

Linguistic Representations of HIV/AIDS: The Yorùbá Example

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Abstract

Human Immunodeficiency Virus (HIV) is one of the deadliest epidemics in human history and the greatest threat to human existence today. In Nigeria, there have been massive campaigns and advertisements by the government, government agencies, international donor agencies (WHO, UNICEF, UNAIDS, USAID, NGO's) on the disease and its scourge through different media and channels creating an that the majority of Nigerians are roundly informed of the disease, its transmission, treatment and prevention and that people's attitudes have changed towards people living with the HIV. To ascertain this impression, this researcher collected data on Yoruba (a major Nigerian language) names for HIV and AIDS from local people (through field interview), television and radio HIV and AIDS awareness drama, and from existing scanty literature in Yoruba. The result of the analysis of the names reveals that many Yorùbá names for HIV/AIDS are inadequate and are capable of encouraging stigmatization. Not only that, the names exhibit ignorance of the disease and its characteristics. The essence of this paper, therefore, is to make a case for appropriate use of linguistic resource in making reference to HIV/AIDS in indigenous languages.

Introduction

Medical researchers have shown that Acquired Immunodeficiency Syndrome (AIDS) is a transmissible disease of the immune system caused by a virus known as Human Immunodeficiency Virus (HIV). The virus slowly attacks and destroys the cells of the immune system rendering them incapable of performing their function of putting up resistance against infections caused by bacteria, fungi, parasites and other viruses. A patient with advanced HIV related illness is therefore made vulnerable to a variety of these infections and others and certain malignancies that eventually cause death. When a person is infected with the virus, such a person is referred to as HIV positive. AIDS describes the anaemic stage of the disease when the presence of all sorts of fatal infections and cancers are noticeable.

HIV transmission occurs when a person is exposed to body fluids infected with the virus, such as blood, semen, vaginal secretions, and breast milk. The disease is primarily transmitted through such ways as having sexual intercourse with an infected person; using non-sterile or contaminated hypodermic needle, sharp object or razor blade; accidental pricking by a contaminated needle or cut by a contaminated blade; transfer of the virus from an infected mother to her baby during pregnancy, childbirth or through breast feeding.

Historically, AIDS was first diagnosed by Dr. Michael Gottlieb of the Medical School of the University of Los Angeles in California, United States of America in May, 1981. Before the end of the 1980's, HIV/AIDS had been reported in all parts of the world and it reached epidemic level in the 1990's (Gallow and Montagnier, 1988: 10; Akinrogunde, 2007:28; AIDS, 2009). Makinde (2008:23) paints a very grim picture of the global fatality of HIV/AIDS. According to him, "...from 1981 to 2006, over 25 million people have died from HIV/AIDS". The African

continent is the worst hit by the scourge of HIV/AIDS due to several socio-economic and political factors which favour its expansion (Ojeh, 1992: 6). The first cases of HIV/AIDS in Nigeria were identified in 1985 and reported at an international conference in 1986 (Adeyi, 2006: 20). Ever since, the statistics of HIV/AIDS prevalence has been hugely awful. The UN 2000 HIV/AIDS report on Africa put the number of infected adults in Nigeria at over 5% (UNAID, 2000). And in 2008, The Director General, National Action Committee on AIDS (NACA), now National Agency for the Control of AIDS (NACA), an intervention agency established by the Federal Government through the Federal Ministry of Health with the sole objective of minimizing the prevalence of the scourge through creation of awareness, favourable attitudes and the inoculation of knowledge of causes and prevention strategies, reported as follows:

Nigeria is the second largest country in the world with huge population of persons living with HIV/AIDS, with a national adult prevalence rate of 4.4 percent equivalence to about three million of the nation population. Current statistics show that women and girls account for over 50 percent of the infected person with the highest prevalence rate of 4.9 percent among young women aged between 25 and 29 year (The Guardian, Monday, Nov. 3 2008, p.8).

Udoakah & Iwokwagh (2008), citing UNDP (2004) and UNAIDS/WHO (2006), report that 30,000 Nigerians die of HIV/AIDS yearly and by 2010 if the epidemic is not controlled it would have disastrous effect on Nigeria human capital.

Jegede, (1993:9) identified some socio-cultural practices among Nigerians that are favourable to the spread of the HIV/AIDS. Such practices include tribal marking, body scarification, tattooing, bloodletting, blood oathing, female circumcision and so on, particularly with the use of unsterilized sharp objects.

However, in an HIV/AIDS prevalence study conducted by NACA in 2003, 2005, NACA reports a decline in the prevalence of HIV/AIDS in Nigeria. The Director General of NACA says:

... there has been a reduction in the HIV/AIDS prevalence rate from the all time high of 5.8 per cent in 2001 to 5.0 per cent in 2003 before dropping to 4.4 per cent by 2005. (The Guardian, Feb. 11, 2008, p.4).

The NACA boss attributed the zero prevalence to increased government presence, leadership and commitment in form of awareness campaign on a national scale and offering of free treatment to HIV positive. According to him:

... that has affected the psyche of those who are living with the virus. It has given them more courage and confidence. It has brought down stigma and discrimination so people are coming out, that is what is happening. (The Guardian, Feb. 11, 2008, p. 4).

The zero prevalence claims have been queried by the Executive Director of the Network on Ethics/Human Right law, HIV/AIDS Prevention, Support and Care (NECA), Professor Femi Soyinka states that:

We still have a high prevalence of about 10 percent. Therefore, when we talk about the prevalence going down, we need to look in and see how we came about the figures. When you go to screening centres, they tell you that what they see is much more than what the zero prevalence figure says. Even from what we see on the field, the number of people infected is not going down either
(Nigerian Tribune, Feb. 28, 2008, p.15).

The above exposes a harvest of claims and counter claims!

Kolawole (2006) identified lack of effective communication strategy – a strategy that involves the use of indigenous languages in advocacy, awareness, and education on transmission, effect and prevention of HIV/AIDS in Nigeria - as a major set-back to the campaigns on HIV/AIDS in Nigeria. His exact words:

It is on record that apart from posters which have been translated into Yoruba, Igbo, Hausa and many other languages to aid mobilization efforts of field workers, there is no serious literature on the dreaded disease in indigenous languages apart from English. Besides, there is no sustained campaign in indigenous languages. The question then is how does one expect campaigns about a foreign-induced disease reported in a foreign language spoken by a little less than 25% of Nigerians to be effective in carrying a very serious message of HIV/AIDS to Nigerians where close to five hundred indigenous languages exist?.

Kolawole added further that because people are not reached with serious message of AIDS through the use of indigenous languages very many people still indulge in acts that are incidental to the spread of HIV/AIDS such as making incision and circumcising with unsterilized knives or razor blades, and engaging in prostitution.

The Present Study

Language is the facility for expressing our mind. It describes how a person or culture behaves or how nature, reality or events are perceived. In the words of Sapir (1929), cited in Egbokhare (2004:4):

...the real world is to a large extent unconsciously built on the language habits of the group. The worlds in which different societies live are distant worlds, not merely the same world with different labels attached to them. We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choice of interpretation. Language is not merely a vehicle of communication by which man talks about some objective

reality out there... but rather that language itself represents an objective reality by means of which man structures and organizes the “out there” in certain characteristic ways.

One of such ways in which language represents the reality of our world is through the names we give to special and tangible things either living, as in the case of a person or an animal, or inanimate, as in the case of a place or a concept as in the case of the HIV/AIDS.

In the following segment, we shall examine some of the various Yoruba names for HIV/AIDS and their implications on response to it and people’s attitudes towards people living with it. However, the first attempt will be to give an English translation of these names. This is shown below:

1. àisàn ilú nílá “disease of urban areas”.
2. àisàn kò-gbòògùn “incurable disease” (Egbokhare, 2004:27)
3. èèdì “spiritual spell”
4. àisàn máarù-máagbẹ “disease that makes its victim to be emaciated”
5. éédì Yorùbá phonological adaption of AIDS (Egbokhare, 2004: 27)
6. kòkòrò èjẹ “disease of the blood caused by micro organisms”.
7. mágùn Òyìnbó white man’s version of Yorùbá’s ‘magun’
8. àisàn ibálòpò “venereal disease”
9. pàsán àgbèrè “fornication or adultery inflicted disease”
10. àisàn ifabo-sòkọ “disease of women who have sexual intercourse with women”
11. àisàn ifakọ-saya “disease of men who have sexual with men”
12. àrùn ọlómọge/omidan “disease of mature ladies.
13. àisàn onígàjámò “disease that is contacted at barber shop”
14. àisàn aláberé “disease that is contacted through injection”
15. àisàn oníròbà “disease that is covered with condom”
16. àisàn adójútini “disease that makes one to be stigmatized”
17. àisàn àjẹsára “disease of the immune system”
18. àisàn àìgbésé okun ara “disease that renders immune system ineffective” (YMPD)

19. àisàn arẹkun “a new form of gonorrhoea”
(figurative)
20. àisàn gbajúmò tuntun system (figurative)”
“new disease of the celebrity”
(literal)
21. àisàn asekúpani “a killer disease”

1. Àisàn ilú nílá: This term localizes the disease to the urban areas alone. To the rural populace, once they don't leave their locality they are immuned from the disease and there is tendency of seeing people leaving in the urban areas as potential carriers. This is ignorance. In their study, Lawal and Akinmoladun, (2000) report that HIV/AIDS has penetrated deep into the rural areas of the country which are usually excluded in most studies on HIV/AIDS prevalence.

2. Àisàn-kò-gbòògùn. A major feature of the early prevention strategy of HIV/AIDS in Nigeria and other parts of the world in the 1980's was the use of scare tactics. AIDS was presented to the public as a disease to be greatly feared as there was no cure for it, that no cure can ever be found to it and that HIV positive people only have a couple of years to live. As a matter of fact, crosses and human skulls and skeletal images were common symbols of anti-HIV/AIDS campaigns (Talbot, 1993: 12). The use of the term àisàn-kò-gbòògùn reflects the early HIV/AIDS intervention period and has stuck. It is common to hear some people praying for others as follows:

*Àisàn tí kò gbòògùn kò ní se ọ, kò ní se ọmọ rẹ.
May you and your household never be afflicted with an
incurable disease.*

The use of the word creates tension in the mind of the carrier. When one is infected the next thing to expect is death. The use of the word reduces the dream of carriers to rubbles. According to Egbokhare (2004:14):

àisàn-kò-gbòògùn emphasizes the fatality of AIDS and assumes that it cannot be managed. At the same time, we are trying to educate people not to stigmatize those living with AIDS even though we have already sentenced them as condemned and beyond help.

3. Èèdì: Èdì in Yoruba is a charm that casts spell on an individual. Such a person behaves contrary to reason. The use of the word to describe HIV/AIDS implies that carriers are under some strange hypnotic condition engineered by a certain person or a god. So when such condition is reversed through some spiritual means the carrier becomes healed.

4. Àisàn máarù-máagbẹ: The use of the word to describe HIV/AIDS implies that once one is HIV positive, he begins to be gradually and progressively emaciated. This is ignorance. One can be emaciated due to some other health condition or psychological state. It is only at the advanced stage of the infection that carriers become noticeable emaciated.

5. Èèdì: It is Yoruba phonological adaptation of AIDS. It is a synonym for other names HIV/AIDS is called.

6. Kòkòrò èjè: The use of the word to described HIV/AIDS reduces it to ordinary infection of the blood caused by fungi or bacteria.

7. Mágùn òyìnbó: “Mágùn” is a Yoruba charm that is placed on a woman secretly as a nemesis for her secret lover. Mágùn Òyìnbó therefore, is a metaphor for an imported white man’s charm that is secretly placed on a woman to kill her secret lover. The implication of the use of the word to describe HIV/AIDS is that HIV/AIDS is an exotic disease that can be acquired for a fee or free of charge by a jealous husband to kill his wife’s concubine and that only a randy man dies of HIV/AIDS. Mágùn òyìnbó is reflection of the skepticism and misconception people have had about HIV/AIDS since it was officially reported in Nigeria. Some people even call it American Invention to Discourage Sex (Olubuyide, 1995:5; Otufodunrin, 2007:15).

8. Àisàn-ìbálòpò: Amusa (2010), reporting NACA’s (2004) report, says the key mode of transmission of the disease in Nigeria is sexual intercourse: oral, anal, vaginal sex and men having sex with men (MSM). It constitutes about 80 % of the HIV/AIDS cases in Nigeria. The use of the term àisàn ìbálòpò reduced the contact point of the disease to only sexual intercourse. In other words, to be free from the disease, one has to abstain from sexual intercourse and those who are not living with HIV/AIDS are those who have been living a celibate life.

9. Pàsán àgbèrè: The use of the term pàsán àgbèrè to describe HIV/AIDS is judgemental and reduces the disease to spiritual ailment that is not accessible to scientific enquiry and cure. The term implies that God uses the disease to punish a randy and once he has mended his ways, because God is a God of infinite mercies, He forgives such a randy and heals him of the disease. To be free from the scourge one should not keep illicit sexual affairs.

10. Àisàn fakọ-saya/fabo-sọkọ (Gay/lesbian disease): The use of the term to describe HIV/AIDS in Yorùbá probably takes its root from the historical source of the disease. However by the conservative nature of much of the cultures that make up Nigeria, the act of men having sexual intercourse with men or women having sexual intercourse with women is actually an aberration. This cultural mindset receives a big support from faith-based organizations. To the Muslims, homosexuality contravenes the shariah penal code. Christians describe the act as unbiblical. For instance, the former Primate of the Anglican Church in Nigeria, Most Rev. Peter Akinola, describes AIDS as follows:

HIV/AIDS is God’s judgement on a sinful world in the area of promiscuity, adultery, homosexuality and fornication...
(*The Glitterati* 2 Dec. 2007, p. 45)

So, when a person is infected or affected by HIV/AIDS, the conservative assumption would be that such a person could have committed a culturally sanctioned and religiously abhorred act. The carrier is consequently despised and stigmatized either as a desecrater of African values, a pagan or an infidel.

11. Àrùn ọ̀lómọ̀ge/omidan: The use of the term to describe HIV/AIDS is feminizing the disease. The term is chauvinistic, biased and restrictive. It suggests that women and young ladies only bear the brunt of the epidemic and that the man, especially, is naturally immune against the disease. Describing HIV/AIDS as àrùn ọ̀lómọ̀ge/omidan is ignorance and misinformation although in terms of sexual distributions, the female has preponderance of HIV in both urban and rural areas of Nigeria (FMoH, 2005, pp. 17-30). The continued use of the term could make men to seek to violate younger girls in the belief that they are not infected.

12. Àisàn oníròbà: One of the ways that have been emphasized by which sexual transmission of HIV/AIDS can be prevented in Nigeria is through the promotion of appropriate use of condoms. However, the use of the term àisàn oníròbà suggests that some people are still ignorant of the protective value of condom against the HIV and other venereal diseases. So, when a man carries or buys it there is tendency for him to be looked at with the second eye as an HIV positive person who is just being considerate not to transfer the disease to his spouse or lover. The use of this word to describe HIV/AIDS only suggests that it is men that are the potential carriers of HIV.

13. Àisàn gbàjámọ̀: Certainly one of the means by which one can contact the disease is through the use of unsterilized scissors or blade at hair crop shops. Again this is just one of the channels of contacting HIV virus.

14. Àisàn aláberé: Again, one can contact HIV virus if one is given an injection with unsterilized needle. The fear that HIV/AIDS is only contacted through injection made one of my interviewees to decline to take her child to a nearby clinic for medication. The woman replied in Yorùbá as follows:

Ọ̀gá, kò rí bẹ̀ẹ̀, mo mọ ohun tí ó n se é. Bí mo bá ti sin ní gbéré rẹ̀, tí mo sì fun ní àgbo, ara rẹ̀ yòò balẹ̀. Gbígbe ọmọ lọ sí hosipítù ní àkókò yìi léwu nítorí àrùn tuntun tí wọn sọ pé wọn le ti ara abéré gbígba kó.

I know the nature of his sickness and its cure. I would do incision on his body and prepare herb concoction for him and he would get well. Taking children to clinic for medication is dangerous nowadays because of the new disease that we are told can be contacted through injection.

This is ironic. The same woman who is running away from the hospital for the fear that her child would be given injection that contains HIV virus is the same woman who prefers to do incision on the child's body with absolute ignorance of the safety status of the incision tool.

15. Àisàn adójútini: The term emphasizes the stigma associated with the HIV/AIDS, the people living with it and their family. The use of the term àisàn adójútini is a reflection of the way people living with HIV/AIDS are discriminated against, deserted, disposed, and treated like unwelcome strangers even by their immediate family members and subjected to an unimaginable dept of inhuman treatment. A recent case was that of a lady in Iseyin, Oyo State, Nigeria. The

lady was abandoned in a dilapidated building by her people for fear of being infected by the virus. The father says:

She is my daughter. We were helpless when she was infected with the virus. I was told that the disease is contagious and in a bid to stop its spread, we decided to put her in that dilapidated building (The Guardian, Nov. 3, 2008, p. 17).

Another person living with the disease recounted her ordeal the day her family got to know her HIV status. She says: “That day was terrible and I blamed myself for bringing the family name into disrepute” (*Nigeria Tribune*, 26 May, 2008, p.4) Referring to HIV/AIDS as àisàn adójútini seems to prevent people from voluntarily subjecting themselves to HIV/AIDS testing. The Yorùbá would say:

Bí etí kò gbó yìnkìn inú kù bàjé
Information you are ignorant of does not make
you unhappy

This maxim explains the observation of the President of the Association for Reproductive and Family Health (ARFH) at a dissemination workshop on a study to assess the effect of peer education on the use of Voluntary Counselling and Testing (VCT) for HIV among young persons in Ibadan carried out by a team of researchers. According to him, the rate at which people respond to free HIV testing is abysmally low (*Nigerian Tribune*, Feb. 14, 2008, p. 15).

16. **Àisàn àjẹsára:** The term is a compositional form of the Yorùbá translation of the operational definition of HIV in English. The representation is objective exhaustive, explicit, and emotion neutral. The term describes the disease as the disease of the immune system.

17. **Àisàn àìgbésé okun ara:** Okun ara is a synonym for àjẹsára in Yorùbá. The term is a description of the pathological disorder of the disease in the body: namely, the inability of the body immune system to resist infections.

18. **Àisàn arẹkun:** The term is a shortened form of àisàn àìgbésé okun ara.

19. **Àisàn gbajúmò tuntun:** Gonorrhoea is figuratively referred to as “àisàn gbajúmò” in Yorùbá. To refer to HIV/AIDS as a new form of gonorrhoea is reducing its contact point to sexual intercourse alone. Again, it implies that the poor would never fall victim of the disease since it is a new disease of the celebrity.

20. **Àisàn asekúpani:** Development of human civilization has witnessed several pandemics such as Justinian Plague, Black Death, Influenza, Bubonic Plague, Smallpox, Cholera, Ebola, Malaria, Typhus, Yellow Fever, Measles, Polio, Tuberculosis, Dengue Fever (McNeill, 1997; Charles-Edward, 1967) that have claimed several millions of people’s lives before medical solutions were found to them, and are still claiming lives - if immediate medical attention is not sought. HIV/AIDS is another of such diseases. The use of the term àisàn asekúpani for HIV/AIDS in Yorùbá seems to be restrictive; it emphasises the fatality of the disease and forecloses the

possibility of finding any cure to it. This fires up stigmatization- the greatest challenge facing HIV/AIDS intervention today. Although no cure has yet been found for HIV/AIDS, there have been medical facilities for managing it. Idigbe (2006:10) reports that about 80% of the cost of such treatment is paid by the government and the remaining 20% paid by the patient. In essence, HIV/AIDS is no longer a “death sentence”.

Yorùbá Terms for HIV/AIDS and Canons of Terminology

The ways the HIV/AIDS is represented in Yorùbá are inadequate. They seem to suggest that some speakers of Yorùbá are aware of the existence of the disease, possibly because of the massive campaigns and advertisements as observed by the NACA boss (*The Guardian*, Feb. 11, 2008, p.4) but are ill informed or are ignorant of the disease’s modes of transmission, treatment and prevention as evidenced by the several names given to the disease. Again, some of the names and expressions used to refer to HIV/AIDS nakedly emphasise stigmatization. In this section we shall evaluate these terms against the canons of term formation to determine which of these terms are appropriate to be retained.

Canons of Term Formation

Localizing new terms in a target language is guided by certain canons (Awóbùlúyí, 2008:189-192; Owolabi & Kola, 2004:404; Owolabi & Kola, 2006:5). Some of these canons considered basic to this work are the following: felicity, exhaustiveness, economy, and explicitness.

Felicity: A new term is said to satisfy this canon if it vividly captures the general meaning, purpose, intention or description of the concepts depicted by the source term. This condition according to Owolabi (2004:404) takes precedence over the other principles.

Exhaustiveness: A new term in a target language should be able to account for all the regularities and characteristics of the source term.

Economy: By this condition, a new term that is short and can be easily memorized and used is preferred to a long and clumsy one.

Explicitness: A new term in a target language should be perfectly clear in meaning, leaving no room for vagueness, implication or ambiguity.

Evaluation of HIV/AIDS Terms in Yorùbá against the Canons of Terminology

HIV/AIDS Term	Felicity	Exhaustiveness	Economy	Explicitness
àisàn ilú nlá	–	–	+	–
àisàn kò-gbòògùn	–	–	+	–
èèdi	–	–	+	–
àisàn máarù-máagbẹ	–	–	+	–
Éédì	+	+	+	+
kòkòrò èjẹ	–	–	+	–
mágùn Òyìnbó	–	–	+	–
àisàn ibálòpò	–	–	+	–

pàsán àgbèrè	–	–	+	–
àisàn ifabo-sọkọ	–	–	+	–
àisàn ifakọ-saya	–	–	+	–
àrùn ọlómọge/omidan	–	–	+	–
àisàn onígbàjámò	–	–	+	–
àisàn alábéré	–	–	+	–
àisàn oníróbà	–	–	+	–
àisàn adójútini	–	–	+	–
àisàn àjẹsára	+	+	+	+
àisàn àìgbésé okun ara	+	+	+	+
àisàn arẹkun	+	+	+	+
àisàn gbajúmò tuntun	–	–	+	–
àisàn asekúpani	-	-	+	-

Key: ‘+’ indicates occurrence
‘-’ indicates non-occurrence

From the table presented above, *éèdi*, *àisàn àjẹsára*, *àisàn àìgbésé okun ara*, *àisàn arẹkun* satisfy the requirements of the canons of term formulation and could be retained in making reference to AIDS as synonyms, while *kòkòrò àrùn éèdi*, *kòkòrò àrùn àjẹsára* and *arẹkun* could be used to describe HIV. However, for reason of economy, *àisàn arẹkun* could be preferred to *àisàn àìgbésé okun ara*. Again, the use of *éèdi* should be discouraged because of its initial association with stigmatization.

Conclusion

This study has shown that the massive campaigns and advertisements on HIV/AIDS seem not to be yielding good results especially among the local speakers of Yoruba. This is evident in the way some of the people describe or name HIV/AIDS. Some of the names are grossly inadequate as they do not capture the general meaning, purpose, intention or description of HIV/AIDS. Again, some of the names reflect ignorance of the disease and its characteristics and encourage stigmatization. This work attempted to evaluate the available HIV/AIDS names in Yorùbá against the canons of term formation and found the terms *kòkòrò àrùn éèdi*, *kòkòrò àrùn àjẹsára*, and *arẹkun*; *àisàn arẹku* and *àisàn àjẹsára* appropriate for describing HIV/AIDS. The terms are emotion neutral, not suggestive of stigmatization and explicit.

Finally, to successfully use Yorùbá to campaign against HIV/AIDS involves the use of appropriate linguistic resource. Such expressions, phrases and words that inject fears into the psyche of the people and other such that are plain misinformation and loaded with undertone of stigma as shown in this work should be discontinued. This is justified. According to UNAIDS (2008), language shapes beliefs and may influence behaviours. Considered use of appropriate language has the power to strengthen response to HIV/AIDS.

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