"* (Have you taken any risk of contracting HIV? Examine yourself.) uses conversational phrasing that effectively engages the reader in self-reflection.

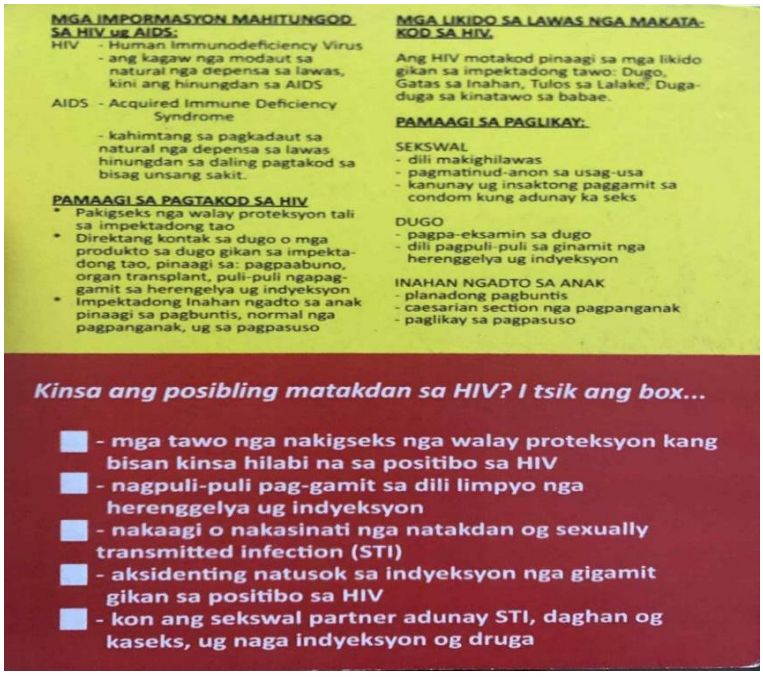
While the tone is informational and cautionary, it subtly implies moral accountability by associating infection risk with individual behavior. The visual composition—a man being tested—projects a positive health-seeking image,

balanced by clear contact details for multiple city health offices offering free and confidential testing.

The material was coded as neutral tone/moderate cultural sensitivity/low stigma, as it emphasizes prevention and testing but lacks inclusive or emotional appeal. It represents a transitional stage in HIV communication—bridging public health instruction and localized cultural resonance, yet still framed through a cautious, risk-based lens.

Figure 11.

"Mga Impormasyon Mahitungod sa HIV ug AIDS" (Bisaya Leaflet—Source: ALAGAD-Mindanao, Malyabaly City CHO, 2025)



This educational leaflet focuses on providing straightforward information about HIV transmission, prevention, and risk identification using the Bisaya language. The section titles—"*Mga Imormasyon Mahitungod sa HIV ug AIDS*" and "*Kinsa ang Posibleng Matakdan sa HIV?* "—indicate a structured attempt to simplify technical content for community-level understanding.

The tone is neutral to slightly moralizing, as the checklist of risk behaviors (e.g., *“mga tawo nga nakig-seks nga walay proteksyon,” “nagpuli-puli paggamit sa dili limpyo nga herenggelya”*) stresses accountability without explicit stigma. The color palette of red and yellow, typical in public warnings, evokes urgency and attention but lacks warmth or inclusivity.

Despite limited imagery, the leaflet succeeds in local linguistic adaptation, aiding comprehension for non-English speakers in rural Bukidnon. Coded as neutral to stigmatizing/high localization/low inclusivity, the material reveals how language adaptation alone does not fully guarantee destigmatized communication—highlighting the need for value reframing toward empathy and empowerment.

In general, the results demonstrate the positive and negative development in HIV communication in Malaybalay City. There has been a positive trend in the use of empowerment and supportive tones and a progressive shift toward open stigma. However, underlying implicit stigma, symbolic representation of marginalized groups, and uneven cultural translation weaken the efficacy of communication efforts.

Consistent with the writings of Muturi (2005) and Taggart et al. (2021), the approach to effective HIV messaging must involve the establishment of relationships, the explicit inclusion of key populations, and open and equity-based approaches. In the case of Malaybalay City, this would be through institutionalization of anti-stigmatizing practices, authentic representation of denigrated groups, and access to culturally filtered communication. These measures can help decrease stigma and increase the uptake of prevention, testing, and appropriate long-term treatment adherence.

Chapter V

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

This paper examined Malaybalay City communication resources on HIV through an interpretivist approach and document analysis based on a coding matrix (language tone, cultural sensitivity, representation, stigma, inclusivity, and compliance with standards). It aimed to identify in what ways these materials support or oppose stigma and cultural norms and evaluate their compliance with the principles of GAD.

Language Tone

The overwhelming majority of materials took on positive or neutral coloration that highlighted resilience, prevention, and empowerment. These strategies are consistent with international findings that appear to support communication contributing to engagement. Nevertheless, fear-based or moralizing framings were still present in some campaigns, reminiscent of previous literature warning these tactics would deter testing and treatment.

Cultural Sensitivity and Language Barriers

Certain communication materials were highly culturally adapted with the use of local dialect, commonly used metaphors, and community-specific imagery. Others used stock pictures and technical terms and made them less accessible.

Key Population and Stigma Representation

LGBTQ+ and youth were underrepresented or technically represented (e.g. the use of rainbow flags without further discussion). This invisibility is similar to a body of research that demonstrates the existence of stigma through limited representation. Although there was not much explicit stigma, there was still some implicit stigma,

manifesting in slogans that linked HIV with bad choices or the portrayal of PLHIV as a danger.

Visual Inclusivity

There was uneven visual representation. Different communities were also represented in some campaigns; however, the majority of campaigns targeted young, urban men, with little involvement of women, rural, and older populations. Such exclusions mirror the literature on the importance of inclusion through limited descriptions to prevent and combat it.

Meeting Communication Standards

A number of campaigns conformed to norms of clarity, accuracy, and supportive framing, but many did only partially so. There were typical loopholes, such as the use of technical language and unclear, plain, and accessible information.

On the whole, the findings indicate Malaybalay campaigns exhibit improvements in terms of overt stigma reduction and the use of empowering tones. But they still face implicit stigma, tokenism, and uneven cultural adjustment.

Conclusions

Based on the findings and their integration with the existing body of knowledge, the study reveals that HIV communication in Malaybalay City has demonstrated gradual, albeit uneven, progress. Communication about HIV in Malaybalay is becoming more favorable in tone and does not contain explicitly stigmatizing texts, although fear-based framings remain common.

Inclusivity and cultural sensitivity are lopsided. Whereas, other campaigns have a resonant effect due to local adaptation, others are generic and non-accessible.

Cultural and linguistic sensitivity is the key to successful HIV messaging, and literature confirms that.

The key populations are not adequately represented. Lack of inclusivity or tokenization of LGBTQ+ individuals, sex workers, women, and the youth negatively affects inclusivity and creates stigma.

There is the barrier of implicit stigma. Although no blatantly discriminatory terms are used, implicit moral associations perpetuate shame and silence, which is in line with international results that stigma can be most harmful when implicit

Analysis of documents is an efficient method of diagnosis. The approach has had strengths (positive tone, partial adherence to standards) and weaknesses (jargon, underrepresentation).

Recommendations

Public Health Agencies

Public health agencies should adopt communication approaches that are free from stigma by moving away from moralizing and fear-based messages and instead promoting supportive, empowering, and person-centered communication, consistent with the World Health Organization's (2024) guidelines on reducing HIV-related stigma. Furthermore, communication campaigns should ensure authentic and meaningful representation of people living with HIV (PLHIV), LGBTQ+ individuals, sex workers, women, youth, and rural communities in both textual and visual content. Such representation should be respectful, participatory, and reflective of their lived experiences rather than merely symbolic. Finally, HIV communication materials should consistently adhere to international standards of clarity, accuracy, and accessibility by

using plain, inclusive, and non-stigmatizing language while minimizing technical jargon.

Policymakers

Policymakers should strengthen local policy frameworks by institutionalizing culturally responsive and stigma-free HIV communication in accordance with the principles of Republic Act No. 11166 and GAD policies while remaining responsive to local contexts and community needs. They should also invest in sustained capacity-building initiatives that equip healthcare workers, local government personnel, non-government organizations, communication practitioners, and media professionals with the knowledge and skills necessary to use anti-stigma language, practice cultural sensitivity, and design inclusive communication materials.

For Future Research

Future research should expand the scope of inquiry by incorporating the perspectives of PLHIV, healthcare providers, communication practitioners, and other community stakeholders to develop a more comprehensive understanding of HIV communication. Comparative studies across different regions of the Philippines are likewise recommended to determine whether the findings from Malaybalay City are context-specific or reflective of broader national trends. In addition, future studies may evaluate the effectiveness of redesigned HIV communication materials in improving health literacy, reducing HIV-related stigma, and promoting HIV testing, treatment adherence, and other positive health-seeking behaviors.

Final Reflection

This paper highlights the complexities of communication, stigma, and cultural sensitivity in HIV prevention. There are some improvements in terms of inclusivity and empowerment in communicating HIV in Malaybalay City, but there are challenges as well. The study synthesizes the evidence of the world and the evidence of the locality to show the urgent need for stigma-free, culturally based, and inclusive communication approaches. Closing these gaps is critical to reducing HIV-related stigma, preventing it, and strengthening support systems and treatment in the Philippines.

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Appendices

APPENDIX A

Sample Communication Materials Used for Analysis

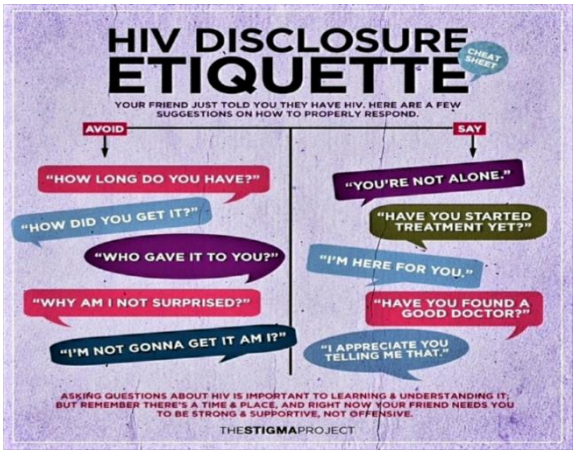
(PM-01)

(PM-02)

(PM-03)

(PM-04)

(PM-05)

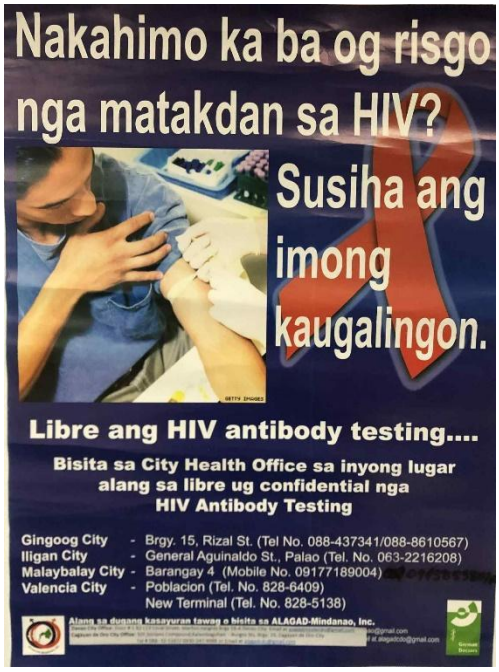


(PM-06)

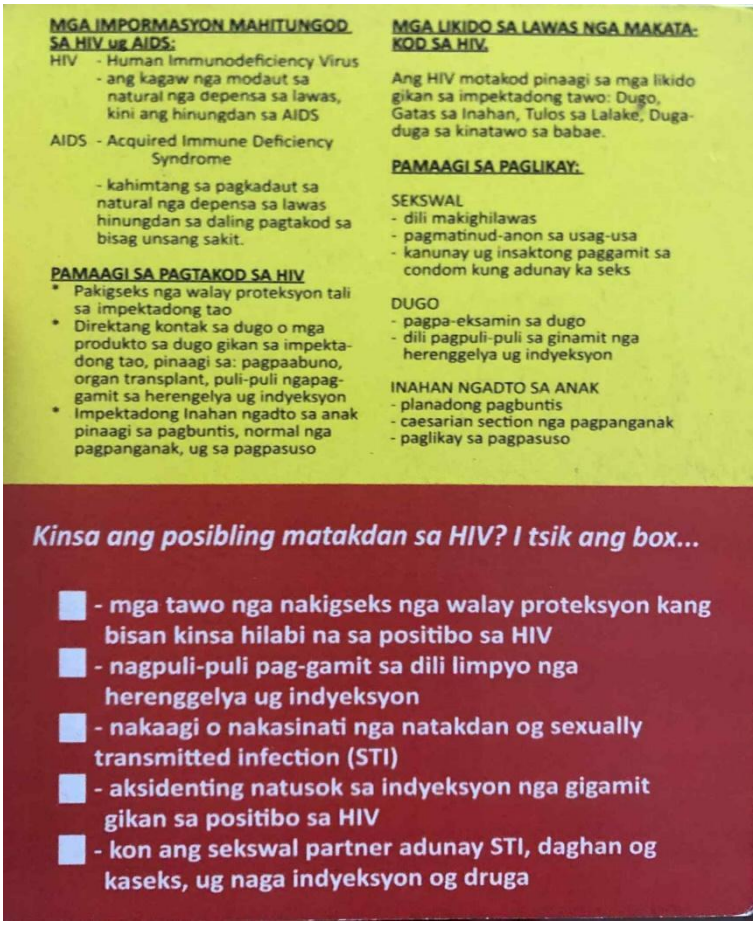
(PM-07)

(PM-08)

(PM-09)


Nakahimo ka ba og risgo nga matakdan sa HIV?
Susiha ang imong kaugalingon.
Libre ang HIV antibody testing....
Bisita sa City Health Office sa inyong lugar alang sa libre ug confidential nga HIV Antibody Testing
Gingoog City - Brgy. 15, Rizal St. (Tel No. 088-437341/088-8610567)
Iligan City - General Aguinaldo St., Palao (Tel. No. 063-2216208)
Malaybalay City - Barangay 4 (Mobile No. 09177189004)
Valencia City - Poblacion (Tel. No. 828-6409)
New Terminal (Tel. No. 828-5138)

(PM-10)


MGA IMPORMASYON MAHITUNGOD SA HIV ug AIDS:
HIV - Human Immunodeficiency Virus
- ang kagaw nga modaut sa natural nga depensa sa lawas, kini ang hinungdan sa AIDS
AIDS - Acquired Immune Deficiency Syndrome
- kahimtang sa pagkadaut sa natural nga depensa sa lawas hinungdan sa daling pagtakod sa bisag unsang sakit.
PAMAAGI SA PAGTAKOD SA HIV
• Pakigseks nga walay proteksyon tali sa impektadong tao
• Direktang kontak sa dugo o mga produkto sa dugo gikan sa impektadong tao, pinaagi sa: pagpaabuno, organ transplant, puli-puli ngapag-gamit sa herengelya ug indyeksyon
• Impektadong Inahan ngadto sa anak pinaagi sa pagbuntis, normal nga pagpanganak, ug sa pagpasuso
MGA LIKIDO SA LAWAS NGA MAKATAKOD SA HIV.
Ang HIV motakod pinaagi sa mga likido gikan sa impektadong tawo: Dugo, Gatas sa Inahan, Tulos sa Lalake, Duga-duga sa kinatawo sa babae.
PAMAAGI SA PAGLIKAY:
SEKSWAL
- dili makighilawas
- pagmatinud-anon sa usag-usa
- kanunay ug insaktong paggamit sa condom kung adunay ka seks
DUGO
- pagpa-eksamin sa dugo
- dili pagpuli-puli sa ginamit nga herenggelya ug indyeksyon
INAHAN NGADTO SA ANAK
- planadong pagbuntis
- caesarian section nga pagpanganak
- paglikay sa pagpasuso
Kinsa ang posibling matakdan sa HIV? I tsik ang box...
- mga tawo nga nakigseks nga walay proteksyon kang bisan kinsa hilabi na sa positibo sa HIV
- nagpuli-puli pag-gamit sa dili limpyo nga herenggelya ug indyeksyon
- nakaagi o nakasinati nga natakdan og sexually transmitted infection (STI)
- aksidenting natusok sa indyeksyon nga gigamit gikan sa positibo sa HIV
- kon ang sekswal partner adunay STI, daghan og kaseks, ug naga indyeksyon og druga

(PM-10)

APPENDIX B

Data Collection Log and Coding Matrix

Material ID	Source	Year	Type	Target Audience	Language Tone	Cultural Sensitivity	GAD Representation	Stigma Reinforcement	Visual Inclusivity	Communication Standards	Notes/Observations
PM-01	HEPU-CHO Malaybalay FB Page	2025	Poster	Public	Positive	High	Present	—	High	Yes	Aligned with International AIDS Candlelight Memorial Day; promotes HIV awareness and protection; integrates QR code for HIV facilities access.
PM-03	HEPU-CHO Malaybalay FB Page	2025	Poster	Mothers	Positive	High	Present	—	Moderate	Yes	Highlights mother-to-child transmission pathways; emphasizes the importance of knowing HIV status.
PM-04	DOH Facebook Page	2025	Poster	Public	Positive	High	Present	—	High	Yes	Conveys that HIV/AIDS has no specific appearance; emphasizes testing and care services.
PM-05	BPMC-HACT Treatment Hub (Gov)	2024	Poster	Public	Positive	Moderate	Partial	—	Moderate	Partial	Introduces free PrEP services; defines PrEP; identifies populations with high HIV exposure risk.
PM-06	BPMC-HACT Treatment Hub (Gov)	2024	Poster	Filipino Communities	Positive	High	Partial	—	Moderate	Yes	Promotes free HIV testing, counseling, condoms/lubricants, HIV 101 sessions, and community activities.
PM-07	BPMC-HACT Treatment Hub (Gov)	2023	Poster	Public	Positive	High	Partial	—	Moderate	Yes	Provides HIV disclosure etiquette guide; recommends supportive responses and discourages harmful questioning.
PM-08	BPMC-HACT Treatment Hub (Gov)	2023	Poster	PLWHIV	Positive	Moderate	Partial	—	Low	Partial	Announces free influenza vaccination for PLWHIV; includes Vaxigrip vaccine branding and treatment hub identity.
PM-10	National AIDS Commission (NGO)	2025	Poster	Public	Positive	High	Partial	—	Moderate	Partial	Encourages open communication, PrEP awareness, regular HIV/STI testing, and condom use.
PM-10	National AIDS Commission (NGO)	2025	Poster	HIV Discordant Couples	Positive	High	Partial	—	Moderate	Partial	Defines "HIV discordant couples"; outlines preventive actions for HIV-positive and HIV-negative partners; promotes fidelity and condom use.
PM-11	National AIDS Commission (NGO)	2025	Poster	Public	Positive	High	Present	Implicit	Low	Partial	Repeats "Zero Stigma" messaging with red ribbon symbolism; promotes anti-stigma advocacy.