

Contested views and beliefs about HIV and AIDS among pastors of Evangelical and Pentecostal churches in Papua New Guinea

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Abstract

This article describes the recent shifts in knowledge and understanding of the Evangelical and Pentecostal pastors on the beliefs about HIV and implications for HIV prevention, treatment and care. Almost half the health services in Papua New Guinea are provided by church agencies. Churches have been considered a barrier to HIV prevention due to their moralistic judgements as to the causes and nature of the disease, their ambivalence surrounding sensitive issues like sex and sexuality, and their opinions on condom use. While earlier studies have tended to highlight the church's negative impact on HIV prevention, recent research with pastors of the Evangelical and Pentecostal groups of churches in PNG shows some evidence of important shifts in pastors' attitudes to, interpretations of, and beliefs about HIV and AIDS. Many of the pastors interviewed have begun to modify their views on how to prevent HIV, as well as their stance on the role and value of condoms and HIV medications.

Key words: Evangelical and Pentecostal pastors, beliefs about HIV, attitudes

Introduction

Evidence shows that religious beliefs and spirituality have influenced peoples' perceptions about the causes of HIV in strongly Christian countries (Roura, et al., 2010; Clarke, 2008). Studies in Papua New Guinea (PNG) have also shown that theological interpretations of the causes of sickness, disease, death and HIV and AIDS can exert a powerful influence on those infected and affected by HIV and AIDS (Eves, 2008, 2003; Dundon, 2010; Hammar, 2009; Gibbs, 2008). While these earlier studies have tended to highlight the church's negative impact on HIV prevention, recent research with pastors of the Evangelical and Pentecostal groups of churches in PNG shows some evidence of important shifts in pastors' attitudes to, interpretations of, and beliefs about HIV and AIDS. Many of the pastors interviewed have begun to modify their views on how to prevent HIV, as well as their stance on the role and value of condoms and HIV medications.

Research worldwide further reveals that the churches and faith-based organisations (FBOs) have been some of the prominent leaders in driving HIV and AIDS responses (Roura, et al., 2010; see also Clarke, 2008). In the Pacific region the churches and FBOs have also been taking the leading role in addressing the HIV epidemic (The Commission on AIDS in the Pacific, 2009).

In PNG, the churches were seen to be the first to provide care, treatment and support for people living with HIV (PLHIV) as well as facilitating other preventive activities (The Commission on AIDS in the Pacific 2009; Hauck, et al, 2005; National HIV/AIDS Support Project, 2006). According to Gibbs (Gibbs, 2007; The Commission on AIDS in the Pacific, 2009; Butt and Eves, 2008) almost half the health services in the country are provided by the churches. The provision of HIV services has positive spin offs for the church: generating trust among the populace and endowing the church with status. Churches are also uniquely well equipped in that they have established almost everywhere, penetrating even into the remotest parts of the country where Government services are few or non-existent.

On the other hand the churches have also been considered a barrier to HIV prevention due to their moralistic judgements as to the causes and nature of the disease, their ambivalence surrounding sensitive issues like sex and sexuality, and their opinions on condom use (Hammar, 2009; Flaws, 2006; Dundon, 2010; Hauck, et al, 2005; National HIV/AIDS Support Project, 2006; Luker, V., 2003). Questionable theological interpretations may have negative implications for peoples' perceptions about HIV and AIDS. Some people perceive HIV and AIDS as a consequence of, and punishment for, violating church sanctioned rules and norms (Dundon and Wilde, 2007). Others see it as a divine punishment for committing some forms of sexual sins that were forbidden by God (Butt and Eves, 2008). People in some remote places have said that HIV and AIDS are the "wake-up call" for those who are misbehaving sexually, and provide a motivation to repent and become good Christians (Wardlow, 2008). Moreover, many Christian groups have gone as far as to claim that the disease can be cured through prayers and repentance (Wardlow, 2008). Butt and Eves (2008) note that these groups exacerbate the situation by claiming that they have the power to cure HIV and AIDS, and persuading PLHIVs to abandon antiretroviral therapy (ART).

Preaching about the second coming of Christ and the promise for divine healing has inspired many Christians to abandon their former churches like the Anglican, Lutheran, Catholic and United churches and affiliate with the newly growing Pentecostal, Evangelical and Charismatic churches. According to Gibbs (2007) these churches "...have increased at almost twice the rate of the general population and are growing at almost three times the rate of the 'mainline' churches." While these churches are celebrating the gain in membership, a better understanding of what the leadership of these churches is doing with regard to the HIV epidemic is critically vital.

Background

In Papua New Guinea (PNG) the first case of HIV infection was detected and diagnosed in 1987. Since then it has increased exponentially and the current prevalence rate is estimated to be standing at 1.2% (The Commission on AIDS in the Pacific, 2009). The HIV epidemic represents a threat not only to social, economic, cultural and political life in PNG, but also to the Christian churches present in the country. In other words Christians and non-Christians alike are

infected and affected by HIV thus it requires collective and collaborative efforts from all churches and the government to address it. Managing an effective response to HIV presents a challenge for both the civil and the religious leaders in a country where churches are central to the provision of many educational and health services, as well as taking responsibility for the spiritual wellbeing of their congregations.

HIV and AIDS research worldwide has led to an increased understanding that people's behaviours and attitudes to HIV need to be understood in the context of people's social, cultural and religious norms, values, beliefs and practices. These cultural beliefs and values have influenced people's sexual behaviours and practices in many ways. PNG is a country in which virtually the entire population profess to belong to one or the other Christian church denomination, and the norms, values and beliefs promoted by the churches have exerted a significant influence on how people conceptualise HIV and AIDS, sex and sexuality, their behaviour towards people living with HIV (PLHIV), and their response to the epidemic more generally (Gibbs, 2008; Hauck, et al, 2005; National HIV/AIDS Support Project, 2006).

Given the diverse cultural and religious contexts through which the HIV epidemic is spreading, the National Research Agenda for HIV and AIDS in Papua New Guinea, 2008–2013 (PNG National AIDS Council Secretariat, 2008) has pointed to a gap in the understanding of cultural and religious dynamics that facilitate the spread of HIV. In response to this lack, the Melanesian Institute conducted research into the Evangelical and Pentecostal churches' attitudes and response to the HIV epidemic in PNG in 2009. The aim was to describe pastors' views, understanding, beliefs, and interpretations about HIV and AIDS and about how they addressed the situation within their churches and congregations.

The research with the Evangelical and Pentecostal churches in PNG has enabled the characterisation of two distinct groups of pastors with opposing views on and interpretations of the causes of HIV and on the necessary response by the churches. The first group of pastors is open to modern change, development, ways of thinking and behaving. Their view about HIV is consistent with development issues. They acknowledge the realities of contemporary social life and relationships within communities as unavoidable challenges of modern times. As one pastor states, "These are signs of times that are here to test our faith. We have to take them head on and move on," (Pastor 2, Western Highlands Province).

These pastors are supportive of research findings on the importance of social context and are prepared to accommodate scientific innovations and medical development in their response to HIV. This group we have characterised as liberal in outlook, because they are more tolerant and generous in their approach, and also because they have been prepared to reform or loosen their views, on for instance condoms, in response to changing conditions around them and new demands on their ministry. The second group has been labelled conservative, as they are hardline in their views and resistant to change. They

restrict their view of pastoral duty to that of teaching doctrine and exhorting the strict adherence to those laws. This conservative group is concerned only with Christian doctrine and puts little value on or store by the understandings offered by epidemiological social science or medical research findings.

This article describes the recent shifts in knowledge and understanding of the Evangelical and Pentecostal pastors on the beliefs about HIV and the main distinctions between the stances of these two groups of pastors – focusing on those that have particular implications for HIV prevention, treatment and care.

Method

The interview based study is grounded in a qualitative, interpretative and ethnographic model that seeks to understand people's beliefs and the meanings and interpretations that influence their behaviours and attitudes (Liamputtong & Ezzy, 2002). According to interpretative ethnography, people's everyday life and their behaviour are influenced by culture which "consists of 'socially established structures of meaning in terms of which people do things'" (Liamputtong & Ezzy 2002:12 quoting Geertz, 1973). In the context of this study the Melanesian Institute Research Team (MIRT) set out to investigate the religious "culture" which encompasses and reproduces people's worldviews, their interpretations of HIV and AIDS, and how they act and react as a result. By establishing links and dialogue with the leaders and pastors of the Evangelical and Pentecostal churches MIRT was able to explore the beliefs about and stances on HIV of these mouthpieces of the churches, as well as the actions they have taken to address the threat of HIV.

Formal interviews began in April 2009. Interviews were conducted by four experienced senior researchers and two junior social researchers. Out of the four senior researchers one has a doctorate in Sociology and have lived and worked at the Melanesian Institute since 1994. The other three have postgraduate degrees in various fields in social science and they have extensive fieldwork experiences in social research. The two junior researchers are bachelor degree holders who have been recruited and trained as social researchers for over two years. Three of these researchers are expatriates but their long stay and research-related-work in PNG have made them become familiar with and sensitive of the social, cultural, political and religious contexts of PNG, Melanesia and the Pacific as a whole. Pilot interviews began at Kefamo conference centre with forty church education secretaries of the Evangelical and Pentecostal churches. After the pilot interviews MIRT covered three major regions of PNG namely the Highlands, Momase and Southern to do the field work. The selection of study sites was determined specifically by the fact that most Pentecostal and Evangelical churches, their educational institutions, members and their administrative headquarters were located predominantly in these three regions (Gibbs, 2007). A cyclical research design was used in which researchers returned after their field work to analyse and report their data. This approach identified emerging issues and informed the selection of the next participants to be interviewed.

Interviews were conducted mostly in PNG *TokPisin* (lingua franca of PNG) because it is the most commonly spoken language in PNG. English was used occasionally, especially with urban-based participants. English could not be used with participants in rural areas because most of them do not know it very well. Most participants said they found it easier to communicate and express their thoughts clearly in *TokPisin*. *TokPisin* interviews were translated and transcribed into English. However, in some instances, participants were allowed to use local languages if they were not able to use either *TokPisin* or English, in which case a translator was employed to assist. Interviews done in local languages were translated into either *TokPisin* or English immediately by the researchers with the help of the local assistants.

A number of recruitment strategies were used in the collection of the data. First, leaders of the Evangelical and Pentecostal churches were canvassed by MIRT and permission to interview pastors was sought and signed by the presidents of the two churches. The personal contact and interaction with the church presidents enabled the MIRT to identify and locate their churches, their church headquarters, and their health and educational institutions. The interview participants were mostly pastors who were familiar with their church doctrines and the church's aims and responsibilities about addressing the relentlessly worsening situation of HIV in the country. The pastors were sampled systematically according to their church affiliation either as a Pentecostal or an Evangelical. They were contacted and invited to participate in the interviews by their churches' presidents. Interviews were aimed at understanding pastors' roles, beliefs, attitudes, and responses to HIV and AIDS.

A semi-structured interview schedule was developed and used in in-depth and group interviews and discussions to ascertain pastors' views and understanding of HIV in PNG and how they have addressed it within their churches. In-depth interviews helped researchers to identify individual pastor's personal opinion about HIV while group discussions helped to draw collective views about the same issue and what they, as a group, have felt could be an effective strategy to address it. As a technique, interview group discussions provided opportunities for interactive and subjective experiences of everyday life that led to further reflections, observations and examinations of the impacts of HIV in the churches and the communities at large. Interviews lasted between forty and sixty minutes. Written consent was obtained from interviewee(s) before the interview began. Most interviews had been tape recorded, except when interviewee(s) did not consent to being voice recorded, in which case detailed notes were taken with full confirmation and consent from the interviewee(s). Field notes and observational journals were kept throughout the research period. The interviews were transcribed and each of them was coded manually into different themes such as the biblical interpretation for HIV, the use of condom as either protecting HIV or assisting the proliferation of sexual activity and so forth. Key informants, such as the presidents and national secretaries of the churches were consulted both during the interview and the analysis period to verify and clarify issues that have emerged during the data analysis (Sharts-Hopko, 2002).

The ethical clearance for this research was obtained from the Governing Council of the Melanesian Institute, which is comprised of representatives of the Lutheran, Catholic, Anglican and United churches as well as other Catholic religious orders. The research was part of the ecumenical project funded and implemented by the Melanesian Institute.

Results

Pastors' understanding of their roles with regard to HIV and AIDS

HIV is an issue that impacts greatly on all sectors of society. Christians are not exempted. Pastors express the belief that HIV poses a threat not only to the social, economic, cultural and political life of the nation, but also to the life and activity of the Christian churches in PNG. As one pastor noted:

HIV is spreading like bush fire and I'm afraid in twenty years' time everybody will be wiped out. I am afraid also because many members of our churches are affected and if these people die of AIDS then there won't be any people available for our churches (Pastor 1, Western Highlands Province).

When asked about the role of the churches in regard to the HIV epidemic, pastors feel that it is part and parcel of their responsibility to save members from being infected. Most interviewees state that the life and existence of their churches depend very much on the congregation. As one pastor said:

Our church stands on people. If there are no people, there is no church. If many of them get HIV then, tomorrow they are gone and there won't be anyone there to preach to. We can't preach to stones and walls. We need people for our church so it is our responsibility to help them to protect themselves from catching the virus (Pastor 2, Western Highlands Province).

Pastors generally feel that there is a great need to help prevent HIV. However, what differentiate them are not only the nature of the response that they believe is necessary, but also the basis on which they justify that response, that is to say, the different dogmas and theological interpretations about HIV and AIDS. Accordingly, the pastors in this study could be divided into those who take a liberal approach to HIV and those who take a traditional conservative approach. These two approaches are grounded in different and opposing theological interpretations of HIV.

The views on HIV of more liberal pastors

Liberal Christian pastors are open to change. They realize that HIV affects the members of their churches and they feel that it is vital to address it. They understand that HIV is a disease which is caused by a virus and is spread by contact with infected human body fluids, such as blood, semen and vaginal

fluid. They express their belief that PLHIVs are human beings who are of equal worth and dignity to all others and who should be loved, respected and taken care of. According to these liberal pastors HIV is not a punishment from God; for God is love; God loves everyone and does not want anyone to go to hell. The liberal pastors question how God could contradict his nature and punish people whom “he created in his own image and likeness” with this terrible disease. Some pastors feel that it is not God who punishes but rather it is human beings who bring pain and suffering, such as HIV by their own choices and decisions. As one pastor said:

For me HIV and AIDS is not a punishment from God. God does not punish sin now. It is our own sinfulness that brings sickness and downfall but that is not to say it is God's judgement. Pain and suffering are part and parcel of our human nature that exists since the time of creation. Judgement, according to my understanding is you have done this at your own will thus you are held accountable for it. HIV and AIDS is not God's judgement or punishment; it is the fruit of our own selfish deeds; thus we are totally responsible for it. For this we must not blame God for our mistakes (Pastor 3, Western Highlands Province).

While emphasising HIV as a result of human agency not divine, the more liberal pastors also tend to emphasise structural drivers of HIV more than individual choice and free will. They refer to the many social problems such as; gender inequities and violence; poverty; inadequate provision of government services; collapse of law and order; unemployment; and oppressive cultural beliefs and practices as factors underlying the increasing numbers of HIV. As many participants said, “Difficult socioeconomic circumstances affect so many people. It leads many women and girls into prostitution and other risky sexual activities to make ends meet”. These pastors believe that considerable effort should be put into remedying HIV’s social drivers, as well as mitigating its consequences. They state that individuals who contract the HIV virus through these structural forces should not be stigmatised and discriminated against. As sympathised by one pastor:

Many people got HIV because of unemployment. So you see it is not their fault. It is because the government did not provide enough jobs for them that they get involved in risky sexual activities that lead them to HIV. As a pastor I must show love towards them. I feel tension between my human side of being angry and intolerant towards these people, and my Christian calling to love them. The government should use its money to improve physical development and basic services in rural areas and to teach people how to make a living through the use of natural resources (Pastor 1, Eastern Highlands Province).

Liberal pastors invoke Christ’s compassion, and endorse love and care for those infected and affected; they condemn the conservative position as self-righteous blaming and “casting stones” and regard interpretations that HIV is “God’s punishment for sin” and “a fulfilment of end-times prophecies” as false and misleading.

The views on HIV of more conservative pastors

Conservative pastors see HIV as a sign of a “fallen” world – a world full of sin, dirt and contamination. Conservative protagonists view sex outside of marriage or multiple partnering as the main cause of HIV transmission. These pastors unanimously hold that sex is created by God and is meant for men and women only within marriage. They regard sexual acts performed outside of marriage as an abomination in the eyes of God, thus, unacceptable and sinful.

Marriage is created and planned by God but most people nowadays are not taking it serious enough and are not committed to their marriage. There is no respect between wives and husbands. Most married people nowadays cheat each other and have lots of multiple sexual partners. Such behaviour is against God’s will for people (Pastor 1, Western Highlands Province).

Sexual activities like fornication, adultery, sodomy, rape, and incest that are mentioned in Galatians 4:16 are identified by these more conservative interviewees as examples of sexual sins. Following from this premise, any sexual disease that emanates from such behaviours is deserving of God’s judgement upon the wrongdoer. HIV and sexually transmitted infections (STIs) are seen by many of the more conservative pastors as direct consequences for sexual sins, and for which death is meted out to the wrongdoer. Conservative protagonists often refer to Romans 6:23, “The wages of sin is death,” as the basis of their argument. In their view, this claim is further supported by the fact that no final cure for HIV has been found. When talking about the benefits of anti-retroviral medications to PLHIV, these pastors tend to be negative and unconvinced of its effectiveness. Part of their negativity arises from their belief that ART has a dark side: it covers up people’s infection so they might be tempted *not* to change their risk behaviours. Others point out that ART has side effects which ensure that PLWH do not escape ‘punishment’ even if they are on treatment:

ART is good but the fact is that it does not kill the virus completely. The virus is still there in the body and it can still kill. It has many side effects. There are two PLHIVs in my village who live on this medicine and after continuous treatment on this medicine I saw that sometimes their bodies go numb and also some of their bones go stiff. The fingers of one of these which used to be normal grew so stiff now that she couldn’t hold things (Pastors 4, Western Highlands Province).

These pastors do not really believe in a treatment for HIV. For them there really is no cure as the disease itself in their views is a result of sinning. Multiple partnering, polygamy, adultery, and fornication are considered to go hand in hand with other problematic behaviours and sinful attitudes, such as selfishness, bad choices, turning away from God, and disobedience to parental advice. In order to minimise these behaviours and attitudes the pastors feel that it is right to discriminate and stigmatise those behaviours and practices. They

state that transmission of HIV and STIs could be stopped if people repent, believe in God's ability to save, stop their immoral behaviour, become good Christians and go to church.

God is showing his power to us and is telling us to stop our immoral behaviours. The people must stop having sex outside of marriage. Those who are involving in sexual misconduct must stop, repent and come back to church and must take Christ as their saviour. Otherwise, the disease (HIV) will continue to stay and spread. So we pastors believe that HIV/AIDS comes from God. God wants to show his power so that people might humble themselves, repent and be faithful to their married partners (Pastor 1, Simbu Province).

They criticise the liberal approach as a "timid approach" and as giving in to secular propaganda. They accuse more liberal pastors of being "political" because the liberals tend to collaborate with the government and other non-government organisations to seek funds and provide HIV services for PLHIV and the affected communities. In contrast, the liberals condemn the conservative Christians' attitude as uncaring, judgemental and hypocritical.

Prevention

With regards to prevention, conservative pastors focus more on change of behaviour from sinful sexual living to faithful Christian living. During one of the interviews, one conservative pastor states, "Prevention is better than cure", and when asked about what it means, he says, "People know that AIDS is here to kill and now they must begin to change their immoral ways, go to church and become good Christians" (Pastor 5, Western Highlands Province). Most conservative pastors preside over churches that do not have health centres, schools or aid posts available to provide HIV services to the people. They use the church buildings to preach and teach about HIV to the people. When asked about what kinds of prevention methods they supported and promoted, they talk about personal commitment to God and to one another in marriage, abstinence, and delaying sex as ways to prevent HIV. Conservative pastors advise their congregations to uphold these principles in their lives. They also advise young people to delay sex and go to pre-test counselling and testing before they get married.

Liberal Christian pastors also teach their congregations about the meaning and values of sex and marriage but they endorse the use of condoms in some situations they consider high risk e.g. sex work, sero-discordant couples and for those who need them. They point to individual freedom and also emphasise individual responsibility and choice, but at the same time they acknowledge it is not a simple or easy matter and that erring is human.

As one pastor said:

We are all humans and we encounter temptation in life whether one is a Christian or not, regardless of one's level of faith. We are all prone to temptation. So the issue of HIV is a behavioural problem; people need strong self-discipline in life (Pastor 1, Morobe Province).

The liberals allow their church-based health centres, hospitals and VCT centres to distribute condoms and provide counselling for those infected and affected. For instance, the Kudjip Nazarene hospital and the Baptist Union health centre in Western Highlands Province promote and distribute condoms to the people.

Unlike the liberal pastors the conservatives strongly oppose the promotion and distribution of condoms. They believe that promoting and distributing condoms does not stop the spread of HIV, quite the contrary they are convinced that condoms encourage sexual immorality. Anti-condom sentiments are expressed by many conservative pastors:

As a Christian and a woman, I am totally against the purchasing of condom; its promotion; its distribution and its uses; for it is promoting sex. It leads people to engage in lots of casual sex (Female pastor, Highlands region).

Condoms give a false sense of security. Young men don't think, "I want to have sex, so I'd better get a condom"; No, they think, "I have condoms, so I'd better have sex!" (Pastor 2, Simbu Province).

Distributing condoms is like telling people to go ahead and have sex. People see condoms as a license to engage in sex without consequences (Pastor 2, Morobe Province).

In promoting condoms, the government is promoting HIV. Condoms undermine appeals to abstinence and fidelity. They increase temptation (Pastor 2, Eastern Highlands Province).

If the distribution of condoms stops, people will be afraid of getting HIV and they will refrain from immoral sexual activities (Pastor 2, Western Highlands Province).

Care and treatment

Conservative and liberal pastors can also be distinguished by their position with respect to the care and treatment of PLHIV. For instance, conservative Christian pastors discourage PLHIV from taking antiretroviral therapy (ART). Based on their belief that HIV is a consequence of sexual sin, the conservative pastors consider the body of an infected person to be contaminated. However they strongly feel that an unclean body is relatively unimportant, but it is essential to redeem the spirit of the person because that spirit is sacred. As commented by one pastor:

The person's body is destroyed by sin. It is just a soil and it will go back to where it comes from (which is soil) but what we are concerned about is the spirit. We would like to ensure the spirit is healed and redeemed because it comes from God (Pastor 3, Simbu Province).

In their view the wrongdoer must repent completely and return to God wholeheartedly so that God can forgive and heal them. Some pastors mention that they had invited PLHIV to church, lay hands on them and pray for healing. They emphasise to petitioners the importance of faith in God for healing. Taking ART as a backup is considered to be a sign that the petitioner doubted Almighty God's power to heal. These pastors insist that God would not heal in the presence of doubt.

Prayer is powerful and it does wonders to so many people with incurable diseases like HIV and cancer. Before I prayed over the PLHIVs, I told them to throw away their medicine because it's going to kill the power of my prayer (Pastor 1, Enga Province).

Many liberal pastors who oppose the actions of the conservatives, report that PLHIVs who discarded medication in favour of prayer seemed to improve initially, but after a while their health deteriorated and finally they died. Liberals report further that failed healings are often concealed by the conservative pastors involved, often also these failures are rationalised by transferring blame to the dead person and concluding that healing failed because that person had not genuinely repented or that they must have gone back to their old ways, and that is why they died.

In contrast, liberal Christian pastors have made great improvements in their HIV care programs for PLHIV by integrating faith in prayer with the use of medication. Such pastors welcome PLHIV into their houses and care centres and while they pray over them, they also encourage them to continue to take ART. They advise PLHIV to pray each time they take their doses.

I told my patient that if he prays before he takes his medicine God will bless the medicine and can help him to improve his health. God works invisibly and He can work through medicine and can help him to improve his health (Pastor 4, Simbu Province)

According to liberal pastors this approach greatly improves PLHIVs' lives. As one pastor explained;

Prayer gives moral strength and uplifts the person's inner being. Medicine (ART) takes up what the spirit leaves off by keeping the viral load low in the body. The combination of both spiritual and medical support has strengthened and helped the PLHIVs to improve in their health; hence, they are likely to live longer than expected (Pastor 2, Simbu Province).

Finally, both liberal and conservative pastors feel that the government is not doing enough to address the HIV epidemic in Papua New Guinea. They indicated that government should “involve” and “support” churches in the “battle against the HIV epidemic”. They spoke of the importance of “funding that is quick and directly channelled” to the church organizations to enable them to “carry out HIV and AIDS awareness”. They suggested “government should turn to the churches and support them” as they believed government programs “are poorly researched” and government staff “are uncommitted and unfaithful”.

Thus the churches, as indicated by these interviews with pastors, view themselves as having a role to play in the response to HIV. However the ways that pastors, even within the same church, conceptualise that role fall into one of two categories: a conservative view of prepared to sacrifice the body to save the soul, and a liberal view in which the pastoral duty of care includes physical and emotional as well as spiritual wellbeing.

Discussion

Comparing this study with studies done elsewhere found that pastors and church leaders are important players in the churches’ activities and they can either hinder or facilitate HIV prevention depending on their beliefs and interpretations of the meanings of HIV and HIV medication as well as the proper response of the church to the HIV epidemic (Nunn et al, 2012; Roura et al, 2010; Derose, et al, 2010). Like in other societies, churches and faith based organisations are important in PNG society and in the everyday life of individuals. These organisations are central not only to much community life but also often to the provision of health and education services, and as such they have enormous potential to make a positive impact on reducing HIV infections (Derose, et al, 2010). This qualitative data shows that even within the same branches of Christianity, marked differences in these beliefs and interpretations are evident. Indeed, two distinct and opposing sets of theological interpretations, beliefs and views of the Evangelical and Pentecostal Christian pastors about HIV and the different preventive approaches they promote have been revealed in this data. This is significant in that it poses the possibility of an evolution of the way that Christian pastors in PNG understand, explain and respond to the epidemic.

The findings in this study shows that pastors who hold conservative views emphasise individual agency and choice. They assume that an individual’s freedom to choose is absolute. They do not acknowledge, however, that interpersonal dynamics as well as wider contextual and situational factors can effectively limit or remove that choice. The conservative views present the issue of HIV prevention as a simple matter of behavioural change as also described elsewhere (Eves, 2003; 2008). They further assume that arming people with information about the dangers of HIV and an insistence on moral willpower are the only factors necessary to bring about behavioural change. Many of these pastors believe that information which creates fear is particularly effective in producing the will to do the ‘right’ thing (Wardlow,

2008). According to this view, the suffering of PLHIV serves as a (tragic but effective) reminder of the consequences of sinful behaviour and immoral choices.

The interview data from the pastors evidenced the ways in which the conservative attitudes and behaviours of pastors could work to marginalise PLHIV within the community, and exacerbate vulnerability to HIV and STIs. Pastors' doctrinaire interpretations of the relationship between "sin and punishment" and their propensity for "blaming" and "casting stones" as part of a practice of discouraging HIV risk behaviour, works to discriminate against PLHIV, and hinder more effective HIV prevention by condemning condom use (Wardlow, 2008; Eves, 2008). Furthermore these conservative pastors' promotion of a reliance on divine healing undermines PLHIV adherence to medicine. An abandonment of anti-retroviral medications, due to pastors' promise of divine healing (Wardlow, 2008; Butt and Eves, 2008) is likely to result in early onset of AIDS and premature death. It is for these sorts of reasons that Pentecostal and Evangelical churches have been labelled as the most problematic from and HIV prevention treatment and care standpoint in the past.

However even among the pastors of these Pentecostal and Evangelical churches, significant changes in perceptions and attitudes can be seen to have emerged. Among these churches there are pastors with more liberal views; who consider HIV to be not only an issue of social concern, but also one that requires an acknowledgement of social reality if it is to be effectively countered. The liberal pastors do not advocate for condom use to be limited to family planning purposes within marriage only. Acknowledging that sex regularly occurs outside of marriage and that not all people have only one sexual partner, they accept that condoms are necessary beyond the context of marriage in order to protect people and to reduce the risks of HIV transmission. These pastors' willingness to facilitate or provide care services for PLHIV not only evidences standard Christian principles of forgiveness and compassion, but also a less individualised approach to the assignment of responsibility and blame, and indicates an acceptance of the need to provide an environment that is conducive to the implementation of HIV preventive activities and programs.

It is widely accepted that the 'ABC' approach to prevention, placing the emphasis on individual agency, is too limited an approach to HIV prevention. Thus the acknowledgement by some pastors, of structural and situational drivers of risk behaviour, rather than a simple assignment of individual responsibility and blame, is welcome. In addition, the way that more liberal pastors have accommodated the need for condom promotion and distribution, as well as treatment and care for PLHIV, within their conceptualisation of pastoral care gives reason for optimism and signals the potential for positive change.

Conclusion

One of the distinctive features identified in this study is the positive shifting of attitude from conservative thinking to more understandable liberal approach by many pastors. Certainly this is one of the new developments in thinking and behaviour of some pastors within the Evangelical and Pentecostal groups of churches in PNG. Although the liberal ways of thinking still remains limited at this stage the views and experiences shared by the minority liberal pastors here indicate that bigger and better development in human conceptualisation and behaviour is imminent and inevitable. Such development creates opportunities for building partnerships and to promote and empower leaders of the churches to take more dominant roles in impacting people's lives with HIV awareness and preventive activities. Another distinctive feature is the wealth of potentials that the churches have in terms of both human and physical resources that could be utilised to implement development activities. Churches have well established networks that linked to people virtually everywhere in PNG even to the remotest parts where government services are not present (Gibbs, 2007; Hauck, et al, 2005). Churches are central to community and spiritual life as well as health and education service provision in PNG, especially in the remote areas. These resources provide enormous potentials to implement HIV preventive care and treatment activities.

As evidenced in this study many pastors in both the liberal and conservative camps stated strongly that mutual dialogue, collaboration and greater involvement of leaders of all churches, Non-governmental organisations and most importantly, the government of this country are prerequisite to achieve optimum level of HIV awareness and preventive activities in PNG. However, dialogue with and perhaps even more importantly within the denominational and churches level is also crucial to the ability to implement an effective HIV response in PNG. Thus it will be essential that not only church leaders, but also those pastors who are the face and the voice of the church in the community, are engaged in rather than alienated from this dialogue.

Despite the positive signs however, a judgemental conservatism still exists among pastors within the Evangelical and Pentecostal group of churches. Such beliefs and attitudes show pastors' lack of in-depth knowledge and understanding on HIV and AIDS and the contextual issues that surround the epidemic. Pastors need to be trained properly in the areas of HIV and AIDS, the socioeconomic, cultural, political and developmental contexts in which it is spreading and a new biblical approach to address the situation so that they will be the real catalysts for change in the HIV preventive, care and treatment activities in PNG.

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