PRE-MARITAL MEDICAL SCREENING OF PROSPECTIVE COUPLES AND THE QUESTION OF AGAPE LOVE: A CRITICAL DISCOURSE

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Abstract
This paper looked at the types and relevance of pre-marital screening in Nigerian society. It also examined the concept of love from Christian, Moslem and Sectarian perspectives. The paper contends that despite the immense value of pre-marital medical screening, its outcome should not constitute the only yardstick upon which marital unions are discouraged. It was advocated that intending couples should have right to make informed decisions about whether or not to proceed with their marriage arrangement (on the strength of agape love) despite any unfavourable pre-marital test result. This way, the role of love as foundation of marriage will remain a primary other than secondary consideration.

Key Words: Pre-marital medical screening, Agape love, Social exchange.

Introduction
The twenty first century could be regarded as one of the most remarkable in human history. This is because it recorded unprecedented breakthroughs in many fields of human endeavour, particularly at the scientific frontier. One of the immediate benefits of this new scientific dispensation is that in recent times, many health conditions are being handled with considerable proficiency. Such is the case with the now very popular pre-marital screening of intending couples aimed at ascertaining the health status of partners before marriage could be contracted. There seems to be a growing consensus among medical personnel, some non-governmental organizations and religious groups about the relevance of this strategy. Yet, the reality shows a contradiction between this philosophy and the need for marriage to be anchored on true love that can withstand all tribulations.

Over the years, there has been growing incidences of outright rebellion, demand for protection of right to freedom of association, including defiance to “don’t marry” injunctions brought about by unfavourable pre-marital test results. Questions are now being asked as to:

a. What are the types and justifications for pre-marital medical screening?
b. Is love still a relevant foundation for marriages?
c. Is it impossible for love to withstand the travails of unfavourable pre-marital test results?
d. Is the church (which preaches love of one another) justified to intrude into private life of individuals and deny them marital blessings on the grounds of medical screening results?
e. What measures could be adopted to ensure that freedom of association is not sacrificed at the altar of screening tests especially in instances where love is prophesed and strong enough to withstand the odds and challenges posed by unfavourable test results.

Pre-marital Medical Screening: Meaning, Types and Importance
Pre-marital medical screening consists of a comprehensive group of tests meant especially for those planning to get married. The tests are designed to identify potential

health problems that may have an impact on one's fertility or may be related to hereditary diseases and infections (Blatt, 1996)

Pre-marital medical screening could also be defined as a set of diagnostic medical procedure required by law, personal choice or religious bodies involved in contracting marriages, which are intended to detect abnormalities before the outset of any signs and symptoms among persons planning to get married.(National Academy of Sciences, USA, 1995)

Types of Pre-marital Medical Screening

The tests that make-up the pre-marital screening requirement for intending couples are relative to time and place. Several years ago, HIV screening was not required before marriage is contracted. Today, it has become one of the most important pre-marriage test because of the ravaging effects of HIV/AIDS scourge on society.

Blatt (1996) lists the following as common examples of pre-marital medical screening requirement across many nations.

- Clinical measurement, history and physical examination.
- Body fat measurement
- Body mass index measurements
- Urinalysis
- Blood Group/Genotype
- Stool analysis
- HIV screening
- Complete haematological profile with electrolyte sedimentation rate (ESR)
- Blood Glucose
- Lipid Profile
- Serological review for veneral disease and hepatitis B etc
- Rubella screening (ladies)
- Seminal analysis (men)
- Ultrasound pelvis (ladies)
- Hormonal profile
- Ultrasonic examinations that detect abnormalities in the liver, gall bladder, biliary system, pancreas and kidney. It also helps to detect disorders of the pelvis, ovaries and uterus in women as well as bladder and prostrate disorders in men.
- Multiphasic Tests which detect conditions such as gout, thyroid anaemia, diabetes sexually transmitted diseases, hepatitis etc.

Importance of Pre-marital Medical Screening

The benefits of pre-marital medical screening to intending couples and society at large has been extensively documented by scholars (see Blatt 1996, Devore 1992; Fang and Ank 1999; National Academy of Sciences USA, 1995 etc).

Fang and Ank (1991) sum up these benefits as follows:

i. To assess general health status of couples.
ii. It provides a forum for health education of intending couples.

iii. It is useful in screening for common hereditary conditions or gene disorders to prevent their transmission to would be offspring of a union e.g. sickle cell, thalassaemia
iv. It screens for and or prevents any fertility problems that might occur in future.
v. To detect the presence of infections like syphilis, HIV and Hepatitis B which may have been previously undiagnosed? Such diagnosis stimulates early treatment of the conditions.
vi. It provides convenient means of collecting information on the health of the population for epidemiological and planning purposes.
vii. It ensures that blood group, genotype and rhesus (Rh) status of intending partners are known to guarantee compatibility.
viii. It gives widest range of informed choice to prospective couples in event of unfavourable screening results.

Becker (2008) frowns that notwithstanding its advantages; rigid enforcement of pre-marital medical screening is laden with the following problems especially in third world states:

a. Violation of rights of couples because tests are often done by fiat without their consent.
b. Stigmatization is usually a bye product of medical screening due to failure to maintain confidentiality (privacy violation).
c. Wrong conclusions are oftentimes reached on the basis of false positive and false negative results which were occasioned by human and material errors.
d. It is expensive to finance especially for poor couples.

The Concept of Love: A Brief Review of Viewpoints from the Bible, Koran and General Literature

The Bible and the Concept of Love

The concept of love is extensively discussed in the bible. Kelly (2004) captures the excelling nature and marvels of love as espoused in the bible as follows:

- Love is of two categories, love of God and love of our neighbours.
- Love is the first and great commandment upon which all other laws and requirements depend (Matt.23:34-40).
- Christians are to serve one another by love (Gal.5:13).
- We shall love our enemies and the brotherhood. (Matt.5.43-44)
- God loves man when man is a sinner (Rom:5:8).
- Love is God himself (John, 4:8), any one who loves has God living inside him or her.
- God demonstrated love and gave his only son to die for sins of humanity (John 3:16).
- Love is kind, love does not envy, love does not separate itself, it is not puffed up, and love does not behave rudely and does not seek itself (Corinthians, 13:4-7).

Christian faithfuls call God – kind of love ‘agape’. This kind of love is unconditional in nature. In the presence of agape love, there is longsuffering, kindness, rejoicing in the truth, bearing all things, believing, hoping, and enduring all things. St. Augustine sums up the bibles view on love by enjoining all to “love and you can do no wrong.

The Koran and the concept of love

On its part, the Koran also mentioned unconditional love of God (Mahabbah), which parallels the Hindu notion of 'bhakti or Christian notion of agape. According to Amman (2003), the Koran divided love into three as follows:

i. Love of God.
ii. Love of the messenger of God (Mohammed)
iii. Love of people.

Despite plenty of historical evidence about the servitude of women in Islamic societies, and arguments to the effect that Koran enjoin Moslems to pursue hatred, terror and murder in the name of jihad; Amman (2003) contends that Islam is a religion of peace, tolerance and love. The religion professes love among people, between family members, friends, husbands and wives etc.

The importance of love to Islamic religion is captured by comprehensive discussions on charity in the Koran. Esposito and Haddad (2000) note that "almsgiving" (Zakat) is one of the pillars of Islam, and involves a mandatory tax upon those who can afford it. Fuser and Powers (2004) observe that according to the Koran "every good deed is charity, it is good deed that you meet your brother with a cheerful countenance and that you pour water from your bucket into the vessel of your brother" at times of need rather than abandon him. (Musnad of Ahmad Miskhat 6:6).

Molloy (2006) sums it up by stating that Islamic religion like Christianity emphasize supportive role of individuals toward their neighbours and friends as they encounter problems of life, diseases and hunger. Islam cannot support abandoning a loved one because of an unfavourable medical screening result.

General Literature and the Concept of Love

Romantic love is a deep emotional, sexual and spiritual recognition and regard for the value of another person. It is also seen as when chemicals in an individual's brain kick in and he /she feels an emotional high exhilaration, passion and elation when one is together with the lover. (Becker 2008, Hilman 1996). Romantic love could also be defined as that feeling of happiness which is unexplainable that happens among persons intimately involved.

According to Becker (2008), love is an anesthetic. He admits that when individuals are in love, they are filled with fantasies, ideas and anxieties. They enjoy these fantasies except that when it is short-lived on account of death or physical separation etc, it results in heart break which breed psychosomatic illness (illnesses of the mind/psychological trauma devoid of any germ).

Becker (2008) grouped the broad concept of 'love' into variety of sectors such as:

i. Responsible altruistic caretaking (agape)
ii. Practical partnership (pragma)
iii. Erotic intimacy (eros)

These categories may not be strictly mutually exclusive, but may be combined in some love situations,

Psychologists use the concept of 'love maps' to account for the mysteries of being seized in love. The components of love maps include 'visibilities' (good complexion, plump and wide hips, worldly goods like cars and houses etc). There is also the 'invisible' aspect which is often difficult to describe, yet lovers feel its pressure.

Becker (2008) notes that love maps could also be grouped into layers. The 'general or universal layer' emphasizes attributes that are universally appreciated and attract love. Examples include good complexion and good looks.

The second layer is the 'traditional layer' which reflects on traditions, fashions and local norms. In both instances, the theory of love maps suggests that environmental conditioning influences ones attraction to love.

Irrespective of the nature of love map or attraction, Hilman (1996) submits that love demand the following:

- Acceptance of the other person in all conditions
- Commitment to welfare of the other person
- Freedom (do not impose your value systems on another)
- Charity (sharing with one another)
- Creativity (love is a dynamic and creative force)
- Discipline (being conscious of your duty)
- Respect (respect the other persons desires, rights, interests and hobbies)
- Detachment (allow the other person absolute freedom to be him/herself)
- Partnership that yields benefit to both parties.

Theoretical Framework

This paper is anchored on both social exchange theory and the political economy approach. These two theories are particularly relevant because they capture the deliberate, calculative and economic undertones or influences on contemporary social relations.

Social exchange theory explains social life by looking at the character of exchange between one person and another or between two societies or more. It is not only material goods that are exchanged; rather, other non-material goods such as sentiments, services and 'love' are also exchanged.

Proponents of social exchange theory like Homman (1961) and Blau (1964) argue that an exchange relationship takes place when there is an expectation and receipt of rewards which could be extrinsic or intrinsic. Blau (1964) identified four types of rewards that could underlie social behaviour. They include money, social approval, esteem (respect), and compliance (royalty).

It is the view of this paper that the clamour for pre-marital medical screening of couples and resultant withdrawal of 'love' that often follow unfavourable test result are manifestations of a relationship built on utilitarian purpose rather than on sentiments

of true love as enunciated in biblical, koranic and general literatures previously reviewed.

Navarrow (1976) explored the interplay between economics politics and health issues in society. The Political Economy Perspective frowns at the defective capitalist society we operate. Its alienative, exploitative, repressive and dehumanizing characteristics gave rise to complex problems such as bribery, poverty, mass illiteracy, hunger, unemployment, disease, inequality of access to resources etc. In reaction, some individuals look for ways to survive and this include dubious claims of love and attachment to others. Such real or imagined 'love' is fascinated and welcomes the idea of pre-marital screening because it is not prepared to make sacrifices.

On the other hand, the bourgeois who enjoy the good things of life and dictate the content of laws, use pre-marital medical screening as a potent strategy to forestall contamination of their class with diseases that are prevalent among poverty- striven lower strata of society. One of such diseases is HIV/AIDS especially among women who get involved in commercial sex as a survival strategy in the face excruciating poverty.

Overview of the practice of Pre-Marital Medical screening in USA and Nigeria

Pre-Marital Medical Screening in USA

At inception of pre-marital medical screening programme in USA, it was intended to check blood types to be sure that would be spouses are biologically compatible. It also seemed helpful in the event of pregnancy, in case a transfusion is needed and to check rhesus (Rh) type (National Academy of Sciences (NAS), 1995).

Although experts have maintained that it is perfectly safe and acceptable for a person of one blood type to marry another with the same or a different blood type, a local myth in USA suggests that blood testing is required to make sure you and your betrothed are not related. This myth remained popular until recently. Because of this, blood testing is a cardinal component of pre-marital medical screening in USA (NAS, 1995).

Over the years, the organisms (or diseases) screened for, vary from state to state. Pre-marital blood tests in some areas in USA check for evidence of syphilis (now or in the past) and rubella (German measles). The reason for syphilis testing is that its detection and treatment protects the other partner. Treatment of women also prevents transmission of syphilis to their foetus. There was also need to safeguard the entire population from syphilis and other sexually transmitted diseases which were public health concerns at that time. On the other hand, rubella poses threat to developing foetus hence the need to screen women to detect those not immune to the disease who shall require vaccination. Such non-immune women will be instructed to avoid anyone (partners) who might have the disease (rubella).

Furthermore, screening for other diseases in prospective couples has in some cases included tuberculosis, gonorrhoea and HIV. Of these, only HIV can be detected by blood tests (NAS, 1995).

Colorado Department of Public Health (2002), notes that only few states in USA passed legislation requiring HIV testing before marriage. Even then, these legislations did not last long, at least in part because of very low detection rates. She contends that as at May 2002, only seven states and the District of Columbia still required blood test to get married. She further submitted that in the case of Massachusetts, which in 2005 dropped the requirement for pre-marital blood testing; her officials stated that the detection rates of syphilis and rubella were nearly zero.

Pre-Marital Medical Screening in Nigeria

Pre-Marital medical screening is a relatively new development in Nigeria from the 90's. The system of marriage in traditional societies of Nigeria was such that the man may not know his partner before hand. The woman is sometimes betrothed to the man at birth when she probably knows nothing. These situations made it difficult for screening tests to be a top priority. The major considerations then were decent family background, proper home grooming and culture of industry.

Pre-marital medical screening became an issue of major concern in Nigeria when HIV/AIDS became rampant. Increasing numbers of people wanted to confirm the HIV/AIDS status of their partners before marriage. In addition, a number of organizations like Family Health International (FHI) and Global HIV/AIDS Initiative, Nigeria (Ghain) have through their activities and advocacy enhanced consciousness of Nigerians on the benefits of pre-marital screening especially against HIV/AIDS.

At present, pre-marital medical screening programme in Nigeria is characterised by the following features:

i. There is no legislation(s) that govern it and or stipulate the specific tests that need be done by intending couples.
ii. The religious bodies (e.g. the church) arrogated to themselves the power to enforce medical screening. Most of them insist on seeing results of at least HIV screening and genotype before proceeding to wed couples.
iii. There is no coherent system or state organ through which pre-marital screening exercise is co-ordinated. The result is that statistics of the exercise is difficult to obtain. It is in hap-hazard manner at different hospitals, laboratories and with religious bodies.
iv. Pre and post screening counselling structures are either non-existent or at their infancy in many hospitals (especially private ones) with the problem that some individuals are largely unprepared to accept the realities of their test result.
v. Screening tests are now seen and foisted as "deciders" for possibility of marriage by partners and their family members. Couples with discordant results are enjoined to break-up without consideration to the heart break that they might go through.
vi. Cost of pre-marital screening tests are exorbitant and out of reach of the poor in society.
vii. Coercion rather than volition remain the dominating factor for tests. Churches refuse to wed individuals unless they present them with results of medical screening (especially HIV and genotype results).
viii. Confidentiality over test outcome is sometimes not maintained. This is a contributory factor that shape post screening decisions. Some people

decide to forgo their marriage plans because they do not want to attract the wrath of parents, friends and well wishers who might be aware of their screening test status and will query the wisdom in furthering the marriage plans thereafter.

Between Premarital Medical Screening and the Question of Romantic Love: The way forward

The importance of pre-marital medical screening is deeply appreciated. Also, the need for marriage to be anchored on true characters of love as documented in both the bible and Koran cannot be overemphasized. The primary role or relationship of premarital screening with love should be to strengthen this love rather than to dissolve its potency. To this end, arrangements for medical screening should be as flexible as possible and must accommodate the freedom (choice) of the parties to decide when, where and how to proceed.

The prospective couples should be armed to decide for themselves specific tests they want to undergo at first instance, to be followed later, by others or at the expense of other tests considered unimportant to them. By empowering intending couples to this level, they not only become active participants in shaping their destiny but also proceed at the rate that their finances could cope.

An important step toward making pre-marital medical screening flexible is to enhance the capacity building of would-be-couples. They should know tests available and their benefits and disadvantages. A massive health education and public enlightenment campaign will be helpful in this regard.

Pre-marital medical screening should be on voluntary basis and not compulsorily imposed by law or the church. As a medical service, informed consent of the client must be sort. The present arrangement where churches insist that tests must be done before wedding is antagonistic to fundamental human right of individuals.

Also, when medical screening is concluded, the role of the health agency and the church should be limited to explaining the full implications of test results. None of them should decide for the couples or mandate them to disband their relationship and throw love to the dustbin. Discordant or unfavourable test results are not synonymous with marital discord or family instability: If the partners decide to proceed with their marriage arrangement, the role of the health agency and the church should be to continuously provide them with adequate counselling. Nzewi (2007) reiterated this point when she reported that sero-conversion was examined in 144 heterosexual HIV discordant couples in California who were followed for up to 4 years. On account of counselling, follow-up counselling and support available to them, condom use and sexual abstinence increased overtime. Also no sero-conversion was observed over years of follow-up.

Furthermore, lack of confidentiality is a key factor that compels couples to abandon their partner after a discordant test result. The health agency and the church must maintain absolute confidentiality over matters that bother on pre-marital medical screening.

Pre-marital medical screening should be conducted free of charge. This will make it possible for both the rich and the poor to access the service. It will also ensure that partners who discontinue marriage plan after screening do not do so because they have exhausted lean resources that could be used in contracting marriage for running a battery of screening tests.

Conclusion

The importance of pre-marital medical screening cannot be overemphasized. On its part, love is a fundamental ingredient on which marriage should be anchored. The two phenomena should be part of marriage arrangement without prejudice to each other.

Pre-marital medical screening which provides insight into the medical status of individuals should be organised in such a way that it presents partners opportunity to deepen their love and commitment to each other. To this end, individuals should be adequately educated about benefits of screening, possible range of results and their implications prior to screening. Testing should be voluntary and partners should not be stampeded to discontinue marriage plans on account of test results. This is particularly important because the ability to withstand any test outcome is a measure of love.

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