

ORIGINAL ARTICLE

Imaging of Illness in *Vanguard Book of Sexual and HIV/AIDS Awareness*

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ABSTRACT

Literature performs the function of imagining health through imaging of illness and its challenges in African society. The domestication of the digital technology is re-enacting the community narrative in respect to health by virtue of persons coming together to imagine HIV/AIDS within titled anthology specifically for that pandemic. This they do within e-chapbook and through mixtures of genres within a titled anthology. Chapbooks seem to replace print anthologies as a result of its accessibility on the digital space. This paper through the application of the theory of historicism observes that art provides a nexus between health and well being in literature. It observes that Digital anthologies provide a fertile ground for thematic imaging of individual responses to sexual health. This paper illustrates how each writer in *Vanguard Book of Sexual and HIV/AIDS Awareness* imagines HIV/AIDS and how personas react to it.

Keywords: HIV/AIDS, Illness, Chapbook, Imaging, Imagine, Awareness.

INTRODUCTION

Jennifer Cooke (2009) in her book, the *Legacies of Plague in Literature*, while reviewing the HIV/AIDS scourge notes that, "... as a disease which has outlived its epidemic threat, has since become a metaphoric construction" (p. 1). Literature makes actively in the schematic construction of the afore mentioned disease. Lilian Chinyere Okam (2020) views creative literature in Africa as a tool for the convergence of social issues thereby highlighting the core of this research (p. 350). The *Vanguard Book of*

Sexual and HIV/AIDS Awareness relatedly creates what Okam (2019) refers to as “conversational space” (p. 3) for the imagining of health related issues. The *Vanguard Book of Sexual and HIV/AIDS Awareness* as a netizen’s community narrative is ensconced in a thematically focused anthology which encompasses knowledge about HIV/AIDS within creative literature in a manner reminiscent of Eric Mykhalovskiy and Vivian Nameste’s treatise: *Thinking Differently about HIV and AIDS* (2019). Although Eric Mykhalovskiy and Vivian Nameste emphasize that *Thinking differently about HIV and AIDS* “...invites us to consider why questions of knowledge matter in our response to the HIV/AIDS epidemic...” (p. 3), *Vanguard Book of Sexual and HIV/AIDS Awareness* alternately evinces knowledge and awareness of phenomenon which it mediates artistically in a bearable empathetic manner.

Over the years creative literature has been imagining health from the primordial roots of African oral literature as captured in J.P Clark’s *Song of a Goat* and “Abiku” etc., portraying health issues based on acceptable socio-cultural norms. The same argument holds true in the contemporary period as netizens imagine their health concerns through an imagining of human actions within a modern African society. The digital space avails netizens the opportunity to re-imagine, through character portrayals in fiction, a pseudo depiction of realistic responses to health challenges. These responses are borne within the permissible limits allowed by art. These community narratives, under a single titled thread, bear formal structures of generic distinctiveness. Digital Chapbook in some ways emphasizes community storytelling through various generic representations in chronicling health challenges while deriving its stock from the same society. Ruth Richardon (2019) accounting for the nature of chapbooks is of the opinion that: “chapbooks are small booklets cheap to make and to buy. They provided simple reading matter and were commonplace across the country...” (p. 2). Although, Richardon’s definition of chapbook is hinged of its nature in 17th to 19th century, however, chapbooks in the digital platforms bear characteristics that have been highlighted by Richardon. Digital chapbook like print chapbooks “...covered a very wide range of subject matter...” (p. 2).

Digital chapbooks are focused and varied literary and non-literary texts that provide both simple and complex matters for reading that is not more than fifty pages as a distinctive genre. The *Vanguard Book of Sexual and HIV/AIDS Awareness* is conceived from the use of historical memory in the composition of art. The theoretical underpinning of new historicism is emphasized on reconstructing history as an objective past of any historical event (p. 238). The aim of the authors of *Vanguard Book of Sexual and HIV/AIDS Awareness* is the reconstruction of HIV/AIDS perception within the world of creative literature through imagining of HIV/AIDS as a means of creating awareness among the netizen community in digital space. New historicists believe that, “...all history is subjective, written by people whose personal biases affect their interpretation of the past” (p. 238). The understanding of history is

implicated in Onyekachi Onuoha's definition that "...history... is a second past action or inaction in the society" (p. 17). What Onuoha's quip underlines, with regards to *Vanguard Book of Sexual and HIV/AIDS Awareness*, is that the book compellingly utilizes both individual and collective histories and memories to create literary awareness of HIV/AIDS within the world of titled digital chapbooks. The application of new historicism, as Onuoha observes, helps us see that; "...culture, history, literature...a host of other factors... help determine a text's meaning" (p. 239).

A review of various short stories and poetic responses to the pandemic of HIV/AIDS manifestly offers multifarious authentic perspectives to properly comprehend the pandemic as imagined by individual writers through imaging. As New Critics aver, "...literature offers a unique kind of knowledge that presents us with deepest truths related to humanity, truths that science is unable to disclose" (p. 239). This truism is clearly enunciated in *Vanguard Book of Sexual and HIV/AIDS Awareness* through the interplay of human emotions and empathy in the multiple responses to HIV/AIDS. Wale Okediram is of the view that storytelling is the basic unit in epistemology. Interpretation in clinical settings occurs when a physician listens to the patient's history of illness, filters it through the knowledge of similar cases and returns the now interpreted story to the patient to check its validity (p. 113). This implies that medicine employs the artistic medium as the patient appropriates from health memory and provides narratives that are weighted with acquired knowledge with historical underpinning with the practice of medicine as valid diagnosis of prescribed cure or control of illness. What the writers in *Vanguard Book of Sexual and HIV/AIDS Awareness* achieved is the appropriation of storytelling, as used by doctors and creative artists, to x-ray human actions, and general attitudes toward HIV/AIDS, thus expanding the boundaries of creative literature. Dan Izevbaye insists that African Literature is an intercourse of discipline going further to affirm that; "...since the arrangement into academic specializations remains the basis for transmission of knowledge..., language and literature have remained the only true interdisciplinary field of knowledge" (p. 2). This interdisciplinary nature of literature and language is further emphasized by the creative chronicling of HIV/AIDS and the location of its effect on human relations and romantic afflictions as captured in *Vanguard Book of Sexual and HIV/AIDS Awareness*. Izevbaye surmises that; "...in its interdisciplinary nature, literature is often under critical examination for its likes, essence, and its boundaries" (p. 2).

Through literature, meaning could be found about human existence and action within the work of art as a realist meaning according to Ian Watt's concept of realism (1-6). Ian Watt in making a case for realism in the novel, which short story other (auto) biographical poetics make use of, is of the opinion that; "...truth can be discovered by the individual through his senses..." (p. 7). The writers, in their community narrative *Vanguard Book of Sexual and HIV/AIDS Awareness*, disclose

truth through the process of imaging of HIV/AIDS among humans existing within this themed world of anthology. Emenyi Abang and Kalu Kalu Obasi also emphasize the concept of the quest for identity by the Negro. However, HIV/AIDS patients exhibit this fierceness in their rejection of their clinical status of HIV/AIDS. They show this resistance through the fierceness of language as clearly implicated in God's gift Ogban Uwe and Edadi Ilem Ukam (2020) submission of the use of language in the performance of various activities. This is so in the sense that writers of *Vanguard Book of Sexual and HIV/AIDS Awareness* use language in such a way that the seriousness of health and diseases is emphasized echoing Matthew Ebim Abua's position that language is used in relation to the environment and other contextual portrayal of issues within the world of literature. Alan Whiteside foregrounds virus, which art attempts to creative imaging thus, "acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV) which cross from primates into human. However, the writers handled this disease creatively and analytically within the purview of art through reimagining of HIV/AIDS. The foregoing is collaborated by Okam (2019) when she submits that literature is a tool for self expression through which people could develop a critical awareness of the environment. The *Vanguard Book of Sexual and HIV/AIDS Awareness* is a means of self expression about health.

IMAGINING OF ILLNESS AND IMAGING OF HEALTH

In the *Vanguard Book of Sexual and HIV/AIDS Awareness*, the writers and poets imagine how patients feel about their medical conditions through imaging of their imagined reality. In Hussani Abdulrahime's "A New Life, Abdulrahime imagines through the short story form, an individual's response to his new status when becoming aware of his health condition with the doctor playing the role of a storyteller through imagining and narrating the patient's illness to him. The narrative voice describes:

There was this heaviness in his chest that seemed to make breathing a very difficult thing. He rubbed his tired eyes that had grown weak over the days. He stood up, sighed and plodded to the window. He half drew the silky curtain and observed the night's scenery. Everything was mute.... Bored, he went and observed his figure. He'd grown frail. It wasn't really as a result of his newly discovered HIV status, but because since he became aware that he carried the disease, his appetite for food had deteriorated. It was on Tuesday afternoon, in Doctor Amar's office. He'd opened the letter with shivering hands. Afterwards, he'd wept. Doctor Amar, who also doubled as a close family friend, had consoled him (p. 7).

The narrator imagines how HIV patients, after discovering their status, feel and react in such ways that stifle their peace and slowly kills them even when the sickness has

not taken its toll on them. Amodu could not sleep as soon as he became aware of his status, he lost appetite for food and this affects his health badly. Thus, Amodu's "recent" health history becomes a narrative discourse first with the doctor and later with his wife. "A New Life" takes us into medical fictive narrative of HIV patients and their families and the challenges they face in terms of reconciling health histories and current health status with reality. Doctor Amar advises Amodu as soon as he is informed of his health status:

"If managed properly, you'll remain as normal as any other man," Doctor Amar had said. Both men had fallen silent for a while, before Doctor Amar pointed out one vital thing Amodu should do without delay.

"I know it's difficult, but somehow you have to let Rahila know. She has to check too." Amodu had only stared at Amar as if he'd spoken in a language strange to him (p. 7).

Through imaging of Amodu's health status, Abdulrahim captures the plight of those who just became aware of their HIV status and how this state of mind threatens their peace and relationship with their partners. As Gary P. Wovmer (2003) in *AIDS and other Manifestations of HIV Infection* states; "Understanding the epidemiology of HIV provides an important foundation for clinicians in recognizing risk behaviour associated with clinical manifestation of HIV infection" (p. 1). Amar understands clearly the epidemiology of HIV and advises his patient accordingly through re-interpretation of medical history against his current health status encouraging Amodu to inform his wife. The imaging of HIV and how patients respond to their positive status also entails some medical responsibilities for the doctor who conducted the test use requisite historical knowledge about diagnosis to give a verdict.

"Please, you need to tell her," the doctor repeated. "Do it for yourself."

"Please, Amar, help me keep this a secret. For now. I need to clear my head."

Amar nodded.

After that day, Amar had constantly phoned him to know how he was and to fix appointments. Amar feared for his friend. He feared that in such a state, one was vulnerable. And in truth, Amodu had contemplated committing suicide, but the thought flew out the window as quickly as it came. He was afraid of death. What he feared more was the concept of one taking one's life (p. 8).

The reconciliation of HIV status with the previous history of a patient is challenging as it is imagined through the portrayal of Amodu. In this instance the doctor has a responsibility to ensure that the patient is properly counseled and that the doctor keeps a tab on the patient. Doctor Amar's action, in keeping constant watch over his patient, is a proper reminder of the responsibility of the doctor toward his or her patients. Although Amodu might have contemplated suicide, the doctor's check

also assisted his sanity. Imaging and imagining in creative literature enables the reader to see the plight of those who suffer from one illness or another and how they respond to such suffering. The imaging of Amodu within the premise of his illness is a clear portrayal of the response of some patients to their HIV status. The omniscient narrator captures the plight of Amodu after he becomes aware of his status, thus:

Opening up to Rahila was posing a hard decision to make. For almost a year now, they'd slept in separate rooms. Whenever he paused to reflect on how they'd drifted apart, he always ended up baffled and guilty. It'd all started with miscarriage. Then when she became pregnant again, they'd found the bright spot in their marriage again. They'd sorted out their differences and every time he returned from work, he returned with sweet scented flowers. That moment of bliss didn't last for long either. Rahila had had a stillbirth and hadn't gotten over that dark moment of her life. And on his part, he'd failed to draw her close. He'd failed to accommodate the feelings of pity, to be aware of how it is for a woman to come to term without being able to hold her child and shower him with love (p. 8).

The excerpt illustrates that HIV patients have other problems to contend with. Amodu's peculiar case locates in his wife's inability to get pregnant which has considerably strained their relationship further complicating his resolve to either inform his wife about his health status or keep silent. This scenario illustrates the fact that HIV is diagnosed amidst other social realities, whether economical or health, as depicted through the birthing difficulties experienced by Rahila. Through the character of the omniscient narrator who introduces Amodu within the framework of his new health status. The narrator tells a story about Amodu's wife's challenges in having a child:

Rahila still remembered how it all went. It was hard not to be able to hear the tender scream of that part of you, one you'd carried all along for nine months, one which made your friends tease you at how rounded and awkward you've become. Every night, you spoke to her with your fingers spread tenderly on your bump. You believed she heard you. You felt her kick. Because of her, you're too cautious. You didn't wait to hold her and place kiss on her head. And to finally not be able to live that dream, to see baby wrapped and taken away without even being allowed to behold her face, was eternal torture. Rahila felt this way. It was as if she was mad. And Amodu hadn't helped matters. He'd let her slip away from him. She needed emotional support, but he'd been too busy and ill-suited to give that (pp. 8-9).

In the process of imaging Amodu within his current reality, the narrator reveals Rahila's medical condition through the flashback technique to explore the psychological state of the woman who kept losing her child to the cold hands of death.

The narrative, through flashback, gradually immerses us into a memory journey in an attempt to image Rahila within the framework of her trauma as a mother constantly losing her child to death after much bonding with her in the womb. Rahila's grief affected her marriage to the extent that she hardly conversed with her husband anymore nor prepared his meal. However, Rahila's response to her challenges, i.e. her constant miscarriage and her husband's new health status is instructive for partners of HIV carriers. After she and her husband had finished eating their meals, she says:

"I saw it. I saw the letter," she'd announced in her soft, soft voice.

"What letter?" He asked dropping his spoon.

"The one from the hospital."

He pushed his plate away.

"I was cleaning when I saw it. You were going to tell me, were you?" she asked, looking straight at him.

There was silence.

"Believe me I was trying. I was preparing to," he said, stunned by her calm composure.

"You have got to eat. It's not the end of the world."

He looked up at her shocked.

"Amar said that you needed checking too. What if..." He broke off.

"If I'm positive too? We deal with it. We'll live and deal with it." (p. 11).

Amar respected his patient's decision to handle his affair with his family privately and as observed, when Rahila realises her husband's status she does not abandon him but supports and encourages him. The truth is their calamitous situation actually helped to cement the emerging cracks in their marriage and future as a couple.

Mobolaji Olawale's poem "Retro (virus)" through imaging reimagines the process of conducting a test for someone's health status. The poet images the psychological tension wrecking havoc on a person undergoing HIV test. The poet personally submits that; "There is so much you can learn/In a waiting room/ After spilling blood in test kits/ In the appearance and disappearance /Of white coats,/ You learn how to bend time./ You move wristwatch's hands/ Anticlockwise./ Tock tick."(13). The poet renders the imaginative and physical responses of a person waiting for his or her HIV result, detailing how the specimen's eyes follows the lab attendant moving to and fro as she carries out her analysis. The poet utilizes flashback to reconstruct historical memory accounting for the reason she came for the test such as: a barber's clipper injuring her scalp. This is depicted through poetic imaging as the poet recounts: "You are in your barber's shop,/ Watching strands of hair rise and fall from the dustbin/ And started clinging to your scalp./ His public clipper retraces its motion/ Till you unmake acquaintance of it" (13). Through imaging, the poet allows us to see how HIV is transmitted through the use of unsterilized equipment. This accidental infection differs from Maureen E. Lyon and Lawrence J. D' Angelo'

submission that: “HIV infection transmission in teenage girls is predominantly sexual” (2016, p. 7).

Maureen E. Lyon and Lawrence J. D’ Angelo (2016) commenting on youth’s response to HIV note that: “Youth’s denial is made quite easy by the asymptomatic nature of early HIV infection, but denial inhibits their seeking further care. They get neither the health assessment they personally need nor help in reducing behaviours in the community that put others at risk. The poet seeks for health assessment and as such illustrates the poetic vision of the text which is to project a path way for netizens to manage their health challenges and assumptions with regards to HIV pandemic. Fayth M. Parks et al assert that preventive efforts have led to promising declines in new diagnosis and this is what the poet attempts to achieve. However, the poet persona’s love affair hangs on the balance of her knowledge of her status. As she notes: “You are rising from your bed/ Sweat re-entering pores in your skin/ Girl after girl/ Slip feet into high heels/ At your doorstep, catwalks backwards/ Till she disintegrates into dust, (p. 13). The lascivious male poet persona philanders and changes sex partners at will to the extent that it is observed by his female poet partner who mourns her situation wondering whether the male persona understands the risks involved. By inference Lyon and D’Angelo suggest that the character is exposed to danger by having sexual intimacy with multiple sexual partners. At a point the endangered character gets a jab of reality:

The concept of love to you
Becomes elastic again;
It stretches to include:
The blabbing-babbling praise of a mother
Performed by her baby,
Giggles disinhibited over dinner,
The thing that stabs your heart
With her fork, when she says goodbye.
Love becomes much more than
Fire at the edge of burning matchstick
Between thighs (p. 13).

The poet persona through imaging of love gradually captures love and its purpose within the structure of poetic love. However, the poet persona met love and decided to stick to it beyond the edge of burning matchsticks between thighs which illustrates sexual relationship. The male poet persona upon realization of the plight of the one he loves, waits to confirm the verdict of her status from the doctor who had conducted the test on her. The male poet persona sticks with her and comforts her amidst her plight and fear of the outcome of the test. “You refuse to leave this moment/ You say maybe here and now/ The doctor will read your test result/ With a

smile” (p. 13). The poet persona’s action is the definition of love far from the site of all his actions of prostitution with different girls.

In the poem, “Monologues”, the poet persona through imaging enlightens the reader about sexual practice and how AIDS can be gotten from other sources aside of sexual intercourse. The poet persona also depicts through poetic imaging the role played by public health sanitation to push back the spread of AID. The poet persona says; “Yesterday they came to my school, /two women and three men/.../They spoke about AIDS and ways to avoid it” (p. 15). This illustrates the role of public health enlightenment among scholars. Cooker is of the view that; “Ever since 1720, when Western Europe’s last plague died, Plague’s place has been in fiction, with authors reworking and reimagining its outbreaks in their novels” (p. 16). Netizens’ in *Vanguard Book of Sexual and HIV/AIDS Awareness* enact the above principle within their art. The poet persona through the voice of a child narrator attempts to disregard the effort of the health workers but she is brought back to reality by virtue of their education. “I wanted to say I was good;/ I had my protection, Vaseline and porn./ Then they said clippers, razor, toothbrushes, needles could/ Make me a pariah /A ghost in my own home; a beast in my own waste/ My heart jittered; I peered at the literature they shared/ I didn’t like the pictures they painted” (p. 15). Through childhood imaging and poetic flashback, the poet persona accounts for his “ignorance”, indicating his sensual orientation and the place of the cyberspace in providing such sexual or erotic materials for the young ones. Poetic flashback becomes a literary technique for imaging the role of public health enlightenment in flattening the curve of AIDS in the community. The poet persona’s acknowledgement of other means of HIV transmission aside of sexual intercourse is implicated in Michael W. Adler’s submission that other means of infection include mother to child, breastfeeding, tissue donation etc. (2012, p. 36).

In the short story titled “My brother, Kainyechukwuekene” by Ohia, Ernest Chigaemezu, the narrator through memory recall, narrates a story of his sister’s life, tracing it through memory lines in his attempt to establish cordial relationship and to proceed with his personal narrative. The narrator affirms the foregoing thus; “Kiki, a lot has happened since last letter to you. The latest is cheerless and shocking. I want to tell you about it because I believe you deserve to have knowledge of it” (p. 17). Out of a certain sense of being responsible for her brother’s actions, she decides to tell her brother’s story. Her account affirms Bruce Dick and Jane Ferguson’s pointer that; “HIV and AIDS are associated with other problems that undermine young people’s health and development... “(p. 11). She continues:

My brother, Kainyechukwuekene, has full-blown AIDS. He was diagnosed with it four years ago and his health is increasingly failing. I do not know what to do, Kiki. I think am losing my mind. The day he told me about it, I locked myself in my room and cried till I developed a terrible headache.

After that day, I would remember what he had said and the sober manner with which he said it on days when I was supposed to smile and live. Kiki, it would crush me into shape of downheartedness I could never imagine. One time, I thought of his ill-health and wept hopelessly in front of my writer friend. We had gone out for a drink at a café but my outburst ruined the whole fun. I ended up in the arms of those who cared enough. I could not tell them the reason for my meltdown (p. 18).

The narrator through memory recalling and through letterform goes for a therapeutic session with her friend in an attempt to divest her thoughts and emotion. For the sake of her brother she suffers psychological trauma owing to the taint of his full-blown AIDS status. It also shows how some deal with the news of their loved ones' health status unlike Rahila who treats it with equanimity knowing it is not the end of the world. During the therapeutic session she narrates the background events that contributed to her brother's health challenges:

You know how Christianity dominated our lives at home and Papa, being the fanatic he was, brought us up with his fierce responsibilities and all that jazz? If he had known the "by fire by force" headiness from him, he would have loosened his evangelical nature which wielded like a colossal prize, too big to be displayed or hidden. And Mama? Arghh. Did she not start shouting at him and giving him "dirty" slaps because the neighbours were beginning to blame her taciturnity for Ekene's behavior? Did Pelumi's father not report to Papa that Ekene forcefully kissed his daughter while we were playing hid and seek one certain day? What of Obinna's parents who almost fought with Papa because he had refused to believe their story that Ekene touched Obinna's buttocks? Did they not call Papa the father of a useless child? (p. 19).

At this point through imaging she accuses her father of religious fanaticism for his insistence that Christian doctrines would frame their existence. The narrator gradually situates Ekene through the premise of his actions and their consequences. The narrator, obviously the authorial voice, restates that Christianity had dominated their lives and that Papa should have been more liberal with his son even it would bring shame or threaten his prestige as a devout Christian. Through further imaging, the narrator lists the abusive acts Ekene's parents committed against him in the name of discipline which seems to contribute to the formation of his personality. This is in line with Adaora A Adimora and Victor J. Schoenbach's position that, "Social factors have been recognized as important determinant of health..." (2013, p. 14). This is clearly illustrated in Ekene's case:

I still recall how Papa picked Ekene up and threw him in the air after Obinna's parents left. I still remember the wild fear clearly visible in Ekene's eyes when he was in the air, fear that the moment he landed on the

floor he would break something, perhaps his waist. And within a second, when he was already on the floor, he began to shout and shout till Mama could take it no longer and stuffed his mouth with a handkerchief. He had to bear the pains for his stupidity, she said. It was only a broken rib (p. 19).

The narrator highlights how her mother failed to show some love amidst her father's brutality which was so harsh on the child's psyche. The narrator seems to suggest that extreme battering without love does not positively reflection the actions and sexual orientation of a child. As she notes:

In 2011, when Ekene turned 17 and I was 22, he came out, he wanted to confide in me, he said too many things: He was bisexual. He was not a virgin. He loved a man 12 years older than him. He wanted me to know because I had earned his trust. That day, as he spoke in whispers, I wanted to tell him to shut up. I felt he didn't know what love is. He was only a boy, an adolescent caught up in the flames of heightened sexuality, as Mama would put it. I wanted him to say he was joking. But I found myself asking him about the man he was dating. If he was fine-looking. If he truly loved him. how did they meet? Facebook? We swore to keep his personal life discreet and if Papa and Mama should find out, if they eventually did, we would brace ourselves for whatever they threw at us (p. 19).

The narrator images Ekene step by step as he develops his sexual orientation through a private session with him which is a burden of the narrator's present memory which she unburdened through the correspondence medium to a friend of her attempt to stifle such memories from suffocating her. The narrator at first did not believe what her brother had become but she prods him in an attempt to understand his lifestyle over the years and to prepare for possible confrontation with their parents if that arises. Dion Kagan in *Positive Images: Gay Men and HIV/AIDS in the Culture of the "Post Crisis"* seems to suggest that gay experience which is considered as shameful does not allow them to seek for early medical care (p. 6). The foregoing account for Ekene's health complications as the narrator alludes:

... I watched Ekene grow freer year by year. Maybe because he was doing Law programme at one of the prestigious universities in the country. He had begun exploring his sexuality with that freer spirit and it seemed very exciting to him. Mr. "12 years old" was out of the picture. So were several others, both guys and girls. And by the time he finished his schooling and was called to the bar, his heart had become a sky without stars, a thing obscured from overuse. He had also picked up the dirty habit of smoking "monkey tails" and would laugh senselessly over petty issues (p. 19).

The narrator was permissive in her relationship with her brother and she keeps imagining him through memory recall as he slid into self-destruction mode. She portrays the actions of her brother as he sleeps around and added smoking to his

routine of sexual liaisons with both male and female folks. Although the narrator attempts to correct her brother's course, she fails as her parents get to find out about his "abnormal" life style, and disowned him (p. 20). The narrator suffers from the burden of memories and attempts to free herself of its consuming weight. She acknowledges that; "nostalgia is almost pulling off my head. It has been my nightmare these years. I wake up each morning to the memories of him, our childhood days and I begin to sink because the memories might eventually be my last scrappy possession of him, diminishing, haunting sapped. They appear all the time now, the memories" (p. 20). The narrator is tormented by the memories she shares with her brother and through memory recalls she owns the memory and enlivens it through letter writing and through that process resuscitates her brother's memory through an artful imaging of his humanity. The narrator images her emotion graphically for her friend-therapist to see with hope for possible salvation:

I am seated here, at my bedside desk, leaking my emotion onto this brown paper and thinking I am giving you one big revelation that your poor heart will totally find exhausting to accept. I am wishing that I do not have to do this. I have always wished so. I am praying for a miracle, still, I am unsure of the kind of miracle I pray for, whether it should be for Ekene's curing, or my own. Ekene is all I have got, you know it. He does not deserve to die like this. If only he had been careful. Or was it me? Had I been insensitive, unwise and stymied with every issue that was about him? (p. 21).

The narrator wishes that through her narrative imaging she would find deliverance for herself and her brother. She attempts to evaluate her relationship with her brother over the years conflicted if she had been insensitive, unwise or stymied about her brother's choices. Through narrative imaging, the narrator clearly develops Ekene's character as she narratively images the last days of Ekene :

Kainyechukwuekene's health continues to deteriorate. He is almost too weak to do anything. His sight is failing too. After writing this letter, I 'll go visit him at his place to know how he is faring, if he takes his antiretroviral drugs at all. You remember that wild fear on his face the day Papa broke one of his ribs, I can see that fear screaming wildly at me each time I visited him. That fear would clutch him by the throat and start riot on his face. It would demand to be let free, to be felt whole. He would start to break and sigh and whisper silent words and wish that all he was facing were unreal. I am praying for Kainyechukwuekene. Last year, his doctor told us that it is no longer a death sentence. He could live well with a healthy lifestyle and good medications. It is good news. I only have to support him any way possible. AIDS patients who look positively towards life and receive much encouragement and support from people around them tend to live longer. Kainyechukwuekene will live long. I am praying

for myself too. I need strength. This is taking all my energy in certain ways (p. 21).

The narrative imaging of the final days of Ekene shows how AIDS has complicated his existence as a result of his poor choices. In the face of apparent calamity and impending death, the doctor kept giving them hope to face their challenges with courage. Consequently, when everything failed, the narrator reclaims a certain form of faith her parents had earlier professed to save her brother from death.

Community imaging narratives, through short stories and poetic compositions in *Vanguard Book of Sexual and HIV and Awareness*, find expression in the two stated forms of the poet persona and creative narrator who through imaging capture the plight of those affected by the virus. The poem, “He Was a Doctor” by Brigitte Poirson illustrates our collective inability to escape from death when it is our own time to take the fall. The poet persona through poetic imaging notes that: “He was a doctor and could not cure himself./ He was a friend and could not call for help/ He was a son and could not ask for trust./ He was a brother and could find no relief/ He was a companion and just could not relate” (p. 23). Each of the poetic imaging comes with a terminal point to indicate the finality of the moment for the poet persona. Through image presentation of a profession for the patient, he offers no cure for of the disease ravaging his being. He owned up to his situation without seeking assistance as the poetic imaging indicates and neither could he ask for trust from his parents. He solely accepts his status without bothering anyone, not even his faithful companion. The poet persona continues the imaging of how AIDS takes a toll on its victim: “He was eaten by his own cells./ His skin shriveled./ His bones withered./His limbs shrank./His flesh faded away./His lungs smothered him./He stopped living long before his death” (p. 23). The graphic poetic imaging of the effect of AIDS leaves the doctor dead before his actual death. The virus first started shutting down his system long before his actual death. In all this, the poet persona owned up to his status and welcomes death without engaging futile resistance. The doctor dies with his dignity intact and without allowing his health challenge further inconvenience his relatives.

The poetic imaging depicted in “The Unkillable Monster” by Gloria Ronoh responds to HIV status differs from that of the poet persona of “He Was a Doctor” whose poetic persona of “He Was a Doctor” took his infected status without tension and fear but peacefully waiting for the final silencing. The poet persona in “The Unkillable Monster” is agitated. “Sometimes life can be pain./ We tend to pretend it’s plan./ We crouch around for hope./ But we cannot find the scope./ Tears fall down my cheeks/ And I watch as the clock ticks” (p. 23). The poet persona metaphorically images life in an attempt to portray how hurt and disappointed life can be. The poet persona images psychologically how the HIV status awareness hits. “My heart is filled with rage./ Anguish and flickering flames outdo my age./ The wound inflicted in my soul aches/ For all I see is pale black,/ Rushing through the air,/ Wanting to draw my

very breath” (p. 23). The poet persona images the thought of coming to awareness of the virus within the human body. The poet persona fails to find any hope amidst the HIV conundrum but through imaging affirms the hopelessness of the situation. In the poet persona’s plight, the persona wonders who would be next and in that anxiety the poet persona notes that: “My heart pounds/ As I watch the grounds,/ Wondering who’d be next/ For I would rather text/Than watch it swallow more/ As its thirst flows” (p. 24). The poet persona decided to say something about the virus even when the persona is aware that the end is fast approaching. The poet persona images the virus in such a way that one could see the power it yield. The poet persona refers to the virus as “With long claws and teeth like penknives,/ We desire to flee our lives./ Craving for new blood,” (p. 24). Through imaging of the virus, the poet persona highlights the actions of the virus using human characteristics in its portrayal of the virus. The poet persona in imaging the virus uses plant characteristics to illustrate the power of the virus thus; “its roots seek more ground,/while its claws sink deep into flesh” (24).

Metaphorically the human body becomes a soil where the virus is planted: a pervasive plant that destroys the organic nature of the soil (the human body). Amidst fear and uncertainties the poet persona continues the imaging of the virus in succinct words in such a way that we share in his grief: “I fear the approach of the monster/ Daring to run away faster./The monster cannot be proven/ Bearing an identity that is hidden/ With a name so broad: HIV./ So it’s never really out of view” (p. 25). The poet persona is afraid of the approaching monster even when it is within the poet persona’s system. Through poetic imaging, the poet persona highlights how the virus rushes through in the human system. The poet persona affirms that the virus is hidden in human body but has a powerful name and effect on the human body. At each stage of the virus action, the poet persona images the effect of the virus within the poetic frame. The poet persona notes: “I thought that was enough,/ But the roads got tough./ We waited aids,/ But the name grew to AIDS,/ And all I did was watch /Wishing I could strike back” (p. 25). In hopelessness the poet persona images self-plight and wishes that the self could strike back at the virus. As the days advance, the virus becomes more powerful like a grown plant having the effect of its root deep inside the human body without any ability of the self to resist such subjugation.

In the poem, “The Dangerous Master Inside” by Synthia Yieseh Achoh, the poet persona through imaging sings a dirge for HIV/AIDS: “You come from afar,/ With your dreadfulness /Which renders many miserable./ You come as HIV, but/ Within the twinkle of an eye/ You develop into a giant/ Which breeds so much disaster” (p. 26). The poet persona seems to acknowledge the power of the virus through poetic imaging of its power within the human body upon infection. The poet persona highlights in the subsequent stanzas how the virus hid in us and we nurture him unaware (p. 26). The poet persona refers to the virus as him and imaging man’s characteristics into the characteristics of the virus in a generic sense. The poet persona highlights that the

virus appears when a greater part of us have fallen which indicates an advance stage of the virus (p. 26). The poet persona expresses hope amidst the effect of virus thus; “Now, we are strongly sensitized,/ Your insidious nature is known” (p. 26). The poet persona is relieved that the symptom of the virus is known and people can actually protect themselves against it. The poet persona through imagistic advice recommends a possible solution for the virus: “Leave that lazy sit,/ And battle with the virus/ Get in contact with your doctors,/ And grab anti-retroviral drugs./ Women! /Protect your babies./ Go for anti-natal check-ups/ Young men and women,/ Abstinence, fidelity and condoms/ Are essential, now you know/ Be warned./ Together, let’s conquer HIV/AIDS” (p. 26). Through poetic imaging the poet persona advises HIV patients not to give up on the battle against the virus, urging them to fight it by consulting their doctors and taking the recommended anti-retroviral drugs. The poet persona went as far as advising mothers to protect their children from mother to child transmission and by so doing flatten the curve of the virus. The poet persona through poetic imaging advises the youth to either abstain, use condom or be faithful in their relationship and in this imaging, the poet persona left the choices open for those concerned to make. The poet persona expresses hope that in unity the HIV/AIDS scourge would surely be over come as long as the instructions for healthy living are followed.

In the poem, “Safety First”, Nsah Mala, through poetic imaging, highlights the poet persona’s actions in her attempt to avoid being infected by the virus. The poet persona highlights certain healthy living principles; “I would dodge your kiss/Be happy with my peace/ Than connect fleshy lips/ To become long eclipse” (p. 28). The poet persona recommends a life style she would adopt so as to avoid long eclipse which is the product of the virus. The poet persona went further to affirm that: “Without going for a test/ Romantic life can’t be best/ Since HIV/AIDS isn’t hung/On faces but burns into dung./ I would flee naked intercourse/ Until we take the right course” (p. 28). The poet persona affirms the importance of going for a test before engaging in sexual relations with a partner. The poet persona alerts us that the virus is not written on people’s faces but ferments within the human system and becomes transferred to those exposed to it. The poet persona resolves to flee from unprotected sexual intercourse until she affirms her partner’s status. David D. Celentano and Chris Beyrer (2008) acknowledge that the decline in new infections as well as death are almost certainly due to behavioral risk reduction (p. 4), and this is implicated in the poet persona’s approach to life as illustrative model for netizens. The reason for the poet persona’s resolve is implicated in the next poem “Glittering and Rotting” by Nsah Mala. As the poet persona notes: “Some smooth skins we see are sour/Inside, harbouring double skeletons/Lodged within corporal cupboards/ By those who fear or ignore anti-retro./ While they glitter outside like gold./ They rot & decompose inside like corpses./ AIDS copious mining can be tamed/ If they open up to winds of counseling./AIDS, if not controlled, can kill for sure/But prevention and education can

cure” (p. 29). The poet persona, through effect imaging of the human bodies, highlights the death trap in assuming that people are in good health due to their appearance. The poet persona affirms that some might glitter outside like gold but they are decomposing inside. The poet persona suggests that the cure for AIDS could be education and prevention. The *Vanguard Book of Sexual and HIV/AIDS Awareness* as Okam concludes, is systemically designed to induce attitudinal change in respect to awareness on HIV/AIDS.

CONCLUSION

Literature imagines and images health to the extent that we could feel the effect of the debilitating changes HIV/AIDS had on the various characters in the book who experienced it. From the interrogation of various short stories and poetic inking within the world of *Vanguard Book of Sexual and HIV/AIDS Awareness*, we can conveniently say the above mentioned book provides a literary imaging of HIV/AIDS and is fashioned in such a way that the narrative and the poetic lines bear instructions on how to avoid HIV/AIDS. Creative sensations help to flatten the curve of HIV/AIDS.

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