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Only the Funeral Industry is Benefitting from HIV/AIDS in Rural Nigeria

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Report

We have our hands tied because human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is tightening its grips on Nigeria and threatening our populace with heavy burden. "This genocide of our generation" has more casualties than any other war as we are losing the leaders of tomorrow" since our shift focussed on treatment instead of prevention.

As of 2014 in Nigeria, the HIV prevalence rate among adults ages 15-49 was 3.17 per cent. Nigeria has the second-largest number of people living with HIV, as 9% of all people living with HIV globally are in Nigeria, 14% of the global deaths from HIV-related illness are in Nigeria [1] and with a population of about 170 million and despite the recent drop in HIV prevalence to 4.4%, about 3.8-4.0 million people are now estimated to be HIV positive with growth rate of 1500 per day with an infection every minute. Over one million have died of the disease leaving behind over 2 million orphans, now visibly seen in what once were considered unlikely sites – RURAL COMMUNITIES.

Funeral is the final stage in the spectrum of care provided to persons with HIV everywhere in Nigeria especially in rural villages and since the discovery of AIDS (Acquired immunodeficiency syndrome) in 1980, a fortune has gone into the funeral industry especially at the rural communities in Nigeria. Rural villages in Nigeria that contributes significantly to the nation's economy through agricultural activities are rife with HIV/AIDS disease, but HIV is not always understood to be an infection. Witch doctors and tribal lore abound - a belief that any sickness resulting to AIDS is inflicted upon by a wicked man or woman and can only be cured when the "gods" are appeased. This belief has caused a horrific spike in the death of many innocent who often are accused of "witch voodoo". Many infected people from the towns and cities across our beautiful country, Nigeria are migrating to their rural villages to die, where they are aware that care which they did not get while in the towns/cities will be given to them by their own relations before they die and be buried. Because 90% of the populations are relying on the government for health care rather waiting for a government program, unfortunately, many public hospitals are already in dire of financial straits. But with the coming together of various pharmaceutical companies to supply antiretroviral drugs to Africa coupled with President Bush's PEPFAR, these

therapies have become unavailable and beyond the reach of many people living with HIV/AIDS (PLWHA).

In Nigeria, "I feel angry, distressed, and helpless...to live in a country where we have the means, the resources, to be able to help all these patients- but what is lacking is the political will and there is so much corruption among medical personnel that are supposed to help distribute the drugs to PLWHA at subsidized rate despite the high cost.

"PLEASE HEAR THE CASE OF A CLOSE FRIEND'S ACCOUNT- ANGELA" Ah! OO!! AH!!! Angela groaned in pains as her 60 year old frail mother struggled to clean her watering stool, which had smeared her whole body. Apart from that, Angela, a promising graduate of a university a few months earlier, could not control saliva from dripping out of her mouth. Angela who is from western Nigeria but living in the northern part of Nigeria with her mother got infected with HIV/AIDS some years back on the university campus when she was a student. Now that the relations expect her to provide support after her compulsory national youth service corps with a very lucrative job, she brought HIV/AIDS. When she was diagnosed HIV positive, she returned to her rural village after she was denied basic medical treatment because of her seropositivity, to seek a traditional cure, a situation that worsened her plight and led to the degeneration of her health. In distant time, Angela had developed a full blown AIDS. Her weak and frail mother, who was a widow, was her only companion as all her relatives had deserted her for fear of being infected with the disease.

When Angela eventually died, the world came to a standstill for her mother as neither relative nor community members came to commiserate with her or render the traditional assistance of according final rights to her dead daughter. The poor weak and frail widow was made to pay N11, 000 (about \$38) to local or coffin maker to have her daughter buried coupled with other expenses paid to appease local gods.

The person arranging the funeral must pay for its cost especially buying of coffin. Even after the purchase of the coffin or casket, still no assistance was given to the widow for the rural communities were afraid that the disease might inflict them as discrimination against persons with HIV-related illnesses or death and funeral services is very common. Also, another fetish group has gone around with their "Voodoo" belief that anybody that help in the burial of Angela will also die like her,

until necessary sacrifices will be made and paid by the poor mother to appease local gods. What a belief and exploitation? This raised another point that ignorance, fear and intolerance couples with fetish belief were fuelling the spread of HIV/AIDS in rural communities and there is need for effective action and redoubling of our effort to curb the spread.

The widow's emotional trauma was however, lightened when two young men who returned from the city came to commiserate with her. But the young men defiled all entreaties from their relatives' fetish belief not to visit the widow and even assisted her in burying the dead Angela. Blessed memories!

As I am writing this article, another coffin or casket maker and the Voodoo groups are benefiting or making a fortune in one or two communities afflicted by the HIV/AIDS pandemic where the old are busy burying the youths.

Permit me to write as I conclude that Nigeria's HIV-related problems are mind-boggling and the real challenge of reducing HIV/AIDS in rural communities comes not from the difficulty of developing and change culturally appropriate training materials, but changing the attitudes that lead to unsafe and unacceptable behaviour particularly towards women and children. Media in various local dialect especially radio should be used to educate the rural communities about the dangers of careless sex and HIV/AIDS.

References

1. UNAIDS (2014) Gap report.