The modernisation of HIV and AIDS’ nomenclatures in Nigeria’s major languages

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Although the level of awareness of HIV has significantly improved over the past decade following the coordinated activities of the National Agency for the Control of AIDS (NACA), Nigeria still remains one of the most burdened countries in the world with about 3 million people living with HIV. Increasing enlightenment campaigns on HIV and AIDS have not been able to achieve remarkable behaviour change as a result of the non-use of appropriate nomenclatures. Given the low literacy rate of Nigerians in English (about 61% based on UNESCO Institute for Statistics), communication strategies can only be effective when indigenous Nigerian languages have standardised and appropriate nomenclatures for HIV and AIDS. This study argues that the use of appropriate terms in the local languages in referring to HIV and AIDS is capable of reducing the stigmatisation and discrimination of people living with HIV and AIDS, and consequently reduce the spread of HIV through behaviour change. Accordingly, the study embarks on the lexical modernisation of HIV and AIDS nomenclatures in Nigeria’s three major languages (i.e. Hausa, Igbo and Yoruba) in line with current developments around the world in the management of the two health conditions.

Keywords: HIV and AIDS nomenclatures, lexical modernisation, Hausa, Igbo and Yoruba of Nigeria, health discourse

1. Introduction

HIV and AIDS constitute some of the greatest public health challenges in Nigeria. Although the level of awareness of HIV has greatly increased over the past decade following the coordinated activities of the National Agency for the Control of AIDS (NACA), Nigeria still remains one of the most burdened countries in the world with about 3 million people living with HIV (NACA 2009). This number ranks the country third with the highest burden of HIV infection in the world, next to India and South Africa.
The leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80% of infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection. Other modes of transmission such as intravenous drug use and same-sex intercourse are slowly growing in importance. The most-at-risk population for HIV infection include female sex workers, long distance drivers, young people, members of the uniformed services, intravenous drug users (IDUs), and men who have sex with men (MSM) (NACA 2009).

The spread of HIV infection in Nigeria has been exacerbated by the high level of violence against women (rape and forced marriages, etc.), terrorism, kidnapping and other violent conflicts. For instance, women and girls are regularly kidnapped by the Islamic militants, Boko Haram and used as sex preys. In addition, the activities of terrorists have left many children as orphans who become very vulnerable to several crimes including sexual assault and prostitution; thereby increasing the rate of HIV infections. Entrenched gender inequalities and inequities, chronic poverty, and tenacious persistence of HIV and AIDS-related stigma and discrimination also significantly contribute to the continuing spread of the infection.

The National Strategic Framework (NSF) 2005–09 placed much emphasis on the fact that communication interventions, including information, education and communication (IEC), hold a vital and indispensable place in HIV prevention interventions. Despite the avalanche of IEC on HIV/AIDS, there is concern that behaviour change continues to lag significantly leading some practitioners to question the effectiveness of and evidence for the continuation of some communication intervention strategies. One of the strategic recommendations of the NSF was to increase the use of local languages as part of its communication interventions, but the current study believes that the use of local languages for information dissemination will only be effective when these languages have standardised terminology for HIV and AIDS’ nomenclatures in line with current developments in the management of these health conditions.

2. Language and HIV/AIDS

The relationship between language and HIV and AIDS has attracted considerable attention given that “knowledge is simultaneously the basis as well as the result of linguistic action, which is thus also defined as social action” (Beck 2016, 17). Language is, for instance, important in doctor-patient consultations and HIV and AIDS counselling as well as in the distribution of material that gives information about HIV and AIDS prevention and management (see Eggly 2002; O’Brien and Shea 2011; Oostendorp 2012; Paternotte et al. 2015; Saal 2011; Sahe and Fernandez
In communication encounters around HIV and AIDS, the doctor, caregivers or counsellors often do not share a first language or culture with their patients (Anthonissen and Meyer 2008). Again, language has strong influence on attitudes towards HIV and AIDS and people affected by the condition (Moqasa and Salawu 2013). The words we use can reinforce stereotypes which fuel discriminations against persons living with HIV and AIDS. This point stresses the need to reflect current global trends on HIV and AIDS by using terms which do not stigmatise or discriminate against people on the basis of infections, gender, religion or ethnicity.

From the applied linguistic point of view, the most comprehensive work which explores the importance of language in HIV and AIDS discourse and communication is Higgins and Norton (2010). The edited volume focuses on the role of language, discourse and semiotics in the construction of knowledge in HIV and AIDS education in different regions of the world, within a broader framework of applied linguistics and public health. The various contributions examine the production, location and utilisation of local knowledge in educational settings vis-à-vis discourses that are transmitted through official channels such as medical and health professionals, non-governmental organisations (NGOs) and international agencies.

In the African context, the relationship between language and HIV and AIDS has attracted the attention of many researchers (see e.g. Oostendorp 2012; Anthonissen and Meyer 2008; Oluwabamide and Jegede 2008; Moto 2004; Horne 2004; Reddy 2004; Ogechi 2005; Kolawole 2006; Nwanwene 2008; Udoakah and Iwokwagh 2008; Komolafe 2010). The studies by Anthonissen and Meyer (2008), Komolafe (2010), Oluwabamide and Jegede (2008), and Oostendorp (2012) emphasise the role of indigenous languages in preventing HIV and AIDS. Kolawole (2006), for instance, argues that the failure to successfully make information on the transmission, treatment and prevention of HIV or AIDS available to the people of Nigeria in spite of the vigorous campaigns by the government, international donors and NGOs is traceable to the choice of medium (English) being used given that the literacy rate in English is still low in the country (about 61% based on UNESCO Institute for Statistics). Similarly, Komolafe (2010) makes a case for the appropriate use of linguistic resources in making reference to HIV and AIDS in indigenous languages. He collected data on Yoruba terms for HIV and AIDS from local people, television and radio HIV and AIDS awareness drama. The result of Komolafe’s analysis of names reveals that many Yoruba terms for HIV and AIDS are inappropriate and are capable of encouraging stigmatisation.

The works by Nwanwene (2008), and Udoakah and Iwokwagh (2008) deal with the role of communication and the media in HIV and AIDS prevention and management. They reiterated the fact that access to information can aid the
The modernisation of HIV and AIDS’ nomenclatures in Nigeria’s major languages

prevention and control of HIV and mitigate the impact of the epidemic on people living with HIV and AIDS. They, however, point out that information strategies adopted so far towards the fight against this epidemic have only achieved marginal results. This is to be expected given that the appropriate terms have not been used in the appropriate language. It is our view in this paper that to effectively control the spread of HIV will require the modernisation or standardisation of HIV and AIDS’ terms in the indigenous languages.

Similarly, according to Jegede (1998), knowledge of disease and cultural factors affect healthcare utilisation. Human health behaviour is highly influenced by culture. There is the tendency for different cultures to perceive and treat diseases differently. As the link between language and culture appears inseparable, the role of language in healthcare delivery cannot be overstressed as “people’s acceptance of the HIV and AIDS message is dependent upon their understanding of its content” (Oluwabamide and Jegede 2008, 108). Oluwabamide and Jegede (2008) further argue that a proper understanding of a message can be enhanced only when Nigeria’s indigenous languages are used because of their tendency to deepen the understanding of issues.

Moto (2004), Horne (2004), Reddy (2004) and Ogechi (2005) focus on the lexicon of sex and HIV and AIDS in some African countries including South Africa, Kenya, Malawi and Zimbabwe. For example, Ogechi (2005) focuses on lexicon around sex organs, erection, sex in general, sex partner, homosexuality, anti-HIV and AIDS protection, HIV virus, status of a person with relation to HIV, and anti-HIV and AIDS warnings. Arguing that language is a reflection of people’s culture and the way the people perceive things around them, including disease, Moto (2004) interrogates the relationship that obtains between cultural pursuits and dictates and the language that is employed in discussing matters of sex and HIV and AIDS. He argues that the discourse of HIV and AIDS in Malawi excludes certain sections of the community from participating in the national efforts and movements aimed at combating and arresting the spread of the virus. Igboanusi, Odoje and Ibrahim (2016) focus on the lexicon of Ebola in Hausa, Igbo and Yoruba.

Apart from Komolafe (2010), which compiled a collection of inappropriate terms used by Yoruba speakers to refer to HIV and AIDS, works that attempt to modernise the lexicon of HIV/AIDS in Nigerian languages are rare. Our study compiled a list of terms used by respondents across the country to refer to HIV and AIDS in Hausa, Igbo and Yoruba. It illustrates efforts at standardising the nomenclatures of HIV and AIDS in these languages by presenting more appropriate terms in order to reflect current perceptions of HIV and AIDS from a state of hopelessness to hopefulness and from being incurable to being well managed.

This study argues that the use of appropriate terms in reporting or discussing HIV and AIDS’ issues is capable of limiting the spread of the disease and reduce
discrimination of those who are infected with the condition. Besides informing the public to change its behaviour, there is still no vaccine or medication that can be used to cure HIV and AIDS. One of the best ways to cause the public to change its behaviour is to use the appropriate terms (devoid of stigmatisation) in the indigenous languages to refer to the diseases.

Hausa, Igbo and Yoruba are Nigeria’s most highly developed languages in terms of the availability of written materials in them; yet they still do not have standardised terminology for referring to HIV and AIDS. Although the major languages are sometimes used in HIV and AIDS’ enlightenment campaigns, the vocabulary for such campaigns is inappropriate, thereby creating fear in the minds of people about the health conditions. The creation of the appropriate terminology therefore becomes crucial in HIV and AIDS prevention strategy and the much-needed behaviour change. It is hoped that the modernisation of HIV and AIDS nomenclatures in Hausa, Igbo and Yoruba will propel similar efforts in other Nigerian languages.

3. Behavioural change communication

Negative attitudes and beliefs about diseases are often a result of cultural conflicts and misunderstandings. Most HIV and AIDS information in Nigeria’s languages is translated from English. In particular, names for HIV and AIDS were translated into the indigenous languages at the early days of HIV and AIDS when the conditions were hardly understood. As we shall see in the data analysis section, confusion in the distinctions between HIV and AIDS is still obvious in the alternation of terms for the two conditions in the indigenous languages. Acquired Immune Deficiency Syndrome (AIDS) is deficiency of cellular immunity induced by infection with the Human Immuno deficiency Virus (HIV). This means that HIV is the cause of AIDS.

However, as changes occur in the management of HIV and AIDS, the existing terms become inappropriate for their discourses. The retention of such terms (without modernising them in the indigenous languages) creates meaning difficulties which ultimately is an impediment in checking the spread of HIV. Such terms seem to promote stigmatisation and discrimination against people living with HIV and AIDS. To seriously control the spread of HIV, the existing terms have to be modernised, that is, by using standardised terms which do not promote or encourage the stigmatisation and discrimination of persons living with these health conditions. The modernisation of the terms will reflect changing trends in HIV and AIDS management.
Several stakeholders of HIV and AIDS issues (government, development agencies, NGOs, hospitals and individuals) have developed and circulated different HIV and AIDS-related materials in a bid to effectively disseminate information about the conditions. These efforts seem to be hindered by several factors, principal among which are low literacy rate of Nigerians in English, culture, economic, political and social factors. However, the issue of developing appropriate terminology in Nigerian languages to facilitate discourse on this disease has been clearly overlooked. This study illustrates the existing HIV and AIDS terminology in Hausa, Igbo and Yoruba with a view to demonstrating how contextually inappropriate the terms have become in the context of current developments in the management of HIV and AIDS. It goes on to suggest more appropriate terms which should be promoted for use in the three major languages in order to cause behaviour change and facilitate the management of these health situations.

4. Data collection and sampling

Following Berger et al. (2001), Schensul et al. (1999), and Heugh (2013), data for this study were collected through evaluative survey and language-specific workshops. The nationwide survey facilitated the collection of existing terms used to refer to HIV and AIDS while the workshops served as avenues to deliberate and agree on the appropriate terms. See Table 1.

Two research assistants assisted in administering and collating 200 questionnaires in each state surveyed. While the states were purposively selected to reflect areas in which the three major languages are dominantly spoken as L1, respondents were randomly selected. The questionnaire was piloted twice, first with a group of postgraduate students in the University of Ibadan and second with the participating research assistants. Adjustments were made principally in the wording of the questions following suggestions. All the parties involved (both the research students and respondents) were clearly informed about the purpose of the survey and told that participation was voluntary. Below is the discussion of the survey data.

1. The authors of this paper organised and participated in the workshops which included both medical experts and linguists. The workshops, which were aimed at agreeing on the appropriate terms for each medical item in Hausa, Igbo and Yoruba, were held at the Usmanu Danfodiyo University, Sokoto, University of Nigeria, Nsukka, and the University of Ibadan.
**Table 1. Data collection summary**

Zones visited and sampled 3 geopolitical zones were purposively selected; namely Northwest, Southeast and Southwest. These are zones where Hausa, Igbo and Yoruba are predominantly spoken as a native language.

Questionnaires completed 1800 were completed (200 in each of Kano, Katsina and Sokoto states (for Hausa); Anambra, Enugu and Imo states (for Igbo); and Ekiti, Ogun and Oyo states (for Yoruba). In each state, 50 civil servants (i.e. 10 each of non-academic staff, university lecturers, school teachers, ministry workers and paramilitary staff), 50 tertiary level education students, 25 people living with HIV/AIDS, 25 market men/women, 25 artisans (i.e. auto mechanics, carpenters, cobblers, bricklayers and drivers), and 25 medical personnel (i.e. 10 medical doctors, 10 nurses and 5 paramedical staff/trado-medical doctors) were sampled. In each state, we administered more than 200 questionnaires to account for mortality and for those who did not complete the questionnaires properly. We meticulously sorted out the questionnaires and rejected those which were either not completely filled in or wrongly completed. We insisted on the same number of respondents for each state for ease of analysis and comparisons.

Workshops 3 workshops were organised in different locations: Sokoto (for Hausa), Nsukka (for Igbo) and Ibadan (for Yoruba). Each workshop, which lasted for 4 days, consisted of, at least, one medical doctor, one nurse or microbiologist or pharmacist and 6 language experts.

5. Evaluating the existing HIV and AIDS lexical items in Hausa

A survey involving 600 respondents in Kano, Katsina and Sokoto states suggested the existence of the following terms for HIV in Hausa:

1. **Cutar** (suggested by 109 respondents)
   “A disease”
   Cuta -r
   (noun-stem) “disease” (fem. Linker) “determiner”

2. **κanjamau** (suggested by 96 respondents)
   “Capable of emaciating one’s body”
   κanjam -au
   (verb-stem) “to emaciate” (suffix) “adverbial”

3. **SIDA** (suggested by 63 respondents)
   “French acronym for AIDS”
   Syndrome d’immunodéficience acquise (SIDA) “an acronym”
4. κwayar halitta (26 respondents)
“hereditary gene”
κwaya -r halitta
(noun-stem) “gene particle” (fem. Linker) (noun) “creation”

5. Ciwon (19 respondents)
“The sickness”
Ciwo -n
(noun stem) “sickness” (mas. Linker) “determiner”

6. Mutuwa sosai (10 respondents)
“Serious death”
Mutu -wa sosai
(verb-stem) “die (prog tns) “-ing” (adv) “seriously”

7. Garkuwar jiki/kabari-kusa (9 respondents)
“the body immune system/near the grave”
Garkuwa -r jiki / Kabari kusa
(noun) “immunity” (fem. poss. suffix) (noun) (noun) “grave” (adv) “near”

8. κwaya (5 respondents)
“related to gene”
κwaya
(noun) “gene particle”

9. Daji/Zazzaɓi (3 respondents)
“cancerous fever”
Daji/ Zazzaɓi
(noun) “cancer” (noun) “fever”

“related to gene”

Considering the above data, it is attested that, in Hausa, terms related to HIV and AIDS are morpho-syntactically derived through the following processes: affixation, where suffixes are attached to derive new terms and their meanings, such as in (1) ‘cutar’, (2) ‘kanjmau’ and (5) ‘ciwon’; acronym, as in (3) ‘SIDA’; compounding, as in (7) ‘kabari-kusa’; paraphrase, as in (4) ‘κwayar halitta’ and (7) ‘garkuwar jiki’; (6) ‘mutuwa sosai’; and lastly, nominalization, as in the first item of (6) ‘mutuwa’. The applications of these processes in the derivation of the terms affect not only their structural forms but also their substance.
Similarly, the existing terms for HIV in Hausa as provided by the various respondents prove that users of the Hausa language hardly differentiate between HIV and AIDS. As can be seen in items (1) to (9), all the terms suggested either refer to something that can easily kill, or a deadly disease – which is said to be the interpretation for AIDS. For instance, the term was suggested in 1 as Cuta (a disease) by 190 respondents, and despite its erroneous interpretation (given that HIV is a virus and not a disease), it is the term with the highest number of respondents. Similarly, the suggested term kanjamau (capable of emaciating one’s body) in (2) above, was provided by 96 respondents and is used interchangeably to refer to both HIV and AIDS in Hausa. The use of the term kanjamau to refer to HIV may give the impression that HIV is a fully blown sickness like AIDS. The term SIDA in (3) above (as suggested by 63 respondents), is indeed inappropriately used since it is a French acronym for AIDS used in most of the French speaking countries. Furthermore, none of the terms in (4) to (10) refers to the actual meaning of HIV – albeit, item (7) Garkuwar jiki (body immune system) suggested by only 9 respondents is closely related to what has been agreed to be the term for HIV in Hausa.

All these suggested terms are confirmed to be wrong interpretations for HIV. This confirmation was made in a Hausa Metalanguage workshop, at Usmanu Danfodiyo University, Sokoto, where an appropriate term ‘ Karya-garkuwa’ (that which weakens the body immune system) was suggested and agreed by the experts. Although the agreed term is not in the form of an acronym, the term connotes the actual meaning of HIV (not AIDS) in Hausa.

The terms suggested as existing names for AIDS in Hausa are:

1. kanjamau (suggested by 224 respondents)
   “capable of emaciating one’s body”
   kanjam -au
   (Verb-stem) “to emaciate” (suffix) “adverbial”

2. Cutar (71 respondents)
   “a disease”
   Cuta -r
   (Noun-stem) “Disease” (fem. Linker) “determiner”

3. SIDA/Makashi (52 respondents)
   “a French acronym for AIDS/that which can kill”
   Syndrome d’immunodéficience acquise (SIDA) “an acronym”
   Makashi
   Ma-kashi
   (Agential prefix) “Doer” (verb-stem) “kill”
4. Ciwon/ciyon (28 respondents)  
“related to sickness”
Ciwo -n
(noun stem) “Sickness” (mas. Linker) “determiner”

5. Karyewar garkuwa (24 respondents)  
“weakening of the immune system”
Kary- -e -wa -r garkuwa
(verb-stem) “break” (tns marker) “past” (prog tns) “-ing” (fem lnk) (n) “immunity”

6. Kabari-kusa (18 respondents)  
“grave is nearer”
Kabari kusa
(noun) “grave” (adv) “near”

7. Mutuwa sosai (6 respondents)  
“serious death”
Mutu -wa sosai
(verb-stem) “die (prog tns) “-ing” (adv) “seriously”

8. Babban ciwo (2 respondents)  
“big disease”
Babba -n ciwo
(adj) “big” (mas. Linker) “determiner” (noun) “sickness”

9. Kanjam (1 respondent)  
“related to body emaciation”
Kanjam -e
(Verb-stem) “to emaciate” (tns marker) “past”

10. Daji (1 respondent)  
“cancer”
Daji
(Noun) “Cancer”

The terms in the above data are derived through various morpho-syntactic processes, which include the following: affixation, as in (1) ‘kanjamau’, (2) ‘cutar’, (3) ‘makashi’, (4) ‘ciwon’, (5) ‘karyewa’, (7) ‘mutuwa’ and (9) ‘kanjam’; compounding, as in (6) ‘kabari-kusa’; acronym, as in (3) ‘SIDA’; paraphrasing, as in (5) ‘karyewar garkuwa’, (7) ‘mutuwa sosai’; nominalisation, as in part of the terms in (5) ‘karye-
wa’ and (7) ‘mutuwa’, respectively. These processes have essentially influenced the semantic content of the aforementioned terms.

Furthermore, considering the terms suggested for AIDS above, it is certainly clear that different terms are used in Hausa to refer to AIDS, depending on the individual or region. The suggested terms; Cuta (disease), Ciwo (sickness), Babban ciwo (big disease) and Daji (cancer) in (2), (4), (8) and (10), are not the appropriate terms for AIDS. Also, Makashi (that which can easily kill), Kabari kusa (grave is nearer), Mutuwa sosai (deadly) in (3), (6) and (7), connote a sense of stigma, which should be avoided. The issue of inappropriateness and stigmatization in the use of the suggested terms made the participants at the Hausa metalanguage workshop to adopt kanjamaus (capable of emaciating one’s body), provided by 224 respondents, as the Hausa equivalent for AIDS. Being a condition that is capable of causing body emaciation makes the choice of kanjamaus a more appropriate term which reflects the true nature of AIDS. As we shall see later on in the analyses for Igbo and Yoruba, the choice of kanjamaus is also in line with the accepted terms for AIDS in the two languages given that all the terms are associated with body emaciation.

6. Assessing the existing HIV and AIDS lexical items in Igbo

In a survey conducted in Anambra, Enugu and Imo states involving 600 randomly selected civil servants, tertiary level education students, people living with HIV, market men/women, artisans, and medical personnel in each state, the respondents were requested to suggest existing terms for HIV and AIDS in Igbo. Existing terms for HIV in Igbo according to the respondents are:

1. Nje ọrịa mmịnwụ (suggested by 190 respondents)
   “AIDS Virus”
   Nje ọ- rịa mmịnwụ
   “Virus Pre be sick Pre suck die”

2. Obirinajaọcha (suggested by 130 respondents)
   “Terminal illness”
   O biri n'aja ọcha
   “It ended Pre-sand white”

3. Nje HIV (suggested by 63 respondents)
   “HIV virus”
   Nje HIV
   “Virus HIV”
4. Ọta nchekwa ahụ (suggested by 26 respondents)
   “Body immunity destroyer”
   Ọ- ta  n- chekwa ahụ
   “Pre chew Pre protect body”

5. Orịa ojọọ (suggested by 13 respondents)
   “Deadly illness”
   Ọ- rịa  ojọọ
   “Pre be sick bad”

6. Ogbu nwayo (suggested by 8 respondents)
   “Gradual killer”
   O- gbu  nwayo
   “Agentive kill gradual/slowly”

7. Orịa ngwuru mmadụ (suggested by 2 respondents)
   “Hereditary ailment”
   Ọ- rịa  ngwuru  mmadụ
   Pre be sick lineage person

8. Mbido ọrịa obririnajaọcha (1 respondent)
   “The early stage of AIDS”
   M- bido ọ- rịa
   “Pre begin Pre be sick”

9. Orịa ike (1 respondent)
   “Serious sickness”
   Ọ- rịa  ike
   Pre be sick power

10. Ọnyiри dibja (1 respondent)
    “Incurable sickness”
    Ọ- nyiри  dibja
    “Pre be impossible healer”

The processes through which the following coinages are derived are loan-blends
(as in Nje HIV), compounding (as in Orịa ojọọ, Ogbu nwayo, Orịa ike, Ọnyiри dibja),
de-sententialisation (as in Obirinajaọcha), and paraphrase (as in Nje ọrịa mmịnwụ, Ọta nchekwa ahụ,
Orịa ngwuru mmadụ, and Mbido ọrịa obririnajaọcha).

A look at the existing terms for HIV in Igbo provided by the respondents shows that apart from (4) above, which was suggested by 26 respondents, all other
terms were inappropriately used to refer to HIV in Igbo. “AIDS” is not a virus as erroneously suggested by as many as 190 respondents in (1) above. 130 respondents referred to HIV as Obirinajaọcha (a terminal illness) which is also a term widely used to refer to AIDS in Igbo. The terms represented from (5) to (10) suggest that HIV is a deadly illness. HIV is only a virus and not a sickness, contrary to all the suggested terms except (3) and (4). As we shall see in the existing terms used for AIDS, there is an obvious difficulty in differentiating between AIDS and HIV among several respondents. For instance, while 130 respondents referred to HIV as obirinajaọcha, 266 used the term for AIDS. While 190 respondents regarded HIV as Nje Orịa Mmịnwụ (AIDS Virus), 199 regarded AIDS as Mmịnwụ (a condition that causes emaciation). 26 respondents referred to HIV as Ota Nchekwa Ahụ (Body immunity destroyer) while 6 respondents referred to AIDS as Ota Nche Ahụ, with the same meaning. While 1 respondent regarded HIV as Ọnyịrị Dibịa (incurable illness), 1 respondent regarded AIDS as Ọkarị Dibịa, with the same meaning.

In a metalanguage workshop at the University of Nigeria Nsukka, the participants modernised HIV in Igbo to mean Ori Nchekwa Ahụ (ONA). Literally, ONA connotes that which fights or weakens the body immunity. This translation is a true reflection of what HIV does to the human body.

Terms for AIDS in Igbo provided by the respondents are:

1. Orịa obirinajaọcha (suggested by 266 respondents)  
   “Terminal illness”  
   Ö- rịa o bi ri n’aja ọcha  
   “Pre be sick 3rd per sing end past Pre sand white”

2. Orịa Mmịnwụ (suggested by 199 respondents)  
   “Sickness that causes emaciation”  
   Ö- rịa m- mị nwụ  
   “Pre be sick Pre suck die”

3. Echi eteka (8 respondents)  
   “Tomorrow is too far”  
   Echi ete -ka  
   “Tomorrow far too”

4. Ota nche arụ (6 respondents)  
   “Destroyer of body immunity”  
   Ö- ta n- che ahụ  
   “Pre chew Pre protect body”
The coinages for AIDS in Igbo are derived through processes of compounding (e.g. Ọrịa obirinajaọcha, Ọrịa Mmịnwụ, Echi eteka, Ọrịa Mmịkpọ, Nje ọrịa, Ọrịa amaama, and Ọkarị dibịa), neologism (as in ogbunigwe), and paraphrase (as in Ọta nche arụ, and Ogbu ngwa ngwa).

Ọrịa obirinajaọcha (terminal illness), echi etaka (tomorrow is too far), ogbu ngwa ngwa (fast killer), ọrịa amaama (unknown sickness), ogbunigwe (mass killer) and ọkarị dibịa (incurable disease) are inappropriate representations of AIDS. These terms instil instant fear about the disease and tend to have condemned anyone living with AIDS to death. Since AIDS is a condition that can be managed, participants at the metalanguage workshop at the University of Nigeria Nsukka accepted Mmịnwụ (a condition that causes emaciation) as a true representation.
of the disease. This term not only gives hope to a person living with AIDS but also eliminates the stigma attached to it. The fact that as many as 199 respondents suggested Ọrịa Mmịnwụ is an indication that there is a growing awareness among Igbo speakers on the current state of AIDS as a sickness. The participants at the workshop excluded ọrịa (sickness) from the collocation, given that Mmịnwụ is already a health condition. Ọrịa in this context seems therefore tautological.

7. Evaluating the existing HIV and AIDS lexical items in Yoruba

A survey involving 600 respondents in Ekiti, Oyo and Ogun states suggested the existence of the following terms for HIV in Yoruba:

1. Àisàn kògbóògùn (suggested by 223 respondents)  
   “Incurable disease”  
   ‘Ài- sàn kò gbó ọoggùn’  
   ‘Pre well neg hear medication’  
   A sickness that is incurable => Incurable disease

2. Kòkòrò (48 respondents)  
   “insect/organism or something related to cell”  
   ‘kòkòrò’  
   ‘Insect but by semantic extention it is also referred to as cell/organism or relate to cell’ insect/organism or something related to cell

3. Kòkòrò inú ějẹ (38 respondents)  
   “organism in the blood”  
   ‘Kòkòrò inú ějẹ’  
   ‘Insect in blood’  
   Organism in the blood

4. Kòkòrò tí ń fa ààrùn éèdì (30 respondents)  
   “an organism that causes AIDS disease”  
   ‘Kòkòrò tí ń fa ààrùn éèdì’  
   ‘Insect REL CONT cause disease AIDS’  
   An organism that causes AIDS disease
5. Ààrùn ayárapani (18 respondents)
“disease that kills very fast”
‘Àà- rùn a- yá ara pa ëni’
‘PRE disease PRE fast body kill person’
Disease that kills very fast

6. Kòkòrò ibálòpò (13 respondents)
“sexually transmitted disease”
‘Kòkòrò i- bá lò pò’
‘Insect PRE with do together (that is to do something together; an euphemism for sex)’
Sexually transmitted disease

7. Ààrùn (11 respondents)
“disease”

8. Kòkòrò àìfojúrín (4 respondents)
“micro-organism”
‘Kòkòrò àì fi ojú rí’
‘Insect PRE use eye see’
An insect not seen with naked eye (micro-organism)

9. Ààrùn gbajúmò (3 respondents)
“disease of the elite”
‘Àà- rùn gbajúmò’
‘Pre Disease elite’
Disease of the elite

10. Aranmoléléegun (1 respondent)
Sickle cell
‘A- ran ọmọ ní eegun’
‘PRE pain child PRP bone’
“Something that pains the child in the bone (Sickle cell)”

The process through which Yoruba equivalents above were arrived at are: de-sententialisation (as in Àìsàn kògbóògùn, Kòkòrò tí ñ fa ààrùn éèdì); compounding (as in Kòkòrò àìfojúrín, Kòkòrò inú èjè, Aranmoléléegun, Ààrùn ayárapani, Ààrùn gbajúmò); semantic extension/neologism (as in kòkòrò, ibálòpò); description
through paraphrase (as in *Aranmọléegun, Kòkòrò àífojúrín, Ààrùn ayárpani*); and affixation (as in àífojúrí, ibálòpò, aranmọléegun, àísàn, ayárpani).

Existing terms for HIV in Yoruba provided by the respondents show that apart from (4) above, which was suggested by 30 respondents, all other terms were inappropriately used to refer to HIV or AIDS in Yoruba. The suggestion actually connotes that HIV leads to AIDS but if it is properly managed, it could be averted. “AIDS” also is not a virus as erroneously suggested by as many as 133 respondents in (2), (3), (4), (6) and (8) above. 223 respondents referred to it as ààrùn kògbóògün (an incurable disease) which is also a term widely used to refer to AIDS in Yoruba but it is well known that there are many other diseases that are incurable aside from AIDS. HIV is only a virus and not a sickness, contrary to the suggested terms like (1), (5), (7), and (9). As can be seen in item (5), 18 respondents suggested “a disease that kills easily” or “a disease that kills very fast”. This is meant to be an interpretation for AIDS. This suggestion is derogatory and does not give an infected person any hope of survival; it is like a death sentence. 3 respondents suggested Ààrùn gbajúmọ (a disease meant for the elite) while 1 respondent regarded AIDS as aranmọléegun (sickle cell).

In a metalanguage workshop at the University of Ibadan, Ibadan, the participants standardised HIV in Yoruba to mean *Kòkòrò Apa Sójá Ara* (KASA). Literally, KASA connotes “that which kills the body immunity”. This translation is a true reflection of what HIV means.

The following terms were suggested as the existing names for AIDS in Yoruba:

1. Àísàn kògbóògün (suggested by 359 respondents)
   “Incurable disease”
   ‘Àí- sàn kò gbọ ọ̀gùn’
   ‘Pre well neg hear medication’
   A sickness that is incurable => Incurable disease

2. Àrùn éèdì (46 respondents)
   “AIDS”
   ‘Àà- rùn éèdì’
   ‘Pre Disease AIDS’
   AIDS

3. Kòkòrò inú ājẹ (13 respondents)
   “disease in the blood”
   ‘Kòkòrò inú ājẹ’
   ‘Insect in blood’
   Organism in the blood
4. Ààrùn aṣekúpani (9 respondents)
“disease that kills”
‘Àà- rùn a- ṣe ikú pa ẹni’
‘Pre disease do death kill person’
‘A disease that causes one’s death’
A disease that kills

5. Ààrùn-apanilẹ́kún (8 respondents)
“a disease that makes one to cry”
‘Àà- rùn a- pa ẹni ní ẹkún’
‘Pre disease kill person cry’
‘A disease that makes one to cry’
A disease that makes one to cry

6. Ààrùn-ìbálòpọ̀ (7 respondents)
“sexually transmitted disease”
‘Kòkòrò i- bá lò pò’
‘Insect with do together (an euphemism for sex)’
Sexually transmitted disease

7. Ààrùn-gbájúmọ̀ (5 respondents)
“disease of the elite”
‘Àà- rùn gbajúmọ̀’
‘Pre disease elite’
Disease of the elite

8. Àtògbẹ̀ (1 respondent)
“diabetes mellitus”
‘À- tò gbẹ̀’
‘Pre urinate dry’
‘A kind of condition that causes emaciation’
Diabetes Mellitus

The coinages in the Yoruba terms above are derived through de-sententialisation (Àisàn kògbóògùn); loan-blends (Ààrùn éèdì); Affixation/semantic extension (Àtògbẹ̀, apanilẹ́kún, aṣekúpani); and compounding (Ààrùn-ìbálòpọ̀, Ààrùn-gbájúmọ̀, Kòkòrọ̀ inú ājé, Ààrùn-apanilẹ́kún, Ààrùn aṣekúpani).
Ààrùn kògbóògùn (incurable disease), ààrùn apanilékún (disease that makes one cry), ààrùn aṣekúnpani (disease that kills), ààrùn iblyọpọ (sexually transmitted disease), ààrùn gbajúmọ (disease of the elite) and Àtọgbẹ (diabetes mellitus) are inappropriate representations of AIDS. These terms instil instant fear about the disease and tend to have condemned anyone living with AIDS to death. Since AIDS is a condition that can be managed, participants at the metalanguage workshop at the University of Ibadan accepted ààrùn ọsọdọle àjesára (a disease that completely weakens body immunity) as a true representation of the disease. This term not only gives hope to a person living with AIDS but also eliminates the stigma attached to it, given that whenever an infected person enhances his/her body immunity, there is hope that such infected person will live a normal life like any other person. Even though there is no cure for AIDS as of today, the fact that 359 respondents suggested ààrùn kògbóògùn (incurable disease) does not make it a death sentence, but rather the weakening of body immunity system which gives way for the opportunistic infections; hence the participants at the workshop suggested ààrùn ọsọdọle àjesára (a sickness that completely weakens body immune system). This reflects the true health condition of an infected person and removes stigmatization associated with the suggestions above.

8. Disseminating the proposed terms

As part of a larger project titled “A metalanguage for HIV, AIDS and Ebola discourses in Hausa, Igbo and Yoruba”, the researchers have engaged in a preliminary promotion of the new terms for HIV and AIDS through press conferences and press releases in Ibadan, Owerri and Kano. The press conferences and releases were widely relayed by several national and international newspapers/online news outlets as well as in local radio and television news broadcasts. The press conferences and releases were followed by radio and television discussions (including call-in programmes) with some stations in Ibadan, Lagos, Nsukka, Enugu, Kano, and Dutse. Advert jingles were run in the Federal Radio Corporation of Nigeria (FRCN) in Kaduna, Ibadan and Enugu for the new terms for HIV and AIDS.

In addition to the dissemination strategies discussed above, the researchers have printed and distributed 3,000 publicity leaflets/flyers mainly to the offices of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) and Society for Women of AIDS in Africa, Nigeria (SWAAN) across the states where Hausa, Igbo and Yoruba are used as the first language. As part of the dissemination strategies, three books have been published, in which these terms (together with other related terms) are explained. They are:


It is expected that these dissemination efforts will help to publicise the standardised terms as well as encourage language users to adopt them.

9. Conclusion

AIDS remains an urgent global health and development challenge. To address the gaps in the fight against HIV and AIDS, associated with the use of inappropriate terms in indigenous Nigerian languages, this study attempts to modernise HIV and AIDS names in Nigeria’s three major languages with a view to achieving biomedical precision of terms and the prevention of stigma. It is obvious that to clearly differentiate terminologically between HIV and AIDS provides a clue towards an understanding of the disease in terms of its management. The persistent challenges in the fight against HIV and AIDS epidemic have drawn attention to the urgent need for innovative strategies to combat the disease. The problem created by the absence of a metalanguage is particularly evident in the use of inappropriate terms to refer to HIV and AIDS and issues associated with the condition. This paper contributes to strategies in the prevention of HIV and AIDS through the modernisation of terms for referring to them in the indigenous languages. The modernisation of HIV and AIDS terms in Hausa, Igbo and Yoruba ensures the availability of appropriate terms in the fight against the epidemic. It is the researchers’ belief that behavioural change is only possible when the people are familiar with the appropriate terminology for HIV and AIDS in their own languages.

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