A Study of Affixation in Selected HIV-AIDS Related Papers Written in English

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ABSTRACT

The paper is an applied linguistic approach towards the understanding of salient information on HIV-AIDS. The study involves gathering of linguistic data in forms of foregrounded lexemes involving affixation from purposively selected twenty-four (24) HIV-AIDS related research papers and other information clips. The study borrowed from a combination of word formation/morphological process theories of item and arrangement (IA) and item and process (IP) as obtained in Quirk and Greenbaum (1973); Quirk, Greenbaum, Leech, and Svartvik (1985) and Blevins (2006). It is the information gathered from the lexical affixation data about HIV-AIDS texts that forms the basis of our analysis and discussion of the meaning, causes, diagnosis, prevention and possible management of HIV-AIDS. Finally, we are able to draw some personal and societal health implications from the information gathered on the viral disease whose cure has eluded a cream of vibrant medical hands the world over.

Key Words: *Linguistics, HIV-AIDS, Lexemes, Causes, Prevention, Therapies*

Introduction

Human immunodeficiency virus (HIV) and anti-immunodeficiency syndrome (AIDS) have become subjects of household discussion. Various media programmes are also geared towards enlightening the populace about the causes and prevention of the pandemic whose cure has eluded the most vibrant cream of medical practitioners the world over. As laymen, as it were, we are able to gather from various sources – programmes on the radio and television, papers from biomedical journals, both on-line and hard copies, newspapers, magazines and conference papers; that HIV and AIDS are complementary terms. While the former is milder and serves as the forerunner of the latter, the latter serves as the culmination of the scourge, revealing deadly syndrome of symptoms or 'opportunistic infections', of which gross emaciation, tuberculosis, body wrinkles and sores are very prominent. HIV-AIDS has got its effect on some individuals, families, and the society at large. Individuals have suffered self defeat and stigmatization from members of their family not to talk of members of the society. Some families are not well catered for as a result of the parents that suffer from the disease or that have eventually died of the scourge. Similarly, it has affected some youths that form the major working force of the nation, thereby affecting drastically the economy of nations, most especially developing nations in Africa.

It follows that the issue of HIV-AIDS, human capacity, health, poverty alleviation and social infrastructures are intertwined. For example, a human being can be incapacitated by HIV-AIDS when his/her health is highly affected so that he/she becomes non-productive. And, if we can have several cases of such; the society is in for it as every socio-economic facet of the society will be drastically affected including the social infrastructures. Without health, there is no wealth; without able bodied men and women that have good health and that can turn the economy of a nation round, there will be no improvement on the economy of such a country.

As a result of this social problem, enlightenment programmes have been mounted on the prevention and causes of the scourge in various schools, churches, mosques and mass media. Individuals, governments, non- governmental and international bodies are not left out in health campaigns, most especially on the causes and prevention of the disease on the one hand and on the need for non-stigmatization of the victims on the other hand. Since the cure or vaccine for the disease has not yet been discovered, people have resigned themselves to serious campaigns on the causes, prevention

and how the disease can be managed through antiretroviral drugs in order to, at least, elongate the lives of the patients. Our goal in this paper, therefore, is basically to linguistically examine affixation process of word formation associated with HIV-AIDS as gathered from a purposively selected 24 texts that are related to the subject. In view of our examination, we intend to highlight the meaning, causes, effect, issue of stigmatization, prevention and probable treatments or therapies required for the disease as gathered from the linguistic data associated with the disease. In addition, the paper will also elucidate some personal health implications of the scourge.

Theoretical Framework

Various theories have been propounded on word formation and inflection in linguistics, which is the scientific study of languages. The oldest of them all is word and paradigm (WP) (Mathews, 1974). It is otherwise called *abstraction theory* that sees the word as having a major part and inflectional parts. The meaning of the word is determined with regard to the base or root of the word. The inflection is then taken to be an abstraction of the root. In other words, the inflection is meaningful only when it is considered with the root or base of the word. It is very workable to account for the morphemes of words in highly inflected languages such as Latin and Greek. Linguists generally have not been using this theory to account for the morphemes in the English language, which is agglutinative, unlike classical languages which are highly inflectional.

The other theories of word formation can be classified as *construction theory*. They are item and arrangement (IA) and item and process (IP) approaches (Hockett, 1947, 1954; Bloch, 1947; Nida, 1948). In item and arrangement, a particular word can be arranged according to the morphemes therein. In addition, there is an attempt on the part of the linguist to determine for each morpheme a phonological realization or morph that can correspond to each of the morphemes so arranged, e.g. *boy+s = boys, child+0= children.*

The third approach is the item and process, in which case the word is arranged into morphemes- root and bound morphemes, while the bound morphemes or affixes serve as process rather than concrete morphemes, e.g. *boy + plural = boys, child + plural = children, man + plural = men, sit + past = sat and sheep + plural = sheep.* However, modern linguists do not see any major difference between abstraction and construction theories which divide into IA, IP and WP (Blevins, 2006). In their argument, the construction theory which polarized into IA and IP serves as 'building blocks' to the abstraction theory. While construction theory is a "top-down" theory, the abstraction theory is a "bottom-up" theory. In other words, the construction theory serves as shorthand for the abstraction theory. Therefore, in a good morphemic analysis, an analyst cannot do without making recourse to the three or two theories/approaches. In this paper, we are going to explicate the key words that are associated with HIV-AIDS with the intention of enlightening people on the meaning, prevention, causes and non-stigmatization issue. Quirk, Greenbaum, Leech and Svartvik (1985), and Quirk and Greenbaum (1973) explicate various word formation processes in English of which the major ones are three: *affixation, conversion and compounding.* The minor processes, on the other hand, are *reduplication, clipping, blending and acronymy.* We are, however, concerned with the affixation process in 24 selected HIV-AIDS related texts, which we consider in this paper.

Affixation, as a word formation process, can be sub-divided into *prefixation and suffixation.* Prefixation is a process that involves the addition of prefixes or bound morphemes to the root or base at the initial parts, e.g. *un + fair = unfair, non + indigene = non-indigene, un + tie = untie, mis + conduct = misconduct.* The sources above enumerate and exemplify various semantic types of prefixation, such as *negative, reversative, pejorative, degree, attitude, locative, time/order, number and conversion prefixes.* Suffixations, unlike prefixes, alter the word class or part of speech to which they are added. They can be classified using the word class newly formed or using the word class of their base or using both. For example, using the word class of the base, we can identify *de-adjectival, denominal, deverbal and deadverbial* suffixes. For clarity sake, we can classify them into *noun to noun, adjective to adjective, verb to noun, adjective to noun, single verb, and noun to adjective suffixes.* Some words to exemplify suffixation are *gangster, piglet, Israelite, Indonesian, driver, happiness, saintly, simplify, popularize, useful, childless and happily.*

Compounds are not like prefixes in that they are units consisting in each case two or more roots, which could be in forms of *subject + verb: sun + rise = sunrise, snake + bite = snakebite; verb + object = sightseeing, air-conditioning; verb + adverb: swimming pool, day dreaming; verbless, e.g. windmill,*

toy factory; bahuvirihi, e.g. paperback, block head and adjectival compounds, e.g. breathtaking, law abiding.

Conversion, as a process of word formation, does not involve the use of suffixes, yet words are converted from a certain part of speech to the other, e.g. from *verb to noun, adjective to noun, etc, e.g. drive (verb) +0 = drive (noun), walk (verb) +0 = walk (noun), doubt (verb) +0=doubt (noun), daily (adjective) +0=daily (noun), calm (adjective) +0=calm(verb), bottle (noun)+ 0 = bottle (verb).*

Minor processes of word formation involves *reduplicative, e.g. tick-tock, wishy-washy etc., clippings, e.g. phone from telephone, flu from influenza etc, blends, e.g. brunch* from *breakfast and lunch*, *smog* from *smoke and fog*, etc. *Acronyms* are of two types: those pronounced as words or lexicalizations, e.g. *UNESCO, WHO,* and those pronounced as sequences of letters or initializations, e.g. *COD, UN, OAU, and TV.*

It is of great importance to discuss the above metalanguage of word formation or morphology. It is our assumption in this study that we might have similar processes of word formation in the language of HIV-AIDS that we are presently studying. However, it is not our intention to consider inflectional morphemes such as those of past tense, plural, comparatives, and superlatives unless they are significant in the task ahead. In order to be able to do a systematic identification and meaning analysis of the formation of words in the language of HIV-AIDS, we have adopted the eclectic approach as in Quirk and Greenbaum (1973) and Quirk et al. (1985). This is because the sources have combined various approaches (IA and IP, abstraction and construction) in the study of word formation. They even employed semantic explanation and this has made their approach reader-friendly and extremely informative for a critical linguistic study of the subject which is our preoccupation in this paper.

Research Methodology

The research methodology involves thorough reading of purposively selected twenty-four (24) research papers and other literature associated with HIV-AIDS; its meaning, prevention, causes, diagnosis, effect, treatment and therapies. It also borders on the identification of information carrying words that can shed some light on the various aspects of the subjects enumerated above. It is as a result of the close examination of these foregrounded lexical items in forms of *affixation* identified in the texts studied that we are able to elicit information on the causes, prevention, treatment, and other therapies for the patients suffering from HIV-AIDS. We have restricted our discussion on HIV-AIDS on the identified affixations for the purpose of this paper. What we have done is just within our professional point of view as a linguist not as a medical practitioner. It is only medical practitioners that can make authoritative pronouncements on the scourge; ours is just a layman submission on HIV-AIDS based on our findings on the literature written by experts that we have read.

Content of Data

Since it is not possible for us to present the voluminous data from which the foregrounded lexemes on HIV-AIDS are picked, we deem it fit to present the summary of the content of each of the text. This will no doubt facilitate people's understanding of the study. The discourses relevant to this study are twenty-four (24) in number and we have tagged them with numbers from (1) to (24) as we make reference to these numbers in our mentions of the foregrounded lexical items.

Text (1) reports the practice of lay-injection as possible cause of HIV- infection among Hispanic migrant farm workers in the USA. The reasons for use of lay-injections among the subjects include cultural beliefs about the superiority of injections over oral forms of medications, perceived irrelevance of a professional diagnostician in prescribing empirical treatment, and a multitude of barriers of access to western medicine. Text (2) investigated attitudes of HIV-infected pregnant women towards the use of AZT. Through the data collected using unstructured interviewing techniques, about 71 of the women revealed negative attitudes towards using the drug. The women viewed the drug as highly toxic, prescribed indiscriminately, inadequately tested in women and humanities, promoted for the wrong reasons and, therefore, inappropriate.

Text (3) develops a conceptual framework for understanding the constitution and role of stigma in community rejection of human services, particularly those associated with homelessness and HIV/AIDS. Three facets of stigma concerning homelessness and HIV/AIDS (non-productivity, danger-

ousness and personal culpability) are offered as a way of understanding the rising tide of community rejection toward human service facilities. Text (4) presents a case study of vulnerable group of migrant underground workers on the South African gold mines and highlights the psychosocial context of HIV transmission in the mining setting. On the assumption that social identities serve as an important influence on people's sexual behaviour, the study examines the way in which miners construct their social identities within the parameters of their particular living and working conditions. It also identifies some of the key narratives used by miners to make sense of their experience in the realms of health, HIV and sexuality. Masculinity emerged as leading narrative in informants' accounts of their working life, health and sexuality; and the paper examines the way in which the construction of masculine identities renders miners particularly vulnerable to HIV.

Text (5) is a critique of a report in the July 2003 issue of *Tropical Doctor* written by Muula and Phiri of an apparent marked rise in the maternal mortality ratio (MMR) in Malawi, Kenya; based on the comparison of two Demographic and Health Surveys (DHS). According to the critique, the apparent effect of HIV-AIDS is also obscuring any evidence that the DHS figures might have provided on the progress being made in the provision of maternity services. In conclusion, the critic observes that for obstetric epidemiologists, one mode of response would be to make efforts to separate direct causes to distinguish the effects of HIV epidemic from that of access to care and of the quality of care. Text (6) reports on the study entitled "HIV/AIDS pandemic and surgical practice in a Nigerian teaching hospital". The objective of the study was to determine the effects of the HIV-AIDS pandemic on the surgical practice in a Nigerian teaching hospital. Sixty five (65) doctors were interviewed, their ages ranged from 26 to 62 years. The majority (35.4%) were in general surgery or obstetrics and gynecology (24.6%). Almost half (47.7%) had operated on known HIV-positive patients and the majority were in support of preoperative HIV-screening.

Text (7) compares the use of whole blood spots (WBS) versus plasma dried spots (PDS) on filter paper to qualify HIV- 1 viral load in fifty-one (51) African patients with HIV-1. It was discovered that dried whole blood stored in filter paper at room temperature shows potential as a field-friendly alternative to plasma for measuring HIV- viral load. Text (8) determines the risk factors associated with sex trade work among young gay and bisexual men. It also aimed at the comparison of HIV prevalence and incidence among men involved and those not involved in sex trade work. Participants had completed a baseline questionnaire which elicited information on demographic information, sexual behaviours and substance use. The study reveals that for male sex trade workers in this setting, increased vulnerability to HIV infection is related to unfavourable living conditions, substance use and sexual risk behaviour.

Text (9) is an overview of the main concerns of amFAR: the Foundation for AIDS Research (2010). It includes how grants can be procured from the foundation in pursuance of research on HIV-AIDS. It also involves general information on the disease, current research findings, prevention, causes, management and the issue of stigmatization. Text (10) is about information on another foundation on HIV-AIDS called AIDS Research Alliance (ARA) (2010). It is a national leader in fast track independent AIDS research seeking to develop a cure for AIDS and developing strategies to prevent new HIV infections. ARA supports its own independent research by leveraging privately raised funds as well as income from clinical trials conducted for pharmaceutical companies.

Text (11) reports the interview granted Dr Rowena Johnson by Dr Mario Stevenson, a PhD graduate of Strathchde, Glasgow; whose primary area of research involves studying how viruses such as HIV cause diseases. As the newly appointed Chair of amFAR's Research and Scientific Advisory Committee, the Scottish scholar spoke about what his priorities are in the foundation. Text (12) further elucidates various research leanings of the Foundation for AIDS Research (amFAR). Since the start of the epidemic, the work of amFAR-funded researchers has made possible many significant advances in HIV prevention, treatment and care.

Text (13) contains evidences that fundamental discoveries made in one area of biomedical research often benefit a wide variety of human diseases. AIDS research has been a testing ground, as it were, for new concepts and technologies in drug development, diagnostics and prevention. Some findings have been translatable, yielding new drug therapies for old diseases including cancer and hepatitis. Others will require more time and research before their benefits can be realized broadly. Text (14) discusses the findings about potential roadblocks to HIV-AIDS cure, as there are new sanctuaries in the bodies of patients. This is as a result of viral latency- the ability of HIV to be dormant in a very small number of cells, invisible to the immune system and resistant to the effects of antiretroviral drugs. Dr Suzanne Crowe of the Burnet Institute in Melbourne, Australia; in collaboration with two amFAR fel-

lows Dr Yu-Lin Chiu and Secondo Sonza recently identified the source for the persistence of HIV in latent reservoirs during active anti-retroviral therapy (HAART).

Text (15) reports researches on two key areas of AIDS research: vaccine development and new HIV therapeutics. At the Scripps Research Institute in California, amFar fellows Dr. Rosa Cardoso and Florence Brunnel tackled the problem of vaccine potency. Dr. Hendrik Huthoff, at King's College, London School of Medicine investigated the HIV accessory protein (Vif), a promising target for new drug development. Finally, Dr. Jacqueline Reeves, formerly an amFar fellow at the University of Pennsylvania and now at Monogram Biosciences in San Francisco investigated targets for the newest class of anti-HIV drugs, the co-receptor antagonists.

Text (16) reports a research conducted by McPhee, an amFar grantee on the case of a certain group of people that failed to get infected with the HIV-virus despite frequent viral exposure, or become infected yet showing little damage to their immune systems despite years or even decades of infection and taking no antiretroviral treatment. Text (17) presents the goals of amFAR as regards the prevention of new HIV-infections. The goal is to avert new HIV infections whenever and however they occur. Recent epidemiological data from the Centre for Disease Control and Prevention (CDCP) suggest that HIV incidence may in fact be increasing in the US among men who have sex with men, minorities and young people.

Text (18) reports efforts of biomedical scientists in procuring treatment and cure for HIV-AIDS. One of the greatest successes in HIV/AIDS research so far has been the development of treatments that have lengthenened the lives of people living with HIV. Progress made since the earliest days of antiretroviral therapy, when AZT extended lives by only a couple of months, means that today, a patient can expect to survive for thirteen additional years on the average. This is possible through sophisticated highly active antiretroviral therapy (HAART). Text (19) is a review of the textbook: *Sexual Behaviour and AIDS in the Developing World*, edited by Cleland and Ferry (1995). It provides a wealth of data and information, not hitherto available about HIV-AIDS related behaviours in several developing countries. The book is specifically focused on heterosexual behaviours and partner relation, and on those attitudes, beliefs and behavioural changes relevant to an understanding of the incidence, prevalence and possible control of further spread of HIV-AIDS.

Text (20) is tagged a non-governmental organization support tool-kit. It contains an 'ABCD' of setting up a local non-governmental organization on HIV-AIDS. Other items in the tool-kit are centred on strategic planning, partner and project selection, technical support, monitoring, evaluation and institutional change. Text (21) is about the Jerusalem Aids Project (JAIP) advertised by United Nations Body on AIDS (UNAID). The Jerusalem AIDS Project is an Israeli HIV/AIDS- focused, non-profit organization based in Jerusalem. It is leading national (Israel) regional (Middle East) and International HIV/AIDS prevention efforts on young people, including university students, non-formal education and men and women in uniform. JAIP has over 18 years of experience in development, implementation and evaluation of school based, community based and youth oriented HIV/AIDS programs.

Text (22) is based on AIDS Awareness Group (AAG), a non-governmental organization based in New Delhi, India. The work of AAG is all ramifying. Its mission is to contribute towards minimizing human suffering in the field of AIDS/ sexually transmitted illnesses (STI), domestic violence through awareness programs, treatment and counselling, issues of human rights violations through advocacy and free legal aid.

Text (23) is a news clip about Pathfinder International, an NGO situated in Kenya, East Africa since 1969. Its preoccupation is to help people suffering from HIV-AIDS and their family. It has trained 100,000 community health workers to perform these functions, having realized shortage of health workers in Kenya. In late 2006, Pathfinder International was awarded a five year USAID-funded project, AIDS Population and Health Integrated Assistance Program (APHIA) and will be responsible for delivering assistance to and contributing to the development of two densely populated provinces in Kenya: Nairobi and Central Provinces. Text (24) is a list of various therapies that can elongate the lives of people suffering from HIV-AIDS. These therapies range from various kinds of nutrition supplements and psychosocial measures. Before we proceed from here, we need to state that we have conveniently numbered each of the lexical items identified for meaning and education on HIV-AIDS according to the text in which each of them appears.

Data Analysis and Discussion

Our task in this section will centre on seven pivots through which information on HIV-AIDS can be presented. The seven pivots are those of *meaning, causes, diagnosis*, *prevention, effects, treatment/therapies* and *stigmatization.* In each of the segment of discussion, we shall analyse and discuss the affixation and meaning of the lexical data relevant to HIV-AIDS in the selected texts.

Meaning

The meaning of HIV-AIDS can be understood through the analysis of the affixation in following five words (5) forming 55.5% of the lexical items that associate with the meaning of the disease in the texts examined. They are as follows:

Bio/medical (1) (prefix + root)   epidemi/ology (2) (root + suffix)

> *Virol/ogy (15) (root + suffix) bioscience (15) (prefix + root)*

> *Masculini/ty (3) (root + suffix)*

The knowledge about HIV-AIDS is associated with the above lexical terms. For example, the word *biomedical* implies that it has to do with *biology* and *medicine*, so information can be obtained through the two disciplines of biology, which is the study of both animals and plant; and medicine, which is the science of how to prevent, treat and cure a disease. The word *epidemiology* is derived from the word *epidemics*, a kind of disease spreading rapidly among many people in the same place at a particular time. The study of such a kind of disease is called *epidemiology*. It implies that much about HIV-AIDS can be obtained from epidemiologists, those who study epidemics. The term *virology* is the study of virus and virus diseases. A virus is any of the poisonous elements smaller than bacteria, causing the spread of infectious diseases. HIV-AIDS, therefore, is a virus disease. Another lexical term considered is *bioscience,* which refers to biological science which is the study of animals and plants. The affix *bio-* in *bioscience* means two (study of animals and plants) as it is a short form for biological science. The last term under affixation is *masculinity* which is derived from *masculine*. The earliest discovery made about HIV-AIDS was amongst the homosexual men. So, it was erroneously believed to be a masculine disease but now, the disease can be contracted from male and female hosts. So, the disease is presently both homosexually and heterosexually transmitted.

Causes

We can classify some lexemes under mother to child transmission of HIV-AIDS. The lexemes that are extracted under affixation as being foregrounded for the causes of HIV-AIDS are *migrancy (3), sexuality (3), susceptibility, prostitution (7)* and *infection (14).* These five lexical affixations form 9.4% of the total number of words that have to do with the causes of the disease. If somebody having HIV-AIDS moves from one place to the other ('migrancy' or migration), s/he can infect the people in the new place with the virus s/he already possessed in his/her blood. Also, people that engage in indiscriminate sexual behaviour are *susceptible* to HIV-AIDS or can be infected with the disease through their *prostitution*.

Diagnosis

The lexical items under affixation that are associated with the diagnosis of HIV-AIDS are associated with the diagnosis of HIV-AIDS are *diagnostician, diagnosis, and genotyping*. The three lexical affixations form thirteen percent (13%) of the words associated with the diagnosis of the disease as recorded in this study. A diagnostician is an expert who can carry out an investigation (diagnosis) on the presence of a particular disease-causing organism such as HIV. Genotyping refers to categorizing a person into genotype group that s/he belongs, e.g. AA, SS, AS, CC and AC. All these are also associated with one's blood group but they do not mean the same thing.

Prevention

The affixation lexemes that have to do with the prevention of HIV-AIDS number up to four (4), forming 22.2% of the lexemes recorded in respect of the prevention of the disease in this study. They are *antibodies (2), antiviral (1), immunology (14)* and *inhibitor (15). Antibody* means a kind of preventive material that is in the body of human beings that is capable of fighting back a kind of disease that may attack a person. *Antiviral* implies something that can kill or prevent virus while *immunology* is the state

of one's immunity to a certain kind of disease. Lastly, *inhibitor* is something that prevents something else.

Effects

There are three lexical items that can be explored under affixation that have to do with the effect of HIV-AIDS on individuals, families and the society, e.g. *seriousness (root + suffix)*. It is no mincing word that the disease is a *serious* death trap. Other effects are associated with the side effects of the anti-retroviral drugs used to cure the opportunistic infections associated HIV-AIDS. They are *toxity* (root + suffix) (that the drug is toxic) and *co-receptors (prefix + root + suffix)* with reference to the nervous system of the body.

Treatment

The lexical affixation items of treatment/therapies are six (6), namely vitamins (1), antibiotics (1), therapeutics (14) suppressed (14) microbicide (15) and multivitamins (24). While some of them are mere therapies such as vitamins, and multivitamins in forms of food supplements; others are anti-retroviral drugs in forms of microbicide and antibiotics which can suppress the opportunistic infections of HIV-AIDS.

Stigmatization

The issue of stigmatization can be discussed under group and individual stigmatization. A particular person suffering from a communicable disease can be stigmatized and a group suffering from a particular infectious disease, e.g. leprosy and HIV-AIDS can be ostracized from the normal society. Most of the lexemes of stigmatization are associated with the second set and this implies that a group of people can be ostracized from the society as a result of their disease.

The words formed through the process of affixation that are foregrounded for stigmatization of HIV-AIDS patients are *disenfranchised (prefix + prefix + root +suffix +suffix) (1), stigmatization (root + suffix +suffix) (3) racialization (root + suffix +suffix +suffix) (3) and acceptability (root + suffix + suffix)* (3). Those that are stigmatized are not '*acceptable*' in the community. They have been *'disenfranchised'*, *'stigmatized' and 'racialized'*.

Health Implications

Most of the countries in the world have developing economies. This implies that they are not fully developed in terms of the provision for social infrastructures such as good roads, bridges, pipe-borne water, electricity, education and good health facilities. It follows that these countries need ample resources from able bodied educated human beings to develop their fatherland. However, the presence of HIV-AIDS scourge is a menace and cog in the wheel of national development with regard to socio-economic outlook of these countries.

The most important antidote, with regard to HIV-AIDS in this wise, is prevention, which is better than cure. Individuals should avoid indiscriminate sex and stick to their spouses. People should, as well, avoid strictly unsterilized needles and sharp objects that can get in contact with another person's blood. In addition, people should also avoid the use of already used razor blades, barber's instruments such as clippers and nail cutters that are unsterilized. Lastly, families of patients that need blood transfusion should always insist that the blood to be transfused should be properly screened and free from HIV before use.

HIV-AIDS is a big challenge to the lives of people in all nations of the world, most especially in Africa. Individuals need to go for HIV- test. If the result is negative, one should prevent various avenues of contracting the disease. If the result is positive, one needs to visit HIV-AIDS clinic for advice. One should also use antiretroviral drugs that will reduce symptoms or 'opportunistic infections' of HIV-AIDS, as prescribed by physicians. Apart from the fact that antiretroviral drugs will lessen the opportunistic infections, it will elongate the lives of patients. With the proper use of anti-retroviral drugs, a patient can stay for ten to fifteen years after being tested positive. People that are HIV-negative need not stigmatize the patients suffering from the disease. This is because one cannot contract the disease by merely hugging, eating together, shaking hands or through mosquito bites. Finally, the governments of all nations should, as a matter of fact, provide necessary social amenities such as pipe

borne water, electricity, qualitative education, good roads, employment opportunities and good health facilities for the masses because the disease is associated with poverty and squalor. Equally, they should assist people living with HIV-AIDS by providing free health facilities for the treatment of the disease just like the case of tuberculosis (TB). They should as well be active in educating people on the prevention of the disease and non-stigmatization of the patients with regard to the basic necessities of life, gainful employment inclusive.

Conclusion

We have in this paper done a morphological/word formation analysis of foregrounded lexical items in the forms of *affixation* identified in the selected twenty-four (24) HIV-AIDS texts. We have further analysed and discussed the lexemes under various classifications that have to do with the scourge: *prevention, meaning, diagnosis, effect, treatment/therapies and stigmatization*. In addition, we are able to generate some personal and community health implications from the analysis and discussion of the data collected. Finally, we give enlightenments on how the presence of the pandemic can be lessened through proper education.

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