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Mandatory Premarital HIV/AIDS Test and Break Up of Marital Engagement among Intending Couples in Some Pentecostal Churches in Southern Senatorial District of Cross River State, Nigeria

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Abstract

The study examines mandatory premarital HIV/AIDS test and break up of marital engagement among intending couples in some Pentecostal churches in Southern Senatorial District of Cross River State, Nigeria. One hypothesis was formulated to guide the study. Survey research design was adopted while data were collected from 720 intending couples from 36 selected Pentecostal churches in the study area. Quantitative data was collected using questionnaire and confirmed with Focus Group Discussion, carried out in ten randomly selected Pentecostal churches. Cluster and purposive sampling procedures were applied at appropriate stages of the study. The data were tested using Pearson Product Moment Correlation. Finding revealed that significant relationship existed between mandatory premarital HIV/AIDS tests and break up of engagements among intending couples in the study area. Based on this finding, it is recommended, among others that social workers and other development agencies should embark on vigorous education campaigns that will bring about change in church policies in regard to premarital HIV/AIDS test. This can be carried out through workshops, seminars, and conferences. Pentecostal churches should be conscientized to allow for voluntary HIV/AIDS test instead of the mandatory premarital HIV/AIDS test.

Keywords: Mandatory, premarital, HIV/AIDS tests, break up, engagements, intending couples

1. Introduction

Given the fact that with the invention of anti-retroviral medication which makes it substantially possible for HIV carriers to live their normal lives and be productive in all human ramifications, one would think that the problem of mandatory HIV test before marriage should have no place in this century, but this has not been the case. Mandatory HIV test for intending couples has become a common practice and the magnitude is very alarming especially, among Pentecostal churches. The incessant cancellations of planned weddings by church authorities attest to this assertion. Perhaps, the dangers ahead are alarming as the chances of marriageable adults to marry their loved ones are slim. Put differently, due to the mandatory pre-marital HIV test in these churches, it is becoming increasingly difficult for the average intending couple to realize their dream of marriage. This implies that most youngsters of marriageable age who indeed are positive would be robbed of their marriage fortunes with the idea of mandatory HIV test in their minds.

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The lack of knowledge about the role and effectiveness of anti-retroviral drugs in sustaining life is evident among church leaders. This has resulted in improper counseling to intending couples vis-à-vis the frustration of their marriage dreams. As observed by scholars such as Catania, Kegeles & Coates (2009), lack of knowledge about HIV basic facts and how it can be prevented implies wrong formulation of policies, poor counseling and taking wrong actions which, in turn, bring about reverberating consequences such as stigmatization, violation of human rights, psychological pains and even untimely death. Is HIV/AIDS the most dangerous infectious disease? Is it the only killer disease in the world that defies treatment? These are questions often asked, and to be able to answer them, one has to closely ponder for a while and ask why the churches do not demand pre-test on people with diseases like Tuberculosis and Leprosy, which medical experts attest are more of a killer disease than HIV. Getting married in most Nigerian societies often requires more than just the mutual consent of the intending couple. They are further required to produce HIV/AIDS test certificate before marriage consent would be given by the church. For instance, the Baptist Church has been at the forefront of the "No test, No marriage" policy. Pastor Solomon Olu Arisafe of the Redeemed Christian Church of God, Nigeria, in Global Irin/Phus News remarked, "If you are a member, you know what (the rules are). So if you want to marry (without taking an HIV test), marry outside the church. But if you marry within the church, you must subject yourself to these rules. Like any organization, the Church has its rules" (Irin/Phus News, 2005).

The demand for mandatory HIV test stems from a public fear of HIV/AIDS, fear of which is borne out of a lack of accurate information about the disease. Those who advocate for the implementation of the policy want HIV/AIDS carriers to be isolated from the rest of the people and be left to meet their own fate. Proponents of mandatory premarital test such as Momoh & Ezugworie (2010) opined that the right to life is violated if such a policy is not implemented. They argued that one of the consequences of AIDS is death, and if one is deliberately infecting people with HIV, the right to live by those infected is violated. To further butress their argument, they defined fundamental human rights as a group of rights that people have, including respect for life, among others.

However, some scholars posit that premarital HIV/AIDS test infringes upon the fundamental rights of intending couples. The decision of marriage is meant to be a personal one taken by two consenting adults with mutual understanding. These scholars feel strongly that churches should not require HIV test before marriage. They feel that such a requirement is discriminatory and interferes with the couples' privacy and freedom, arguing that HIV test result must not be a qualification before wedding intending couples. It is against this background that this study examines the mandatory premarital HIV/AIDS tests and break up of engagements among intending couples in some selected Pentecostal churches in Southern Senatorial District of Calabar, Cross River State, Nigeria.

2. Literature review

2.1. Concept and Importance of Antiretroviral Medications

Anti Retro Viral (ARV) refers to a type of drug that works by slowing the reproduction of HIV and the progression of HIV disease (De Korte, Donald & Medley, 2009). Burns recommended offering antiretroviral treatment to all patients with AIDS. He added that the antiretroviral drugs were introduced in Nigeria in the early 1990s and were only available to those who paid for them. Today, it has been estimated that the Nigerian government is contributing about 5 per cent of the funds for the antiretroviral treatment programmes. Majority of the funding come from development partners. The main donors are the President's Emergency Plan for Aids Relief (PEPFAR), the Global Fund and the World Bank.Center for Disease Control (2013) noted that the antiretroviral treatment quarantines the virus, reducing the viral load to a minimal, unproductive and less effective level. People living with HIV, and are adhering to every medical advice, should be able to live as long as they are destined to live. HIV positive persons can have families and reproduce children that are free from HIV/AIDS. In fact, one of the benefits of antiretroviral treatment is that it allows people infected with HIV to live normal lives (Center for Disease Control, 2013).There are different classes of antiretroviral (ARV) drugs that act at different stages of the HIV life-cycle (Center for Disease Control, 2013). The four classes of ARV drug currently available are:

- Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs): These bind and disableReverse Transcriptase (RT), a protein that is essential for the reproduction of HIV;

- Nucleoside Reverse Transcriptase Inhibitors (NRTIs): These are faulty versions of building blocks that HIV needs, to reproduce itself. When HIV uses NRTIs instead of normal building blocks, reproduction is stalled;
- Protease Inhibitors (PI): These block the function of a protein called protease, essential for HIV reproduction; and
- Fusion Inhibitors (FI): These block HIV from entering target cells – since HIV needs to be inside the cells to replicate. This prevents reproduction.

De Korte et al (2009) posited that a combination therapy which involves two or more antiretroviral treatment is recommended. For instance, Highly Active Antiretroviral Treatment (HAART) is a modality that involves the use of three or more ARVs. In fact, antiretroviral drugs are medications for the treatment of HIV infection. When several such drugs, typically three or four, are taken in combination, the approach is known as High Active Antiretroviral Therapy (HAART). HAART strengthens the immune system and, thus, helps prevent Opportunistic Infections (OIs). Opportunistic Infections are illnesses caused by organisms that do not usually cause disease in persons with normal immune systems (Crepaz, 2006). De Korte et al (2009) further highlighted the Opportunistic Infections that are most common in people living with HIV AIDS to include:

- Candidiasis (thrush), a fungal infection of the mouth, throat or vagina;
- Cytomegalovirus (CMV), a viral infection that causes eye disease that can lead to blindness;
- Herpes Simplex Viruses, which can cause oral or genital herpes (these are common infections but outbreaks of PLWHIDs, can be more frequent and more severe).
- Mycobacterium avium complex (MAC or MAI), a bacterial infection that can cause recurring fevers, problem with digestion and serious weight loss.
- Pneumocystis Pneumonia (PCP), a fungal infection that can cause a fatal pneumonia.
- Toxoplasmosis (Toxo), a protozoal infection of the brain; and
- Tuberculosis (TB), a bacterial infection that attacks the lungs and can cause meningitis. TB is one of the leading causes of death for people living with HIV/AIDS (De Korte etal., 2009).

Rennie & Mupenda (2007) explained that in many parts of the world, including Nigeria, access to life-saving antiretroviral drugs is becoming more widely available to individuals infected with HIV. In late 2005, Nigeria, in conjunction with international donor agencies, announced that all individuals living with HIV who required ART will receive drugs free of charge. Current estimates are that approximately 72,010 Nigerians are receiving treatment through the scaled-up programme, and enrollment continues to grow (Rennie & Mupenda, 2007).

2.2. Concept of Mandatory HIV Test

Mandatory premarital HIV test refers to the requirement of an HIV test as a condition for entering into marriage (Rejendran, 2014). The practice of mandatory pre-marital HIV test which originated from the states of Louisiana and Illinois in the United States has also been introduced in Nigeria, Democratic Republic of Congo (DRC), Ghana, Burundi and Uganda (Lyles & Foss, 2007). Musa (2005) stated that Orthodox and Pentecostal churches in Nigeria began to require a mandatory premarital HIV test for those who wish to marry in the church in the late 1990s. Several denominations in Africa have ruled that their pastors must require church members to have HIV test before marrying in church. Many religious organizations, in recognition of the fact that HIV/AIDS knows no religious boundaries, have developed policies to combat the spread of HIV/AIDS in their congregations. Controversies have, however, trailed the response to combat HIV/AIDS put in place by some religious organizations. A particular response which has attracted a lot of controversies is mandatory pre-marital HIV test.

2.3. Rationale behind mandatory premarital HIV tests by religious organizations

According to McCain (2013), the purpose of mandatory pre-marital HIV test is not to punish people, but to prevent the spread of HIV/AIDS, restore people to the path of following Christ, and care of those who are infected. Oshotimehen (2006) noted that many churches feel that the compassionate thing to do is to cancel the wedding when one or both intending couples test positive. This is because if they allow the proposed partners to proceed with the marriage, the infected partner is almost sure to eventually infect the other one, and both will die of HIV/AIDS.

Wailoo (2002) argued that although condom use in marriage will lengthen the life span of the uninfected partner, but by the time they try to have children (frequent intercourse without a condom), the uninfected partner will likely become infected. He added that children born to them have a 30 percent chance of being infected from mother to child transmission, unless there is access to antiretroviral drugs and a safe substitute for breast-feeding. Wallog (2002) added that even if the babies are not infected, they will eventually be left as orphans. These issues have always been the guide for most Pentecostals in breaking up weddings. Spink (2009) conducted a study to determine the prevalence of HIV infection among intending couples in some religious organization. The result shows a relatively high HIV prevalence rate among the intending couples. This finding justifies the rationale for the institution of mandatory premarital HIV test by some religious organizations. Clark, Pauline & Kohler (2009) opined that while previous studies have been able to determine the prevalence of HIV infection among intending couples, there has been no focus on the disposition of people to this policy.

2.4. Opposition against the adoption of mandatory premarital HIV test by religious organizations

Oshotimehen (2006) carried out a study on the effect of HIV/AIDS result on high risk behavior. The finding revealed that an HIV positive woman will be abandoned, stigmatized and disengaged from the marriage. The result further revealed that an infected woman finds it difficult to cope with the news of her status, and there would be lack of support from her fiancé, as well as the shame and embarrassment of having the wedding called off. In another study carried out by Castro &Zlnang (2008), it was found that 75 per cent of proposed marriages had been called off by churches due to the outcome of mandatory HIV/AIDS tests. McCain (2013) asserts that a lot of people do not support mandatory premarital HIV test because of the issue of confidentiality. According to Rennie & Mupenda (2007), people expect confidentiality regarding HIV test results. He further added that with premarital HIV test, if one of the proposed partners turns out to be HIV positive and the marriage cancelled on that account, then it may no longer be possible to maintain confidentiality. This could lead to social stigmatization of infected persons and would infringe on their fundamental human right (Elaine, Robyn & George, 2009).

Adedekun (2006) viewed the possibility of intending couples breaking up their engagements when one partner tests HIV positive. According to him, a partner who tested negative may be at the window period (the time between potential exposure to HIV infection and the point when the test will give an accurate result) at the time of premarital HIV test. In such a situation, a positive test result may be false which leads people to believe that they have HIV. Thus, Fylkesnes & Siziya (2014) suggested that proper pre-test and post test counseling are essential in any HIV/AIDS test.Feldman & Eric (2008) reported that a person who discovers his/her partner is HIV-infected is more likely to break off the relationship than one who finds out that his/her partner has other infectious diseases like syphilis. They added that in nearly half of HIV-infection cases, the relationships ended, whereas the break up rate of other infectious cases was low. Mc Neil & Anderson (2008) noted that lack of knowledge about HIV/AIDS led to the breakup of engagement. Popoola (2005) explained that churches have often reacted with condemnation when they learn that one or both intending partners have HIV. According to him, these reactions were borne out of fear, ignorance and self-righteousness. He also noted that HIV/AIDS is not spread by sexual activity only, and so religious bodies and the society in general must also remember that, even if one or both parties have sinned sexually, they need to be treated with genuine concern and Christian love.

It is also very likely that the persons entering a nuptial bond belong to a group in the population that has a low HIV prevalence (Born Again Christians). In such condition, mandatory premarital HIV test would have a low positive predictive value as compared to when it is applied to a high risk population (commercial sex workers, way-ward Christians). Thus, persons may be labeled positive even when they have not voluntarily given consent to be tested.A positive test result is associated with traumas like anxiety, depression, loss of trust, status depreciation, suicidal attempts and many more psychological and anti- social problems like stigma and discrimination (McCain, 2013). Weiss (2013) pointed out that the church involvement in the fight against HIV/AIDS through mandatory premarital HIV test causes more harm than good.

2.5 Effects of mandatory premarital HIV tests on intending couples

Adedekun, (2006) opined that mandatory premarital HIV/AIDS test may cause psychological damage to relationships.

According to him, some couples feel that they love each other so much that they cannot face life without each other. Some of them would want to proceed with the marriage, no matter the test results. He further advised that churches should allow intending couples to make their decisions based on the love they have for each other. Gostin (2012) stated that with a healthy life style, the infected partner could live for years, especially if the HIV infection is in the early stage, and also if antiretroviral drugs are available and are used properly.

According to Musa (2005), lack of medical knowledge about the progression of HIV in different stages and misinformation about HIV contraction led to immediate decision of abandoning the relationship as soon as partner's result shows HIV positive. He therefore, advised that the mass media, posters, flyers, radio and television messages should help to increase the knowledge and cause attitudinal change of previously held attitudes. Arelogun & Adefioye (2012) conducted a study in Ibadan, Nigeria, on the effect of mandatory pre-marital HIV test on unmarried youths. The result shows that mandatory pre-marital HIV test is not only a violation of human rights but also useless in the control of the spread of HIV/AIDS. Maman, Groves, King & Pierce (2008) identified false sense of security especially after break up of engagement as a weak point of the mandatory premarital HIV test. This false sense of security occurs when the result is negative for one or both intending partners. In such a case, the individual may believe that he or she can never be infected with the virus again (Lyles & Foss, 2007). Nair (2005) also attests that false sense of security encourages casual attitude and leads the individuals to indulge in high-risk behaviour without precautions. Also, Momoh & Ezugworie (2010) argued that although HIV test result may be negative at the pre-marital stage, thus, serving as a lifting protection, there is also the probability that the person who is HIV negative could be infected later in life especially if he/she engages in risky behaviours even in marriage. This is in line with the position of Kamarulzaman (2012), who stated that break up of engagement and canceling of wedding cannot guarantee protection for a HIV negative person, rather, equipping members with adequate or comprehensive information about HIV/AIDS will lead to knowing one's status at the appropriate time and protecting oneself from risky behaviour.

According to the Center for Disease Control (2013), mandatory pre-marital HIV test in the face of intense stigma and discrimination would drive vulnerable people underground and force them to avoid religious wedding completely. This means that people will avoid religious wedding in order to avoid the test, the consequence being that HIV infection will continue to spread unnoticed because those infected are unaware of their status and would continue to spread the virus unknowingly. Thus, the purpose of instituting the mandatory test would have been defeated. Noar (2008) posited that stigma is a crucial issue as many people still believe that HIV infection brings shame and breaking-up of marriage engagements. This leaves no hope to the HIV positive partner. The shame that would be faced at home, church and community can destabilize the individual to the point of contemplating suicide (Parker & Aggleton, 2013). Break up of engagements due to HIV test result can equally render most young adults unmarried for life (PIAF 2009; Smith, 2004). Mahathir (2007) noted that females who are of marriageable age are the most vulnerable when it comes to HIV compulsory test. A woman who is tested positive before marriage could be accused of having premarital sex. In Malaysia, such women could face severe penalties in a Sharia court. Mahathir (2007) asserts that the rights of Muslim women in Malaysia are misused through the mandatory premarital HIV test programmes. He added that the Johor announced, "All Muslim women intending to marry has to undergo a mandatory HIV test. If they refuse the test, they will not be allowed to marry". The objective of this was to supposedly protect women from unknowingly marrying men who were HIV positive (Mahathir, 2007). Nelson (2007) noted that, whereas HIV negative women are often willing to marry HIV positive men, HIV positive men tend to abandon HIV positive women once they know the results of the test. In a situation where discordant couples want to marry, if the bride is negative, the religious marriage officials feel obliged to inform her family, her father in particular, in order to avoid any accusations of negligence afterwards. Parker & Aggleton (2013), affirmed that pre-marital HIV test naturally causes much anxiety. According to them, the root cause of the anxiety is stigma and the fear surrounding it. Thus, the only way to alleviate the problem of stigma and human right violation is comprehensive and accurate HIV education for religious societies as a whole and for intending couples in particular. According to them, the highlights of most HIV/AIDS test processes lack both pre-and post-test counseling.

2.6. Types of mandatory HIV tests/screening

There are different types of tests in use to help people determine their HIV status. According to Burns (2008), these include standard test/ Elisa, Orasure Rapid test and Home access. Most common among them is the Elisa. These tests are meant to go with counseling processes which are pre-test and post-test.

Counseling refers to a confidential dialogue between a client and a counselor aimed at enabling the client cope with stress and take personal decisions related to HIV/AIDs. The counseling process includes evaluating the personal risk of HIV transmission, and discussing how to prevent infection. It concentrates on emotional and social issues (UNAID /IPU, 2009). UNAIDS (2010) recommended the following types of HIV test:

- Voluntary Counseling and Test: Clients initiate HIV test to know their HIV statusthrough voluntary counseling. This remains critical to the effectiveness of HIVprevention. Both the World Health Organization and UNAIDS encourage the use of rapidtests so that results are provided in a timely fashion and can be followed up immediately with a first post test counseling session for both HIV-negative and HIV-positive individuals.
- Diagnostic HIV test: This is indicated whenever a person shows signs or symptoms thatare consistent with HIV/AIDS related diseases to aid clinical diagnosis and management.This includes HIV test for all tuberculos is patients as part of their routine management.
- A Routine offer of HIV Test by health care providers: This is carried out to assesssexually transmitted infection (STI). This is to facilitate counseling, based on knowledgeof HIV status. It is meant to prevent mother-to-child transmission of HIV.

According to Woudenberg (2008), the World Health Organization and UNAIDS support mandatory screening for HIV and other blood borne viruses of all blood meant for transfusion or manufacture of blood products. Mandatory screening of donors is required prior to all procedures involving transfer of body fluids or body parts, such as artificial insemination, corneal grafts and organ transplant. Weiss (2013) asserts HIV test result is not meant to be published for all to see. An HIV test detects the presence of HIV virus or antibodies to the virus in blood or organ. It diagnoses HIV infection on individuals. Donated blood and organ are screened before transfusion or transplant to prevent transmission of HIV to recipients via infected blood or organ. Donated blood is usually screened to ensure that it is safe for transfusión. Screening programmes have helped to reduce the transmission of HIV through untested, infected blood and are widely agreed to be a cost effective HIV prevention strategy. Weiss (2013) further opined that for blood transfusion programmes, the primary concern is the provision of safe blood. However, it is essential that donors' blood be tested for HIV, and that they will be informed of their result if they are positive. When blood or organ donors test HIV positive, it is essential that they are offered appropriate counseling and referred to an on-going care and support system and that their results are confidential (Weiss, 2013). More than one HIV test is required to diagnose HIV and a combination of different tests is used. It is usually necessary to test for HIV to treat a person who is sick. Conducting surveillance or research is another usefulness of HIV test. It involves test specific groups of people to find out the incidence of HIV. Surveillance uses anonymous unlinked test, ensuring that the result cannot be linked to the individuals whose blood has been tested (Weiss, 2013).

2.7. **Advantages of Voluntary Counseling and Test (VCT)**

Voluntary counseling, test and behavioral change process will help to avoid further transmission of HIV to other individuals. Voluntary test may be confidential, anonymous or otherwise, depending on what the individual wants. An anonymous test, according to Wailoo (2002), does not require an individual to provide his or her name at the time of test, while confidential test requires a name. In either case, written consent from the patient is the only way the result will be released, otherwise it will be kept private (Wailoo,2002). Pettifor (2005) noted that in 2002, Hungary enacted a law that guarantees anonymous, voluntary and free HIV tests. Pettifor (2005) further explained that, according to the epidemiological chapter of the law of Health Care and the Decree of the Ministry, anyone can ask for a test without disclosing their personal data, but the blood sample at the laboratory is labeled with the code that contains the license number of the VCT. The result comes with the code and is collected by the person processing the ticket. Thus, the necessary conditions have been put in place for free HIV test to be conducted on individuals without exposing their results. Since the Hungarians are scared of being labeled HIV positive, they take advantage of the anonymous and free nature of the HIV test. Thus, the number of tests performed each day increases.

More so, Wailoo (2002), highlighted the benefits inherent in voluntary counseling and test which are available to individuals, intending partners and the wider community. It can lead to improved health and medical treatment; more informed decision making; better practical and emotional support; increased motivation to prevent HIV

transmission; and more positive attitudes towards living with HIV. Voluntary counseling and test is an important starting point for access to prevention and care. People who take an HIV test may be more motivated to reduce the risk of HIV transmission for themselves and others. VCT can have benefits for prompt and effective treatment of opportunistic infections. It can help people living with HIV to stay well.

People who know that they have HIV infection can seek early medical care for health problems and obtain advice on good nutrition and higiene. In some places, people with HIV may have access to antiretroviral therapy. However, UNAIDS/IPU (2009) noted that the benefits of test depends on the availability of care to support the person. There is no advantage in knowing HIV status in places where there is no advice and support for people with HIV.

3. Methodology

The research was carried out in Southern Senatorial District of Cross River State, Nigeria. The data analyzed here were obtained from seven hundred and twenty (720) intending couples. These respondents were selected from thirty-six Pentecostal churches out of the forty-five (45) Pentecostal churches found in the Southern Senatorial District. Cluster samples were drawn from the six Local Government Areas, viz: Calabar Municipality, Calabar South, Akpabuyo, Odukpani, Biase, Bakassi and Akamkpa. From the lists of all the Pentecostal churches found in each of these local government areas, three (3) Pentecostal churches were selected through the use of simple random sampling technique. Altogether, thirty-six Pentecostal churches formed the cluster from which the sample for the study was drawn. The cluster sampling method was adopted because the study covered a wide range of the entire Southern Senatorial District so that with the cluster method, enough concentration was given to each cluster of the study. The instruments used in this study were the questionnaire and Focus Group Discussion (FGD). The study equally made use of data drawn from secondary sources such as textbooks and journal publications. In each selected Pentecostal church, twenty (20) respondents were purposively selected. University students were used as research assistants. These students were trained and properly instructed. The data was collated and then extracted and arranged in Means, Standard deviations and Percentages. Pearson product moment correlation was adopted to analyze the data generated. However, this study was not without some constraints. These include the difficult terrain. In other words, some areas were quite difficult to access because of the bad roads. More so, this work has encountered some setback which include hoarding of Information by some respondents.

4. Result

The hypothesis of this study states that: there is no significant relationship between mandatory premarital HIV/AIDS test and break up of engagement among intending couples in some selected Pentecostal churches in Southern Senatorial District of Cross River State, Nigeria. The independent variable was mandatory premarital HIV/AIDS test while the dependent variable was break up of engagement among intending couples. The Pearson product moment correlation was adopted to test the hypothesis. The result of the analysis is presented in Table 1.

Table 1 Analysis of Pearson product moment correlation on the relationship between mandatory premarital HIV/AIDS test and break up of engagement among intending couples (n=720).

Variables	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	rxy
Mandatory premarital HIV/AIDS test	5,674	6,202		
Break up of engagement among intending couples	7202	0.34	4,080	4,896

* P>0.05, df=718, Critical r= 0.194

Source: Fieldwork, 2017

Given that the calculated r-value of 0.34 is greater than the critical r-value of 0.194 at 0.05 levels of significance with 718 degrees of freedom, the null hypothesis is rejected while the alternate hypothesis is accepted. Hence, there is significant relationship between mandatory premarital HIV/AIDS test and break up of engagement among intending couples in some selected Pentecostal churches in Southern Senatorial District, Cross River State, Nigeria. This implies that breakup of engagement among intending couples in the study area is high and display positive linear relationship with the mandatory premarital HIV/AIDS tests.

5. Discussion

The finding of this study revealed that there is significant relationship between mandatory premarital HIV/AIDS test and break up of engagement among intending couples in some selected.

Pentecostal churches in Southern Senatorial District, Cross River State, Nigeria. That is, the more mandatory HIV/AIDS test policy is implemented, the more the breakup of engagement among intending couples in the study area. This finding is in line with Oshotimehen (2006) who asserted that Pentecostal churches are seriously involved in the fight against HIV/AIDs through mandatory premarital HIV test. According to him, the policy has caused a lot of anxiety, pain and frustration, leading to the cancellation of most intending marriages. He however suggested that, in as much as the intending couples need to know their HIV status for them to live healthy, yet the test should not be made known to any third party. He suggested that the couples should be advised to know their HIV status voluntarily, but not as a yardstick for marital approval. This result further supports Woudenberg (2008), who opined that many youths of marriageable age disengaged from a relationship in which their intended fiancé is HIV positive through the prompting of the church. The current study also agrees with Burns (2008) who asserts that intending couples had disengaged because the church authority had not approved of it, especially if one of the intending partner tested positive. It also agrees with Wailoo (2002) who stated that the more the policy of mandatory premarital HIV/AIDS test becomes effective in a church the more it affects relationships of intending couples, culminating in the breakup of many engagements.

In the study area, It was observed that the policy on mandatory premarital test has been implemented in more than 75 per cent of the selected Pentecostal churches. Respondents unanimously affirmed that a good number of the would-be couples have already undergone pre-marital test and counseling. Most respondents felt that the mandatory premarital test infringes on their personal liberties. Indeed, most Pentecostal churches recommend break up of intending marriages as soon as one partner's test result is positive, not minding that such decision can render most young adults unmarried for life. Participants in the Focus Group Discussion unanimously agreed that the mandatory premarital HIV/AIDS test policy has caused many church members to feel shame. They become stigmatized once they have been found to test positive and this invariably leads to break up of marriage engagements. It was further observed that intending couples who are in long term relationships experienced shock when the church policy of mandatory premarital test compelled them to disengage after one of them tested positive. It was also observed that since church members, family members and many others are aware of why a wedding was cancelled, it would be very difficult for such a victim to function well in the church. To many respondents, the idea of disengagement from a proposed marriage as a result of mandatory premarital HIV/AIDS test policy is what most intending marital couples could not cope, thus, making them to run away from church and become devastated. The discussants had mentioned that infected women whose marriage engagements were broken may likely not marry again. Some respondents who were affected by the policy claimed to have passed through depression, anxiety and suicidal attempt. It was further observed that victims of mandatory premarital HIV/AIDS test policy had suffered from heartbreak. One of the participants had this to say, "The uninfected partner has a hard decision to make. Sometimes, an intending partner may be willing to risk his or her life for love and may desire to care for the infected partner, even if it means living a shorter life".

Also, participants in the Focus Group Discussion (FGD) agreed that the religious leaders in these churches were dominated by the idea that HIV/AIDS is an incurable disease, and therefore did undermined the moderating impact of antiretroviral therapy in the treatment of HIV. More so, all the participants had mentioned that they would not want their HIV test result to be disclosed to anyone especially when the result is positive. One of the discussants revealed an experience from a member whose HIV result was revealed by their pastor. Because the pastor had not kept the information confidential, the member lost the trust of his pastor and that of the congregation, especially as her case became an issue of gossip among the congregation (FGD, Assemblies of God Church). HIV positive participants insisted that making known their status to church leaders is out of their plan. They prefer marrying one who is equally HIV positive. One of the participants in FGD revealed that she cannot involve herself in such a test knowing full well that she is HIV positive. Her reason was that she might be excommunicated. Also, one's value/status will depreciate if one is known to be HIV positive.

6. Conclusion

From the evidence presented in this study, the disengagements of intending marriages among members of Pentecostal churches in the study area has been exacerbated by the policy of mandatory premarital HIV/AIDS test. It is also observed that the mandatory pre-marital HIV test among intending couples in Pentecostal churches in the study area is a pervasive phenomenon, and has a reverberating consequence on potential marriages.

The study infers that with the invention of anti-retroviral medication which makes it possible for HIV positive individuals to live their normal lives and be productive in all human endeavors, the policy should not be mandatory but voluntary. Therefore, it is expedient that social workers and other development agencies should embark on vigorous campaigns that will bring about change in church policies in regard to premarital HIV/AIDs test. This can be carried out through workshops, seminars, and conferences. Pentecostal churches should be conscientise to allow voluntary HIV/AIDS test instead of the mandatory premarital HIV/AIDS test. Social workers should also introduce vigorous HIV/AIDS education campaigns. Besides, the church should respect the right of members, especially intending couples when it comes to choosing who they want to marry.

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