

## Combatting Stigma: Essential Steps in Halting HIV Spread

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### ABSTRACT

Stigma remains a formidable obstacle in the global fight against HIV/AIDS, impeding effective prevention, testing, and treatment initiatives. This review article aims to delve into the pivotal role of combatting stigma as a fundamental strategy in mitigating the spread of HIV. By examining the multifaceted nature of stigma and elucidating essential steps to counteract it, this article underscores the urgency and significance of destigmatization efforts in achieving optimal public health outcomes. The review explores various forms of stigma associated with HIV/AIDS, delineates their impact on prevention and treatment, and proposes critical measures such as education, community engagement, policy interventions, healthcare provider training, and media advocacy. Emphasizing the importance of a comprehensive approach, this review underscores the necessity of collaborative efforts to foster a stigma-free environment, ultimately contributing to the cessation of HIV transmission and improved health outcomes for affected populations.

**Keywords:** HIV/AIDS, stigma, HIV prevention, Community engagement, Education campaigns, Healthcare provider training, Media advocacy, Peer support, public health interventions

### INTRODUCTION

Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) remain significant global public health challenges despite decades of concerted efforts to combat the epidemic. While medical advancements have transformed HIV from a once fatal illness to a manageable chronic condition, the persisting stigma surrounding HIV/AIDS continues to thwart comprehensive prevention, testing, and treatment efforts worldwide. Stigma, manifested in various forms, remains a formidable barrier, impeding progress in addressing the HIV/AIDS pandemic [1-10]. This paper aims to elucidate the pivotal role of combatting stigma as a foundational strategy in curbing the spread of HIV. Stigma, often underestimated in its impact,

encompasses social, cultural, and structural prejudices directed towards individuals living with or affected by HIV/AIDS. Such discrimination not only affects the psychological well-being of those directly impacted but also poses significant hindrances to accessing crucial healthcare services and perpetuates the transmission of the virus. Understanding the multifaceted nature of stigma is paramount. Enacted stigma, where individuals face overt discrimination due to their HIV status, coexists with perceived stigma, which stems from internalized beliefs and the fear of societal rejection. Additionally, associative stigma, directed towards individuals or groups perceived to be associated with HIV, contributes to social ostracization and further marginalization [11-

20]. This paper delves into the pervasive impact of stigma on HIV prevention and treatment outcomes. Stigmatization acts as a deterrent to seeking information, testing, and early diagnosis. Fear of discrimination and isolation often leads to delayed or avoided healthcare-seeking behaviors, resulting in increased transmission rates and undermining efforts to curb the epidemic. Recognizing the urgent need for comprehensive strategies to combat stigma, this article will explore essential steps and interventions necessary to mitigate its adverse effects on HIV/AIDS management. Initiatives encompassing education and awareness campaigns, community

### Understanding Stigma in HIV/AIDS Context

Stigma surrounding HIV/AIDS represents a complex and pervasive societal issue deeply entrenched in cultural, social, and structural norms. Its impact extends far beyond the medical realm, affecting individuals, communities, and public health initiatives. To effectively combat this phenomenon, it's imperative to delve into its multifaceted dimensions within the context of HIV/AIDS [32-37]. Enacted stigma, often the most visible form, manifests as discrimination, prejudice, or overt acts of hostility directed at individuals living with HIV/AIDS. This can include verbal abuse, social exclusion, denial of healthcare services, or even violence. Such direct acts of discrimination not only harm individuals' psychological and emotional well-being but also hinder their access to essential healthcare services, creating barriers to testing, treatment, and support [38-48]. Perceived or internalized stigma refers to the negative beliefs, feelings of shame, and fear of discrimination held by individuals living with or affected by HIV/AIDS. This form of stigma can lead to self-isolation, concealing one's HIV status, or avoiding seeking healthcare due to the anticipation of judgment or rejection. This internalized stigma perpetuates feelings of shame, fear, and a sense of unworthiness,

### Impact of Stigma on HIV Prevention and Treatment

Stigma surrounding HIV/AIDS has far-reaching implications on both the prevention and treatment of the disease. It operates as a significant barrier, influencing behaviors, access to healthcare, and overall public health outcomes. Understanding the profound impact of stigma is crucial in formulating effective strategies to mitigate its adverse effects on HIV prevention and treatment efforts [65]. Stigma creates an environment of fear and shame, deterring individuals from seeking HIV testing. Fear of a positive diagnosis and the associated stigma can lead to delayed testing or avoidance of testing altogether. This delay impedes early diagnosis, crucial for timely intervention and preventing further transmission.

engagement and empowerment, policy reforms, healthcare provider training, and media advocacy will be examined in-depth [21-31]. By examining these critical steps, this review endeavors to emphasize the significance of fostering a stigma-free environment conducive to comprehensive HIV/AIDS prevention and treatment strategies. It is imperative to recognize that combatting stigma is not merely an adjunct to HIV/AIDS interventions but a central and indispensable component for halting the transmission of the virus and enhancing the well-being of affected populations.

hindering efforts to seek timely care and support. Associative stigma occurs when individuals or groups are stigmatized due to their perceived association with HIV/AIDS, irrespective of their actual HIV status. This could include sex workers, men who have sex with men, injecting drug users, or communities disproportionately affected by the epidemic. Associative stigma often leads to broader societal discrimination and marginalization, impacting access to education, employment, and healthcare for these groups [49-58].

It's crucial to acknowledge that stigma intersects with other social determinants such as gender, race, sexual orientation, and socioeconomic status. Marginalized populations facing multiple forms of discrimination are disproportionately affected by HIV/AIDS-related stigma. Intersectionality further compounds the challenges they face in accessing healthcare services and support, exacerbating health disparities. By addressing the various dimensions of stigma and their interconnectedness, initiatives can be tailored to mitigate the adverse effects of stigma, fostering an environment where individuals affected by HIV/AIDS feel empowered, supported, and able to access the care they need without fear of discrimination or judgment [59-64].

Stigmatization hampers effective education and awareness campaigns. Misinformation, fear of ostracization, and discriminatory attitudes can undermine efforts to disseminate accurate information about HIV transmission, prevention methods, and risk reduction strategies. Stigma fosters silence and secrecy surrounding HIV/AIDS. Communities affected by stigma may avoid open discussions about sexual health, safer practices, or disclosing their status due to fear of judgment or rejection. This lack of open dialogue impedes the dissemination of vital information necessary for prevention [66].

### Impact on Treatment and Care

Individuals living with HIV/AIDS may face challenges in adhering to treatment regimens due to the fear of disclosure and subsequent stigmatization. Fear of being identified as HIV-positive may lead to non-adherence to medications, resulting in poorer health outcomes and increased risk of transmitting the virus [67]. Stigma creates barriers to accessing healthcare services. Discrimination by healthcare

providers or perceived stigma within healthcare settings can discourage individuals from seeking regular medical care, leading to delayed or inadequate treatment. It leads to social isolation, depression, anxiety, and low self-esteem, affecting mental health and overall well-being. Such psychological stressors can exacerbate health disparities and negatively impact treatment outcomes [68].

### RECOMMENDATIONS

Develop and disseminate accurate, culturally sensitive, and stigma-free information about HIV/AIDS transmission, prevention methods, and treatment options. Tailor messaging to diverse communities to address specific misconceptions and cultural beliefs. Implement comprehensive sexual health education in schools to foster a culture of understanding and acceptance, starting from an early age. This can help dispel myths and reduce stigma associated with HIV/AIDS. Establish community-led support groups and safe spaces for individuals affected by HIV/AIDS. These spaces provide emotional support, reduce isolation, and empower individuals to share experiences without fear of judgment. Empower individuals living with HIV/AIDS to become advocates and educators within their communities. Peer-led initiatives can challenge stigma by fostering empathy and understanding.

Enact and enforce laws that protect the rights of individuals living with HIV/AIDS. Ensure legal frameworks that prevent discrimination in healthcare, employment, housing, education, and other social domains. Implement policies within healthcare settings that emphasize confidentiality, non-discrimination, and culturally competent care for individuals living with HIV/AIDS. Ensure healthcare provider training on stigma reduction. Conduct training programs for healthcare professionals to foster a stigma-free healthcare environment. Equip them with the skills to provide

compassionate, non-judgmental care and support for individuals affected by HIV/AIDS. Offer training to healthcare providers on cultural sensitivity and awareness, enabling them to understand diverse perspectives and provide tailored care that respects individual beliefs and backgrounds. Collaborate with media outlets to promote accurate, stigma-free portrayals of HIV/AIDS. Encourage responsible reporting that challenges stereotypes and fosters understanding within society. Highlight stories of resilience, empowerment, and successful treatment outcomes within affected communities to counter negative stereotypes and inspire hope. Foster partnerships between government agencies, NGOs, healthcare providers, community organizations, and affected individuals to develop comprehensive, multi-sectoral approaches in combating stigma. Support research initiatives to assess the effectiveness of stigma reduction interventions. Evaluate the impact of programs to refine strategies and identify best practices for long-term stigma reduction. Addressing stigma surrounding HIV/AIDS demands a multi-faceted approach that integrates education, community engagement, policy changes, healthcare reforms, media advocacy, and collaborative efforts. By implementing these recommendations, society can create a more inclusive and supportive environment that enables effective HIV prevention, testing, treatment, and care, while reducing the pervasive impact of stigma on affected individuals and communities.

### CONCLUSION

The pervasive impact of stigma on HIV prevention and treatment is profound and multifaceted. Stigma not only impedes prevention efforts by hindering testing and education but also creates significant barriers to accessing care and adhering to treatment regimens. Addressing stigma is critical for creating an environment that fosters open discussions, encourages testing, ensures equitable access to

healthcare, and supports individuals living with HIV/AIDS without fear of discrimination. Efforts to combat stigma are integral to achieving successful HIV prevention and treatment outcomes, emphasizing the need for comprehensive strategies that promote inclusivity, education, and support for affected communities.

### REFERENCES

1. Obeagu EI, Okwuanaso CB, Edoho SH, Obeagu GU. Under-nutrition among HIV-exposed Uninfected Children: A Review of African Perspective. Madonna University journal of Medicine and Health Sciences. 2022;2(3):120-7.
2. Obeagu EI, Alum EU, Obeagu GU. Factors associated with prevalence of HIV among youths: A review of Africa perspective.

- Madonna University journal of Medicine and Health Sciences. 2023;3(1):13-8. <https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/93>.
3. Obeagu EI. A Review of Challenges and Coping Strategies Faced by HIV/AIDS Discordant Couples. Madonna University journal of Medicine and Health Sciences. 2023 ;3(1):7-12. <https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/91>.
  4. Obeagu EI, Obeagu GU. An update on premalignant cervical lesions and cervical cancer screening services among HIV positive women. J Pub Health Nutri. 2023; 6 (2). 2023;141:1-2. [links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf](https://www.iaajournals.org/links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf).
  5. Ezeoru VC, Enweani IB, Ochiabuto O, Nwachukwu AC, Ogbonna US, Obeagu EI. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-9.
  6. Omo-Emmanuel UK, Chinedum OK, Obeagu EI. Evaluation of laboratory logistics management information system in HIV/AIDS comprehensive health facilities in Bayelsa State, Nigeria. Int J Curr Res Med Sci. 2017;3(1): 21-38.DOI: [10.22192/ijcrms.2017.03.01.004](https://www.iaajournals.org/links/10.22192/ijcrms.2017.03.01.004)
  7. Obeagu EI, Obeagu GU, Musiimenta E, Bot YS, Hassan AO. Factors contributing to low utilization of HIV counseling and testing services. Int. J. Curr. Res. Med. Sci. 2023;9(2): 1-5.DOI: [10.22192/ijcrms.2023.09.02.001](https://www.iaajournals.org/links/10.22192/ijcrms.2023.09.02.001)
  8. Obeagu EI, Obeagu GU. An update on survival of people living with HIV in Nigeria. J Pub Health Nutri. 2022; 5 (6). 2022;129. [links/645b4bfcf3512f1cc5885784/An-update-on-survival-of-people-living-with-HIV-in-Nigeria.pdf](https://www.iaajournals.org/links/645b4bfcf3512f1cc5885784/An-update-on-survival-of-people-living-with-HIV-in-Nigeria.pdf).
  9. Offie DC, Obeagu EI, Akueshi C, Njab JE, Ekanem EE, Dike PN, Oguh DN. Facilitators and barriers to retention in HIV care among HIV infected MSM attending Community Health Center Yaba, Lagos Nigeria. Journal of Pharmaceutical Research International. 2021;33(52B):10-9.
  10. Obeagu EI, Ogbonna US, Nwachukwu AC, Ochiabuto O, Enweani IB, Ezeoru VC. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-9.
  11. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng UE, Ikpeme M, Bassey JO, Paul AO. TB Infection Control in TB/HIV Settings in Cross River State, Nigeria: Policy Vs Practice. Journal of Pharmaceutical Research International. 2020;32(22):101-9.
  12. Obeagu EI, Eze VU, Alaebob EA, Ochei KC. Determination of haematocrit level and iron profile study among persons living with HIV in Umuahia, Abia State, Nigeria. J BioInnovation. 2016; 5:464-71. [links/592bb4990f7e9b9979a975cf/DETERMINATION-OF-HAEMATOCRIT-LEVEL-AND-IRON-PROFILE-STUDY-AMONG-PERSONS-LIVING-WITH-HIV-IN-UMUAHIA-ABIA-STATE-NIGERIA.pdf](https://www.iaajournals.org/links/592bb4990f7e9b9979a975cf/DETERMINATION-OF-HAEMATOCRIT-LEVEL-AND-IRON-PROFILE-STUDY-AMONG-PERSONS-LIVING-WITH-HIV-IN-UMUAHIA-ABIA-STATE-NIGERIA.pdf).
  13. Ifeanyi OE, Obeagu GU. The values of prothrombin time among HIV positive patients in FMC owerri. International Journal of Current Microbiology and Applied Sciences. 2015;4(4):911-6. [https://www.academia.edu/download/38320140/Obeagu\\_Emanuel\\_Ifeanyi\\_and\\_Obeagu\\_Getrude\\_Uzoma2.EMMA1.pdf](https://www.academia.edu/download/38320140/Obeagu_Emanuel_Ifeanyi_and_Obeagu_Getrude_Uzoma2.EMMA1.pdf).
  14. Izuchukwu IF, Ozims SJ, Agu GC, Obeagu EI, Onu I, Amah H, Nwosu DC, Nwanjo HU, Edward A, Arunsi MO. Knowledge of preventive measures and management of HIV/AIDS victims among parents in Umuna Orlu community of Imo state Nigeria. Int. J. Adv. Res. Biol. Sci. 2016;3(10): 55-65.DOI; [10.22192/ijarbs.2016.03.10.009](https://www.iaajournals.org/links/10.22192/ijarbs.2016.03.10.009)
  15. Chinedu K, Takim AE, Obeagu EI, Chinazor UD, Eloghosa O, Ojong OE, Odunze U. HIV and TB co-infection among patients who used Directly Observed Treatment Short-course centres in Yenagoa, Nigeria. IOSR J Pharm Biol Sci. 2017;12(4):70-5. [links/5988ab6d0f7e9b6c8539f73d/HIV-and-TB-co-infection-among-patients-who-used-Directly-Observed-Treatment-Short-course-centres-in-Yenagoa-Nigeria.pdf](https://www.iaajournals.org/links/5988ab6d0f7e9b6c8539f73d/HIV-and-TB-co-infection-among-patients-who-used-Directly-Observed-Treatment-Short-course-centres-in-Yenagoa-Nigeria.pdf)
  16. Oloro OH, Oke TO, Obeagu EI. Evaluation of Coagulation Profile Patients with Pulmonary Tuberculosis and Human Immunodeficiency Virus in Owo, Ondo State, Nigeria. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2022;2(3):110-9.
  17. Nwosu DC, Obeagu EI, Nkwocha BC, Nwanna CA, Nwanjo HU, Amadike JN,

- Elendu HN, Ofoedeme CN, Ozims SJ, Nwankpa P. Change in Lipid Peroxidation Marker (MDA) and Non enzymatic Antioxidants (VIT C & E) in HIV Seropositive Children in an Urban Community of Abia State. Nigeria. J. Bio. Innov. 2016;5(1):24-30. [links/5ae735e9a6fdcc5b33eb8d6a/CHANGE-IN-LIPID-PEROXIDATION-MARKER-MDAAND-NON-ENZYMATIC-ANTIOXIDANTS-VIT-C-E-IN-HIV-SEROPOSITIVE-CHILDREN-IN-AN-URBAN-COMMUNITY-OF-ABIA-STATE-NIGERIA.pdf](https://www.iaajournals.org/links/5ae735e9a6fdcc5b33eb8d6a/CHANGE-IN-LIPID-PEROXIDATION-MARKER-MDAAND-NON-ENZYMATIC-ANTIOXIDANTS-VIT-C-E-IN-HIV-SEROPOSITIVE-CHILDREN-IN-AN-URBAN-COMMUNITY-OF-ABIA-STATE-NIGERIA.pdf).
18. Igwe CM, Obeagu IE, Ogbuabor OA. Clinical characteristics of people living with HIV/AIDS on ART in 2014 at tertiary health institutions in Enugu, Nigeria. J Pub Health Nutri. 2022; 5 (6). 2022;130. [links/645a166f5762c95ac3817d32/Clinical-characteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-health-institutions-in-Enugu.pdf](https://www.iaajournals.org/links/645a166f5762c95ac3817d32/Clinical-characteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-health-institutions-in-Enugu.pdf).
  19. Ifeanyi OE, Obeagu GU, Ijeoma FO, Chioma UI. The values of activated partial thromboplastin time (APTT) among HIV positive patients in FMC Owerri. Int J Curr Res Aca Rev. 2015; 3:139-44. [https://www.academia.edu/download/38320159/Obeagu Emmanuel Ifeanyi3 et al.IJCRAR.pdf](https://www.academia.edu/download/38320159/Obeagu_Emanuel_Ifeanyi3_et_al_IJCRAR.pdf).
  20. Obiomah CF, Obeagu EI, Ochei KC, Swem CA, Amachukwu BO. Hematological indices of HIV seropositive subjects in Nnamdi Azikiwe University teaching hospital (NAUTH), Nnewi. Ann Clin Lab Res. 2018;6(1):1-4. [links/5aa2bb17a6fdccd544b7526e/Haematological-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf](https://www.iaajournals.org/links/5aa2bb17a6fdccd544b7526e/Haematological-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf)
  21. Omo-Emmanuel UK, Ochei KC, Osuala EO, Obeagu EI, Onwuasoanya UF. Impact of prevention of mother to child transmission (PMTCT) of HIV on positivity rate in Kafanchan, Nigeria. Int. J. Curr. Res. Med. Sci. 2017;3(2): 28-34.DOI: 10.22192/ijcrms.2017.03.02.005
  22. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. Health Science Reports. 2023;6(8): e1450.
  23. Obeagu EI, Amekpor F, Scott GY. An update of human immunodeficiency virus infection: Bleeding disorders. J Pub Health Nutri. 2023; 6 (1). 2023;139. [links/645b4a6c2edb8e5f094d9bd9/An-update-of-human-immunodeficiency-virus-infection-Bleeding.pdf](https://www.iaajournals.org/links/645b4a6c2edb8e5f094d9bd9/An-update-of-human-immunodeficiency-virus-infection-Bleeding.pdf).
  24. Obeagu EI, Scott GY, Amekpor F, Ofodile AC, Edoho SH, Ahamefula C. Prevention of New Cases of Human Immunodeficiency Virus: Pragmatic Approaches of Saving Life in Developing Countries. Madonna University journal of Medicine and Health Sciences. 2022;2(3):128-34. <https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/86>.
  25. Walter O, Anaebo QB, Obeagu EI, Okoroiwu IL. Evaluation of Activated Partial Thromboplastin Time and Prothrombin Time in HIV and TB Patients in Owerri Metropolis. Journal of Pharmaceutical Research International. 2022;29-34.
  26. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng EU, Ikpeme M, Bassey JO, Paul AO. Cascade variabilities in TB case finding among people living with HIV and the use of IPT: assessment in three levels of care in cross River State, Nigeria. Journal of Pharmaceutical Research International. 2020;32(24):9-18.
  27. Jakheng SP, Obeagu EI. Seroprevalence of human immunodeficiency virus based on demographic and risk factors among pregnant women attending clinics in Zaria Metropolis, Nigeria. J Pub Health Nutri. 2022; 5 (8). 2022;137. [links/6317a6b1acd814437f0ad268/Seroprevalence-of-human-immunodeficiency-virus-based-on-demographic-and-risk-factors-among-pregnant-women-attending-clinics-in-Zaria-Metropolis-Nigeria.pdf](https://www.iaajournals.org/links/6317a6b1acd814437f0ad268/Seroprevalence-of-human-immunodeficiency-virus-based-on-demographic-and-risk-factors-among-pregnant-women-attending-clinics-in-Zaria-Metropolis-Nigeria.pdf).
  28. Obeagu EI, Obeagu GU. A Review of knowledge, attitudes and socio-demographic factors associated with non-adherence to antiretroviral therapy among people living with HIV/AIDS. Int. J. Adv. Res. Biol. Sci. 2023;10(9):135-42.DOI: 10.22192/ijarbs.2023.10.09.015 [links/6516faa61e2386049de5e828/A-Review-of-knowledge-attitudes-and-socio-demographic-factors-associated-with-non-adherence-to-antiretroviral-therapy-among-people-living-with-HIV-AIDS.pdf](https://www.iaajournals.org/links/6516faa61e2386049de5e828/A-Review-of-knowledge-attitudes-and-socio-demographic-factors-associated-with-non-adherence-to-antiretroviral-therapy-among-people-living-with-HIV-AIDS.pdf)
  29. Obeagu EI, Onuoha EC. Tuberculosis among HIV Patients: A review of Prevalence and Associated Factors. Int. J. Adv. Res. Biol. Sci. 2023;10(9):128-34.DOI: 10.22192/ijarbs.2023.10.09.014 [links/6516f938b0df2f20a2f8b0e0/Tuberculosis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf](https://www.iaajournals.org/links/6516f938b0df2f20a2f8b0e0/Tuberculosis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf)

- [osis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf](#).
30. Obeagu EI, Ibeh NC, Nwobodo HA, Ochei KC, Iwegbulam CP. Haematological indices of malaria patients coinfecting with HIV in Umuahia. *Int. J. Curr. Res. Med. Sci.* 2017;3(5):100-4. DOI: [10.22192/ijcrms.2017.03.05.014](https://www.academia.edu/download/54317126/Haematological_indices_of_malaria_patients_coinfecting_with_HIV.pdf)  
[https://www.academia.edu/download/54317126/Haematological\\_indices\\_of\\_malaria\\_patients\\_coinfecting\\_with\\_HIV.pdf](https://www.academia.edu/download/54317126/Haematological_indices_of_malaria_patients_coinfecting_with_HIV.pdf)
  31. Jakheng SP, Obeagu EI, Abdullahi IO, Jakheng EW, Chukwueze CM, Eze GC, Essien UC, Madekwe CC, Madekwe CC, Vidya S, Kumar S. Distribution Rate of Chlamydial Infection According to Demographic Factors among Pregnant Women Attending Clinics in Zaria Metropolis, Kaduna State, Nigeria. *South Asian Journal of Research in Microbiology.* 2022;13(2):26-31.
  32. Khan S. Examining HIV/AIDS-related stigma at play: power, structure, and implications for HIV interventions. *Health communication.* 2020;35(12):1509-19.
  33. Viola N, Kimono E, Nuruh N, Obeagu EI. Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District. *Asian Journal of Dental and Health Sciences.* 2023;3(2):7-14.  
<http://ajdhs.com/index.php/journal/article/view/39>.
  34. Okorie HM, Obeagu Emmanuel I, Okpoli Henry CH, Chukwu Stella N. Comparative study of enzyme linked immunosorbent assay (Elisa) and rapid test screening methods on HIV, Hbsag, Hcv and Syphilis among voluntary donors in. Owerri, Nigeria. *J Clin Commun Med.* 2020;2(3):180-83. DOI: [10.32474/JCCM.2020.02.000137](https://doi.org/10.32474/JCCM.2020.02.000137)  
[links/5f344530458515b7291bd95f/Comparative-Study-of-Enzyme-Linked-Immunosorbent-Assay-Elisa-and-Rapid-Test-Screening-Methods-on-HIV-HBsAg-HCV-and-Syphilis-among-Voluntary-Donors-in-Owerri-Nigeria.pdf](https://doi.org/10.32474/JCCM.2020.02.000137).
  35. Ezugwu UM, Onyenekwe CC, Ukibe NR, Ahaneku JE, Onah CE, Obeagu EI, Emeje PI, Awalu JC, Igbokwe GE. Use of ATP, GTP, ADP and AMP as an Index of Energy Utilization and Storage in HIV Infected Individuals at NAUTH, Nigeria: A Longitudinal, Prospective, Case-Controlled Study. *Journal of Pharmaceutical Research International.* 2021;33(47A):78-84.
  36. Emmanuel G, Martin O, Peter OS, Obeagu EI, Daniel K. Factors Influencing Early Neonatal Adverse Outcomes among Women with HIV with Post Dated Pregnancies Delivering at Kampala International University Teaching Hospital, Uganda. *Asian Journal of Pregnancy and Childbirth.* 2023;6(1):203-11.  
<http://research.sdpublshers.net/id/eprint/2819/>.
  37. Igwe MC, Obeagu EI, Ogbuabor AO, Eze GC, Ikpenwa JN, Eze-Stephen PE. Socio-Demographic Variables of People Living with HIV/AIDS Initiated on ART in 2014 at Tertiary Health Institution in Enugu State. *Asian Journal of Research in Infectious Diseases.* 2022;10(4):1-7.
  38. O'Connor P, Earnest J. Stigma, discrimination and HIV/AIDS. In *Voices of Resilience* 2011:33-48. Brill.
  39. Vincent CC, Obeagu EI, Agu IS, Ukeagu NC, Onyekachi-Chigbu AC. Adherence to Antiretroviral Therapy among HIV/AIDS in Federal Medical Centre, Owerri. *Journal of Pharmaceutical Research International.* 2021;33(57A):360-8.
  40. Igwe MC, Obeagu EI, Ogbuabor AO. ANALYSIS OF THE FACTORS AND PREDICTORS OF ADHERENCE TO HEALTHCARE OF PEOPLE LIVING WITH HIV/AIDS IN TERTIARY HEALTH INSTITUTIONS IN ENUGU STATE. *Madonna University journal of Medicine and Health Sciences.* 2022;2(3):42-57.  
<https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/75>.
  41. Madekwe CC, Madekwe CC, Obeagu EI. Inequality of monitoring in Human Immunodeficiency Virus, Tuberculosis and Malaria: A Review. *Madonna University journal of Medicine and Health Sciences.* 2022;2(3):6-15.  
<https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/69>
  42. Echendu GE, Vincent CC, Ibebuike J, Asodike M, Naze N, Chinedu EP, Ohale B, Obeagu EI. WEIGHTS OF INFANTS BORN TO HIV INFECTED MOTHERS: A PROSPECTIVE COHORT STUDY IN FEDERAL MEDICAL CENTRE, OWERRI, IMO STATE. *European Journal of Pharmaceutical and Medical Research,* 2023; 10(8): 564-568

43. Nwosu DC, Nwanjo HU, Okolie NJ, Ikeh K, Ajero CM, Dike J, Ojiegbe GC, Oze GO, Obeagu EI, Nnatananya I, Azuonwu O. BIOCHEMICAL ALTERATIONS IN ADULT HIV PATIENTS ON ANTIRETROVIRAL THERAPY. *World Journal of Pharmacy and Pharmaceutical Sciences*, 2015; 4(3): 153-160. [links/5a4fd0500f7e9bbc10526b38/BIOCHEMICAL-ALTERATIONS-IN-ADULT-HIV-PATIENTS-ON-ANTIRETROVIRAL-THERAPY.pdf](https://doi.org/10.22192/5a4fd0500f7e9bbc10526b38/BIOCHEMICAL-ALTERATIONS-IN-ADULT-HIV-PATIENTS-ON-ANTIRETROVIRAL-THERAPY.pdf).
44. Obeagu EI, Obeagu GU. Effect of CD4 Counts on Coagulation Parameters among HIV Positive Patients in Federal Medical Centre, Owerri, Nigeria. *Int. J. Curr. Res. Biosci. Plant Biol.* 2015;2(4):45-9.
45. Obeagu EI, Nwosu DC. Adverse drug reactions in HIV/AIDS patients on highly active antiretro viral therapy: a review of prevalence. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2019;6(12):45-8. DOI: 10.22192/ijcrps.2019.06.12.004 [links/650aba1582f01628f0335795/Adverse-drug-reactions-in-HIV-AIDS-patients-on-highly-active-antiretro-viral-therapy-a-review-of-prevalence.pdf](https://doi.org/10.22192/ijcrps.2019.06.12.004).
46. Obeagu EI, Scott GY, Amekpor F, Obeagu GU. Implications of CD4/CD8 ratios in Human Immunodeficiency Virus infections. *Int. J. Curr. Res. Med. Sci.* 2023;9(2):6-13. DOI: 10.22192/ijcrms.2023.09.02.002 [links/645a4a462edb8e5f094ad37c/Implications-of-CD4-CD8-ratios-in-Human-Immunodeficiency-Virus-infections.pdf](https://doi.org/10.22192/ijcrms.2023.09.02.002).
47. Obeagu EI, Ochei KC, Okeke EI, Anode AC. Assessment of the level of haemoglobin and erythropoietin in persons living with HIV in Umuahia. *Int. J. Curr. Res. Med. Sci.* 2016;2(4):29-33. [links/5711c47508aeebe07c02496b/Assessment-of-the-level-of-haemoglobin-and-erythropoietin-in-persons-living-with-HIV-in-Umuahia.pdf](https://doi.org/10.22192/5711c47508aeebe07c02496b/Assessment-of-the-level-of-haemoglobin-and-erythropoietin-in-persons-living-with-HIV-in-Umuahia.pdf).
48. Ifeanyi OE, Obeagu GU. The Values of CD4 Count, among HIV Positive Patients in FMC Owerri. *Int. J. Curr. Microbiol. App. Sci.* 2015;4(4):906-10. [https://www.academia.edu/download/38320134/Obeagu\\_Emanuel\\_Ifeanyi\\_and\\_Obeagu\\_Getrude\\_Uzoma.EMMA2.pdf](https://www.academia.edu/download/38320134/Obeagu_Emanuel_Ifeanyi_and_Obeagu_Getrude_Uzoma.EMMA2.pdf).
49. Obeagu EI, Okeke EI, Anonde Andrew C. Evaluation of haemoglobin and iron profile study among persons living with HIV in Umuahia, Abia state, Nigeria. *Int. J. Curr. Res. Biol. Med.* 2016;1(2):1-5.
50. Alum EU, Ugwu OP, Obeagu EI, Okon MB. Curtailing HIV/AIDS Spread: Impact of Religious Leaders. *Newport International Journal of Research in Medical Sciences (NIJRMS)*. 2023;3(2):28-31.
51. Obeagu EI, Obeagu GU, Paul-Chima UO. Stigma Associated With HIV. AIDS: A Review. *Newport International Journal of Public Health and Pharmacy (Nijpp)*. 2023;3(2):64-7.
52. Alum EU, Obeagu EI, Ugwu OP, Aja PM, Okon MB. HIV Infection and Cardiovascular diseases: The obnoxious Duos. *Newport International Journal of Research in Medical Sciences (NIJRMS)*. 2023;3(2):95-9.
53. Ibebuike JE, Nwokike GI, Nwosu DC, Obeagu EI. A Retrospective Study on Human Immune Deficiency Virus among Pregnant Women Attending Antenatal Clinic in Imo State University Teaching Hospital. *International Journal of Medical Science and Dental Research*, 2018; 1 (2):08-14. <https://www.ijmsdr.org/published%20paper/li1i2/A%20Retrospective%20Study%20on%20Human%20Immune%20Deficiency%20Virus%20among%20Pregnant%20Women%20Attending%20Antenatal%20Clinic%20in%20Imo%20State%20University%20Teaching%20Hospital.pdf>.
54. Obeagu EI, Obarezi TN, Omeh YN, Okoro NK, Eze OB. Assessment of some haematological and biochemical parameters in HIV patients before receiving treatment in Aba, Abia State, Nigeria. *Res J Pharma Biol Chem Sci.* 2014; 5:825-30.
55. Obeagu EI, Obarezi TN, Ogbuabor BN, Anaebio QB, Eze GC. Pattern of total white blood cell and differential count values in HIV positive patients receiving treatment in Federal Teaching Hospital Abakaliki, Ebonyi State, Nigeria. *International Journal of Life Science, Biotechnology and Pharama Research.* 2014; 391:186-9.
56. Obeagu EI. A Review of Challenges and Coping Strategies Faced by HIV/AIDS Discordant Couples. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2023; 3 (1): 7-12.
57. Oloro OH, Obeagu EI. A Systematic Review on Some Coagulation Profile in HIV Infection. *International Journal of Innovative and Applied Research.* 2022;10(5):1-1.
58. Nwosu DC, Obeagu EI, Nkwuocha BC, Nwanna CA, Nwanjo HU, Amadike JN,

- Ezemma MC, Okpomeshine EA, Ozims SJ, Agu GC. Alterations in superoxide dismutase, vitamins C and E in HIV infected children in Umuahia, Abia state. *International Journal of Advanced Research in Biological Sciences*. 2015;2(11):268-71.
59. Obeagu EI, Malot S, Obeagu GU, Ugwu OP. HIV resistance in patients with Sickle Cell Anaemia. *NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES (NIJSES)*. 2023;3(2):56-9.
60. Ifeanyi OE, Uzoma OG, Stella EI, Chinedum OK, Abum SC. Vitamin D and insulin resistance in HIV sero positive individuals in Umudike. *Int. J. Curr. Res. Med. Sci*. 2018;4(2):104-8.
61. Ifeanyi OE, Leticia OI, Nwosu D, Chinedum OK. A Review on blood borne viral infections: universal precautions. *Int. J. Adv. Res. Biol. Sci*. 2018;5(6):60-6.
62. Nwovu AI, Ifeanyi OE, Uzoma OG, Nwebonyi NS. Occurrence of Some Blood Borne Viral Infection and Adherence to Universal Precautions among Laboratory Staff in Federal Teaching Hospital Abakaliki Ebonyi State. *Arch Blood Transfus Disord*. 2018;1(2).
63. Chinedu K, Takim AE, Obeagu EI, Chinazor UD, Eloghosa O, Ojong OE, Odunze U. HIV and TB co-infection among patients who used Directly Observed Treatment Short-course centres in Yenagoa, Nigeria. *IOSR J Pharm Biol Sci*. 2017;12(4):70-5.
64. Offie DC, Obeagu EI, Akueshi C, Njab JE, Ekanem EE, Dike PN, Oguh DN. Facilitators and barriers to retention in HIV care among HIV infected MSM attending Community Health Center Yaba, Lagos Nigeria. *Journal of Pharmaceutical Research International*. 2021;33(52B):10-9.
65. Stangl AL, Earnshaw VA, Logie CH, Van Brakel W, C. Simbayi L, Barré I, Dovidio JF. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC medicine*. 2019; 17:1-3.
66. Chambers LA, Rueda S, Baker DN, Wilson MG, Deutsch R, Raeifar E, Rourke SB, Team TS. Stigma, HIV and health: a qualitative synthesis. *BMC public health*. 2015; 15:1-7.
67. Van Tam V, Pharris A, Thorson A, Alfvén T, Larsson M. "It is not that I forget, it's just that I don't want other people to know": barriers to and strategies for adherence to antiretroviral therapy among HIV patients in Northern Vietnam. *AIDS care*. 2011;23(2):139-45.
68. Zhang C, Li X, Liu Y, Zhou Y, Shen Z, Chen Y. Impacts of HIV stigma on psychosocial well-being and substance use behaviors among people living with HIV/AIDS in China: across the life span. *AIDS Education and Prevention*. 2018;30(2):108-19.

**CITE AS: Emmanuel Ifeanyi Obeagu, Getrude Uzoma Obeagu, Edward Odogbu Odo, Matthew Chibunna Igwe, Okechukwu Paul-Chima Ugwu, Esther U. Alum and Puche Racheal Okwaja (2023). Combatting Stigma: Essential Steps in Halting HIV Spread. IAA Journal of Applied Sciences 11(1):22-29. <https://doi.org/10.59298/IAAJAS/2024/3.5.78156>**