

# HIV and AIDs In Human Society: Biblical Perspective

C.N Ibenwa (Ph D)

Department of Religion and Cultural Studies, University Of Nigeria, Nsukka.  
[christopheribenwa@yahoo.com](mailto:christopheribenwa@yahoo.com)

## Abstract

AIDS is a global problem. Therefore, it is not peculiar to any country. At present it has no known cure and is being managed by using some anti retrovirus drugs that can only help to prolong the life of the sufferer. Consequently, people watch their loved ones die gradually before their very eyes and they have no help to offer. This has become a source of great worry to most people including the researcher who feels he has something meaningful to offer to the sufferer hence the emergence of the topic under study. Phenomenological research method developed by Edmond Husserl which sets aside the researcher's bias and assumptions, and concentrates on the detailed description of conscious experience, was used to examine these concepts. It was discovered that: i) AIDS is a punishment from God and ii) outside the use of anti retrovirus drugs and fruits, that there is a spiritual cure which only God can offer through prayers.

**Key Words:** HIV, AIDS and Perspective.

## Introduction

AIDS is a deadly sickness which is mainly transmitted through sexual intercourse. Human immune-deficiency virus (HIV) is a virus that causes Acquired Immune-deficiency Syndrome (AIDS). AIDS is a fatal sexually transmitted disease (STD). This life threatening disease is the final stage of infection with human immune-deficiency virus (HIV) (Nwagbo & Ubachukwu, 2001). There has been a lot of controversy with regard to the origin of AIDS. Research has proved that AIDS was first described as a disease in 1981, in the United States of America (Shannon and Plye, 1989). In the United States and Europe the disease was first noticed among men who had sex with other men (homosexuals). These men were observed to have profoundly depressed immune function. The disease has now spread to most countries of the world and is continuing to spread up to date. This has become a source of great worry for most **Nigerians hence the emergence of the topic under study. The method adopted in this work is the** phenomenological research method that was developed by Edmond Husserl which sets aside the researcher's bias and assumptions, and concentrates on the detailed description of conscious experience, was used to examine these concepts.

## Origin Of AIDS

Because of the discovery that AIDS Virus is similar to the virus found in Western world now claims that AIDS originated from Africa. However, this argument has been dismissed as a mere racial speculation or propaganda by the white to disparage Africa people. AIDS arrived Africa in 1984 and the disease was first identified in Kenya. By 1986, it entered into Nigeria; possibly through sexual intercourse and a little girl of thirteen (13) years first contacted the disease in Nigeria She was sexually mature and had started having sex when the disease was diagnosed as positive. (Iffih, 2002). AIDS as a tragic tale in numbers is as rampaging as you can ever think of. Available statistics reveal that every minute, six young people below the age of twenty (25), become infected with HIV. At the end of 1999, 34.3 million people in the world were living with HIV, 24.5 million of them in sub-Saharan Africa. In 1999, AIDS killed ten (10) times more people in sub-Saharan Africa than did all conflicts, raging in that region. AIDS statistics in Nigeria shows that one in 17 or 5.8 percent of Nigerians between the age of 15 and 49 are HIV positive ( Obioha, 2002) in

According to a United Nations report, the 21st countries has the highest incidence of HIV infection and in Africa, at least ten (10) percent of the population is infected. A country by country break down of the most endemic of this, as at the year 2000, shows that there are over a million South Africa living with the virus. Nigeria 2.7million. Ethiopia 3 million, Kenya 2.1 million, Zimbabwe 1.5 million, Uganda 820,000 Rovando 400,000, Democratic Republic of Congo 1.1 million and 760,000 in Cote-d' Voire. But the rate of infection has been on the increase. Current statistics across Africa is shocking. For instance, in Zimbabwe AIDS kills at least 2,000 people a week and experts predict that Zimbabwe could become the first country in the world to record zero percent population growth by 2002. The United Nations Children' Fund (UNICEF) projects that Zimbabwe's average life expectancy would drop to twenty seven (27) years within the next decade from a current forty four (44) years and sixty two (62) years in 1990.

Here in Nigeria, according to World Bank Statement of July 2001, there are 3 million HIV infected people, making it the fourth of the country with the highest level of infection in sub-Saharan Africa. It stated that about 1.7 million Nigerians have died from the epidemic that has reduced life expectancy to forty seven (47) years in the country (Orizu, 2001).

Furthermore, according to HOPE Worldwide (Nigeria). (The acronym “HOPE” stands for Helping Other People Everywhere) a non-governmental organization declared that by recent global survey Nigeria was ranked fourth in the unenviable league of countries under this scourge of the incurable disease ( Ogidan and Borisade, 2002)

### **Etiology of AIDS**

In this segment the writer tries to emphasize more on the causative agents of AID. AIDS is caused by a dangerous virus called HIV, which is further grouped into type 1.2 and 3. It can only be detected by powerfully microscope. Despite, allegations of confusion and lack of appropriate attentions by many Federal Public Health Officials and the medical research community in the early stages of the epidemic, progress in understanding the etiology of the disease has been relatively rapid. Initial Publications described two major “opportunistic” disease associated with AIDS, Kaposi Sarcon (KS), a soft tissue cancer extremely rare in the United States, and an equally rare form of pneumonia, Pneumocystis carinii pneumonia (PCP) among small group, small groups of homosexual males in California and New York. Researchers have perceived the human virus as a primary cause of AIDS.

Furthermore, because of early confusion and debate pertaining to the discovery of the AIDS-selected virus and its properties in early literature, the virus was variously labeled. (HLV)

- a. Lymphadenphthy Association virus (LAY)
- b. Human-Cell-Lymphotropic Virus
- c. AIDS related/association virus (ARV).

Recently, the international research community agreed on the name Human Immuno Deficiency Virus (HIV) (Alder, 1987: 108-85). Moreso, with recent isolation of an HIV variant by French researchers in West Africa. AIDS patients now labeled HIV/II, the original virus is now labeled HIV-I.

As a matter of fact, researchers have accordingly designated the HIV-I as the cause of AIDS due to the following reasons:

1. Its repeated isolation from AIDS patients and persons at high risk of AIDS.
2. Numerous cross-sectional studies indicating significantly more common occurrence of anti-bodies HIV-/AIDS patients than controls.
3. The spatial-temporal conversion in the proportion of risk group members seropositive for HIV-I coincident with the spatial and temporal trends of the epidemic.
4. The absence of HIV-! Anti-bodies historic sera obtained prior to the onset of the AIDS epidemic even of clinical illnesses considered suggestive of AIDS.

### **Signs/Symptom of HIV/AIDS**

As a matter of fact, a person infected with HIV may begin to show signs of illness after six months or after many years. These signs/symptoms are common in many illness and cannot be themselves alone be used to diagnose AIDS.

A physician may suspect HIV/AIDS when a person has two or more of the following major signs, together with at least one minor sign. Major signs are those which occur frequently, in other illness as well. The major sign are as follows:

Weight loss, greater than 10% of weight. Fever lasting longer than one month, diarrhea lasting longer than one month.

The minor signs include the following symptoms, cough for more than one month, itchy skin, rashes, thrush in the month and throat, swollen glands at two or more sides (excluding the groin) lasting for more than three months.

Moreso, as time goes on these symptoms-increase in severity resulting in profound sweating. The person experiences premature graying of hair, wrinkling of skin, and rapid aging. When the central nervous system is affected, the person also manifests these symptoms: dementia, loss of memory, confusion, disorientation, hallucination, paralysis of lower limbs and impotency. Finally, the person assumed a skeletal – like picture and dies about 18 months to two years from the onset of AIDS. The timing of these symptoms, their sequence and severity vary from patient to patient, ( Orizu, 2001).

### **Spread of the Disease:**

HIV is transmitted when the blood, semen or vaginal secretions of an HIV – infected person comes into contact with the blood stream of another person or from a mother who has AIDS to her unborn baby. The method of transmission includes the following:

1. Sexual Transmission
  - a. Heterosexual contact accounts for up to 80% of the majority of transmission in developing countries.
  - b. Male homosexual contact accounts for a significant proportion of cases in developed countries.
2. Parental Transmission
  - a. Contaminated needles used for intravenous drugs injection and for medical purposes.
  - b. Re-use of unsterilized or inadequately sterilize needles/instruments.

c. Transmission of infected blood or blood products.

**3. Vertical Transmission**

That is transmission from mother to infant at or before birth. This includes: transmission from mother to infant through the blood during pregnancy and through the breast milk after birth. Other factors in our environment that fuel the spread of HIV/AIDS according to Onah (2003:313) include women marrying women, cult marriage, peer pressure, teenage pregnancy, early sexual debut, concubine/promiscuity and young women marrying older men.

However, it may not be out of context to mention here that AIDS as a disease cannot be spread through the following ways:

- i. By handshaking
- ii. By hugging
- iii. By touching
- iv. By mosquito or insect bites
- v. By living in the same residence or house with an AIDS person
- vi. By witchcraft activities.

**World Statistics of AIDS**

There is no doubt, that every nation has reported cases of AIDS to the World Health Organization (WHO). Nearly thirty four (34) million people in the world are currently living with HIV/AIDS, one third of whom are young people between the ages of ten (10) and twenty four (24). This epidemic continues to grow as about 16,000 people world-wide become newly infected each day.

It has also been reported, that AIDS is fourth leading cause of death in the world and the leading cause of death in sub-Saharan Africa. The largest number of HIV-Infected people live in the region of Africa, South of the Saharan. Of the nine million HIV infected people in Africa, by 1994, there were more than two million AIDS cases in this region ( World book Encyclopedia 1995). Between 1982 and 1997, most parts of East and South Africa have been engulfed, with 16% - 32% adult prevalence rate. The World Bank reported, that nearly 14 million Africans have already died and 23 million people are now living with HIV/AIDS, that is, two-thirds of all cases on earth. At the national level, it was noted that the twenty one (21) countries with the highest HIV prevalence in the world are in Africa. One out of every four adults is infected in Botswana and Zimbabwe. In other African countries, more than one in three persons are at the risk of dying of AIDS. This has serious social, economic and political consequences to these developing countries, Nwagbo and Ubachukwu (2001: 280).

**Diagrams Showing HIV/AIDS Prevalence in Nigeria.**

YEAR	PERCENTAGE (%)
1990/91	1.8
1992/93	3.8
1994/95	4.5
1999/2000	5.4
2001	5.8

Although the median prevalence rate at the national level is 5.8% there is considerable variation across zones and states, ranging from 3.3 percent in the North West Zone to 7.6% in the North Central Zone.

**HIV Prevalence by Zone**

YEAR	PERCENTAGE (%)
South East	5.8
South West	4.0
North West	3.3
North East	5.4
North Central	7.6
South South	6.1
National Prevalence	5.8

**Source:** 2002 HIV/AIDS in Nigeria Overview of the Epidemic (FMOH)

The North Central recorded the highest prevalence rate of 7.6% higher than the National average of 5.8%. The lowest prevalence is found in North West (3.3%) followed by the South West with a rate of 4.0%.

### HIV Prevalence by State

YEAR	PERCENTAGE (%)
Abia	3.3
Anambra	6.4
Ebonyi	6.3
Enugu	6.5
Imo	4.2
Ekiti	2.6
Lagos	2.1
Ogun	3.5
Ondo	5.6
Osun	4
Oyo	3.8
Jigawa	2
Kaduna	6.5
Kano	5.1
Katsina	3.1
Kebbi	4.4
Sokoto	2.7
Zamfara	3.6
Adamawa	4.2
Bauchi	6.1
Borno	3.7
Gombe	11
Taraba	6.5
Yobe	3.7
Benue	14.9
FCT	7.9
Kogi	6.2
Kwara	3.9
Nassarawa	7.1
Niger	3.4
Plateau	6
Akwa-Ibom	7.8
Bayelsa	7.2
Cross River	7.5
Delta	7.1
Edo	4.4
Rivers	7

**Source:** FMOH – 2002 HIV/AIDS in Nigerian, Overview of the Epidemic.

In Nigeria, the highest HIV prevalence can be found among young adults between 25 – 29 years with an average of 6.5% followed closely by teenagers (young people) between 15 – 19 years with an average of 6.1%.

### HIV Prevalence by Age

AGE	PERCENTAGE (%)
<15	1.7
15-19	6.1
20-24	6
25-29	6.5
30-34	5
35-49	4.9

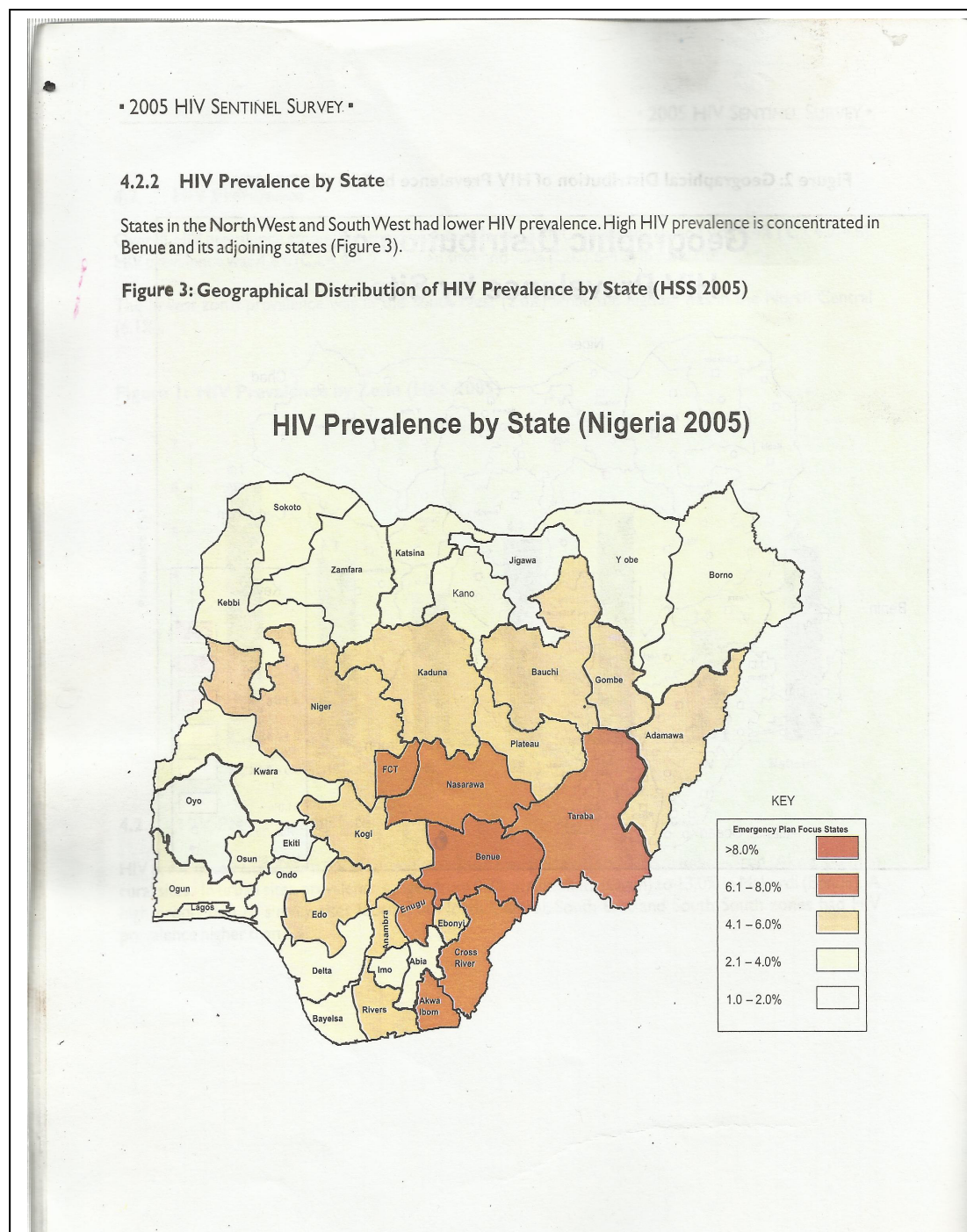
The Youth, the future of Nigeria are the worst affected group. The significant of the 5.8% HIV prevalence rate is that Nigeria has entered a stage where the epidemic will increase at an exponential rate unless adequate national and regional responses are mounted to stem its spread. In 1990 around half a million were infected with HIV. By

2000 this had increased to 3.26 million and by 2005 it is estimated that over 4 million Nigerians will be HIV positive (see below).

**HIV + POPULATION**

YEAR	MILLIONS
1990	0.54
1995	1.98
2000	3.26
2005	4.17

Source: (Onah B. N. 2003: 303 – 306)



HIV Prevalence by State (2005) Fig.1

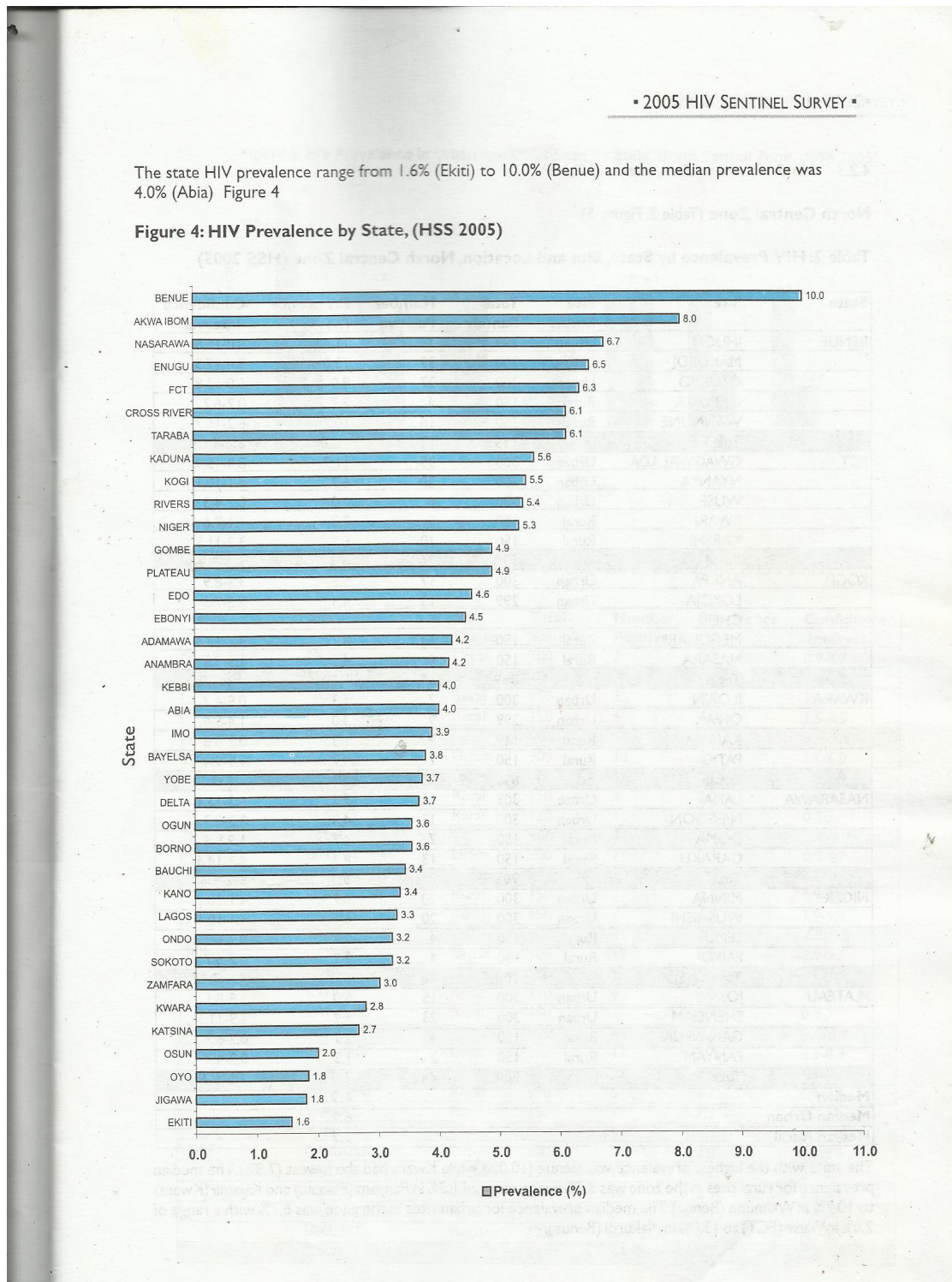


Fig. 2

**Effects of HIV in the Society**

The social economic and psychological implications of uncontrolled HIV/AIDS epidemic can be best imargined. The effects are as follows:

### **Social Implications**

The HIV carrier who is aware of the disease has the tendency of becoming depressed. The family of the individual goes through emotional and psychological torture. The rise in the number of people having the disease as reported by Dr. Roland Eni, in his public lecture on STDs/HIV infection/AIDS' held in Kaduna, 3rd September, 2001 He said, that Nigerians have prevalence rate of more than 5.4%. Some states are hot spot states. In 15 to 50 years they will be more than 10%. These states are Kaduna, Benue, Akwa-Ibom, Taraba. This is creating serious problems in the society. Deaths are recorded and homes are shattered. In some cases, the children end up losing both parents, only to become orphans and this present a problem in the growth of the affected children. They end up not having a normal growth process and the accompanying hurt are hard to deal with.

Lamenting the ordeal of these children, Robert (2001) remarked that, "globally, AIDS takes a great toll on the young ones. Nearly 4 million children under 15 years old have died of the disease since the epidemic began, and approximately 1.3 million children 15 years and under are living with HIV, Millions more been orphaned when their mothers or both parents died of AIDS".

In quite a number of cases, these AIDS patients are treated like outcasts. Generally, people that tested positive to HIV are ostracized in the society. Even their best friends avoid them. Such people feel ashamed and refused to appear in public so as not to be ridiculed.

Furthermore, parents and relations who are shouldering the enormous financial responsibility of caring for HIV patient may not be able to afford education for the other members of the family. In other words, there may be hardly any money left to invest in the education of the children, which means, limiting the chances of economic survival of these people.

### **Economic Implications**

With the rise in the number of people infected with HIV virus the attendant effect on the global economy is obvious. For instance according to Ogidan and Borisade (2002) cautioned that Nigeria may lose 60% of her work force, if the menace of HIV/AIDS is not checkmated. The first effect is the loss of manpower. Those who have full blown cases of AIDS infection are forced to withdraw from economic activities. They are no longer productive economically speaking, and this effects the "Gross Domestic Products" (GDP) of their various countries. The loss of skilled and educated personnel is likely to slow future economic growth significantly in several African, South American and Asian countries.

Huge amounts of money is being spent in trying to cope with the management of a sufferer. This was decried by Ogidan and Borisade (2002) wrote that, "the AIDS patient clinical management in our country is so high". For instance, rapid test for the disease cost between N500 and N600 while confirmation test is between N3000 and N6000 which are done in only a few places like University Teaching Hospital, Lagos.

### **Psychological Implications**

This is the most painful of the effects of AIDS. Imagine watching someone you love who used to look so nice, robust and full of health, suddenly dry up and look like a living dead; or parents watching their child who used to be healthy suddenly turn sick, simply because of AIDS. To make matters worse, there is no cure for it at the moment. No matter how well one tries the person must die at a certain time and there is nothing one can do. Now think of the mental torture parents or relatives go through when the sufferer is in agony. Here the family members and relative of the patient become economically depressed and frustrated as to when the illness will come to an end. Apart from this, other emotional problems like feelings of fear, rejection, anger and shock, place a lot of psychological burden on the sufferers. (WHO 1992).

### **Prevention of AIDS**

Although HIV/AIDS cannot be cured at the moment, it can be prevented. Therefore, as the disease spreads, so also are interventions aimed at curtailing its effects and rampage on humanity. The preventive measures are as follows: -

1. Avoid having sex before marriage and remain faithful to your marriage partner if you are married.
2. Do not have sex with people of high-risk behaviour such as prostitutes, homosexuals and long distance travelers.
3. Use of Latex Condom: The use of latex condom should be discontinued since it does not guarantee hundred percent (100%) safety. Many high power scientific studies have shown without any doubt that the condom, even with constant use is only at most 75% effective in preventing AIDS, a failure rate of about 25% one in 3. That is to say, that there is no such thing as safe sex outside of one's legitimate marriage.

It is important to note also, that the double use of condom as advocated by some writers, is not save at all, experience has proved it wrong.

4. Refrain from sharing needles, syringes, razor blades, manicure sets, tooth brushes, sharp combs and chewing sticks.
5. If you have a cut in your body, avoid direct contact between the cut and the blood, semen or vaginal secretions of another person.
6. If you need blood transfusion, make sure the blood is screened at a reputable laboratory.
7. Intending couples should go for HIV tests before getting married.
8. The church should demand for HIV test certificate before wedding couples.
9. The government should foot the bills of these tests as a way of stemming the tide of work force decimation.
10. Government should organize workshops, seminars, conferences, in order to enlighten the members of the society of the danger of the killer disease.
11. This disease could also be prevented through discussions on our televisions and radios, including the use of jingle' both by government and non-governmental organizations.
12. Finally, it was in line with the above that Ajayi (2001) opined that, "communication remains the only potent weapon for African and others in the developing world to check the merciless march of HIV/AIDS". Effective communication to make the people's life style and sexual behaviour such that do not pre-dispose them to HIV infection is the only way to save Africa from being wiped out of the face of the earth by this plague ... African must be ready to invest money and resources on information, education and communication initiatives for HIV/AIDS prevention.
13. Suffice this to say that another way out of this quagmire is a spiritual rebirth. That is having a regenerated mind that fears God and obeys his commandments.

#### **HIV/AIDS and the Bible**

The relationship between HIV/AIDS and the Creator is made manifest in the Holy Bible. One can logically say, that God allowed the HIV/AIDS to come upon man as a punishment in order to reduce the spate of sexual immorality in man nowadays. This claim can be buttressed from various texts in the Bible like (Exodus 20:14, Deuteronomy 28: 27, among others). God, in His ten commandments in Exodus 20: 14 said, that we should not commit adultery and fornication. In Deuteronomy 28:14-25. God said, also that if we disobey Him and do those things which He abhors or has instructed us not to do, that He will definitely punish us for disobeying Him.

In Deuteronomy 28: 27 He said because we have disobeyed Him, that He will smite us with the botch of Egypt and with the emerods and with the scab, and with the itch, which no man can heal you of. The signs and symptoms mentioned in this portion of the Bible and in other chapters and verses are similar to that of HIV/AIDS. In line with this the Scripture Union Tract of Nigeria writes that at the 15<sup>th</sup> verse of the 28<sup>th</sup> chapter of the book of Deuteronomy, Moses handed down the following injunction "But it shall come to pass that if thou wilt not hearken unto the voice of the Lord thy God, to observe to do all his commandments and his status which I command thee this day that all these curses shall come upon thee and overtake thee". Then at the 27<sup>th</sup> verse of the same chapter the Bible records: "The Lord will smite thee with the botch of Egypt and with emerods and with the scab and with the itch whereof thou canst not be healed."(KJV) Some other versions of the scriptures have simpler descriptions of this disease as boils, tumours, scurvy, and also the itch". According to medical experts an HIV infected patient can easily be identified with the following symptoms, which nearly corroborate with those already listed above as recorded in the book of Deuteronomy, headache, skin rash, cough, chronic fever, persistent diarrhea, swollen glands in the neck, armpits and groin, unexplained rapid weight loss and loss of appetite etc" The Bible states in clear and unmistakable terms that for this disease, "there will be no cure". AIDS is incurable. Those who receive healing is by special intervention of God after serious prayer, out of mercy and compassion for those who have showed repentance for their sin. For God said, in Exodus 33:19, that He will show mercy on whom He wish to have mercy and compassion on whom He wish to have compassion. Remember, that in Luke 1:37 and Matthew 19:26 the Bible told us that with God all things are possible" So for God to allow this sickness to be ravaging man is a deliberate act of God to punish him for his life of promiscuity.

#### **Coping Strategies**

The whole idea of how to cope with the deadly HIV/AIDS syndrome calls for ways and means by which the patient can be sustained further here on earth.

The following strategies could, however, be adopted.

##### **1. Use of Antiretroviral HIV Drugs:**

Drugs are now available that can effect profound and prolonged suppression of HIV and hence improved survival. Such anti-HIV drug are Azido Hymidine (AZT) and Zidouvdine, (Dorland et al (1956). In supporting the above, Dr. Matemiloal, the co-ordinator of the National Network of People Living With HIV/AIDS (NPLWHA) as reported by Adigun (2001) maintained that the use of anti-retroviral drugs and by carefully



walking through the maize of HIV infection have proved effective, in helping discordant couples (husband and wife with HIV positive) to live together and bring forth children without one infecting the other or the babies.

**2. Preaching Strategy**

The pastor or priest may provide succour and solace to HIV/AIDS patients through the use of the word of God especially those portions of the Bible where God said that He does not derive pleasure in the death of a sinner and that He shall no wise cast away who cometh to Him (Isaiah 1:18, John 6:37b).

**3. Government Involvement in the Cost of Hospital Treatment:**

Because of the huge financial involved in the treatment of AIDS patients most parents cannot afford to pay it, hence, the patients are dumped to their fate. Government can help in this direction by assisting the victims financially or provide anti-HIV drugs for them. As a matter of fact, the government should foot the bills as a way of stemming the tide of work force decimation as earlier stated.

**4. Education Strategy**

Here, the education is aimed at disabusing the patient's mind, that he/she must have contacted the disease through sexual habits. It could be from the barbing salon, or blood transfusion or other means.

**5. By Association**

The psychological trauma which the AIDS victims pass through, help in quickening their death. It could be reduced by keeping them company. They should not by any means be isolated or left alone. They need our visits and fellowship to give them a sense of belonging.

6. The family members of HIV/AIDS patients should not allow psychological effects and emotions to ruin the family.

7. More importantly, they should not be treated as moral miscreants.

8. They should prevent themselves from further sexually transmitted infections.

9. The sufferer should not be discriminated against, stigmatized nor denied of their rights in their various places of work.

10. They should share information about their health condition with their trusted friends and relations.

11. To cap it up, they should, as a matter of fact endeavour to stick and adhere to medical treatment and advice.

12. In addition, to this Leonie Mcsweenay, (1991: 40) has suggested a simple Medical Treatment for the symptoms of AIDS for Health workers, Relatives and friends.

The primary treatments available for the relief of pain regularly. Some examples are given here under:

**1. Fever and Pain:**

(a) Plenty of fluids – water and other drinks.

(b) Bathing or sponging in cold water can give him or her great relief and it should be done frequently. Fanning also reduces fever.

**2. Diarrhoea:**

The most important treatment for this very common complaint is to avoid dehydration. To do this, prepare plenty of rehydration fluids and encourage the patient to drink them, frequently. Fluids of almost any kind are good, but what is known as ORT Oral Rehydration Therapy or more simply SSS (salt/sugar solution) are particularly helpful and give great relief. It is usually best not to give anti-diarrhoea drugs and also not to give antibiotics for diarrhea.

**How to make up “ORT” or “SSS” for Adult or child.**

**(a) Clean Water:**

Fill a clean beer bottle with water. If you have a few bottles fill them all or fill one repeatedly. Many may be needed.

**(b) Add Sugar:**

To each bottle add 5 sugar cubes or 10 teaspoons of sugar. The sugar should first be dissolved in a little glass of water.

**(c) Add Salt:**

To each bottle add one teaspoon of salt dissolve first in a little water. This fluid needs to be given repeatedly.

**3. Thrush:**

A white rash on the mouth and throat that can make it difficult to eat is very common in PWAS. Paint mouth and throat with Gentian violet regularly.

(a) Then wash out the mouth and throat with plain or salty water and then drink water.

**4. Herpes Zooster:**

A painful blister type of rash.

(a) Aspirin or paracetamol (panadol regularly).

(b) Wash frequently in cold water and soap.

**5. Itching**

- Scratching of the skin.
- (a) Aspirin or paracetamol regularly may be needed to relieve discomfort.
  - (b) Anti-histamine Ointment or tablets will give some relief.
6. Cough: Pneumonia – Ear ache  
A full course of anti-biotics is needed for each of these.
- (a) Cough syrup to relieve cough.
  - (b) Aspirin or Paracetamol for Ear ache.
- If TB is suspected, special prolonged TB treatment is required under medical supervision.
7. Nutrition  
People with HIV/AIDS should be encouraged to eat plenty of good ordinary food to help them to cope with infections. Experience shows that a balanced diet and prompt treatment of infections can prolong their lives.

### Conclusion

The raging pangs of AIDS may fleece the nation's economy of its most important element, (the work force), if not seriously checked. Since the disease has no cure at present, it therefore, calls for more careful approach by people to checkmate its menace in order to protect their today and tomorrow, and be able to keep their dreams alive and consequently save their family members from shameful deaths. Finally, Africans should be grateful to the developed Nations, whom in the meekness of their hearts and love have decided to dream of an AIDS – Free Africa, especially US, whom in they year 2000 decided to dream of an AIDS Free Africa As reported in the *Punch Newspaper* of Wednesday January 19, 2000, that the United States used its presidency of the Security Council to bring the authority of the council and experience of Senior United Nations and government officials to bear on the African AIDS pandemic and to spur increased contributions to combat the disease and this meeting was said to be the first in the United Nations more than fifty (50) year history to focus on the health as a security threat. It was discovered in the cause of this work that AIDS is a punishment from God and outside the use of anti retrovirus drugs and fruits, that there is a spiritual cure which only God can offer through prayers.

### Suggestions

The Anti-HIV drugs that have recently become useful in prevention of progression or multiplication of HIV in a person, are too expensive and not easily affordable by the common man. It is suggested, that the developing countries adopt the prevention strategy in their war against HIV/AIDS, should spare no expenses on HIV prevention campaign but efforts must be concerted and carried out with utmost transparency, financial prudence and proper accountability.

Those researching on the disease should step up work to arrive at a solution, because the pandemic is a waiting time-bomb that will explode sooner than later.

Penalties should be spelt out against those who deliberately spread the virus vindictively. Sexuality education should be given a priority attention in our awareness campaign against HIV/AIDS. This should as a matter of fact, starting with our various families. Parents should make out time to teach their children and wards that AIDS is real with its concomitant effects. This when done, no doubt, will help to minimize the rate of infection among infants and youths in our various homes.

The gap between the plans and actions should be bridged to make for a greater efficiency, since we believe that actions speaks louder than words.

The government should train health personnel to assist in the fight against AIDS, particularly in the rural areas.

The western technological medicine should be integrated with the traditional herbal medicine for improved healthcare delivery system. Those who claim to have traditional cure for AIDS should be encouraged by government. Claimants like Jeremiah Abalaka of Medic Rest Medical Centre Jacob Abdullahi of Winners Medical and Diagnostic Centre, Abuja, Chikwendu Odii of Eziokwu bu Ndu Tradomedical Hospital (Truth is Life Hospital) Onitsha and many others in Nigeria.

The era of puritanical judgments on AIDS sufferers is gone. Therefore, the need for a pastoral and medical programme to save as many Africans as possible from the ravages of AIDS should be emphasized and pursued with vigour and zeal.

### Conclusion

The raging pangs of AIDS may fleece the nation's economy of its most important element, (the work force), if not seriously checked. Since the disease has no cure at present, it therefore, calls for more careful approach by people to checkmate its menace in order to protect their today and tomorrow, and be able to keep their dreams alive and consequently save their family members from shameful deaths. Finally, Africans should be grateful to the developed Nations, whom in the meekness of their hearts and love have decided to dream of an AIDS – Free Africa, especially US, whom in they year 2000 decided to dream of an AIDS Free Africa As reported in the *Punch Newspaper* of Wednesday January 19, 2000, that the United States used its presidency of the Security Council to bring the authority of the council and experience of Senior United Nations and government officials

to bear on the African AIDS pandemic and to spur increased contributions to combat the disease and this meeting was said to be the first in the United Nations more than fifty (50) year history to focus on the health as a security threat.

### References

- Adler, M. (1987) "Development of the epidemic" *British Medical Journal*. 294, pp. 1083 – 85.
- Ajayi, F. (2001)"Political Economy of HIV/AIDS Control". *Punch Newspaper*, June 8, p. 37.
- Al Gore,(2000) *The Punch Newspaper* Wednesday, January 19, Nigeria p. 15.
- Dorland, et al .(1956) *Dorland Illustrated Medical Dictionary*, Philadelphia: W. B. Saunders Company. p32.
- Iffih, B. N.(2002) *Family Sociology: Lecture Hand-out SWK 211 Department of Sociology/Anthropology*, UNN.
- Leonie Mcsweeney (1999) *AIDS Your Responsibility*. Ogun: Ambassador Publications. P. 46.
- Norton, B. P et al (1998) *The New Encyclopedia*, Chicago: Vol. 1, Encyclopedia Inc. P. 131.
- Norton, B.P. (1981) "AIDS. *Encyclopedia Britannica*, USA: Vol. 1. Encyclopedia Britannica Inc. P. 170.
- Orizu, N. (2001) *Know About HIV/AIDS*. Enugu: Optional International Ltd.
- Nwagbo, C. R. & Ubachukwu, P. O. (2001) "HIV/AIDS" History, Social Implications and Coping Strategies" in Nze, C. B. *Journal of Liberal Studies*, Vol. 9, Nos. 1 & 2. P. 280.
- NASCP/FMOH, (2005) National HIV/Syphilis Sero-prevalence Sentinel Survey Among Pregnant Women Attending Antenatal Clinics in Nigeria
- Ogidan & Borisade (2002) "AIDS Threatens 60% Nigerian Professionals" *Guardian Newspaper*, July 9<sup>th</sup> P. 33.
- Onah, B. N. (2003), HIV/AIDS Socio-Cultural Unpublications in Okece V.I et al. *Comprehensive Textbook in the Social Science*. Enugu: Joen Publishers.
- Robert Adigun(2001) "New Hope for person living with HIV" *Post Express Newspaper*, 12<sup>th</sup> September, P. 14.
- Roland E..(2001) STDS/HIV infection/AIDS Public Health Education and Awareness for Girls. Bridge National Workshop-Kaduna. 3<sup>rd</sup> September, P. 2.
- Shannon & Plys.(1989) "The Origin and diffusion of AIDS" A view from medical Geography" in *Annual of Association of American Geography*" 76 (1), , PP. 1 – 3.
- Uzoegwu, P. N. (1995) *The Family Guide of Understanding sickle cell syndrome*. SNAAP. Press Ltd. Enugu.
- WHO: "Living with AIDS in community" "*WHO/GPA,DS/HCS/92.1*

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:

<http://www.iiste.org>

### CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

**Prospective authors of journals can find the submission instruction on the following page:** <http://www.iiste.org/journals/> All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

### MORE RESOURCES

Book publication information: <http://www.iiste.org/book/>

Academic conference: <http://www.iiste.org/conference/upcoming-conferences-call-for-paper/>

### IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digital Library, NewJour, Google Scholar

