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RELIGION AS ANTIDOTE TO HIV AND AIDS SCOURGE: A GLOBAL PERSPECTIVE WITH REFERENCE TO NIGERIA

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Abstract

AIDS is still the most important new threat to human health globally and one of the serious problems Nigeria is battling with in this century. Recent years have seen a dramatic spread of HIV and AIDS from the initial focus in the country. Although our understanding of AIDS has increased, there have been little breakthroughs in the development of treatments and its eradication. This is because the rate at which this disease is killing active Nigerians, men, women and children alike is alarming. For instance, Nancy Snauwaert (2005) declared that 310,000 Nigerians died of HIV/AIDS related diseases in 2004 alone. It is obvious that the failure so far to check the spread of HIV/AIDS in the country only means that the prevailing strategy has not worked. In other words, too many Nigerians are still dying of the disease. As a result, there is need for more attention. The concern of the writer of this paper however, is that if all civil attempts of the government and non-governmental agencies fail to put an end into this evil vice, then the spiritual approach should provide an answer. This is what this paper tends to examine objectively.

Keywords

Religion, Antidote, Scourge and GLOBA

1. Introduction

HIV/AIDS has been the major cry of the world today. In other words, it has become a global monster, with all societies of the world in the contemporary time bemoaning its woes. Added to this pandemic is the fact that no known cure had been discovered by scientists, who are laboring day and night to fight the dangerous disease once and for all, HIV and AIDS have become a global concern that is gulping millions of resources, which seems to be going down the drains as the desired result of a cure had not been realistic.

Besides, Dube (2003) says, HIV/AIDS is everybody's business because it is an epidemic and a pandemic disease that could destroy all human kind if nothing is done to stop its spread. This fact is an indication that all people of the world are now at risk of the deadly disease ravaging the world today known as the Acquired Immune Deficiency Syndrome (AIDS). The Family Health International booklet (2005) explained that HIV is the virus that causes AIDS, which destroyed the body's immune system. To Gordon and Klouda (1988) HIV weakens the immune system by entering and destroying man's white cells, which in turn weaken the body as it could not fight or resist any disease in the body, thus death is brought in. What makes AIDS to attract so much international and interdisciplinary approach to solve the pandemic health problem is that there is yet to be any known cure of the disease.

The implication of this is that a patient day of death is within reach. Snauwaert (2005) alerted the increasing number of orphans created by the ravaged in homes by HIV/AIDS which according to her, put about 1.8million. Therefore, when religion is rightly applied as in imbibing its moral and ethical teachings, by all and sundry, then we are fast approaching the demise of this pandemic. This paper steps out to examine the application of religion as a solution to the problem of HIV and AIDS.

1.1 History of HIV and AIDS in Nigeria

- In tracing the history of this terrible disease in Nigeria, the origin of the virus causing Aids should be considered. In 1981, according to Hubble (1993), doctors in Los Angeles found themselves astonished by the scourge of a strange disease. It was discovered that healthy young men were developing pneumonia caused by a microorganism.
- Pnemocystic carine which under normal circumstances do not cause the disease in healthy persons.

- In 1981 doctors in New York came across another amazing disease in young men. This was a rare skin disease that is attributed to breakdowns of the immune system. This disease was called Kaposi's Carcoma (skin cancer). It was also discovered, that the sufferers of this disease were homosexuals who already had history of sexually transmitted diseases such as gonorrhoea and syphilis. At this point it became clear to the researchers that this strange disease was also a sexually transmitted disease.
- Another breakthrough in the research efforts further revealed that these symptoms were found, in other categories of people who were not homo sexual – hemophiliacs and persons injecting drugs such as heroines. It was soon discovered that a host of the injecting drug users did not sterilize their needles and share them with other addicts. Hence, it dawned on the researcher that not only was AIDS a sexually transmitted disease but it could be transmitted through blood.
- By 1982 the Centre for Disease Control in Atlanta, United States decided that adequate fact had been gathered about the disease. Following this observation, AIDS was defined as the presence of reliably defined diseases that are due to an underlying immune deficiency. For example, pneumocystis carinii pneumonia or kaposi's sarcoma and where the immune deficiency is not due to other known causes such as congenital diseases, immuno suppressant drugs of cancer.
- The first case of AIDS was identified in Nigeria in 1986 and HIV prevalence rose from 1.8% in 1988 to 5.8% in 2001. Since 1991, the Federal Ministry of Health has carried out a National HIV/syphilis sentinel seroprevalence survey every 2 years. The 2003 survey estimated that there were 3,300,000 adults living with HIV/AIDS in Nigeria, and 1,900,000 (57%) of these were women.
- In the 2003 survey, the national prevalence rate had dropped to 5% from 5.8 in 2001. However, it found that state prevalence rates vary from as low as 1.2% in Osun state to as high as 12% in Cross River state. Overall, 13 of Nigeria's 36 states has prevalence rates of over 5%. These figures give support to the claim that there are explosive, localized epidemics in some states.

- At 5.6%, HIV/AIDS prevalence rates are highest for young people between the ages of 20 and 24 compared with other age groups. Nigeria's STD/HIV Control estimates that over 60% of new HIV infections are in 15-25 year old age group. (USAID, 2003)
- In 2005 it was estimated there were 220,000 deaths from AIDS, and 930,000 AIDS orphans living in Nigeria. There has been an alarming increase in the number of HIV positive children in recent years, 90% of who contract the virus from their mothers. This is mother to child transmission (MTCT).
- Currently very few Nigerians have access to basic HIV and AIDS prevention, care and support or treatment services. Around 520,000 people are estimated to require ART (artiretroviral therapy) and only 17,000 are currently receiving treatment. At present there are 50 treatment sites for HIV and AIDS in Nigeria. (USAID 2004).

1.2 How Is HIV Contracted

- Since HIV is found in body fluids, it can be transmitted when fluid from an infected person enters the body of another person. This can happen through the following ways:
 - During sexual intercourse
 - During blood transfusion.
 - When using unsterilized skin piercing instruments e.g. needles/Syringes, Razor blades, circumcision and other skin piercing instruments
 - From an infected mother to her baby during pregnancy, child birth or after birth through breast feeding.
 - With the identified mode of HIV transfusion, Gordon and Klouda (1988) asserted that, the following individual or groups are at much risk:
 - Homo sexual.
 - People with several sexual partners
 - Prostitutes
 - Patients patronizing quack health personnel.
 - Those patronizing unhygienic barbing salons.
 - A child born by a pregnant woman infected with HIV.
 - Some children feeding on the breast milk of HIV infected mothers.
 - People needing blood transfusion

- Some careless health personnel working with AIDS patients or blood containing HIV.
- It must be noted that HIV is not spread by shaking hands, playing together, reading together, mosquito bites, living or sleeping together, sneezing, coughing, hugging, sitting together or touching the AIDS patient.

1.3 Symptoms of Aids

Following an infection with HIV, Grimshaw (1989) submitted that the person will develop AIDS and will begin to manifest some symptoms described as major and minor they include:

- Prolonged diarrhea
- White coating on the tongue
- Enlargement of glands in the neck, or armpits
- Persistent fever
- Persistent cough
- Skin infections
- Unexplained weight loss.

1.4 Contributory Factors to the Spread of HIV in Nigeria

1.4.1 Lack of Sexual Health Information and Education

Sex is traditionally a very private subject in Nigeria for cultural and religious reasons. The discussion of sex with teenagers, girls in particular, is seen as indecent. Up until recently there was little or no sexual health education for young people and this has been a major barrier to reducing sexually transmitted infection (STI) and HIV rates. Lack of accurate information about sexual health has meant there are many myths and misconceptions about sex and HIV. This also adversely contributed to increasing transmission rates as well as stigma and discrimination towards people living with HIV and AIDS.

1.4.2 Stigma and Discrimination

Sofo, Ali and Toni (2003) observed that stigma and discrimination against people living with HIV and AIDS is commonplace in Nigeria. Both Christians and Muslims see immoral behavior as being the cause of the HIV and AIDS epidemic. This affects behaviors towards people living with HIV and AIDS (PLWHA) and HIV prevention. PLWHA often lose their jobs or are denied health care services because of the ignorance and fear about HIV and AIDS. There

is so much ignorance about HIV and AIDS that 60% of healthcare workers think HIV positive patients should be isolated from other patients. As regards the above assumption, happenings had proved this to be wrong. There are people who are infected through no fault of theirs'

1.4.3 Poor Healthcare Services

Over the last two decades, Nigeria's healthcare system has deteriorated because of political instability, corruption and a mismanaged economy. A large part of the country lack even basic healthcare provision, making it difficult to establish HIV testing and prevention services such as those for the prevention of mother-to-child transmission (MTCT). Sexual health clinics providing contraception, testing and treatment for other STIs are also few and far between. Although there is a different now as the administration of President Olusegun Obasanjo is making all effort to make health care available with improved equipment in all teaching hospital owned by Federal Government. But the reverse is the case in most if not all State owned hospitals. The effort of NACA and USAID and other agencies is commendable in the regards of the fight against HIV and AIDS.

1.5 Effects of HIV/AIDS on Nigeria

The lethargic nature of HIV/AIDS as a terminal disease and its rate of prevalence, posed serious threats to the social and economic structure of Nigeria. This is evident in the havoc wrecked on its victims at their prime working and parenting lives thereby destroying the fabrics of the society or nation (Dixon, 2001). Snauwaert (2005) corroborates the above when she declared that as at 2003, a survey carried out by the Federal Ministry of Health showed that one out of every 20 pregnant women that attended hospital in the country had HIV virus, hence she alerted that with 3.5% of the country population infected, Nigeria had the highest number of HIV/AIDS cases in Africa. From the evidence above, Omidiwura (2003) and other saw the effects of HIV/AIDS on Nigeria community as:

- Population reduction: This is because majority of the victims are those within the reproductive age that is between 15 and 45 years.
- Stigmatization: Upon the discovery of the disease, most of the victims and their families become outcasts. Okesola (2001) pictured the discriminating attitudes meted out to the HIV/AIDS victims, even those already on job were sacked, even parents, families and friend disown and reject many, for fear of been infected.

- Family Financial Bondage: Dixon (2001) argued that HIV/AIDS drives poor families deeper into poverty. This is because it is costly to reach and treat the HIV/AIDS patient in Nigeria and any other part of the world as the drugs are not easily to reach into the common man hands. Thus, majority of the victims died under neglect and abandonment.
- Straining the government budget: The enormity of the HIV/AIDS in Nigeria and its lethal nature pose serious social and economic threats to nation as huge financial resources will be resurged in tackling the disease. These are in the areas of awareness carrying, training of personnel and procurement of drugs to manage the disease. All these will claim high percentage of the government budget on health which may affect other sector of the ministry. The confession of Professor Eytayo Lambo, Minister of Health, in Daily Punch May 10th, 2005 declared that 2.9-3.3 million Nigerians are still living with the HIV/AIDS, hence he reiterated government determination to put in more efforts to reduce the rate at which Nigerians are being victims of HIV/AIDS.

1.6 Prevention of Hiv/Aids through Religion

The common adage that says charity begins at home; is a confirmation of the Biblical injunction that says, Teach the child the way he should go, when he grows he will not depart from it. Prov. 22:6. The submission above is a pointer to the fact that if HIV/AIDS will be prevented or reduced within Nigeria society, the following Religious order needs to be upheld. They include:

- Faithfulness to sexual partner, especially the married couples. Imam Bashiru Olanrewaju, in Daily Punch, Sermon of Friday May 12, 2006 reiterated that since HIV/AIDS is an infectious disease, couples, should adhere to the Quran and the Holy Bible and enjoy couple to stick to his or her spouse, to prevent an unwarranted disease.
- Abstinence from fornication/pre-sexual intercourse by the adolescent and youths. The Bible condemned fornication or extra sexual affairs outright and that those who indulge in such will not enter into the kingdom of God. The Pauline teaching on family hood made man to realize that, our body is the temple of God, thus it is a sin for man to defile his or her body by immoral sexual life. 1 Cor. 6: 18-19.
- Church and Mosques should preach the faith without fear or favor so as to emphasize the evils surrounding immoral relationship with opposite sex. Rm. 12:2

- The parents, teachers, leaders and counsellors to live a model life as Apostle Paul say that we are the epistles that people are reading. The children, students and youths watch the parents and leaders in speech and action, hence it is incumbent upon them to lead them the way God want, Thus, the Bible says, curse is unto the man or woman who misled the children astray and that it is better for such a person not to live. (Mk 9:42)
- The HIV/AIDS should not be neglected or disown, rather they should be subjected to both the medical and spiritual therapy. The Bible reiterated the divine healing of various kinds that the Lord Jesus Christ and the Apostles did in the life of people with one problem or the other. Churches and spiritual clinics should see those helpless people as a challenge of the end-time dispensation and bring them to the Lord Jesus Christ the Healer per excellent.
- The campaign and enlightenment programs through workshops, seminars, sermons and all related programs are highly needed now in churches and mosques to rescue Nigerians from HIV/AIDS syndrome. This is needed because according to Onuzurike (2006), many Nigerians are still ignorant of HIV/AIDS and the effects on human life. As a result, he vowed that his organization would not hesitate to sponsor the training of experts to boost the efforts of the government in the prevention and curing HIV/AIDS in Nigeria society.
- The HIV/AIDS test for intending couples by Christian church nowadays should continue as this step will among other things:
 - a. Enforce discipline and faithfulness in the life of the youths to live a sanctify life.
 - b. The step would reduce the spread of HIV/AIDS.
 - c. It would strengthen the confidence of the spouse on each other.
 - d. The expected worthiness of the church of God would be attained through this step.
 - e. The step will assist in procreating worthy and healthy children.

1.7 Solution to the Dilemma

Parents, clergies and even the youth interviewed all expressed the fact that when religion is rightly applied it could be the awaited solution to the problem of the HIV and AIDS pandemic. If this is the case then the entire citizen needs to garner our strength and make sure that we teach the ethics of religion to children right from the time that they could understand it. This as opinioned in Proverbs 22:6

Train a child in the way he should go; and when he is old he will not depart from it

This will enabled the children choose the path to trod from a tender age. To achieve this then, a responsibility is placed at the doorsteps of the parents, religious ethics and moral values of the society that could be beneficial in realizing a society free from HIV and AIDS blight.

Everybody in the society should make a conscious decision of what to do with his or her life. Whether to ‘make it’ by obeying religious and community moral code to protect their lives, or ‘mar it’ by flimsy and lackadaisical sexually expression leading to self-destruction and the perpetuation of the bane.

2. Conclusion

From our discussion, it is obvious that imbibing the ethic and teaching of religion can help to stem the spread of the HIV and AIDS plague. To achieve this we all have a duty to perform as parents, religious leader, and community leader and as individuals too. When we put our force together then much could be achieved. But if we fold our hands as spectators and allow the plague to destroyed the next generation, then, we have a query to answer. For posterity will judge us in failing in our duty to humanity.

There is no doubt that the Federal, State and even Local Governments and the Non-Governmental Organizations are doing their best to promote awareness on HIV/AIDS and the measure to prevent this lethargy disease, yet all sort of the measures seem to be temporal rather than permanent, thus the intension of this paper is to take a step further by leading Nigerians back to the norm and ethics of their faith, especially those that deal with sanctity of life. In Yoruba Tradition, it is a taboo for a lady to be dis-virgin before getting married such discipline life would bring respect, glory not to the lady alone but even to the entire family where she hails. In the Baptist Church for example the services of white Bible for a virgin lady before marriage bring respect, recognition and permanent faithfulness to the family she comes from as well as the church of God. All these if we go back to the drawing board much will be achieved on permanent basis rather than the temporal and politicizing measure we are known for on the eradication of HIV/AIDS in our society.

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