

## The Power of Unity: Collective Efforts in Confronting HIV Stigma

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### Abstract

HIV stigma remains a significant barrier to effective prevention, treatment, and care efforts worldwide. Despite advancements in medical science and increased awareness, the persistence of stigma continues to hinder progress in combating the HIV/AIDS epidemic. This review explores the transformative potential of collective efforts in addressing HIV stigma. By fostering unity among individuals, communities, and organizations, collective action can challenge stigma, promote acceptance, and improve the lives of those affected by HIV. Through a comprehensive examination of existing research, interventions, and advocacy initiatives, this article highlights the importance of solidarity in confronting HIV stigma and advancing public health goals.

**Keywords:** *HIV, Stigma, Collective Efforts, Unity, Awareness, Advocacy, Community Support, Public Health*

### Introduction

The global HIV/AIDS epidemic has not only posed significant challenges in terms of public health but has also exposed deep-rooted social prejudices and stigma. Despite advancements in medical science, HIV stigma persists as a formidable barrier to effective prevention, treatment, and care efforts. This enduring stigma is often fueled by misconceptions, fear, and discrimination, creating a hostile environment for individuals living with or affected by HIV/AIDS. As such, addressing HIV stigma has become a critical priority in the global fight against the epidemic. The impact of HIV stigma extends far beyond individual experiences, affecting entire communities and societies. Stigma not only exacerbates the psychological and emotional burden of living with HIV but also

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hampers efforts to prevent new infections and provide adequate care and support. It drives individuals underground, discouraging them from seeking testing, treatment, and support services, thereby perpetuating the spread of the virus. Moreover, HIV stigma intersects with other forms of discrimination, including those based on gender, sexuality, race, and socioeconomic status, further marginalizing vulnerable populations.<sup>1-24</sup>

Recognizing the complex and multifaceted nature of HIV stigma, there has been a growing emphasis on the power of collective efforts in confronting this pervasive issue. Collective action brings together diverse stakeholders, including people living with HIV, healthcare professionals, policymakers, activists, and community members, to challenge stigma and drive positive change. By fostering unity and solidarity, collective efforts empower individuals and communities to advocate for their rights, access resources, and challenge discriminatory practices. Over the years, grassroots movements, advocacy campaigns, and community-based organizations have played a crucial role in challenging HIV stigma and promoting social inclusion. These initiatives provide platforms for education, dialogue, and activism, raising awareness about HIV/AIDS and challenging stereotypes and misconceptions. By amplifying the voices of those affected by HIV, these collective efforts have helped break down barriers, promote empathy, and foster a supportive environment for individuals living with HIV/AIDS.<sup>25-39</sup>

## Understanding HIV Stigma

Understanding HIV stigma requires delving into the complex interplay of societal attitudes, beliefs, and behaviors towards individuals living with or affected by HIV/AIDS. Stigma arises from deep-seated fears, misconceptions, and moral judgments surrounding the virus, perpetuating discrimination and marginalization. At its core, HIV stigma is rooted in the association of HIV/AIDS with behaviors deemed socially unacceptable or morally reprehensible, such as drug use, sex work, or homosexuality. These negative stereotypes fuel prejudice and discrimination, leading to social rejection, ostracism, and even violence against individuals perceived to be living with HIV. HIV stigma manifests in various forms, both overt and subtle, impacting all aspects of an individual's life. People living with HIV often face discrimination in healthcare settings, employment opportunities, and social interactions, leading to profound psychosocial and economic consequences. Fear of stigma can deter individuals from seeking HIV testing, treatment, and support services, contributing to delayed diagnosis, poor treatment adherence, and increased risk of transmission. Moreover, HIV stigma intersects with other forms of discrimination, such as sexism, homophobia, racism, and classism, exacerbating the vulnerabilities of marginalized populations.<sup>40-61</sup>

The consequences of HIV stigma extend beyond individual experiences to affect entire communities and societies. Stigma creates barriers to effective HIV prevention, care, and support efforts, hindering progress in controlling the epidemic. It perpetuates silence and secrecy around HIV/AIDS, impeding open dialogue and education about the virus. Furthermore, stigma undermines efforts to address underlying social determinants of health, such as poverty, inequality,

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and lack of access to healthcare, which contribute to the spread of HIV and its impact on vulnerable populations. Understanding the drivers and consequences of HIV stigma is essential for developing effective interventions and policies to address this pervasive issue. It requires challenging harmful stereotypes, promoting accurate information about HIV transmission and prevention, and fostering empathy and support for individuals living with or affected by HIV/AIDS. Moreover, combating HIV stigma necessitates addressing broader structural inequalities and social injustices that perpetuate discrimination and marginalization. By promoting inclusivity, respect, and dignity for all individuals, regardless of their HIV status, we can work towards a future free from stigma and discrimination, where everyone has the opportunity to live a healthy and fulfilling life.<sup>62-80</sup>

### **The Power of Collective Efforts**

The power of collective efforts in confronting HIV stigma lies in the synergy of diverse stakeholders coming together to challenge discriminatory attitudes and behaviors, promote understanding, and drive positive change. Collective action brings together individuals, communities, organizations, and institutions to leverage their collective resources, expertise, and influence in addressing HIV stigma comprehensively. By fostering unity and solidarity, collective efforts empower those affected by HIV/AIDS to advocate for their rights, access support services, and challenge stigma at all levels of society. At the grassroots level, community-based organizations and peer support networks play a pivotal role in mobilizing individuals and providing a safe space for dialogue, education, and mutual support. These initiatives empower people living with HIV to share their experiences, combat isolation and shame, and build resilience. By fostering a sense of belonging and empowerment, community-based efforts challenge the social isolation and discrimination often experienced by individuals affected by HIV/AIDS, promoting self-esteem, well-being, and social inclusion.<sup>81-97</sup>

In addition to community-level initiatives, collective efforts at the national and international levels are essential for driving policy change, promoting legal protections, and mobilizing resources to combat HIV stigma. Advocacy campaigns, social movements, and alliances bring together diverse stakeholders, including policymakers, healthcare professionals, activists, and civil society organizations, to raise awareness, challenge discriminatory practices, and promote evidence-based interventions. By amplifying the voices of those affected by HIV/AIDS, collective advocacy efforts influence public opinion, shape policy agendas, and drive systemic reforms to address the root causes of stigma and discrimination. Moreover, partnerships between government agencies, non-governmental organizations, and private sector entities are instrumental in scaling up effective interventions and leveraging resources to address HIV stigma comprehensively. Collaborative initiatives facilitate knowledge sharing, capacity building, and innovation, enabling stakeholders to learn from each other's experiences, adapt best practices to local contexts, and maximize the impact of their efforts. By fostering collaboration and coordination across sectors, collective efforts strengthen the overall response to HIV/AIDS and promote sustainable solutions to address stigma and discrimination.<sup>98-105</sup>

### **Innovative Interventions and Best Practices**

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In the ongoing battle against HIV stigma, innovative interventions and best practices have emerged to challenge stereotypes, promote empathy, and foster supportive environments for individuals living with or affected by HIV/AIDS. These interventions leverage diverse approaches, from social marketing campaigns to peer-led support groups, to address stigma comprehensively and promote positive social change. By highlighting examples of innovative interventions and best practices, we can glean insights into effective strategies for confronting HIV stigma and advancing public health goals. One effective strategy is the use of social marketing campaigns and media advocacy to challenge stereotypes and promote empathy towards individuals living with HIV/AIDS. These campaigns utilize multimedia platforms, including television, radio, social media, and community events, to disseminate accurate information about HIV/AIDS, challenge myths and misconceptions, and promote messages of inclusion and acceptance. By engaging diverse audiences and sparking conversations about HIV/AIDS, social marketing campaigns can shift public attitudes and behaviors, reducing stigma and discrimination.<sup>106</sup>

Peer-led programs and support groups are another valuable intervention in addressing HIV stigma. These initiatives provide safe spaces for individuals living with HIV to share their experiences, receive emotional support, and access practical resources and information.<sup>107</sup> Peer support networks empower individuals to build resilience, develop coping strategies, and challenge stigma in their communities. Moreover, peer-led interventions leverage the unique insights and experiences of individuals living with HIV, fostering empathy and understanding among peers and promoting solidarity within affected communities. Training programs for healthcare providers and educators are also critical in addressing HIV stigma and promoting culturally competent care. These programs equip healthcare professionals and educators with the knowledge, skills, and tools to provide non-judgmental, sensitive care to individuals living with or affected by HIV/AIDS. By raising awareness about HIV stigma and its impact on health outcomes, training programs empower providers to challenge discriminatory practices, promote inclusive healthcare environments, and support individuals in accessing testing, treatment, and support services.

Legal advocacy and policy reform efforts are essential in addressing structural barriers to HIV prevention, care, and support.<sup>108</sup> These initiatives aim to protect the rights of people living with HIV, eliminate discriminatory laws and policies, and promote legal frameworks that uphold human rights and dignity. By advocating for policy changes at the local, national, and international levels, legal advocacy efforts can dismantle systemic barriers to HIV prevention, care, and support, promoting access to essential services and challenging discrimination based on HIV status. Innovative interventions and best practices in confronting HIV stigma demonstrate the transformative potential of collective action in driving positive social change. By leveraging diverse approaches, from social marketing campaigns to peer-led support groups, these interventions challenge stereotypes, promote empathy, and foster supportive environments for individuals living with or affected by HIV/AIDS. Moving forward, it is essential to scale up successful interventions, adapt best practices to local contexts, and continue innovating new strategies to address HIV stigma comprehensively and promote inclusive, equitable societies for all.

### **Challenges and Opportunities**

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Addressing HIV stigma presents both challenges and opportunities in the global fight against the epidemic. Understanding and navigating these complexities are essential for developing effective strategies to confront stigma comprehensively and promote positive social change.

### **Challenges**

HIV stigma is often deeply entrenched in cultural beliefs, norms, and values, making it challenging to challenge and change.<sup>109</sup> Misconceptions, fear, and moral judgments surrounding HIV/AIDS continue to perpetuate stigma and discrimination in many communities, hindering efforts to promote acceptance and support for individuals living with or affected by HIV/AIDS. HIV stigma intersects with other forms of discrimination, including those based on gender, sexuality, race, and socioeconomic status, exacerbating the vulnerabilities of marginalized populations. Structural inequalities, such as poverty, lack of access to healthcare, and social exclusion, further marginalize individuals living with HIV/AIDS, making it difficult to address stigma comprehensively. Limited resources, including funding, trained personnel, and infrastructure, pose significant challenges to addressing HIV stigma effectively. Many communities lack access to HIV education, testing, treatment, and support services, perpetuating stigma and hindering efforts to promote early diagnosis and linkage to care. The fear of disclosure and its potential consequences, including social rejection, discrimination, and violence, can deter individuals from seeking testing, treatment, and support services for HIV/AIDS. This fear of stigma often leads to delayed diagnosis, poor treatment adherence, and increased risk of transmission, undermining efforts to control the epidemic.

### **Opportunities**

Community-based approaches empower individuals and communities to challenge HIV stigma from within.<sup>110</sup> By fostering dialogue, education, and mutual support, community-based initiatives create safe spaces for individuals living with HIV to share their experiences, access resources, and advocate for their rights. Advocacy campaigns and policy reform efforts play a crucial role in challenging discriminatory laws and policies, promoting legal protections, and driving systemic reforms to address HIV stigma. By amplifying the voices of those affected by HIV/AIDS, advocacy efforts can influence public opinion, shape policy agendas, and promote inclusive legal frameworks. Technological innovations, including social media platforms, mobile health apps, and online support networks, offer new opportunities to reach diverse audiences and amplify advocacy efforts. By leveraging technology, organizations can disseminate accurate information about HIV/AIDS, challenge stereotypes, and promote empathy and support for individuals living with or affected by HIV/AIDS. Education and awareness campaigns are essential for challenging myths and misconceptions about HIV/AIDS, promoting understanding, and fostering empathy and support for individuals living with or affected by HIV/AIDS. By raising awareness about HIV stigma and its impact on health outcomes, education initiatives empower communities to challenge stigma and discrimination and promote inclusive, supportive environments for all.

### **Conclusion**

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The battle against HIV stigma is multifaceted, requiring concerted efforts to address deep-seated cultural beliefs, structural inequalities, and resource limitations while leveraging opportunities for community engagement, advocacy, technological innovation, and education. Despite the challenges posed by stigma, there are reasons for optimism as communities, organizations, and individuals around the world continue to mobilize in the fight against HIV/AIDS. Through collective action, we have seen the transformative power of unity in challenging stereotypes, promoting empathy, and fostering supportive environments for individuals living with or affected by HIV/AIDS. Grassroots initiatives, advocacy campaigns, and policy reforms have made significant strides in raising awareness, challenging discriminatory practices, and promoting inclusive legal frameworks. Moreover, technological innovations offer new opportunities to reach diverse audiences and amplify advocacy efforts, while education and awareness campaigns empower communities to challenge myths and misconceptions about HIV/AIDS and promote understanding and support.

## References

1. Pfeiffer EJ. Viral frictions: Global health and the persistence of HIV stigma in Kenya. Rutgers University Press; 2022.
2. Quinn TC. Forty years of AIDS: a retrospective and the way forward. *The Journal of Clinical Investigation*. 2021 Sep 15;131(18).
3. Obeagu EI, Obeagu GU, Odo EO, Igwe MC, Ugwu OP, Alum EU, Racheal P. Combatting Stigma: Essential Steps in Halting HIV Spread. *IAA Journal of Applied Sciences*. 2024;11(1):22-29.
4. Odimegwu CO, Akinyemi JO, Alabi OO. HIV-stigma in Nigeria: review of research studies, policies, and Programmes. *AIDS research and treatment*. 2017.
5. 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):120-127.
6. 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):13-18.  
<https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/93>.
7. 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>.
8. 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://links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf).
9. 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):10-19.

**Citation:** Obeagu EI, Igwe MC, Obeagu GU. The Power of Unity: Collective Efforts in Confronting HIV Stigma. *Elite Journal of Public Health*, 2024; 2 (3): 22-36

10. 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://doi.org/10.22192/ijcrms.2017.03.01.004)
11. 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://doi.org/10.22192/ijcrms.2023.09.02.001)
12. 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://doi.org/10.22192/ijcrms.2023.09.02.001).
13. 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):10-19.
14. 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):10-19.
15. 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):101-119.
16. 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; 5:464-471. [links/592bb4990f7e9b9979a975cf/DETERMINATION-OF-HAEMATOCRIT-LEVEL-AND-IRON-PROFILE-STUDY-AMONG-PERSONS-LIVING-WITH-HIV-IN-UMUAHIA-ABIA-STATE-NIGERIA.pdf](https://doi.org/10.22192/ijcrms.2023.09.02.001).
17. 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):911-916.  
[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).
18. 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://doi.org/10.22192/ijarbs.2016.03.10.009)
19. 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):70-75. [links/5988ab6d0f7e9b6c8539f73d/HIV-and-TB-co-infection-among-patients-who-used-Directly-Observed-Treatment-Short-course-centres-in-Yenagoa-Nigeria.pdf](https://doi.org/10.22192/ijarbs.2016.03.10.009)
20. 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.* 2022;2(3):110-119.
21. Nwosu DC, Obeagu EI, Nkwocha BC, Nwanjo CA, Nwanjo HU, Amadike JN, Elendu HN, Ofoedeme CN, Ozims SJ, Nwankpa P. Change in Lipid Peroxidation Marker (MDA)

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- 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://epjournals.com/journals/EJPH/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).
22. 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://epjournals.com/journals/EJPH/links/645a166f5762c95ac3817d32/Clinical-characteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-health-institutions-in-Enugu.pdf).
23. 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; 3:139-144. [https://www.academia.edu/download/38320159/Obeagu\\_Emanuel\\_Ifeanyi3\\_et\\_al.IJCRRAR.pdf](https://www.academia.edu/download/38320159/Obeagu_Emanuel_Ifeanyi3_et_al.IJCRRAR.pdf).
24. Obiomah CF, Obeagu EI, Ochei KC, Swem CA, Amachukwu BO. Hematological indices o 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://epjournals.com/journals/EJPH/links/5aa2bb17a6fdccd544b7526e/Haematological-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf)
25. 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
26. 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.
27. 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://epjournals.com/journals/EJPH/links/645b4a6c2edb8e5f094d9bd9/An-update-of-human-immunodeficiency-virus-infection-Bleeding.pdf).
28. 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):128-134. <https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/86>.
29. 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.
30. 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.

**Citation:** Obeagu EI, Igwe MC, Obeagu GU. The Power of Unity: Collective Efforts in Confronting HIV Stigma. Elite Journal of Public Health, 2024; 2 (3): 22-36



31. 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://doi.org/10.22192/ijarbs.2023.10.09.015).
32. 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):135-142.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://doi.org/10.22192/ijarbs.2023.10.09.015)
33. Obeagu EI, Onuoha EC. Tuberculosis among HIV Patients: A review of Prevalence and Associated Factors. Int. J. Adv. Res. Biol. Sci. 2023;10(9):128-134.DOI: 10.22192/ijarbs.2023.10.09.014 [links/6516f938b0df2f20a2f8b0e0/Tuberculosis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf](https://doi.org/10.22192/ijarbs.2023.10.09.014).
34. Obeagu EI, Ibeh NC, Nwobodo HA, Ochei KC, Iwegbulam CP. Haematological indices of malaria patients coinfectd with HIV in Umuahia. Int. J. Curr. Res. Med. Sci. 2017;3(5):100-104.DOI: 10.22192/ijcrms.2017.03.05.014 [https://www.academia.edu/download/54317126/Haematological\\_indices\\_of\\_malaria\\_patients\\_coinfectd\\_with\\_HIV.pdf](https://www.academia.edu/download/54317126/Haematological_indices_of_malaria_patients_coinfectd_with_HIV.pdf)
35. 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.
36. 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>.
37. 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):180-183.DOI: DOI: 10.32474/JCCM.2020.02.000137 [links/5f344530458515b7291bd95f/Comparative-Study-of-Enzyme-Linked-Immunesorbent-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).
38. 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.
39. Emannuel G, Martin O, Peter OS, Obeagu EI, Daniel K. Factors Influencing Early Neonatal Adverse Outcomes among Women with HIV with Post Dated Pregnancies

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- Delivering at Kampala International University Teaching Hospital, Uganda. Asian Journal of Pregnancy and Childbirth. 2023 Jul 29;6(1):203-211.  
<http://research.sdpublishers.net/id/eprint/2819/>.
40. Gwadz M, Leonard NR, Honig S, Freeman R, Kutnick A, Ritchie AS. Doing battle with “the monster”: How high-risk heterosexuals experience and successfully manage HIV stigma as a barrier to HIV testing. International journal for equity in health. 2018; 17:1-8.
  41. Ullah AA, Huque AS, Ullah AA, Huque AS. Understanding and Exploring HIV/AIDS and Discrimination. Asian Immigrants in North America with HIV/AIDS: Stigma, Vulnerabilities and Human Rights. 2014:25-49.
  42. 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.
  43. 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):360-368.
  44. 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>.
  45. 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>
  46. Echendu GE, Vincent CC, Ibebuikwe 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
  47. Nwosu DC, Nwanjo HU, Okolie NJ, Ikeh K, Ajero CM, Dike J, Ojiegbe GC, Oze GO, Obeagu EI, Nnatunanya 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://www.wjpr.net/abstract-view.aspx?doi=10.21962/wjpr.2019.06.12.004).
  48. 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):45-49.
  49. 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](https://doi.org/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://www.ijcrps.com/abstract-view.aspx?doi=10.22192/ijcrps.2019.06.12.004).

50. 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).
51. 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/ijcrms.2016.02.04.002).
52. 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):906-910. [https://www.academia.edu/download/38320134/Obeagu Emmanuel Ifeanyi and Obeagu Getrude Uzoma.EMMA2.pdf](https://www.academia.edu/download/38320134/Obeagu_Emanuel_Ifeanyi_and_Obeagu_Getrude_Uzoma.EMMA2.pdf).
53. 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.
54. 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.
55. 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):64-67.
56. 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):95-99.
57. 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>.
58. 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; 5:825-830.
59. 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 Pharmacy Research.* 2014; 391:186-189.
60. 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.
61. Oloro OH, Obeagu EI. A Systematic Review on Some Coagulation Profile in HIV Infection. *International Journal of Innovative and Applied Research.* 2022;10(5):1-11.

62. 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):268-271.
63. Obeagu EI, Malot S, Obeagu GU, Ugwu OP. HIV resistance in patients with Sick Cell Anaemia. *Newport International Journal of Scientific and Experimental Sciences (NIJSES)*. 2023;3(2):56-59.
64. 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):104-108.
65. 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):60-66.
66. 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).
67. 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):70-75.
68. 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):10-19.
69. Obeagu EI, Obeagu GU, Ede MO, Odo EO, Buhari HA. Translation of HIV/AIDS knowledge into behavior change among secondary school adolescents in Uganda: A review. *Medicine (Baltimore)*. 2023;102(49): e36599. doi: 10.1097/MD.00000000000036599. PMID: 38065920; PMCID: PMC10713174.
70. Anyiam AF, Arinze-Anyiam OC, Ironi EA, Obeagu EI. Distribution of ABO and rhesus blood grouping with HIV infection among blood donors in Ekiti State Nigeria. *Medicine (Baltimore)*. 2023;102(47): e36342. doi: 10.1097/MD.00000000000036342. PMID: 38013335; PMCID: PMC10681551.
71. Echefu SN, Udosen JE, Akwiwu EC, Akpotuzor JO, Obeagu EI. Effect of Dolutegravir regimen against other regimens on some hematological parameters, CD4 count and viral load of people living with HIV infection in South Eastern Nigeria. *Medicine (Baltimore)*. 2023;102(47): e35910. doi: 10.1097/MD.00000000000035910. PMID: 38013350; PMCID: PMC10681510.
72. Opeyemi AA, Obeagu EI. Regulations of malaria in children with human immunodeficiency virus infection: A review. *Medicine (Baltimore)*. 2023;102(46): e36166. doi: 10.1097/MD.00000000000036166. PMID: 37986340; PMCID: PMC10659731.
73. Alum EU, Obeagu EI, Ugwu OPC, Samson AO, Adepoju AO, Amusa MO. Inclusion of nutritional counseling and mental health services in HIV/AIDS management: A paradigm shift. *Medicine (Baltimore)*. 2023;102(41): e35673. doi: 10.1097/MD.00000000000035673. PMID: 37832059; PMCID: PMC10578718.

74. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. *Health Sci Rep.* 2023;6(8): e1450. doi: 10.1002/hsr2.1450. PMID: 37520460; PMCID: PMC10375546.
75. Obeagu EI, Obeagu GU, Obiezu J, Ezeonwumelu C, Ogunnaya FU, Ngwoke AO, Emeka-Obi OR, Ugwu OP. Hematologic Support in HIV Patients: Blood Transfusion Strategies and Immunological Considerations. *APPLIED SCIENCES (NIJBAS).* 2023;3(3).
76. Obeagu EI, Ubosi NI, Uzoma G. Storms and Struggles: Managing HIV Amid Natural Disasters. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2023;10(11):14-25.
77. Obeagu EI, Obeagu GU. Human Immunodeficiency Virus and tuberculosis infection: A review of prevalence of associated factors. *Int. J. Adv. Multidiscip. Res.* 2023;10(10):56-62.
78. Obeagu EI, Malot S, Obeagu GU, Ugwu OP. HIV resistance in patients with Sick Cell Anaemia. *Newport International Journal of Scientific and Experimental Sciences (NIJSES).* 2023;3(2):56-9.
79. Alum EU, Ugwu OP, Obeagu EI, Aja PM, Okon MB, Uti DE. Reducing HIV Infection Rate in Women: A Catalyst to reducing HIV Infection pervasiveness in Africa. *International Journal of Innovative and Applied Research.* 2023;11(10):01-6.
80. Obeagu EI, Obeagu GU. Unmasking the Truth: Addressing Stigma in the Fight Against HIV. *Elite Journal of Public Health.* 2024;2(1):8-22.
81. Chaudoir SR, Fisher JD. Stigma and the “social epidemic” of HIV: understanding bidirectional mechanisms of risk and resilience. In *The Oxford Handbook of Stigma, Discrimination, and Health 2018* (p. 457). Oxford University Press.
82. Ferguson L, Gruskin S, Bolshakova M, Yagyu S, Fu N, Cabrera N, Rozelle M, Kasoka K, Oraro-Lawrence T, Stackpool-Moore L, Motala A. Frameworks and measures for HIV-related internalized stigma, stigma and discrimination in healthcare and in laws and policies: a systematic review. *Journal of the International AIDS Society.* 2022: e25915.
83. Obeagu EI, Obeagu GU, Okwuanaso CB. Optimizing Immune Health in HIV Patients through Nutrition: A Review. *Elite Journal of Immunology.* 2024;2(1):14-33.
84. Obeagu EI, Obeagu GU. Utilization of immunological ratios in HIV: Implications for monitoring and therapeutic strategies. *Medicine.* 2024;103(9):e37354.
85. Obeagu EI, Obeagu GU. CD8 Dynamics in HIV Infection: A Synoptic Review. *Elite Journal of Immunology.* 2024;2(1):1-3.
86. Obeagu EI, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. *Elite Journal of Immunology.* 2024;2(1):34-46.
87. Obeagu EI, Obeagu GU. Maternal Influence on Infant Immunological Responses to HIV: A Review. *Elite Journal of Laboratory Medicine.* 2024;2(1):46-58.
88. Obeagu EI, Obeagu GU. Understanding B Lymphocyte Functions in HIV Infection: Implications for Immune Dysfunction and Therapeutic Strategies. *Elite Journal of Medicine.* 2024;2(1):35-46.
89. Obeagu EI, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. *Journal home page:* <http://www.journalijiar.com>;12(01).
90. Obeagu EI, Anyiam AF, Obeagu GU. Managing Hematological Complications in HIV: Erythropoietin Considerations. *Elite Journal of HIV.* 2024;2(1):65-78.



91. Obeagu EI, Obeagu GU, Hauwa BA, Umar AI. Hematocrit Variations in HIV Patients Co-infected with Malaria: A Comprehensive Review. Journal home page: <http://www.journalijiar.com>.;12(01).
92. ObeaguEI AA, Obeagu GU. Synergistic Effects of Blood Transfusion and HIV in Children Under 5 Years with Severe Malaria: A Review. Elite Journal of HIV. 2024;2(1):31-50.
93. Obeagu EI, Anyiam AF, Obeagu GU. Unveiling B Cell Mediated Immunity in HIV Infection: Insights, Challenges, and Potential Therapeutic Avenues. Elite Journal of HIV. 2024;2(1):1-5.
94. Obeagu EI, Obeagu GU. Hematocrit Fluctuations in HIV Patients Co-infected with Malaria Parasites: A Comprehensive Review. Int. J. Curr. Res. Med. Sci. 2024;10(1):25-36.
95. Obeagu EI, Obeagu GU. Transfusion Therapy in HIV: Risk Mitigation and Benefits for Improved Patient Outcomes. Sciences. 2024;4(1):32-7.
96. Obeagu EI, Obeagu GU. Mental Health and Psychosocial Effects of natural disaster on HIV Patients. Sciences. 2024;4(1):38-44.
97. Obeagu EI, Obeagu GU. Eosinophil-Associated Changes in Neonatal Thymic T Regulatory Cell Populations in HIV-Infected Pregnancies. Elite Journal of Health Science. 2024;2(1):33-42.
98. Obeagu EI, Obeagu GU. Advances in Understanding the Impact of Blood Transfusion on Anemia Resolution in HIV-Positive Children with Severe Malaria: A Comprehensive Review. Elite Journal of Haematology. 2024;2(1):26-41.
99. Obeagu EI, Ayogu EE, Obeagu GU. Interactions between Blood Transfusion and Antiretroviral Medications: Implications for Patient Care. Elite Journal of Medicine. 2024;2(2):104-15.
100. Obeagu EI, Obeagu GU. Maternal Eosinophilic Responses in HIV-Positive Pregnant Women: Unraveling Immunological Dynamics for Improved Maternal-Fetal Health. Elite Journal of Immunology. 2024;2(1):47-64.
101. Obeagu EI, Anyanwu CN, Obeagu GU. Challenges and Considerations in Managing Blood Transfusion for Individuals with HIV. Elite Journal of HIV. 2024;2(2):1-7.
102. Obeagu EI, Ubosi NI, Obeagu GU, Akram M. Early Infant Diagnosis: Key to Breaking the Chain of HIV Transmission. Elite Journal of Public Health. 2024;2(1):52-61.
103. Obeagu EI, Obeagu GU. Understanding Hematocrit Fluctuations in HIV-Malaria Coinfection for Improved Management. Elite Journal of Public Health. 2024;2(1):22-34.
104. Obeagu EI, Obeagu GU. The Impact of Erythropoietin on Preeclampsia in HIV-Positive Women: A Review. Elite Journal of Nursing and Health Science. 2024;2(1):21-31.
105. Obeagu EI, Obeagu GU. Platelet Distribution Width (PDW) as a Prognostic Marker for Anemia Severity in HIV Patients: A Comprehensive Review. Journal home page: <http://www.journalijiar.com>.;12(01).
106. Andersson GZ, Reinius M, Eriksson LE, Svedhem V, Esfahani FM, Deuba K, Rao D, Lyatuu GW, Giovenco D, Ekström AM. Stigma reduction interventions in people living with HIV to improve health-related quality of life. The Lancet HIV. 2020;7(2): e129-140.
107. Reif S, Cooper H, Wilson E, Brown G, Beckwith N, Ward D. HIV stigma reduction through peer-led advocacy training. AIDS Education and Prevention. 2021;33(4):303-311.

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108. Amon JJ, Kasambala T. Structural barriers and human rights related to HIV prevention and treatment in Zimbabwe. In *Health Rights 2017*: 371-388. Routledge.
109. 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.
110. Kerrigan D, Kennedy CE, Morgan-Thomas R, Reza-Paul S, Mwangi P, Win KT, McFall A, Fonner VA, Butler J. A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up. *The Lancet*. 2015;385(9963):172-185.