Developing Country Studies
ISSN 2224-607X (Paper) ISSN 2225-0565 (Online)
Vol.4, No.26, 2014

Of Marriage, HIV-test Certificate, and the Church: What does the Youth Say?

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Abstract

Matrimony is a universally cultural relationship between two persons with the aim of committing each other and their relations. In Ghana it is the tradition that parents should initiate the process. With modernity, peers and other bodies have taken over this responsibility. To ensure its members are well protected and safeguard its interest, the church needs to assume this noble but difficult role. It appears the church in Ghana has therefore added to its responsibility by demanding HIV-test certificate before approving marriages. This study sought to find out the extent to which this philosophy has permeated through the Christian domain. As a case study, 466 students from Cape Coast Polytechnic were sampled. Quantitative methods were applied. Questionnaires with closed-ended questions were administered to the sampled population. The random stratified sampling method was employed. Gender, age, religious denomination and marital status were analyzed in relation to students' opinions and perceptions regarding the role of the church in marriage and its demand of HIV test certificate from about-to-be-wedded couples. SPSS version 17 was used to analyze data while tables with frequencies and percentages were also utilized to display same. Cross-tabulations and chi-square were employed in the analysis. The study found that majority of students (63 percent) support the philosophy that churches should demand HIV-test certificate before approving marriages of about-to-be-wedded couples. In spite of this, it is recommended that churches should be cautious in exercising their authority in this regard so that the rights of the minority within flock are not infringed upon.

Key words: Christian, churchian, HIV/AIDS, religious denomination, wedlock

1. Introduction

Marriage, also referred to as matrimony or wedlock may be defined as a legal contract or a union socially or ritually recognized between spouses with the aim of instituting obligations, commitments and rights, duties and responsibilities between them, them and their children and them and their relatives (Haviland, William, Prins, Herald, McBride & Bunny (2011). Broadly speaking marriage is a universally cultural relationship (United Nations 1990; United Nations 1988). Although there are many accepted definitions, it is basically an institution that deals with intimate and sexual interpersonal relationships between couples and those related to them. It is practiced universally in all societies of the world.

In Ghana the marriage initiation is very important to both couples and their relatives. Marriage is expected to be long-lasting in Ghanaian societies. Care is therefore taken before parents of spouses would agree for wards to marry. Parents would normally investigate the background of the other potential spouse before acceptance is made for the initiation ceremony. Things are however changing now with the advent of migration, urbanization and population increase. For this reason the church in Ghana appears to be taken over the traditional roles of parents in marriage. Among these is the investigation of the background of the other potential spouse including the demand for HIV test certificate before marriage is allowed (Staff, 2011).

HIV is a particular virus, Human Immunodeficiency Virus that only infects human beings, weakening the immune system by destroying the very important cells that fight diseases and infection. The virus takes over host cells in the individual by reproducing itself rendering the host cells deficient to protect the person. There is no safe and effective cure for HIV in existence today, though ways of managing it through anti-retroviral doses are used in its treatment (Sepkowitz, 2001; Khan & Walker, 1998).

Various societies and its people therefore consider HIV, which finally leads to AIDS as a very repulsive disease. Nations, cultures, clans, races and even churches now look at HIV with scorn and are skeptical of its spread. For this reason it appears churches are demanding HIV test certificates before allowing potential spouses to marry in their parishes. It may seem this role of the church is over-utilization of authority.

If the church is equally accountable to the state and to its members, then professed Christians are the ones who should judge the church as to whether the demand of HIV-test certificate constitutes responsibility to man and to the state (Neibuhr, 1946).

In a BBC Africa living interactive programme there was a debate on this topic as to whether the church has the right to demand from about-to-be-wedded couples to do HIV test before getting married in church. It is on record too that in Botswana, the Catholic Church issued a statement that potential spouses should take a compulsory HIV test before they are allowed to be wedded in the church (Staff, 2011). In Ghana this practice appears to be gaining roots.

When it comes to the issue of marriage, it is the youth who are affected most, particularly females; for the Ghanaian culture believes that there is an "expiry date" for women as far as marriage is concerned. Fortunately, the youth particularly those in tertiary institutions are the best potential spouses since they have the hope of getting better jobs and better living conditions which puts them in a better position to marry. However it appears there are no data base that guides ecumenical decision-makers to take decisions on HIV viruses when it comes to marriages and weddings within the church that will be in the interest of Christians, churchians (those who only go to church but do not live the principles of Christ) and the general society at large.

The purpose of this study is therefore to access the opinion of the youth in tertiary institutions in Ghana in terms of the position of the church in demanding HIV-test certificate before allowing potential spouses to be wedded in the church.

The study will attempt to answer the following questions: Should churches demand HIV test certificates before approving the marriage of about-to-be-wedded couples? Do churches of students demand HIV-test certificate before approving of the marriage of about-to-be- wedded couples? In their view is this discriminatory? Does this position constitute discrimination against people living with HIV? Will students choose religious denomination that discriminates against HIV victims? Will they voluntarily disclose their HIV-status if infected? Will they go for HIV test on church demand when about to marry? Will they go for HIV test upon church request when not-about-to-wed? Will the youth voluntarily go for HIV test? Do they subscribe to sex before marriage? What would they recommend by the state to be doing to churches that discriminate against people living with HIV?

Findings from the study is hoped to make the church better informed of its position for the flock they are supposed to superintend, protect and love. Suggestions and recommendations from the study are also expected to shape church policy on the matter. It is also hoped that the study will provide a data base for ecumenical decisions which shall be in the interest of the flock and the wellbeing of its members. In terms of human rights, it is hoped that findings and recommendation from the study will help activists in their activities either for or against this position of the church in the interest of the general and larger society.

2. Literature review

This section visits literature concerning the study. It looks at marriage in general and Ghana in particular. It also dilates on the role of the church and its responsibility in fighting against stigmatization and discrimination against persons living with HIV. Finally it describes the nature of HIV/AIDS, from infection to the final stage.

2.1. Marriage in Ghana

Different cultures have different definitions for marriage. Basically marriage in an institution concerned with intimate, sexual and interpersonal relationships accepted by society (Zimbardo & Ruch, 1980; Schneider, 1976; Yorburg, 1993; Foster, 1960; Powell, 1983). Dyer (1983) defines marriage as a dyadic relationship between husband and wife bounded by the status and role of "wife" in exchange with the status and role of "husband". Marriage may also be defined as a legal contract, a socially or ritually acceptable union that constitutes rights, obligations, duties and responsibilities between spouses, the spouses and their children and their relatives. (Haviland et al, 2011). Broadly defined, marriage is culturally universal; it cuts across cultural boundaries; it is practiced among all cultures in the world. Non-ethnocentrically, marriage is defined by Haviland et al, (2011) as a culturally sanctioned union between two or more people that establishes certain rights and obligations between the people, between them and their children, and between them and their in-laws.

The reasons for marriage are therefore manifold. This may include any or more of the following, but not limited to, financial, social, emotional, libidinal, spiritual and religious (USDS, 2008). In modern Ghana, however financial gains, and respect within society appears to be the very dominant factors for marriage.

The choice of spouse one makes may depend on marriage rules prescribed by society, culture, rules of incest outlined by society, individual preference, desire and taste and potential choice. In the developed world marriage and the choice of a marriage partner has been legally guided by human rights dimensions to the extent that some jurisdictions now recognize same-sex marriage. Conversely, in developing countries such as in Africa, polygamy, child marriage, arranged marriage and even forced marriage are culturally acceptable norms in certain

traditions (USDS, 2008). Various bodies or individuals can therefore recognize the institution of marriage between persons.

Marriage may therefore be civil or religious. A civil marriage is one performed by a representative of a government or state and therefore has a legal contract disposition. It is guided by marriage laws within the particular jurisdiction; rights and obligations thereof pertaining should therefore govern the marriage according to the marriage laws of the land. On the other hand, religious marriages are established through weddings in the religious settings, particularly, the church as the religious ceremony of marriage. The church must give its approval before the wedding ceremony is performed. Rules and regulations in this regard are and must be enshrined in the Holy Book of Christians, the Holy Bible (Vucheva, 2003). Tribal groups, local communities, ethnic groups, peers and organizations may also give recognition to marriage. This is also a universal practice.

Marriage could also be traditional. Tribal groups, local communities and ethnic groups belong to this category. In Ghana traditional marriages are guided by the laws and regulations within the cultural setup of the people, particularly the woman who is to be married. It has no legal connotations. Tribal and ethnic culture based on traditional common law and equity thus guides the traditional marriage institution.

In Africa the marriage initiation ceremony is usually an unforgettable moment in the lives of spouses with the main aim of being begetting children; and in Ghana, traditional, civil and religious marriages are fortunately recognized by the constitution. Marriage partners are therefore chosen using several means. Generally, partners are chosen by parents. In the Ghanaian culture it is the father who scouts for a female partner for the son to marry. The converse is also true for the female child though it is customarily unacceptable, "tabooistic" for that matter, for a woman to propose to a man. However, when a man proposes, it becomes incumbent on the mother of the woman to investigate as to whether the man is good for the daughter.

Another way of marrying is through betrothal where a young girl, under the age of marriage, is customarily married to an aged man, though there is no sexual intimacy until the girl is of age. The primary aim of marriage by betrothal is to take advantage of the man to take care of the girl thus rendering her parents free of responsibility of their daughter. Such a marriage does not take into consideration the consent of the female child. It has its own later implications.

Of late, the youth may make own choice and inform parents for the marriage rights to be performed. In such situations also, the families of both parties would attempt to investigate the background of the other couple. The investigations include, but not constrained to the man's ability to take care of the wife; the woman's capability to take care of her family such as cooking, washing, caring, etc., the quarrelsome nature of the family members, criminal record of couples and family members and above all, whether any family member has had any supposed communicable or hereditary disease before.

Marriages backed and supported by peers is a recent practice. With the advent of migration, over-population and urbanization, parental influence in marriage in Ghana appears to be dwindling. Peers are now supporting friends and acquaintances to marry. The church is therefore of the view that it could take the place of parents and perform the role of parents when it comes to marriage better than their peers. It is for this reason that most churches are assuming this role with the aim of ensuring the permanency of marriage relationships between spouses, both in the interest of the flock and in the interest of the church.

2.2. The role of the church

In the history of Christianity the issue of the role of the church has been a necessary but difficult for both church, society and nation to contend with (Niebuhr, 1946). The church's role in keeping the institutions of the church, nation and flock on one hand and societal culture on the other has not been easy. Thus the organization and defense, for instance, of nations and states and their functional cultural values continues to be a challenge for the church. Though the church itself has developed a tendency with the need to solve societal and national problems there is evidence of its own weakness in dealing with the life of its members and communities within which they exist (Viser and Oldham, 1937).

In the view of Neibuhr, (1946), the churches are now apprehensive of calamities in one form or the other thus eroding progressive hopes of both mood and dynamism in dealing with issues; such as the HIV/AIDS scourge. He continues that with haste, therefore, some decisions are taken with uncertainty. In his view, however, the church continues to play important role in shaping modern society, though its role may be different from those obligated during the early years of Christianity. It is not gainsaying the modern responsibility and roles of the church include teaching and guidance of an officially integrated large institution with civilized dynamics, though. Certainly, therefore, he continues that the church views it urgent and sad-feeling from the point of view that nations and societies are undergoing great tribulations and this threatens the very survival of the present

generation. It sees it a responsibility to deal with this situation in the society which it is associated with. Christians must therefore solve their problems. Hence there is the need for profound and continuous thought in dealing with such national and cultural issues that confront mankind in such a manner as not to create confusion in the minds of the very people the churches are trying to protect and guide. This calls for great responsibility from the churches today.

It appears stigmatization and discrimination has crept into the church domain. But they have been found to be a cause of the spread of HIV and its consequence of the AIDS disease. This may not to be responsible enough. In order to be responsible, one need to be able to give account of something to someone and responsibility demands of this account. According to Neibuhr (1946) responsibility means freedom and obligation. It requires stewardship or trusteeship on issues involved with the lifestyles of individuals.

It is the responsibility of the church therefore, to see to it that the lifestyles of its members, the flock and the state are improved in the lifetime of the church. The church cannot fail the people in this regard. Its existence and survival needs to be continuous. It needs to be responsible.

The church may be responsible to its members, the flock and the state though the quantum and quality of responsibility depends on societal nature (Ehrenstrom, 1938). Thus individuals understanding of the kind of society they belong to are a factor as to the portion of that universal responsibility that should be involved to deal with their situations. This call for, though, moral dimensions in being responsible.

Also, in spite of liberty, responsibility requires obligations. In being responsible the church must show love and mercy, exhibiting the nature of neighborliness and goodness (Temple, 1942) considering the fact that the Christian community is in the mist of men, society and nations and therefore required to perform its responsibilities for the common welfare of its people and the state (Brunner, 1937). Responsibilities include; in time of financial, physical and health needs. These may arise from the current tribulations of modern societies such as the HIV/AIDS pandemic.

In the area of health needs the scourge of HIV has become very difficult to contend with. Going close to people with HIV infection particularly in the context of marriage could create a higher chance of getting infected too. Moving too far away from such persons may be tantamount to stigmatization and discrimination. Thus there arises the dilemma of the HIV pandemic. The fact that there is no cure for HIV makes dealing with it a difficult issue to grapple with, particularly on the part of the church whose responsibility is to protect its members and the state but at the same time, show the heart of love, mercy, sympathy and neighborliness.

2.3. The church and people living with HIV (PLWH)

In a study carried by the Norwegian Church Aid (2006) in Malawi, three phases of the HIV/AIDS pandemic were identified. The first phase involves the silent creeping of the virus into communities. The second is where life-threatening infections are physically observed and the third and final is the stigmatization and discrimination stage. According to the study this is the most challenging.

The study showed that there is still stigma and discrimination among congregants against PLWHA, including religious leaders, due to insufficient education on issues concerning HIV/AIDS. It also showed that stigmatization and discrimination are as a result of theological orientations and practices that bring about judgementalism. Both churchians and Christians stigmatize and discriminate when they learn of HIV/AIDS status of their fellow members. This makes people afraid to be tested and when they do so, feel reluctant to declare their status (Guardian Media Limited, 2012).

In spite of this, the church is making efforts to end stigmatization and discrimination. For example, Faith-based Organizations (FBOs) in Trinidad and Tobago signed a declaration of commitment, calling to action-response to HIV/AIDS. Twenty-eight organizations took part comprising of Christians, Muslims and Hindu faith (Guardian Median Limited, 2012). The declaration acknowledged the quantum of the HIV/AIDS challenge and its impacts on both human lives and faith communities. It appreciated that negative attitudes could be alleviated through education, compassion and intolerance to stigmatization and discrimination against PLWHA. The declaration also appreciated that using a holistic approach by FBOs through moral and civic responsible behavior is a proactive technique in the HIV/AIDS prevention.

The World Council of Churches (WCC) which brings together over 340 churches, denominations and church fellowships in more than 100 countries and territories globally, representing over 560 million Christians has also been very active in WCC Ecumenical HIV/AIDS Initiative in Africa (EHAIA). Launched in 2002, emphasis was laid on HIV-competency as a way of combating stigma and discrimination through pastoral, cultural and gender education. Care, counseling and support for PLWHA were also on the agenda (Kobia, 2006).

Christian aid is also doing its part to deal with stigma and discrimination, particularly in countries where HIV levels are high such as Sudan and South Sudan. It has been working with faith leaders in challenging stigmatization and discrimination in religious communities in these countries (Christian Aid, 2011).

Some movements in Christian communities are supporting the use of condom among married couples in a bid to curb transmission from spouse to another as a preventive measure of stigmatization and discrimination. Though this has not gone far, it has become one major source of conflict in many marriages (*The United Methodist Church,* 2004). Many churches appreciate condemnation instead of compassion. This may lead to discrimination. The fact that certificates of HIV test are demanded before approval of wedding of married couple may also lead to discrimination if not discrimination itself; for there are equally dangerous and frightened incurable diseases such as cancer, diabetes, hypertension, and the like that exist. Compulsory HIV testing as a condition of approving marriage may also be tantamount to infringement on the rights of church members. As to whether the church has the right to do so also invite questioning. These issues call for investigation from the youth as now and future potential marriage couples within the flock.

2.4 *The Human Immunodeficiency Virus*

Acquired Immune Deficiency Syndrome (AIDS) is a disease that affects the human immune system, caused by the Human Immunodeficiency Virus (HIV) (Sepkowitz, 2001). The initial infection is fret with short influenza-type of experience. This is followed by non-sympathetic experience that could last for a number of years. Within this period the virus antagonizes with the immune system of the individual until a time it overcomes it. Followed are opportunistic infections and tumors (Mandell, Bennet and Dolin, 2010). The major means of transmission of HIV is through unprotected sexual intercourse, contaminated blood transmissions, hypodermic needles, from mother to child during pregnancy, child delivery and or breastfeeding (Markowitz, 2007). According to UNAIDS/WHO (2007) there is no cure for HIV, though it can be treated using anti-retroviral drugs. These drugs are able to slow the normal course of the disease such that average life expectancy could be realized. However, the drugs are expensive. They also have side effects. A person infected with the virus has a survival time within 9 to 11 years if not treated.

HIV was first recognized by the United States Center for Disease Control and Prevention in 1981; the cause of the infection being identified between 1981 and 1984 (Gallo, 2006). Since this period the global infection has reached 35.3 million by 2012 and continuously spreading (Kallings, 2008). For example, According to Cu-Uvin, DeLong, Venkatesh, Hogan, Ingersoll, Kurpewski et al (2010) and UN (2012), HIV directly or indirectly contributes toward many deaths, not excluding maternal cases. For instance between 6 and 18% of global maternal death is connected to HIV. The influence of HIV epidemic on maternal death and pregnancy-related mortality is therefore quite significant (Rosen, de Zoysa, Dehne, Mangiaterra and Abdool-Karim (2002). However, only 64% pregnant women in sub Saharan Africa receive anti-retrovirals while the global average in pregnant women is 62% (UNAIDS, 2013).

As a pandemic, the disease has had an unimaginable impact on the global society. It is a medical problem, creating societal stigma and discrimination. Its political and religious web within society has also been on frightening scale since it was first discovered in 1981 (Harden, 2012).

From Mandell et at (2010), the frightening nature of HIV is manifested in the initial to its final stages; having developed into AIDS and the consequential demise of the individual. During the initial acute HIV, primary or acute retroviral syndrome stage most people experience mononucleosis-like symptoms 2 to 4 weeks after infection (Mandell et at, 2010; Khan & Walker, 1998). In between 40 and 90% infections, symptoms include fever, large tender lymph nodes, throat inflammation, rashes, headache and sores of the mouth and genitals (Mandell et al, 2010; WHO, 2007). The rashes occur in 20-50% cases, developing on the human trunk and being maculopapular, classically (Vogel, Schwarze-Zanier, Wasmuth, Spengler, Sauerbruch & Rockstroh, 2010). Opportunistic symptoms including gastrointestinal symptoms belonging to peripheral neuropathy or Guillain-Barre Syndrome may also be developed at the initial stages lapsing between one and two weeks (Mandell et al, 2010). It has been difficult to medical officials to diagnose HIV due to its nonspecific characteristic symptoms that resemble other diseases, except through laboratory tests (Vogel, Schwarze-Zanier, Wasmuth, Spengler, Sauerbruch & Rockstroh, 2010). The next stage of HIV infection could therefore be more frightening.

The clinical latency, symptomatic HIV or chronic HIV being the secondary stage of the infection may last between three and twenty years if not treated (Evian, 2006; Radiology of Aids 2001; Sepkowitz, 2001). The final of this stage is characterized with fever, weight loss, gastrointestinal problems and muscle pains, with between 50 and 70 percent of victims developing persistent generalized lymphadenopathy (PGL). It is characterized by unexplained, non-painful enlargement of more than one group of lymph nodes for more than three to six months.

The groin lymph node is usually not affected (Mandell et al, 2010). Some individuals may have resistance to the infection (Vogel, Schwarze-Zander, Wasmuth, Spengler, Sauerbruch & Rockstroh, 2010).

One group of HIV infected individuals (5 percent) can retain substantial levels of CD4 (exponent^{+}) cells (T helper cells) for over 5 years without antiretroviral therapy. This belongs to the HIV controllers or long-term non-progressor (LTNP) classification (Blankson, 2010; Mandell et al, 2010). About 0.3 percent of infected persons can also maintain undetectable viral level without antiretroviral. This is the elite controller or elite suppressor class (Walker, 2007). In spite of these frightening aspects of HIV, the church having the responsibility to show love and be merciful should have to act in the interest of its existence, the flock and the nation.

3. Methodology

The research is a case study organized in Cape Coast Polytechnic in the Central Region of Ghana. Basically Quantitative methods were adopted using administered structured questionnaire. Random probability sampling method was employed through the stratified sampling technique after determining the target population, sample size, and the sampling frame. Both closed- and open-ended questions were posed to Higher National Diploma students in ten departments in the three schools of the institution.

Four hundred and eighty questionnaires 466 returned at a response rate of 86 percent. Data obtained were analyzed using Statistical Programs for the Social Scientists (SPSS) version 17. Tables, frequencies and percentages were used to display the data. Gender, age, Christian denomination and marital status, being demographic variables, were cross-tabulated against students opinions and perceptions. Questions pose include: Should churches demand HIV test certificates before approving the marriage of about-to-be-wedded couples? Does your church demand HIV test certificate before approving of the marriage of about-to-be- wedded couples? In your view is this discriminatory? Does this position constitute discrimination against people living with HIV?

Others are: Will you choose religious denomination that discriminates against HIV victims? Will you voluntarily disclose their HIV-status if infected? Will you go for HIV test on church demand when about to marry? Will you go for HIV test upon church request when not-about-to-wed? Will you voluntarily go for HIV test? Do you subscribe to sex before marriage? What do you recommend by the state to be doing to churches that discriminate against people living with HIV?

Chi-square was used to establish relationships between variables. For 2x2 tables, continuity correction factor was used dwelling on Yates' correction for continuity (Pallant, 2005). The level of significance applied was 0.05.

4. Results and discussion

This section presents demographic characteristics of respondents and cross-tabulation analyses of the data. It also presents the chi-square analyses and general discussion of the results.

4.1. Demographic distribution

Four hundred and sixty-six students responded to the questionnaire. Out of this 65.2 percent were male and 34.8 percent female (table 1). The age distribution ranged between 18 and 35, outliers being 16 and 40 (refer table 2). The mean, median and modal ages were 23.9, 24 and 23 years respectively. Only students of the Christian religion responded to the questionnaire. Thirty-eight percent were charismatic, 35.8 percent Pentecostal and 26.4 percent orthodox (refer table 3).

Table 1: Gender distribution of respondents

Gender	Frequency	Percent
Male	304	62.2
Female	162	34.8
Total	466	100.0

Table 2: Age distribution of respondents

Age	Frequency	Percent
<20	81	17.8
21-25	242	53.3
26.30	114	25.1
31-35	15	3.3
>35	2	0.4
Total	466	100.00

Table 3: Religious denomination of respondents

Denomination	Frequency	Percent
Charismatic	177	38.0
Pentecostal	166	35.6
Orthodox	123	26.4
Total	466	100.00

According to the Advanced Learners, English Dictionary, charismatic Christians are Christian religious groups believing in special gifts from God and worshipping in a new enthusiastic way. Charismatic churches may therefore be defined as churches that believe in exceptional gift from God such as speaking in tongues, healing capabilities, foreseeing of future events, prophesying, etc. They usually use musical instruments such as organs, trumpets, drums such as *donno*, organs, guitars, etc. with fast tuned music and songs. They are the most modern group of Christians in the history of Christianity in Ghana.

Pentecostal churches on the other hand, have their singular believe in the healing power of the Holy Spirit. They usually celebrate the 7th Sunday after Easter which day is believed to be coming of the Holy Spirit on to the apostles. They are the first group of Christians in the history of Christianity but second to surface in the history of Christianity in Ghana.

The orthodox churches are those who combine Christian principles and traditional beliefs in their worship. They include the Catholic, Methodist, Presbyterian and the Anglican churches.

In terms of types of settlement, 51.7 percent of the respondents reside in urban areas, 18.7 percent in peri-urban settlements and 29.6 percent in rural areas (table 4). Respondents were from all the regions in Ghana with the maximum (27.1 percent) from Central Region, where the institution is located and minimum (3.2 percent) from Upper East Region, the farthest from the metropolis (refer table 5). Fifty-eight percent respondents were single, 27 percent in a relationship and the remaining 15.0 percent married (refer table 6).

Table 4: Type of settlement of respondents

Settlement type	Frequency	Percent
Urban	241	51.7
Peri-urban	87	18.7
Rural	144	29.6
Total	466	100.0

Ten out of thirteen programmes were sampled ranging from Mechanical Engineering to Accountancy with respondent percentages ranging from 2.8 percent and 17.0 percent for Statistics and Marketing Departments respectively (refer tables 7). Majority of the respondents were in level 200 while level 300 was the minimum (refer table 8). Respondents from the three schools took part in the study (refer table 9).

Table 5: Regional distribution of respondents

Region	Frequency	Percent
Upper East	15	3.2
Upper West	29	6.2
Northern	41	8.8
Bono-Ahafo	20	4.3
Asante	17	3.6
Volta	38	8.2
Western	91	19.5
Eastern	40	8.6
Greater Accra	49	10.5
Central	126	27.1
Total	466	100.0

Table 6: Marital status of respondents

Marital status	Frequency	Percent
Married	70	15.0
Single	270	58
In a relationship	126	27
Total	466	100.0

Table 7: Programme distribution of respondents

Programme	Frequency	Percent
Accountancy	68	14.6
Marketing	79	17.0
Building technology	43	9.0
Civil engineering	55	11.8
Electrical engineering	40	8.6
Mechanical engineering	48	10.3
Catering	40	8.6
Fashion	17	3.6
Statistics	13	2.8
Tourism	63	13.7
Total	466	100.0

Table 8: Distribution of respondents by level

Level	Frequency	Percent
100	163	35.0
200	166	35.6
200	137	29.4
Total	466	100.0

Table 9: Distribution of respondents by school

School	Frequency	Percent
Engineering	190	40.8
Business	157	35.2
Applied Arts and Science	119	24.0
Total	466	100.0

4.2. Should churches demand HIV test certificate before approving marriages of about-to-be-wedded couples?

Majority of the respondents (63.3 percent) were of the affirmative that churches should demand HIV test certificate before approving marriages of about-to-be-wedded couples. Sixty-five percent male agreed as against 60.1 percent female. Cross tabulation analysis gave zero percent cells having expected count less than 5. Minimum expected count was 58.00 at significance value 0.304. Thus the result was not significant. This means that the proportion of males who agree that churches should demand HIV certificates before approving of marriages is not significantly different from the proportion of females who think so.

In terms of age, 52.6, 70.8, 68.6, 42.9 and 50.0 percent of very low, low, average, high and very-high-aged respondents respectively affirmed to the question. However chi- square analysis yielded 20 percent cells having expected count less than 5 and minimum expected count 0.72. No association could therefore be established.

About 60 percent of charismatics, 68.6 percent Pentecostals and 61.7 percent orthodox Christians were of the affirmative to the question. With zero percent cells having expected count less than 5, minimum expected count of 41.89 and 0.260 significance value, the result was not significant. It can therefore be deduced that the proportions of the respondents in terms of denomination who agreed that churches should demand HIV certificates before approving of marriages are not significantly different from each other.

From the marital point of view, 51.5 percent of married couples, 67.8 percent singles and 63.3 percent of those in a relationship said churches should demand HIV test certificate before approving marriages of about-to-be-wedded couples. Chi-square analysis gave zero percent cells having expected count less than 5; minimum expected count 24.2 and significance value 0.034. Thus the result was significant. The implication is that the proportions of respondents in terms of marital status are significantly different from each other. Church leaders may therefore adopt different strategies to convince to-be couples whose relatives may be married church members to accept the idea of presenting HIV test certificate before approving of the marriage.

4.3. Does your church demand HIV test certificate before approving marriages of about to be wedded couples?

Results from the study indicates that 40.4 percent of the respondents affirmed their churches demand HIV test certificate as a condition to wed about-to-be-married couples while 58.5 disagreed. Among the charismatic 41.5 agreed that their churches do so. With the Pentecostals, 40.5 affirmed while 33.6 percent of the orthodox Christians also affirmed. It may therefore be surmised that the number of those who affirmed increased with the age of denominations in Ghana. The reason is that the orthodox churches are the oldest (Catholic, Methodist Anglican and Presbyterian), followed by Pentecostals and charismatic in that order as far as the history of Christianity in Ghana is concerned (Bob-Miller and Bob-Miller, 2007).

However, chi-square analysis yielded zero percent cells having expected count less than 5 with minimum expected count being 41.78 at 0.402 significance value. Thus the result was not significant. This implies that the proportions of respondents in the three denominations who affirmed their churches demand HIV certificates before approving marriages are not significantly different from each other.

4.4. *Is the churches' demand for HIV certificate before approving weddings discriminatory?*

The study revealed that 65.5 percent male and 63 percent female disagreed that the act of church's demand for HIV certificate before approving weddings is discriminatory. Association test yielded minimum expected count of 54.62 with 0.619 significance value. This implies that the value was not significant. Thus the proportion of females who support the act is not significantly different from the proportion of males who do so.

There appears to be a mix response when age was considered. About 57 percent of very low-aged, 68.1 percent of low-aged.64.8 percent medium-aged, 42.9 percent high-aged and 50 percent very high-aged respondents disagreed to the question. However Association could not be established between the two variables. The cross-tabulation analysis showed that 59 percent charismatic, 69.2 Pentecostal and 69.5 percent orthodoxies share the same view. Chi-square association value was 0.138. Thus the result was not significant. This means that the proportions of the elements are not significantly different from each other when it comes to respondents' agreement as to whether churches demand for HIV certificate before approving weddings is discriminatory.

In terms of relationships, married couples (60 percent) singles (68.3 percent) and those in relationships (65.4) disagreed with the question. The result was not significant since the minimum expected count was 20.19 with 0.464 significance value. The proportion of the elements in the relationships variable are therefore not significantly different from each other as to whether the demand of HIV certificates by churches before approving of weddings is discriminatory. The churches assumed role of demanding HIV test certificate before marriage may therefore be a step in the right direction in protecting its members from HIV infection.

4.5. Choosing religious denomination that discriminates against HIV victims

About 80% male and 80% female would not choose any Christian denomination that discriminates against PLWHA. Chi-square analysis between gender and this attitude yielded zero cells having expected count less than 5 and significance value of unity. This implies that there is no significant difference between gender and attitude. Thus the proportion of males with this attitude is not different from that of females.

From age point of view 80% percent of respondents aged below 21 years would not choose a denomination that discriminates against PLWHA. Also 78% of those between 21 and 25 years, 80.5 percent of those between 25 and 30 years; 86.7 percent of those between 31 and 35 and 100 percent of those above 35 years would not do so. Interestingly, no association could be established between age and this attitude with 30% cells having expected count less than 5.

In terms of religious denomination, 80 percent of charismatic, 84.3 percent Pentecostal and 73.5 percent orthodox Christians would not choose any religious denomination that discriminates against PLWHA. Chi-square analyses yielded zero percent cells having expected count less than 5 with significant value of 0.088. This means that there is no significant difference between the proportions of charismatic, Pentecostal and orthodox Christians in terms of choosing religious denomination that discriminate against PLWH.

Cross-tabulation analysis showed that 87.0 percent married persons, 77.2 percent singles and 82.9 percent of those in a relationship would not choose religious denomination that discriminates against PLWH. With the minimum expected count of 13.68 and significant value of 0.128, there was significant difference between the proportions of married persons, unmarried persons and those in a relationship that would not choose denomination that discriminates against PLWH.

4.6. Voluntarily disclosing HIV-status if infected

Cross tabulation results showed that majority of respondents would not voluntarily disclose their HIV status. About 80 percent male and 61.8 female would not do so. Association test revealed zero cells with expected count less than 5 and significance value 0.661. This implies that the proportion of males who would not voluntarily disclose their HIV-status is not different from the proportion of females who would neither do so.

The results also showed that 72.4 percent very low-aged, 59.9 low-aged, 56.1 medium-aged, 42.9 percent high-aged and 100 percent very high-aged respondents would voluntarily disclose their HIV status. Nevertheless, chi-square test gave minimum expected count of 0.078. Thus association could not be established between the two variables.

The results further showed that charismatic (58.1 percent), Pentecostals (66.2 percent) and orthodoxies (57.9 percent) would voluntarily disclose their HIV status. With the minimum expected count of 23.61 and significance of 0.088 the result was not significant. This means that the proportion of charismatic Christians is neither different from proportion of Pentecostals nor different from that of orthodoxies, and vice versa, who would voluntarily disclose their HIV status.

The study additionally showed that married persons (51.5 percent), singles (60.7) and those in a relationship (64.5 percent) would voluntarily disclose their HIV status. Chi-square test indicated a minimum expected count of 26.16 and significance value of 0.221. This implies that the proportions of married, singles and those in relationships are not significantly different in terms of voluntarily disclosing one's HIV status. The result was therefore not significant.

4.7. Going for HIV test on church demand for about-to-be-wedded couples

Majority of the respondents would go for HIV test on church demand if about to wed. About 73 percent of male and 63.6 percent would do so. However, 27.4 percent and 36.4 percent were not ready to do. Chi-square analysis gave a minimum expected count of 47.09 and a significance value of 0.067. The result was therefore not significant. This implies that the proportion of male who would go for HIV test on church demand when about to wed is not significantly different from the proportion of female who would do so.

The results also revealed that majority of respondents in terms of age would go for HIV test on church demand when about to wed. Thus 72 percent of very low-aged, 71.4 percent of low-aged, 65.4 percent of medium-aged, 64.3 percent of high-aged and 100 percent very high aged respondents would go the test. However the chi-square test yielded a minimum expected count of 0.60. No association could therefore be established between the two variables.

The results further revealed that 68.8 percent charismatic Christians, 72.7 percent Pentecostals and 63.0 percent orthodoxies will go for HIV test upon church demand if about to wed. Chi-square test yielded zero percent expected count less than 5 and 0.244 significance value. The result was therefore not significant. This implies that the proportions of charismatic, Pentecostal and orthodox Christians who would go for HIV test are not significantly different from each other.

Furthermore, the results revealed that 58.8 percent married persons, 78.1 percent singles and 69 percent of those in a relationship would go for HIV test if churches ask them to do so when about to marry. Analysis gave zero

cells having expected count less than 5. The significant value was 0.123 indicating that the result was not significant. Thus the proportions of elements in this variable are not significantly different when it comes to going for HIV test when the church demands HIV certificates before approving weddings.

4.8. Going for HIV test upon church request when not-about-to-wed

The study indicated that 55.7 male and 48.4 percent female will go for HIV test upon church request when they don't intend marrying. The chi-square test run gave zero cells having expected count less than 5 with 0.165 significance value. The result was therefore not significant. Thus the proportions of females who will go for HIV test when the church requests, though they don't intend to marry, is not significantly different from the proportion of males who would do so.

The study also indicated that 65.8 percent very low-aged, 53.0 percent low-aged, 47.2 percent medium-aged, 42.9 percent high-aged and 50 percent very high-aged respondents would go for HIV test if their church leader asks them to do so though they don't intend marrying. It appears the willingness to do so reduce as age increases. However chi-square test analysis yielded a minimum expected count of 0.93. An association could therefore not be established between the two variables.

The study revealed that 52.5 percent charismatic, 57.2 percent Pentecostal and 44.6 percent orthodox Christians will go for HIV test upon church request even when they do not intend marrying. Chi-square analysis yielded a minimum expected count of 53.2 and 0.123 significance value. The result was therefore not significant. This is an indication that the proportion of charismatic Christians is neither different from that of Pentecostal Christians nor different from the proportion of orthodox Christians, and vice versa, in this regard.

About 62 percent married respondents said they will not go for HIV test when requested by church leaders. However majority (54.6 percent) of singles and (58.3 percent) of those in a relationship would do so when even if they don't intend getting married. The association test gave 31.93 minimum expected count and 0.024 significance value. The result is significant. It can therefore be deduced that there is significant difference between the proportions of elements in the charismatic denomination variable in going for HIV test even when one does not intend getting married. Hence in designing strategies for education more attention should be given to singles.

4.9. Voluntarily going for HIV

When asked whether they would go for HIV test on their own accord, 87.7 percent male and 77.6 percent female answered in the affirmative. The chi-square test yielded zero percent cells having expected count less than 5. The significance value was 0.060. The result was therefore not significant indicating that the proportion of females who would not go for HIV test on their own is not significantly different from the proportion of their male counterparts.

The study has also showed that majority of respondents; 86.1 percent of very low-aged, 52.9 percent low-aged, 78.9 percent medium-aged, 78.6 percent high-aged and 100 percent very high-aged would go for HIV test on their own. It appears the desire to do so decreases with age. However, chi-square association test could not establish a relationship between the variables.

Majority of respondents would also go for HIV test on their own in terms of religious denominations. Thus 79.9 charismatic, 88.7 percent Pentecostals and 75 percent orthodoxies will go for HIV tests on their own. Chi-square analysis gave a minimum expected count of 20.32 while the significance value was 0.011. The result was significant. Thus the proportions of elements in the religious denomination variable are different in terms of respondent's unwillingness to go for HIV test on their own. Different strategies should therefore be adopted for different denominations when adopting strategies to encourage students to go for HIV test.

In terms of marital status 67.6 percent, 85.6 percent and 83.5 percent of respondents would go for HIV test on their own. Chi-square test showed that the result was significant with 0 cells having expected count less than 5 and significance value 0.003. It can therefore be deduced that the proportions of married, single and students in a relationship is significantly different when it comes to going for HIV test on one's own. Similarly different strategies should be adopted in dealing with the relationship variable.

4.10. Subscribing to sex before marriage

Majority of respondents, 62.2 percent males and 72.8 percent female do not subscribe to sex before marriage, though many of them could be in such a relationship. According to Woode and Ahorlu (2005) a study entitled "the effect of HIV/AIDS awareness on the attitude and behavior of polytechnic students-a case study of Accra Polytechnic" in Ghana, 30.5 percent of the students were in sexual relationship. Seventy four percent respondents did not know the HIV status of their sexual partners with 79.2 percent having at least one sexual

partner and 8.3 percent several. Though all respondents were aware of condom use only 65.33 understood the usage of condom (Achio 2007).

Chi-square analysis from this study gave zero percent cells having expected count less than 5. The significant value was 0.027 indicating that the result was significant. It could therefore be concluded that the proportion of female who subscribe to sex before marriage is significantly different from proportion of male who subscribe to sex before marriage.

Majority of very low aged (63.2 percent), low aged (69.2 percent), medium of aged (59.6 percent) high aged (58.3) percent and very high- aged (100 percent) would not subscribe to sex before marriage. An association could however not be established between age and subscribing to sex before marriage.

About 69 percent of charismatic, 66.9 percent Pentecostals and 56.7 percent orthodox Christians do not subscribe to sex before marriage. Analysis showed that the result was significant with 36.5 minimum expected count at 0.127 significance value. Thus the proportion of respondents who are charismatic, Pentecostal and orthodox Christians are not significantly different from each other.

The study further revealed that majority of unmarried Christians subscribe to sex before marriage while majority of married ones did not. In terms of figures, 38.2 percent married, 54.6 percent single and 58.3 percent of those in a relationship will subscribe to sex before marriage. The chi-square test therefore yielded 0.024 significance value with 31.93 minimum expected count. This implies that the proportions of elements in the marital status variable are significantly different from each other in terms of subscribing to sex before marriage. Thus the result was significant. Different strategies should therefore be adopted for different groups.

4.11 General discussion

Majority of the respondents (66 percent) who would voluntarily disclose their HIV status, support the idea that religious denominations demand HIV test certificates before marriages. For those who will not voluntarily disclose their HIV status 59.7 percent support the idea that religious denominations should demand HIV certificates before approving marriages. Chi-square analysis, gave zero cells expected count and 0.209 significance value. Thus the proportion of those who would disclose their HIV status and supports the idea is not significantly different from the proportion that would not disclose their HIV status

For this reason 83.1 percent of those who would not voluntarily disclose their HIV status would not choose any religious denomination that discriminates against HIV/AIDS persons. Chi-square analysis between students who would voluntarily disclose their HIV status and those who would not choose religious denominations that discriminates against HIV/AIDS persons gave an insignificant value. The significant value was 0.243 with 35.32 minimum expected counts. Thus the proportion of those who would voluntarily disclose and not choose a religious denomination that discriminate against HIV/AIDS victims is not significantly different from those who would voluntarily disclose their HIV status and choose religious denominations that discriminates against HIV/AIDS patients (83.1). Even those who would voluntarily disclose their HIV status 78.1 percent would not choose any religious denomination that discriminates against HIV victims.

It is interesting to note that majority of the students were of the view that demanding HIV certificate by the church is not discriminatory. In spite of this, the percentage of those who were of different opinion cannot be swept under the carpet; 34.6 percent male and 37 percent female belong to this category. The church must also satisfy this category of the flock.

If discrimination is any concept to consider in terms of PLWHA, then the church in its capacity to stem up the fight against HIV/AIDS should intensify its education campaign (Guardian Ghana Limited, 2012). In standing in for parents and peers to safeguard the marriage institution (Vucheva, 2013), it cannot marginalize the rights and privileges bestowed unto some of its members by the originator of the church and the architect and designer of the marriage institution itself (Millikan, 1950). The mercy, sympathy and love it must show then becomes missing. The church must not be judgmental and condemning PLWHA. This will thus thwart the efforts of the World Council of Churches (WCC) and some other bodies including NGOs to uproot discrimination and stigmatization within the church (Kobia, 2006). The question is, why should the church not demand certificates of other diseases with similar curing difficulties but HIV/AIDS? The HIV dilemma must therefore be tackled with thoughtfulness, diplomacy and great wisdom.

Though HIV is incurable and deadly and can be transmitted from mother to child during pregnancy, child delivery and or breast feeding (Markowitz, 2007) discriminating against infected persons is not a way of curtailing its spread. Rather this could spark a vicious cycle thus perpetuating its tentacles within society. In

order to stop its continuous spread (Kallings, 2008) this last stage of the spread of the infection and disease (Norwegian church Aid, 2008) must be attacked with the ultimate compassion, mercy and love.

One weakness of the church, according to Viser, & Oldham (1937) has been observed in its tendency to solve life problems of members of the church and society at large. But the AIDS/HIV pandemic can reduce the lifespan of individuals substantially (UNAIDS/WHO, 2007) and has killed many individuals in several countries (Kallings, 2008) and therefore needs to be checked. However dealing with it should not infringe on the human rights of the minority. The minorities who may have to abide by the will of the church against their desire should be taken into consideration by the church. The long term psychological effects and moral effects of such victims if they should know are HIV-positive could be a long-lasting stigma on the individual, assuming a person decides not to marry a prospective spouse because the other is HIV-positive after the compulsory test as demanded by the church is accomplished. The everlasting repercussion could be disastrous if such information should trickle down to members of the church, which is more probable. The psychological harm to the victim could be metallic. Such a policy by the church should therefore be looked into again. It must be redesigned and restructured if it is even necessary and beneficial in the long term for those who would be found positive after the test. If between 34.7 and 37 percent church members would not voluntarily go for such test then the third-thought must be invoked by the church to deal with the issues of preventing the spread of HIV/AIDS within its flock using this “controversial” technique.

Results from the study support the fact that many Ghanaians are prepared to help prevent the spread of HIV/AIDS. It is therefore not surprising that the prevalence rate has reduced to about 0.8 percent as at 2014. For those who would voluntarily disclose their HIV status 88.1 percent would go for HIV test on their own. Even those who would not voluntarily disclose their status, 72.2 percent would be ready to do so. Thus between 11.9 and 27.8 percent of students who would voluntarily disclose their HIV status would not go for HIV test on their own. This proportion is substantial considering the dread of HIV/AIDS (Kallings 2008). Chi-square test showed that the proportion of students who would voluntarily disclose their HIV status and does not support the idea that demanding HIV certificate before churches approve marriages is discriminatory (63 percent), is not significantly different from the proportion who would voluntarily disclose their HIV status and support the idea that the church’s demand of HIV certificates before approving marriage is discriminatory (69.3 percent). Zero cells had expected count less than 5 with 0.223 significance value.

Going for HIV/AIDS test is one way by which the spread could be contained. However, the church in its capacity to help suppress the spread of the infection needs to be responsible though, by respecting the freedoms of the flock and demanding the obligations of its leaders (Niebuhr, 1946). The proportion of students who would voluntarily disclose their HIV status and would go for HIV test on their own (88.1%) was not significantly different from those who would voluntarily disclose their HIV status but would not go for HIV test on their own (72.2%). The significance value was 0.000 and the minimum expected count 30.66. With zero percent expected count less than 5 and 0.02 significance value, the proportion of students who would voluntarily disclose their HIV status and subscribe to sex before marriage (29.6 %) was significantly different from those who would voluntarily disclose their HIV and not subscribe to sex before marriage. If 29.6 percent and 41.3 percent of those who would voluntarily disclose their HIV status subscribes to sex before marriage then the church has a gargantuan duty to perform. The church must rather use proactive means by preaching sexual abstinence before marriage and ensure Christian discipline, instead of demanding HIV certificates as a condition for approving wedding in the church to the disadvantage of the silent minority. The rights of all must be respected by the church.

5. Conclusion

Based on the findings of the study it was found that majority comprising:

- Sixty-three (63) percent of the students were of the view that churches should demand HIV test certificates before approving marriages of about-to-be- wedded couples
- Sixty (60) percent of respondents’ churches demand HIV test certificated before approving marriages of about-to-be-wedded couples
- Sixty-five (65) percent were of the view that such demand is not discriminatory
- Eighty (80) percent would not choose religious denominations that discriminate against PLWHA
- Sixty-one (61) percent would voluntarily disclose their HIV status
- Sixty-nine (69) percent would go for HIV test on church demand when about to wed
- Fifty-three (53) percent would go for HIV test upon church demand when not about to wed

- Eighty-two (82) percent would go for HIV test voluntarily
- Sixty-six (66) percent subscribe to sex before marriage

Marriage as a universally cultural institution cannot be dealt away with in modern society. It must be protected for the common good of individuals, the flock, the society and the state. The role of the church in Ghana as caretaker parent and peers is a step in the right direction. However, in dispensing this role, the responsibilities of church should not be committed with discrimination against some of its members no matter how few they may be. The rights of the members should be respected in spite of the majority who might feel otherwise.

For denominations that discriminate against PLWHA, it is recommended that the state should invoke its responsibility as the papa of the citizenry by introducing laws to protect their rights. Educating church leaders through workshops, retreats, seminars and conferences could go a long way to adjust their mentality on the subject.

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