

## NIGERIA: AN ETHICAL RESPONSE

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### ***Abstract***

*This paper argues that stigmatization of HIV/AIDS patients in Nigeria remains an ethical problem. The HIV and AIDS have remained incurable ailment of which their impacts are of local and global dimensions. Millions of people are the carriers of the HIV/AIDS or actual sufferers. These people face a life threatening situation owing to the complications associated with such medical conditions. Worse still, the HIV/AIDS remains an incurable disease despite its management and/or some palliative measures. In all of these, there is also the problem of stigmatization in the society and even cuts across all boards, even among some caregivers. Against this backdrop, the paper examines the HIV/AIDS, the status of the patients, the stigmatization and the factors leading to the stigmatization, the effects of the stigmatization, and their ethical implications/response. This study's findings indicate a sphere of secrecy both on the part of the patients, their caregivers and their family relations. The secrecy occurs as a result of the stigmatization – thereby robbing them of their fundamental rights and privileges in the society. This trend has become a recurrent decimal with its ethical implications for the Nigerian society. The research approaches the subject from an ethical perspective. In its data collection and analysis, the work applies a phenomenological framework to the discussion. In the end, the paper makes a number of recommendations aimed at discouraging stigmatization of the HIV/AIDS patients in order to preserve their dignity, rights and privileges in the Nigerian society and elsewhere.*

**Keywords: HIV/AIDS Patients, Stigmatization, Healthcare, Human Dignity, Ethics.**

Introduction

The human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) remain incurable ill-health conditions in the world. The HIV/AIDS patients suffer excruciatingly despite extant medical and scientific efforts made to palliate the deadly situation in Nigeria and elsewhere. An HIV patient is a person who has tested positive for the AIDS virus. The AIDS was first recognized in the American continent in the 1980s among some groups of homosexuals diagnosed with a strange virus that aggravated with such symptoms as weight loss, weak immunity, and sores. Nonetheless, the cause of such conditions was not discovered until between 1983 and 1984 when a group of independent researchers in the United States of America (USA) and France labeled it as a retrovirus phenomenon.

Ever since the discovery of HIV/AIDS, the world has been disquieted by its ravaging health tragedy and millions of persons are carriers or sufferers of the disease. The HIV/AIDS status occurs when persons undergo the require test in hospitals or other medical centres. The knowledge of one's status has become a medical norm so as to comply with certain health standards in the society. The World Health Organization (WHO) has guidelines, regulations and procedures of which member states of the United Nations (UN) are expected to observe and also apply to their health institutions with respect to the HIV/AIDS patients, caregivers and the society. The Nigerian Ministry of Health (NMH), through its ministries, departments and agencies (MDAs) attends to the medical conditions of HIV/AIDS in the country. The NMH and MDAs sensitise the populace on the deadly nature of the HIV/AIDS and encourage everyone to embrace a

lifestyle that dispels the chances of contacting the disease. These notwithstanding, the stigmatization of the HIV/AIDS patients in the country has remained a daunting task for the NMH and MDAs.

The HIV/AIDS involves multiple epidemics and this has created a phobia among the citizenry who for safety reasons resort to inauthentic pattern of outlook and also fixation of uninformed mindset in denigration of the patients' rights in the society. This paper investigates the nature of these negative reactions and their influence on the patients and the society at large; their causes and effects are responsible for the continued culture of stigmatization in the country. No doubt, the stigmatization of the HIV/AIDS patients by the members of the society remains an ethical problem in Nigeria. The problem is a multifaceted one capable of jeopardizing the management of the disease, violating the human rights, creating fear of victimization and encouraging ignorant-based silence among the members of the society.

This study is designed to examine the above issues from an ethical perspective in order to apply the required tools and theoretical frameworks to the problem of HIV/AIDS stigmatization in Nigeria and establish a response in concert with ethics of illness and its treatment. The work applies a phenomenological framework and also depends on strict logical syllogism rather than statistical formulae in data collection, analysis, discussion and assessment. In the end, the paper makes a number of recommendations aimed at discouraging stigmatization of the HIV/AIDS patients in order to preserve their

dignity, rights and privileges as human persons endowed with the image and likeness of God in the Nigerian society and elsewhere.

### **The HIV, AIDS and HIV/AIDS Patient: An Overview**

The HIV is a contraction for the human immunodeficiency virus; the 'human' here implies that the virus affects only the human beings; the 'immunodeficiency' suggests that the virus leads to the malfunctioning of the human health system; and the 'virus' portrays it as one of the miniature foreign bodies (germ) that causes the disease. The HIV is located mainly in bodily fluids such as blood, sexual fluids (semen/secretions) and breast milk. These fluids have discharge or exchange chances during sexual relationship, sharing of infested sharp objects, during transfusion, during pregnancy/delivery, or even during management of health condition.

More on, some health and medical experts argue that the virus is traceable to other forms of human secretions such as saliva, sweat, blisters, urine, vomit – though there is no evidence of transmitting the virus through any of the already mentioned. In their findings, the HIV is present only in negligible quantity; hence, they cannot transmit the virus via those means (Achal, 2008: 15). A person infected with the HIV is only an HIV-carrier who has no symptoms of the disease but has the capacity to spread the virus to the other people. It means that the HIV-carrier does not imply being an AIDS patient. An HIV-carrier becomes sickly when the infection manifests in a multi-proportional breakdown of human system thereby leading to the actual AIDS status.

The AIDS means acquired immunodeficiency syndrome. The word 'acquired' suggests that the ailment is not inherited but obtained from an HIV-infected person(s); 'immune' as used here refers to the bodily defence system that fights against all kinds of diseases in human beings; and for the word 'syndrome', indicates the multifaceted nature of the disease accompanying the HIV blight. The AIDS remains a serious health condition which has incapacitated many people in the society thereby creating social, economic, moral and morale problems for humanity. There are up to one hundred million AIDS patients across the continents of the world.

Furthermore, an HIV/AIDS patient is a human person who has been infected with the HIV (HIV-carrier) or is already suffering from the complications of the fully developed symptoms of the virus. The AIDS patient is classified as an AIDS-sufferer because he/she is already experiencing life-threatening complications ranging from the breakdown of the immune system to the actual instalment death process. Nonetheless, the AIDS-sufferer can manage the situation by using the palliatives especially the anti-retroviral drugs and other supplements.

### **Discussion: The Stigmatization of HIV/AIDS Patients in Nigeria**

The discovery of the HIV/AIDS phenomenon has taken its tolls on the quality and the quality of human civilization. This trend, no doubt, has many implications for the human species in the annals

of medical discipline. The UN through its health agency, the AIDS/WHO, has shown that over the past 25 years, nearly 25 million people have died of AIDS/HIV. It means that people die of AIDS/HIV on an average of 1 million per annum. This is a worrisome development. Of all the deaths, the 2007 WHO report cited that Sub-Sahara Africa has the highest rate per mortality while Nigeria has its own shares of the whole unfortunate situation. The Nigerian Ministry of Health (NMH) in its 2009 report showed that as at 2008, about 4.6% of Nigerians were living with the virus while heterosexual sex accounted for the main route of the HIV/AIDS in the country. Worse still, the NMH is dealing with the problem of stigmatization of the HIV/AIDS patients in the country. This problem is an affront to different interventions initiated by the public and private agencies in reducing to the barest minimum the HIV/AIDS plague in the nation. A discrimination of persons with HIV/AIDS is prevalent in the different strata of the society and this is manifested in the various local names given to the disease that suggest a curse, a sudden death or even a tag of caste on the part of the patients. For Nwanna (2005: 2), stigma and discrimination remain a problem in actual definition of the HIV/AIDS in the country and the trend continues unabated.

Properly understood, stigmatization, according to Goffman (1963: 3) is “an attribute that is deeply discrediting within a particular social interaction that reduces the bearer from a whole and usual person to a tainted, discounted one”. It means that a stigmatized HIV/AIDS patient is a social process that marginalized

and labeled them as sub-humans because of their medical status or condition. These HIV/AIDS patients in Nigeria suffer disgrace, ridicule, violence, exclusion and inequality in the public or private space and time. These reduce the victim's worth in the public or private domain (Nwagwu, 2004). Gleaned from this study's field data, the HIV/AIDS patients in Nigeria suffer a lot of discrimination and are also stigmatized in their homes and in the public institutions. One does not even consider the ethical implications of the violation of their medial confidentiality in the hands of caregivers. These patients suffer in silence and are left to the mercy of the few that consider them as fellow human beings.

### **Factors Leading to Stigmatization of HIV/AIDS Patients**

This paper identifies a) the African worldview, b) superstition/ignorance, c) misinterpretation of the Christian pedagogy, and d) misconception/prejudice as some of the factors leading to the stigmatization of the HIV/AIDS patients in the Nigerian society. These factors are discussed here in their order of enumeration.

#### **The African worldview**

The African continent has been adjudged as one of the oldest in the world, including its people and civilization. It is a continent noted for its time-honoured contribution to the global development and sustainability. However, the African people are also known for some pattern of life that negates the principle of science with respect to health, healthcare or Medicare. This continent has its pool of the

persons living with the HIV and AIDS (PLWHA) or simply, the HIV-carriers and the AIDS patients. Africans especially Nigerians believe that there is a direct link between illness, suffering and sin. The HIV/AIDS patients are thus perceived as people replete with immorality and their ill conditions become signs of God's punishment for their promiscuous lifestyles. This outlook permeates the layers of the society that one does not look elsewhere that is untainted by the worldview.

Whether one lives in the rural area or the urban city, there is the problem of seeing the HIV/AIDS patients as people who are already condemned to death; people whose future is not assured because of their immoral antecedents and thus the retributive justice. For many Nigerians, the HIV/AIDS is the climax of all diseases, the condition of no return and the stage of bidding farewell to the living since they are already consigned to the land of the 'dead'. This attitude leads many away from showing sympathy or empathy to the HIV/AIDS patients. In a word, an average Nigerian may not even contemplate of sharing anything with those patients, let alone the actual deed of being in their company. Unfortunately, this view negates the ethic of humanity and those of human medical conditions.

### **Superstition/Ignorance**

Superstition, as a concept, deals with a belief that is not based on human reason nor proven by the scientific knowledge, that events may be influenced by one's mode of thought or vision in a magical or mystical way. Ignorance, on the other hand, is the



condition of being uninformed or uneducated; it is also a lack of knowledge or information. Superstition/ignorance among the populace remains one of the factors propelling the stigmatization of the HIV/AIDS patients in Nigeria.

Most people consider the HIV/AIDS in Nigeria as a plague beyond the medical competence owing to its assumed or presumed connection with the spiritual malevolent intervention in the affairs of men and women in the society, especially for the HIV/AIDS victims. Among the Igbo, the HIV/AIDS is described as “Obiri n'aja ocha” (Death-bound sickness); for the Yoruba, it is referred to as “Arun jejere” (Virus disease); and, for the Hausa, “Kyrya garkuwa” (Weakened body sickness). The names associated with the sickness in the country are superstitious portraying the HIV/AIDS patients as persons carrying the death sentence with little or no chances for survival. For Agbo (2011: 11) and Orji (2005: 23), the people living with the disease also compound their woes by hiding and at the same time being sexually active in their environment.

Again, ignorance pushes some of the people into seeing the HIV/AIDS patients as sub-human persons who need not enjoy any rights in the society. This thinking engenders a social profiling in an attempt to forestall being affected by the virus. The different radio or television jingles prove the point that many people are ignorant about the HIV/AIDS especially what it stands for on one hand, and mean of contacting it, on the other hand. For some men and women, shaking hands or sharing of meals is a scary social interaction that should be avoided at all cost.

### **Misinterpretation of the Christian Pedagogy**

Christian religion teaches that humans are God's special beings especially for allowing them partake in his image and likeness. The same pedagogy sees human suffering as an opportunity for the people to share in the passion of Jesus Christ. Nonetheless, some Christians misinterpret the teaching and associate disease and suffering with sin; some compare the HIV/AIDS patients with their counterparts in the Biblical narrative of the Sodom and Gomorrah, insisting that HIV/AIDS is a God's punishment for the immoral members of the society. In this connection, Smith (2004: 430) submits that the discourse on the HIV/AIDS in the country is perceived as God-sent scourge as a deterrent to the irreligious and the immoral in the society. This position is purely against the Christian teachings on health and wholeness of life. More so, Ugwueye (2004: 84) in reference to some Biblical citations especially in the Letter to the Hebrews, 1 Samuel, Jeremiah and Ezekiel, makes a case for the justification of the presence of the HIV/AIDS as examples of God's anger for the unjust in the society. These and other misinterpretations of the Christian teachings contribute to the stigmatization of the HIV/AIDS in Nigeria.

### **Misconception/Prejudice**

Misconception/prejudice refers to a mistaken belief or a wrong idea about an event or a reality; whereas prejudice, on the other hand, means a judgment or opinion formed beforehand or without knowledge of the facts about the situation.

Misconception/prejudice causes stigmatization of the HIV/AIDS patients in Nigeria. This pattern of life is not limited to the present period; even during the time of Jesus Christ, some thought that sickness was a direct consequence of sin. Take for an instance, the healing of the blind man in John (9: 1-3), the disciples inquired if the blind man was a victim of the parent's sinful ways. Also, some people are prejudiced about the actuality of the disease; some, out of jealousy or hatred jump to the conclusion that HIV/AIDS patients were wicked and unrepentant fellows in the society.

### **The Effects of Stigmatization on HIV/AIDS Patients**

The effects of stigmatization of HIV/AIDS patients are enormous and they affect the individual, the family members and the society at large. On the part of the individual, stigmatization leads to identity crises, isolation, loneliness, low self-esteem and indifference to management of the illness (Monjok, Smesny and Essien, 2009). The HIV/AIDS patients suffer emotional stress and depression. There is also a mood associated with guilt and shame. They live as hopeless people without hope or future since their condition is dependent on the other person's mercy or acceptability in the society. These patients suffer timidity especially in the open spaces to avoid being cajoled or being put on the spot as social castes. Properly analyzed, such individuals withdraw to their inner-self and resist palliative, counselling or pastoral care giving (Nwanna, 2005). It is a fact that the stigmatization leads the HIV/AIDS patients into patronizing quacks all in the name of

The family members, for the fear of stigma or discrimination, can conceal the status of their loved ones plagued by the HIV/AIDS or those who died as a result of the disease. Again, the same stigma could force some mothers in exposing their babies to HIV by resorting to breast feeding instead of the alternative methods – all in attempt to hide their HIV/AIDS status. There are other malpractices done by family members in protecting their loved ones from stigmatization.

The society is not shielded from the effects of stigmatization of the HIV/AIDS patients in Nigeria. Having been stigmatized by the public, some new victims of the virus conceal their status and live in ways that others wellbeing is compromised. Instances abound where the HIV-carriers or the AIDS-sufferers through deceit contracted marriages or even been involved in rape or other actions that compromised the health of their victims. Conversely, some members of the society have equally violated the fundamental rights of the HIV/AIDS patients in the country. For such people, the HIV/AIDS patients should not be seen the public for any reason. In their wild thought or imagination, the HIV-carriers or the AIDS-sufferers are home-bound forever. This scenario has robbed many HIV/AIDS patients of social, economic, pastoral and political opportunities. No doubt, such situation makes the public the first enemy of these HIV/AIDS patients who feel alienated from the social fabrics of their society.

### **An Ethical Response: The Stigmatization of HIV/AIDS**

## **Patients in Nigeria**

The above discussion has indicated an ethical problem with respect to the stigmatization of the HIV/AIDS patients in Nigeria. The findings are appalling and the inhumane treatment of those patients smacks of hatred and illegality. Sickness is part of the human nature and it should not be seen as a punishment from God; anyone could be sick and such illness might be minor or major one. Disease remains an amoral phenomenon and lacks the inherent worth to be analyzed as being good or evil. It follows therefore that any sick person deserves sympathy and love in order to have a sense of belonging as well as being entitled to his/her rights and privileges in the society.

Being ethical beings, all people, including the HIV/AIDS patients, ought to be judged by their intentions and deeds which flow from their constituencies as moral and spiritual beings capable of having good/evil intention and also doing the right/wrong thing in life. These patients ought to be judged on the merit of the quality of their human acts and not merely on the nature of their medical conditions. For anyone to stigmatize the sick persons on the grounds of their ailment shows a pattern of conduct to be examined by mental health experts. Stigmatization of the sick is an indication of conflict of values.

The stigmatization of the HIV/AIDS patients in the country and elsewhere raises the question of conscience. Factually, conscience is “a moral faculty which helps humanity to achieve sustainable development. To arrive at individual or communal

good, everyone ought to act in good freedom of conscience” (Onyiloha, 2016: 782). Anyone who discriminates or stigmatizes the sick draws attention to the freedom of conscience and its limitations. For anyone to ridicule the other person on the grounds of sickness is an indication of the abuse of the freedom of conscience. When this happens, the abuser or the unjust aggressor negates the principle that conscience “governs someone's thought and action, urging the person to do right rather than wrong” (Onyiloha, 2016: 783). One can argue that whoever stigmatizes the sick is suffering from bad or uncertain conscience. For such persons, the formation of good conscience becomes their immediate path to moral wholeness. According to Onyiloha (2017: 77), “When one's conscience was not well formed using requisite moral, ethical and religious standards, there are chances of having people with lax or scrupulous conscience.” In connection with this, John Paul II (1995: 95, 96) insists that the “first step is forming consciences in regard to the inviolable worth of human life and establishing the connection between life and freedom.” There should be no tolerance for any breach of the public order based on actions attributable to an erroneous conscience. It means that “men and women in exercising their freedom of rights to conscience ought to respect the laws and customs that bring about a peaceful coexistence in the society. Mutual respect and tolerance are germane to the freedom of conscience” (Onyiloha, 2016: 787).

The violation of the rights of any citizen remains a negation of the autonomy and worth of the victim. Everyone enjoys

inalienable rights in the society and those rights ought to be protected by the state. The rights of the HIV/AIDS patients in the country have been violated on countless number of occasions by their compatriots who have taken laws into their hands for the wrong cause of action. The state through its appropriate agencies should apply the extant laws by prosecuting such individuals or group of persons who stigmatize the sick in the country. For Peschke (1996: 196), “society has the right to defend itself against dangerous outgrowths of these errors, the simple reason being that error cannot be claim the same right as the truth.” Even as stated, there would be no meaningful benchmark in this regard until the concerned governmental or non-governmental agencies do the right thing.

More so, the sick in the country should play proactive roles in preserving and protecting their rights and privileges through legitimate means of redressing their woeful situation. Here, the HIV/AIDS patients should form a common front by uniting themselves under an organization. This will be of help especially in championing their common good. The patients reserve the right to corporate wellbeing and such a step will empower all the members in seeking legal action against stigmatization or discrimination. These patients ought to be proactive in order to resist unethical and unwholesome practices directed towards their welfare or wellbeing. They should employ all the legal means to protest against stigmatization or discrimination in the country.

The Nigerian government (federal, state, local) should consider the plight of the sick especially the HIV/AIDS patients and

find ways of fighting the scourge of their stigmatization or discrimination. This duty is an ethical one that deserves the deployment of all the governmental apparatus especially the ministry of justice, the law enforcement agencies and other agencies concerned with sensitization of the citizenry on social equality and tolerance in society. These leaders draw their powers in the protection of the vulnerable members of the state from constitutional frameworks and other allied legislations. In this sense, the HIV/AIDS patients in the country enjoy their inviolable rights as citizens whose autonomy and worth as persons ought to be protected and cherished in the state.

Properly considered, sickness or disease exposes the vulnerability and frailty of the human nature; this fact of life calls for sober reflection on the essence, vision and mission of the human persons here on earth and those of the after-life expectations. These are solemn matters that require holistic approach from the Christian perspective of life, sickness and death. Jesus Christ, in the different New Testament's narratives about his encounter with the sick (natural or spiritual), showed love, sympathy and empathy to those that he healed of their infirmities. Instances abound in the New Testament where Jesus Christ had a personal touch with the supposed outcasts of the society because of the type of their diseases; the one example that readily suffices in this conversation was the leper who asked to be touched by Jesus Christ and the latter obliged by touching the leper. Christians and non-Christians, therefore, take their cue from this and go ahead in loving, caring and



- policies) that discourage stigmatization of the sick especially the HIV/AIDS patients in the country. The offenders should be punished and by so doing, serve as a deterrent for others.
- c) The National Assembly should initiate and pass an appropriate bill aimed at establishing a commission or agency to be saddled with the protection of the citizenry plagued by deadly diseases (without prejudice to control measures against epidemics) against stigmatization or discrimination in the country.
  - d) The religious, cultural and other civil organizations should sensitize the public on the need for ethics and values serving as benchmarks in their personal and interpersonal relationships especially the sick and the vulnerable in the society.

### **Conclusion**

From the appraisal of this paper, the stigmatization of the HIV/AIDS patients in Nigeria remains an unethical practice. The HIV/AIDS is a deadly disease but it does not mean that their carriers or sufferers are also deadly persons; there is no link between the debilitating natures of the ailment and their victims. HIV/AIDS patients are human beings whose autonomy, worth, rights and privileges ought to be recognized, respected and acknowledged by the members of the public, at all places and at all times.

The World Health Organization (WHO) has guidelines, regulations and procedures of which member states of the United

praying for the sick in the society instead of stigmatizing or discriminating against the HIV/AIDS in the Nigerian society.

This study also considers the restoration of the nexus between freedom and truth in the private or public domain amongst the different classes of the citizenry. Most often, many people emphasize their rights to freedom of speech, and at the same time, fall short of the acknowledgment of the relationship between freedom and truth. Everyone in the society ought to be truthful in exercising the rights to freedom of speech, and by so doing, bears witness to the requisite demands for authenticity of expression of opinion that is based on altruism and love of the self and the other persons. Onyiloha (2017: 76) argues thus: “Freedom and truth are at the service of love and the good that is to be accomplished by human freedom is precisely the good of the virtues. The virtues in question are those of prudence, justice, fortitude and temperance”. It is in exemplification of such virtues as justice, prudence and temperance that Nigerians should justify their religious orientations especially with respect to the sick in the society.

### **Recommendations**

Having exposed, analyzed and evaluated the present subject matter, this research makes the following recommendations:

- a) That the Ministry of Health should liaise with the appropriate agencies in sensitizing the public on the evils of the stigmatization of the HIV/AIDS in the country and elsewhere.
- b) Government should enforce policies (or formulate

Nations (UN) are expected to observe and also apply to the health institutions with respect to the HIV/AIDS patients, caregivers and the society. The Nigerian Ministry of Health (NMH), through its ministries, departments and agencies (MDAs) attends to the medical conditions of HIV/AIDS in the country. The NMH and MDAs sensitise the populace on the deadly nature of the HIV/AIDS and encourage everyone to embrace a lifestyle that dispels the chances of contacting the disease.

This study has investigates the nature of these negative reactions and their influence on the patients and the society at large; their causes and effects are responsible for the continued culture of stigmatization in the country. No doubt, the stigmatization of the HIV/AIDS patients by the members of the society remains an ethical problem in Nigeria. The problem jeopardises the management of the disease, violates the human rights, creates a fear of victimization and also encourages ignorant-based silence among the members of the society.

This study has examined the above issues from an ethical perspective and has also applied the required ethical tools and theoretical frameworks to the problem of HIV/AIDS stigmatization in Nigeria and established its presence in almost every sector of the national life. At the same time, the research identified the African worldview, superstition/ignorance, misinterpretation of the Christian pedagogy and misconception/prejudice as some of the factors leading to the problem in the country. The emphasis on holistic approach to human suffering, extending sympathy and empathy to the sick, a

restoration of connection between truth and freedom, and imitation of Jesus Christ's attention to the sick, an appropriate punishment for offenders of the stigmatization, and a coalesce group of HIV/AIIDS patients are some of the paper's ethical response to the problem. In the end, the paper has made a number of recommendations aimed at discouraging the stigmatization of the HIV/AIDS patients in order to preserve their dignity, rights and privileges as human persons endowed with the image and likeness of God in the Nigerian society and elsewhere.

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