

On the Development of HIV/AIDS terminologies in Edo Language

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Abstract

In recent times there has been a spate of interest in developing terminology in various languages across all fields. Scholars' assessments of available HIV/AIDS terminology resources indicate that many languages need to be covered (e.g. Kolawale, 2010; Igboanusi, 2017). This work focuses on the development of HIV/AIDS terminologies in Edo language and its aim is to encourage the usage of HIV/AIDS terms in local languages in coinage of HIV/AIDS awareness messages for proper communication. This work was carried out within the framework of socio-terminology, which describes language in practice rather than language as regulated by experts and norms and addresses the knowledge and culture within which language exists. The data utilized in this paper were collected through interviews from the Edo language speakers in Benin metropolis, which comprises of five Local Government Areas (LGAs), namely: Egor, Ikpoba-Okha, Oredo, Ovia North-East, and Ovia South-west in Edo State, Nigeria. In this paper, HIV/AIDS designation in Edo language, were given an equivalent English translation. They were later explained based on the views of the interviewee and evaluated through the canons of terminology formation to show if these names in the Edo language are suitable names to be used in HIV/AIDS campaign messages generally (both indoor and outdoor). following the four principles of word formation (felicity, exhaustiveness, economy and explicitness) proposed by (Owolabi 2004a) to evaluate the Edo HIV/AIDS terms, the most used word by the people of Benin metropolis to refer to HIV/AIDS is *ùígiéágbè* which means something that cannot be killed with its implicit meaning as "incurable disease." This word has a stigmatising influence, but it will make a better impact to the society if used in the coinage of HIV/AIDS campaigns since the people are already aware of the word. Though the other terms can equally be used in campaign as a support since they are all Edo terms which have relation with the peoples' language. This is in line with guidelines for socio-terminology, where the primary aim is to match what is said to what is done in the daily life of speakers. This paper would serve as a reference paper for pedagogy and clinical matters.

Keywords: Socio-terminology, HIV/AIDS terminology, canons of terms, Edo language

1. Introduction

Language is an extraordinary human endowment which defines human's humanity, that is, it makes man specific. It is used as an instrument of communication as well as development in all spheres of life. Despite the global nature of English, and the educationally favourable language policies in many countries toward it, Nigeria has effectively understood the necessity of using both national and all the minority indigenous languages on its radio and television

announcements and special programmes, especially on health and political issues (Amuseghan, 2008). The recognition of these languages in Nigeria enable all the linguistic groups to participate in national development. In other words, one could say that language and communication have been identified as indispensable instruments of achieving national aims, goals, objectives and development (Amuseghan, 2007). Crystal (1987:35) conceptualises language as having, perhaps, “magical and mystical” and “unique role in capturing the breath of human thought and endeavour.” There is no doubt that language and thought are related. Such relationship clearly shows that language is the vehicle for thought and for understanding. The progressively worse health condition in Africa has increased the need for health information that the people can understand. The issue of proper communication for appropriate and adequate information on health centres on language, which harbours terminologies of various discipline including health.

The standardization of terminologies has always been the perquisite of experts in terminology. This deals exclusively with technolects. In this context, the principles, method and vocabularies drawn up by terminologists are not always suitable for the speakers' in the communities that are heterogeneous. However, this situation does not lend itself to permitting mutual understanding between these linguistic communities. For a proper standardization of terms to take place, Socio--terminologist need to be involved. This is because socio-terminology help in the linking of localization, which facilitates communication between different socio-professional groups. At this juncture, it studies terminologies, placing them within the social context where the concepts appear, defined and named. It unites the specialized concepts with a community of speakers. In this way, socio-terminology enables terminological practices to be adapted to the target languages and linguistic communities addressed by the linguistic work.

Thus, practical guidelines for socio-terminology is an attempt to match what is said and what is done in the daily life of speakers. It is in this context that this paper would be established for creation of rightful terms that can enhance HIV/AIDS campaigns in Benin metropolis. However, various scholars have assessed HIV/AIDS terms in some languages, such as, Yoruba, Hausa and Igbo having known the importance of local terms in health communication (see. Kolawole, 2010; Igboanusi, 2017). The recommended need for such study in other indigenous languages triggered this study.

2. Important of Language and Communication in Health Matters

The importance of language for proper communication in health matters cannot be overlooked especial in sub-Sahara Africa region. According to Djite (2008:109):

Many more information packages will need to be put out in order to raise awareness, spread information and educate the masses on various critical issues such as condom use, counselling, mother-to-child transmission of diseases, and treatment and care. Whilst no one would want to suggest that finding a balanced solution to the language situation will solve all the health problems in sub-Saharan Africa, the importance of such communication and information dissemination as a primary health care intervention tool cannot be overstated.

For the use of local languages in primary health care for communication to yield proper information, language may not be the only and final solution to solving health problems. But it is very vital because of the difficulty in understanding medical speech. “Medical speech is already difficult to understand, even when communicating with medical staff in the same language. So packaging medical information in a supposedly ‘simple (European) language’ that the patients do not understand, as is still done in many countries, can only further frustrate the best intentions in the world, and continue the wastage of scarce resources” (Djite, 2008:110). For him, the use of foreign language in primary health care in Africa where local languages are supposed to be used is a waste of resources. This point is supported by Cameron and Williams (1997:419) thus:

Although we may think that the primary tools of medicine are technological, the most fundamental tool, upon which all use of technology depends, is that of language. Language allows patients and care-providers to make their intentions known, a crucial step in the process of identifying a problem investigating how long it has existed, exploring what meaning this problem may have, and setting in action a treatment strategy. Thus, if problems in linguistic encoding interfere with this process, there may be important consequences.

It is important to note that language enables the care-providers and the patients to interact effectively, thereby arriving at solutions to health problems. For instance, as Djite explains, in situation of crisis, for example experiencing great pain and suffering, patients often resort to the language they are most fluent in, usually their mother tongues or the regional lingua franca, and not to a European language which they struggle to speak under normal circumstances. This is predominantly true for the elderly patients from the rural areas and particularly women, when the health pertains to private parts and intimate behaviour, since they are illiterate in European languages.

Djite (2008) also emphasised the complexity of disseminating information which is varied, long and tedious process; whereby only a small proportion of the patient population in Africa can read in European languages or/and local language. Thus, getting simple information written in such language is very difficult. It is also very obvious that most people in Africa only depend on word-of-mouth messages from community development workers, if there are critical health issues. On the other hand, adequate information which entails effective communication is a two-way process, which includes:

- i) Doctor or patient interaction,
- ii) Dissemination of health-related information to the patient population.

In order for people to understand health-oriented information, the processes should not be subjected to a one-way process. This is because the populace must understand what the real message is all about, if they are to adhere to it. In this sense, written documents must be put together in educational videos and all health-related information on the radio as well as television in both European and indigenous languages. This must be beyond satisfying the self-esteem of those who put such materials together but focus on achieving much in terms of making a difference for the target populace. As Djite (2008:110) has pointed out, “communication itself is

a tool of empowerment.” Language is a key component in the delivery of health services, such as therapy, drug prescription, health information and education (Pugh, 1996; Drenna, 1998; Ainsworth-Vaughn, 2001; Youdelman and Perkins, 2002). Ong et al., (1995:903) assert that, “while sophisticated techniques may be used for medical diagnosis and treatment, inter-personal communication is the primary tool by which the physician and patient exchange information.” This means that the non-existence of a common language can lead to misinformation, which often affects or worsens the health condition of the populace irrespective of the sophisticated equipment. Djite (2008: 111) argues that “a wrong diagnosis or prognosis, caused by language gap, can lead to a misunderstanding of symptoms and inappropriate prescription or surgery, all of which can have major negative outcomes.” Negative outcomes because of language gaps are the rules rather than the exception in the health care systems of Africa. Also, most services in Africa are run in European languages officially. This implies that the majority of the African people are totally denied access to essential and adequate health services on the account of their inability to speak a European language. Abioye (2011) who examined discourse pattern of nurses and mothers at some child welfare clinics (CWCs) in south-western Nigeria pointed out in his study that communication is primary to effective health care in Nigeria. He also observes that, while both parties were willing to cooperate in order to achieve their main goal, language was a major barrier. “Communication whether in English, the mother-tongue or the “father tongue” is crucial and, in this case, effective, educative and entertaining” (Abioye, 2011:71). He argues that, in order to cope with short-staffing, literacy and education constraints, resorting to indigenous Yoruba discourse patterns and discourse modalities is a viable option in pursuit of the goals of the primary health care (PHC). Other Nigeria languages, apart from one’s first language, should be incorporated into the curriculum for nurses, and that these languages should be selected from Nigerian major languages: Hausa, Yoruba and Igbo, as well as some other languages, like Bini, Efik, Igala, Efik, and Urhobo. He suggests the adoption of the National Policy on Education, Section 3, and No. 4 (p. 13), which reads: “Government will see to it that the medium of instruction in the primary school is initially the mother-tongue or the language of the immediate community and, at a later stage, English.” Abioye’s (2011) study is also useful to this research because it argues on the point that Nigerian indigenous languages should be added to the curriculum of nurses to improve health care management in hospitals, which is in line with this study that advocates that outdoor HIV/AIDS messages be coined in indigenous languages to enhance information. The submission of the above studies is that language is very important in the dissemination of information in the health sector. Proper treatment is given when health personnel have good interaction with their patients. There will be creation of awareness to the people as well. This issue of the use of local language in health management is part of the focus of this study. Djite (2008) avers that the Heads of State and Government of the African Union make resolutions pertaining to health which often neglect local language but wish to be implemented depending on European languages. At the end, the policies never work out for the good of the targeted population.

3. The Role of language in HIV/AIDS Messages in Nigeria

The writing of HIV/AIDS messages depends primarily on language. Thus, the role of language to the development of the health sector in Nigeria cannot be overlooked, especially in the management of this disease. This means that the writers of HIV/AIDS messages should utilise local languages and NP in writing messages fully, not sparely or only in English. It is a

well-known fact that NP performs several roles in Nigeria today, in the media, on radio and television for adverts, drama, and request programmes, among others. NP is also used in films and other creative writing, newspapers, and so on (Igboanusi and Peter, 2005). Just like NP, local languages are also used for several roles too in Nigeria. For instance, the use of the national languages, Hausa, Igbo and Yoruba, is beginning to gain ground in recent times to facilitate communication in the delivery of health services. These languages are also used in radio and television in drama and film to convey information about reproductive health issues, family planning as well as prevention of HIV and sexually transmitted diseases. But other languages are not used like the three national languages. This is a problem in management of HIV/AIDS in Nigeria. For instance, it is usually very difficult to counsel a client who only understands his or her Indigenous language in English except interpreters are employed. Recent researches have shown that the campaigns against HIV/AIDS are declining and the disease is spreading. This argument is in line with Oluwabamide and Jegede (2008: 110) who assert that:

Nigerians tend to be forgetting that HIV/AIDS is still in existence and it is taking lives in large number. Many people are either overtly or covertly returning to their old habits of engaging in indiscriminate and/or casual sex and use of unsterilized sharp objects. It is very unfortunate that the intensity of the campaign against HIV/AIDS, which is supposed to be continually high, since there is still no cure for the disease, is dwindling at a very fast rate. Consequently, many people are still contracting the disease.

According to Oluwabamide and Jegede (2008), in considering the declining intensity of HIV/AIDS awareness campaign, there is also the need to consider the problem of not really reaching the rural majority. Although a lot of money is being invested in the campaign, it is not actually spent on activities which will involve the rural majority. Worse still, the language of disseminating the information on HIV/AIDS is, in most cases, the English language only or the three Nigerian regional languages, Hausa, Igbo and Yoruba. It is obvious that a reasonable percentage of Nigerians are rural dweller and also illiterate. For this reason, the awareness campaigns on HIV/AIDS should be relayed to the entire populace in their own local languages and in the regional lingua franca, NP. These points to the fact that people tend to understand their Indigenous languages better than other languages. However, since the focus on HIV/AIDS awareness campaigns is on the matter of changing the sexual habits of the populace, campaign awareness should be in contexts of their cultures, which encompass the use of the important element of culture cum language. This would help them assimilate the messages and possibly bring about positive behavioural changes. This is because a person's language and culture is much more meaningful to him than other people's languages and cultures. To actualise the role of language in HIV/AIDS campaigns, the government as well as message providers should take account of all the local languages in Nigeria, both the endangered and unendangered languages. This will help the HIV/AIDS message providers take campaigns to all the interior villages in Nigeria. This process should involve competent indigenous speakers and writers to help enlighten the populace on the threat of HIV/AIDS in a face-to-face presentation of the campaign messages. The local languages and the NP should be used in this awareness campaigns. In states within Nigeria where there are many languages that are not standardised, effort should be made

to consult experts in each of the languages to ease the education of the populace on the danger of HIV/AIDS. The role of language in HIV/AIDS campaigns can never be overlooked. That is why printed leaflets containing information on outdoor HIV/AIDS in local languages and NP should be encouraged (Oluwabamide and Jegede, 2008). Thus, information should be made available to the populace with the Nigerian government bearing in mind that health is wealth and development improves with a healthy nation. The designations for HIV/AIDS in the Edo language imply that Edo speakers are well informed of the existence and the devastating nature of the disease, because of the high rate of campaigns and advertisements, as noticed by the NACA boss (*The Guardian*, Feb. 11, 2008, p.4). However, people are not properly informed about the transmission, treatment and prevention of the disease, as shown in the various names given to the disease. In this paper the evaluation of these terms using canons of term formation will be attempted to determine which of these terms are suitable to be taken and used in HIV/AIDS campaigns messages for a better enlightenment. However, we shall first discuss the various principles for terms creation before picking some of these terms for the evaluation of HIV/AIDS terms in the mentioned language.

4. A Discourse on Principles Guiding Creation of New Terms

Terms are the linguistic representations of concepts in terminological research. Unlike what is obtainable in the general language where the arbitrariness of the linguistic sign is fully acceptable, special languages endeavor to make the process of designation systematic, based on certain specified linguistic principles so that terms reflect the concept characteristics they refer to as precisely as possible. UNESCO (2005); Thirumalai, (2003); Bamgbose, (1984); Owolabi, (2004a & b, 2006); Awobuluyi, (2008); ISO/FDIS 704 (1999) proposed some interrelated criteria a term must meet in order to be acceptable. Some of the criteria include the following:

Semantic Transparency: A term is considered transparent when the concept it designates can be inferred, at least partially, without a definition. Making a term transparent, according to ISO/FDIS 704 (1999) involves creating it based on its delimiting characteristics. In other words, when a new term in a target language is not created based on its distinguishing conceptual characteristics and its meaning is not visible in its morphology, such a term is said to have violated semantic transparency condition. A semantically transparent term aids clinical cognition. Put in another words, semantic transparency condition provides for the user's idea and recognition of the target term to be immediate and unambiguous within the domain of intended use and make it possible for the user to easily link or associated the target term with the source term.

Precision: A new term in a target language should be apt in designating the source term for which it is created to designate in meaning, purpose, intention or description.

Redundancy: Redundancy occurs when the presence or absence of a conceptual characteristic does not affect the status or meaning of a term.

Explicitness: A new term in a target language should be perfectly clear in meaning, leaving no room for vagueness, implication, or ambiguity. Put in another words, a new term in a target language violates explicitness condition if it is not descriptively adequate.

Completeness of coverage: A term should be exhaustive in the coverage of its defining characteristics.

Collocability: This means that a new term in the target language should be able to associate with other items or words in that language when and where necessary.

Linguistic economy: UNESCO (2005) refers to this term quality as conciseness. A short term is valuable by virtue of the fact that it can easily be memorized and used. Practically therefore, a short term is preferred when it can express the sense of a long, precise term.

Derivability: A new term in a target language satisfies this requirement if it can generate morphological variants belonging to the same or another syntactic category. In other words, a term that allows derivatives is preferred to the one that does not.

Relation to Subject Field

A source term in a target language should relate to the subject field for which it is being created for use. This quality rules out dependence on the general knowledge of the source language and of the world.

Linguistic correctness: A source term in a target language must conform to the morphological, morph-syntactic, orthography and phonological norms of the target language.

Clinical cognition: Target language user recognition should be immediate and unambiguous within the domain of intended use. A source term in the target language satisfies this requirement if its users can easily link it to or associated it with the source term.

Term uniqueness: Ideally, there should be only one term for a concept. However, in secondary term formation, there could be two or more alternatives that could be used interchangeably for the same source term. For instance, Komolafe (2013: 275-279) shows with copious data synonymic variations in the Yorùbá Metalanguage and advises that users of terminology would have to be consistent in their use of a form in order to prevent ambiguity in communication.

Oddity: A new term in a target language should not be perceived as being odd by the speakers on the scale of decency. In the medical terminology for instance, it is the principle of oddity that prevents reference to human private parts in the internally generated simple equivalents.

5. Theoretical Framework

The theoretical framework adopted for this study is that of socio-terminology. This framework relates terminology to the study of real language usage. Socio-terminologists advocate describing language as it is used, that is, language in practice rather than language as regulated by experts and norms. Thus, the approach to language study is not limited to language itself but also addresses the knowledge and culture within which language exists. The overriding

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considerations for the choice of this approach for this work are the linguistic dimension of the theory of terminology which focuses on the presentation of general linguistic principles of term formation during primary naming of an original concept in a source language and secondary term formation in a target language; the nature of the research which is intended to be reflective of real use of the target language; and the orientation of the research which is unilingual. That is, directed towards development of HIV/AIDS vocabulary in the Edo language alone.

Thus, attempt is made to present names of HIV/AIDS in Edo in this paper. As we are aware in linguistic world, one of the functions of language is that it symbolises the reality of the things in the world through the names given to them; both special and tangible things, either living or non-living, as in the case of a person or an animal as well as ailments, of which HIV/AIDS is not an exception. In this discussion of HIV/AIDS designation in Edo language, an attempt is made to give an equivalent English translation of these names. They are later explained and evaluated through the canons of terminology formation to show if these names in the Edo language are suitable names to be used in HIV/AIDS campaign messages generally (both indoor and outdoor). The data utilised in this paper were collected from key informants who are competent Bini¹ speakers from various Local Government Areas (LGAs), which include: Egor, Ikpoba-Okha, Oreḍo, Ovia North-East, and Ovia South-west in Edo State² of Nigeria. Also, this work is part of Solomon-Etefia (2015), a Ph.D thesis.

1. *Ù í gíé á gbè*
You not let one kill → “incurable disease”
2. *Ò sì ùwú ùdòrì*
It cause death suddenly → “killer disease”
3. *òyà nè ó ké òbó òsà rré*
Suffering that it from hand God come → “spiritual spell”
4. *èmiàmwè rré árò*
Something be eye
Something in the eye → “disease that shows in the eye”
5. *èmiàmwè nè gbè étò*
Something that kill hair → “disease that destroys the hair”
6. *èmiàmwè óré*
Something outside → “urban disease”
7. *èmiàmwè ébò*

¹ Melzian (1937) merely lists the languages of the group by their individual names, using “Bini” for “Edo”, in his famous dictionary of the language, refers to the Edo language as Bini. Following various controversies, which are not relevant here, at a conference which took place at the University of Lagos, it was agreed that the designation *Edo* or *Bini* be used in formal writings to eliminate its confusion with the language group. With this agreement, a speaker of Edo is also known as a Bini speaker.

²Edo State, which her capital is Benin City, is located approximately 25 miles longitude 5.6142558 north of the Benin River and 200 miles by road, latitude 6.4090558 east of Lagos, Nigeria.

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|-----|----------------|------------------------------|---------------------------|
| | Something | Whiteman | → “Whiteman’s disease” |
| 8. | <i>èmiàmwè</i> | <i>ìságièn</i> | |
| | Something | blood | → “disease of the blood” |
| 9. | <i>èmiàmwè</i> | <i>óghè</i> | |
| | Something | venereal | → “venereal disease” |
| 10. | <i>èmiàmwè</i> | <i>ìkpìà</i> | <i>nì lòvbiè ké ìkpìà</i> |
| | Something | of men who have sex with men | → “gay disease” |

Source: Key informant interview (KII) (2013, cf. Solomon-Etefia (2015)

6. Explanation of Terms Accompanied by Interviews

Ùígiéágbè: This word is synonymous with an incurable disease in Edo. The inhabitants of the study area refer to HIV/AIDS as a disease that is actually incurable. This term is traced to one of the Benin warlords who were so powerful that people dreaded him because he could not be killed by anyone. AIDS is compared to this warlord that cannot be killed. When HIV/AIDS came into existence in the 1980s, the major features of the early prevention strategy in Nigeria and other parts of the world was the use of scaring tactics which presented AIDS to the public as a disease without cure (Komolafe, 2010); thus, it needed to be feared since any contract led to death. In fact, skeletal images, human skulls, crosses, and so on were signs and symbols of HIV/AIDS campaigns messages. This made people so afraid that they began to coin various names to describe HIV/AIDS. A key informant averred that:

When this disease AIDS came to Benin, it was like a dream. But when various NGOs started giving messages on it, the messages were fearful. The messages were like war that put fear in people’s heart. No other name to give it than *ùígiéágbè*. Although this is a name given to people as personal name, especially people who have challenges in their birth. (A 60-year-old male civil servant, IDI, Egor LGA, 25-9-13)

This shows that the term *ùígiéágbè* came up as a result of the fear people in Benin developed towards HIV/AIDS when it was first noticed. They actually saw the disease as a killer disease, in this sense; death is the end result when contracted; since it does not have a cure.

Ò sì ùwú ùdòrì: The use of this term in the Edo language relates HIV/AIDS to a killer disease; this name emphasises the end result of the disease and terminates the possibility of finding a cure to the disease. Although people, these days, no longer see HIV/AIDS as a “killer disease,” since it can be managed, most people still see it as a killer disease, especially those who have had one or two death victims in their families. Here is a response from a key informant on this name:

AIDS na sickness whey dey kill person, no cure at all. The sickness killed two of my daughters. No medicine whey I no use; both English and traditional, dem still die. (A 65-year-old woman KII, Ovia N. E. LGA, 15-9-13)

Translation:

AIDS is a type of sickness that kills someone. It is an incurable disease. The sickness killed my two daughters. There is no type of medication that I did not use for them; both orthodox and trado-medical, they still died.

This respondent presented HIV/AIDS as a deadly or killer disease because her two daughters were victims of this disease and they never survived despite all her efforts to manage them with both traditional and orthodox medication.

Òyà nè ó ké òbó òsà rré: This name for HIV/AIDS relates it to a disease that infects a person as a result of wrong done to the gods. Thus, it is specifically referred to as a “punishment from the gods or spiritual spell.” The use of this term to describe AIDS implies that carriers are under a spell. Hence, it is presumed by the people that when such condition is reversed through some spiritual, means the carrier would be healed. One of the key informants notes:

For Benin na now we come know say na AIDS be the sickness wehy dey worry person like that. For Benin tradition even till now if person dey get this kind sickness, na em be sey the person don offend the ancestors. For example, women wey commit adultery or some men wey do wetin family dey forbid, that kind sickness fit catch them. For this person to well he must confess and dem go pray for ram. (A 70-year-old male IDI, Egor LGA, 18-9-13)

Translation:

In Benin, it is now we knew about AIDS as a type of sickness. In the past, this type of disease is linked to ancestral curses. For example, when women commit adultery, they are infected with this type of disease. Another kind of offence that can bring about this type of sickness is when a man commits an abominable offence against his family. In this case, the people involve had to appease the gods, in order to get cured.

This respondent went as far as describing the type of offence that often led to such spiritual spell, such as adultery committed by women and evil committed by men against their family members. According to him, such diseases are only cured through appeasing the gods and not hospital remedies.

Èmiàmwè rré áró: This term describes HIV/AIDS as a disease that appears on the eye. According to McNeill (1997), development of human civilization has seen numerous pandemics, which include Justinian Plague, Black Death, Influenza, bombic plague, smallpox, cholera, Ebola, malaria, typhus, yellow fever, measles, polio tuberculosis and Dengue Fever, that have claimed several millions of lives before medical solutions were found for them and are still claiming lives – if immediate medical attention is not sought (Komolafe, 2010: 161). HIV/AIDS is seen as such kind of chronic disease by the Bini. Just the way those diseases affect the eyes of the carrier is how HIV/AIDS is visible in the eye of HIV/AIDS patients. A key informant asserted that:



This sickness, once a person contracts it and it matures it will show on the person's body especially in the eye of the patient; that is why in this Ogbe quarter it is called **Èmìàmwè rré áró**. (A 55-year-old woman Trader, KII, Orẹdo LGA, 18-8-13)

This respondent described AIDS as every other disease that shows on the patient's eyes. She pointed out that this name was often used in her residence to qualify people living with AIDS. This term contradicts one of the HIV/AIDS adverts, which states that the disease is not visible on the face. The respondent pointed out that such term is used when the disease has got to the matured stage (probably when HIV becomes AIDS).

Èmìàmwè óré: This term describes HIV/AIDS as a disease that is contracted from those in the urban areas. The inhabitants of Benin, precisely the indigenes, believe that this disease came to Benin through those prostitutes who travelled to foreign lands (countries) who had slept with the whites who were carriers of it. They also attributed the arrival of the disease to Benin through those who migrated into Benin from various states or countries. A respondent asserted that:

This sickness was not in Benin before. It was those people who travel out of this state that brought it, especially akaterians who slept with white men and women. (A 57-year-old male KII, Orẹdo LGA, 18-9-13)

The *akaterians*, are referred to those who travelled overseas. Here is another view from a respondent:

In fact, my sister, this AIDS na all those women from other state na em bring am come Benin. For example my brother whey carry am, na when he marry Igbo woman na em he get am. When he dey with yeh first wife he no get am. In fact him and the Igbo woman don die. For hospital, dem tell us seyi na AIDS kill dem. The first wife still dey alive with e children. (A 30-year-old female trader, KII, Egor LGA, 15-9-13)

Translation:

In fact, my sister, this disease called AIDS was not in Benin before. It was brought by strangers who came to live in Benin. My brother who contracted this disease contracted it from the Igbo woman he married. When he was married only to his first wife, he never had it. My brother and his Igbo wife had since died. We the family members were told that it was AID that killed both of them. The first wife and her children are still living.

This informant proved that AIDS came into Benin from other states. He gave an example of his own brother who married an Igbo woman and died as a result of the disease he contracted from the woman. The brother had a first wife (a Benin woman) who was still alive then but her brother and the second wife (Igbo woman) had died long ago.

Èmiàmwè ìságiè̀n: This term describes HIV/AIDS as a disease of the blood. The people of Benin reduce HIV/AIDS to an ordinary infection that is associated with the blood, caused either by fungi or bacteria. The response of one of the key informants is presented below:

zẹ vbe emwi ne I vbe họn, ne a vbe ta, ilele ne ọ vberrọ: vbe ne a ya ru ẹmwẹ HIV nahẹ, vbe ne a vbe ya mu ọnrẹn. Avbe mu vbe a khian vbe gbe eto nia. I a khian gbe eto, a isẹtin mu eklipa mwẹ, a gha ya ẹre gbe eto. De ghe ẹn iadvise rhọrọ ne ivbimwẹ vbe owa, i gha sẹ owa, i vbe gu iran guan we ghe evbe ne uwa khian ya vbe gha khian vbe ore hẹ o, ne uwa hẹn vbe ne uwa khian ya kha khian vbe ore hẹ o, ne uwa ren vbe ne uwa khian yak ha khian he. Èmiàmwè ìságiè̀n nọ (A 60-year-old man farmer, KII, Ovia S.W. LGA, 15-9-13)

Translation

With what I have heard people say about this HIV and on how to contract it, it can be contracted from hair clippers, sex and blood contact. If I have to advise my children, I will tell them to mind how they behave themselves outside, because **it is a blood disease.**

emwẹna ne ima wa lele okhinna ta a, so that, a gha vbe gele do ghe ẹre, vbe ne imẹ vbe ye o, a i miẹ ọmwá ne ọ ma ka ghe vberriọni. Ne emwi na ya sunu ke ederriọ gha de ne a ya do gha ta ẹmwẹ HIV navbeehiana, ọmwádeọghe i feko reduce egbe ẹrẹ, and me na ghi vbegha reduce egbe imẹ (A 60-year-old man farmer, KII, Ovia S.W. LGA, 15-9-13)

Translation:

When one carefully examines this issue, including myself, one finds that there is no one that has never been unfaithful in that regard. Since this issue of HIV came up, each person must learn to be careful.

One of the key informants described HIV/AIDS as a blood disease. Thus, he stressed the need to have and use a personal clipper in barbing salons and also the need to advise children on the use of personal clippers outside and also change their sexual behaviour.

Èmiàmwè óghè: This name associates HIV/AIDS with the disease that is only contracted through sexual intercourse just like every other venereal disease. In other words, those who abstain from sexual intercourse are likely to be free from the disease. Here is the comment of one of our key informants:

All can agree with me that 80% of this pandemic is from sex. For example, in the hospital, people no longer share needles and syringes. But people are still involving themselves in sexual intercourse any how especially the youth. Abstinence from sex can help reduce the spread. (A 41-year-old female teacher, KII, Ovia N. E. LGA, 8-8-13)

This view is in line with Amusa (2010), cited in Komolafe (2010), who avers that the key mode of transmission of HIV/AIDS in Nigeria is sexual intercourse: oral, anal, vaginal sex; and men having sex with men (MSM) constituted about 80% of the HIV/AIDS cases in Nigeria. This respondent emphasized the need for abstinence, especially among the youth, to curb the spread of the disease.

Èmiàmwè ikpià nì lòvbìè ké ikpià: This name describes HIV/AIDS as that disease that often infects men who have sexual intercourse with fellow men. Most inhabitants of the metropolis are aware of the evil act of some rich men who entice young men with money in order to have sexual intercourse with them, which is usually a ritual act. An informant captured this well:

This disease is very common with men who have sex with men, **èmiàmwè ikpià nì lòvbìè ké ikpià**. In this city most rich men have sex with young men and pay them money. Even pastors do it with fellow pastors. We have seen and heard it. Although they say it is a ritual act, well I don't know for them. I think God has used AIDS to punish man. (A 45-year-old male driver, KII, Orẹdo LGA, 8-8-13)

This respondent viewed AIDS as a punishment from God, since homosexuality is associated with the disease. This view is in line with those of the former Primate of the Anglican Church in Nigeria, Most Rev. Peter Akinola, who described AIDS as follows: "HIV/AIDS is God's judgment on a sinful world in the area of promiscuity, adultery, homosexuality and fornication..." (*The Glitterati*, 2 Dec. 2007, p.45). Thus, when a person is infected by HIV/AIDS, the assumption would be that that person has offended God.

Èmiàmwè ébò: This term describes HIV/AIDS as a white man's disease "oyibo disease." This implies that HIV/AIDS is a glamorous disease that is acquired for a fee from white men who pay prostitutes in Benin heavily. An informant averred that:

Europeans are the people spreading HIV/AIDS. The Whiteman comes to Nigeria and sleeps indiscriminately with about three girls at a time without even the use of condom. Because the girls are paid heavily for their sexual services, they don't complain. This is common in Benin these days. Thus, I can assert that AIDS is a Whiteman disease. (A 56-year-old male Engineer, KII, Ikpoba-Okha LGA, 20-9-13)

This informant is of the opinion that HIV/AIDS is a disease contracted from the white men who sleep around with girls in Benin. An informant observed that he was taught in school that HIV/AIDS was an imported disease:

I was taught in school by the health personnel, NGOs and my teachers that AIDS is deadly, and is a white man's disease (*oyibo sickness*) that was not in Benin before now. (A 15-year-old male student, KII, Egor 20-9-13)

This view of HIV/AIDS in Benin can be linked to what some scholars refer to as the American Invention to Discourage Sex (Olubuyide, 1995:5; Otufodunrin, 2007:15).

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On the Development of HIV/AIDS terminologies in Edo Language

7. Evaluation of Edo Terms for HIV/AIDS with Canons of Terminology

For the evaluation of these HIV/AIDS terms in Edo language, the principles emphasised by (Owolabi, 2004a:404; 2006:5; Awobuluyi, 2008:189-192) will be utilised. They are felicity, exhaustiveness, economy and explicitness. These four principles are actually part of general criteria discussed above. The justification for choosing these four for the evaluation in this paper is because they are the first and most widely used principles.

- i) *Felicity*: A new term in a target language could be said to have satisfied this principle if it actually captures the general meaning, purpose, intention or description of the concepts or objects depicted by the source term. This principle takes precedence over the other principles (Owolabi 2004a:404).
- ii) *Exhaustiveness*: A new term in a target language should be able to account for every regularities and characteristics of the source term.
- iii) *Economy*: According to Owolabi (2004a:404), although there are no hard and fast rules about the length of terms, a short new term is to be preferred to a long and clumsy one by virtue of the fact that a short term can be easily memorized and used.
- iv) *Explicitness*: By virtue of this condition, new terms in a target language should be perfectly clear in meaning, leaving no room for vagueness, implication or ambiguity.

Table 1: Application of the principles of terminology to evaluate HIV/AIDS names in Edo

HIV/AIDS Names	Felicity	Exhaustiveness	Economy	Explicitness
Ù í gíé á gbè	+	+	+	+
Ò sí ùwú ùdòrì	-	-	-	-
Òyà nè ó ké òbó òsà rré	-	-	-	-
Èmiàmwè rré áró	-	-	-	-
Èmiàmwè óré	-	-	-	-
Èmiàmwè iságièn	-	-	+	-
Èmiàmwè óghè	-	-	+	-
Èmiàmwè ébò	-	-	-	-
Èmiàmwè ikpià nì lòvbìè ké ikpià	-	-	-	-

Key: (+) indicates occurrence
 (-) indicates non-occurrence

8. Discussion

Following the evaluation in the table above, *ùígiéágbè* satisfies the requirements of the principle of term formation and it is a popular and memorable term known to the inhabitants of the Benin metropolis (by indigenous and non-indigenous), but it cannot be retained in making reference to AIDS as a synonym in HIV/AIDS campaigns messages. This is because *ùígiéágbè* is often associated with stigmatisation from its mean. *èmiàmwè iságièn*, and *èmiàmwè óghè* do not satisfy the principle of term formation, but they can be used to describe HIV. They are preferable for use in messages. On the other hand, the other terms i.e. *Ò sí ùwú ùdòrì*, *Òyà nè ó ké òbó òsà rré*, *Èmiàmwè rré áró*, *Èmiàmwè ébò* and *Èmiàmwè ikpià nì lòvbìè ké ikpià* found on the table are not in conformity with the principle for term formation but they also include names that are used to label HIV/AIDS by the inhabitants of Benin metropolis. Based on the Socioterminologist point of view on the creation of terminology, the various HIV/AIDS terms provided in this paper are

said words in their real form from the Edo indigenes in Edo language. Hence this paper presents the words as words that could possibly be considered as rightful terms for HIV/AIDS usage in various context following their order of evaluation by the guidelines of terminology creation.

9. Conclusion

So far, this paper has attempted a discussion on various HIV/AIDS terms in Edo language. The aim of this research is to encourage the usage of HIV/AIDS terms in local languages in coinage of HIV/AIDS awareness messages for proper communication. These terms used by the inhabitants of Benin metropolis were evaluated following the four principles of word formation (felicity, exhaustiveness, economy and explicitness) proposed by (Owolabi 2004a). Among the terms evaluated, the most used word by the people of Benin metropolis to refer to HIV/AIDS is *ùgíéágbè* which means something that cannot be killed with its implicit mean as “incurable disease.” This word has a stigmatising influence, but it makes a better impact to the society if used in the coinage of HIV/AIDS campaigns since people are already aware of the word. Though the other terms can equally be used in campaign as a support since they are all Edo terms which have relation with the peoples’ language. This is in line with guidelines for socio-terminology, which its primary aim is to match what is said and what is done in the daily life of speakers.

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