

## CHAPTER FIVE THESIS SUMMARY, PROSPECTIVE ISSUES, AND CONCLUSION

### 5.1 Introduction

This thesis set out to investigate how to change risky behaviour through transforming worldviews as a pastoral intervention to the spread of the HIV/AIDS epidemic with specific reference to Zambia. The study found that HIV-risk behaviour in Zambia is not merely attributable to limited knowledge of HIV transmission, but more due to deep-culture assumptions and commitments which support and facilitate the spread of the HI virus. The researcher contends that a society's worldviews regulates all its expressive behaviour including sexual expression. The researcher has posited that Zambia's deep-culture assumptions are largely responsible for its people's risky sexual behaviour. Therefore, for enduring HIV-risk behaviour change to happen, Christian ministry should aim at effecting change at the deep-culture level--the worldview.

Current research has found that the HIV/AIDS epidemic in Zambia has continued to grow chiefly through the heterosexual intercourse route (UNAIDS and WHO 2009; UNAIDS 2008; CSO et al.2002, 2003) entrenched in pervasive HIV Infection predisposing worldviews (Phiri 2008; Kapolyo 2007; Moyo 2009<sup>73</sup>). Therefore it is undeniable that sexual behaviour change is

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<sup>73</sup> Moyo (2009) in her PhD thesis entitled *'The influence of cultural practices on the spread of HIV/AIDS on the Zambian'* has shown that various rites of passage associated with birth, puberty, marriage and death may or may not increase the spread of HIV/AIDS in Zambia. Moyo urges the church to facilitate dialogue within society to devise culturally sensitive options to these detrimental cultural practices. The present researcher, however, posits that

central to winning the fight against the growth of the HIV/AIDS epidemic in Zambia.

According to the Zambia 2007 Demographic and Health Survey findings, HIV/AIDS awareness in Zambia is almost universal at 99 percent (CSO et al. 2009a:189), but knowledge of HIV prevention is lower at 69% (CSO et al 2009b:14). It seems that the lower HIV prevention knowledge level is attributable to deep-culture convictions which have resisted HIV-risk behaviour change. For instance, a study to assess health workers' (that is, physicians, nurses, clinical officers, and paramedics) HIV-risk taking behaviours and status awareness in five Zambian hospitals found that HIV behaviour was the same as in the general population (Kiragu et al. 2007). Kiragu and colleagues (2007) found that in spite of Zambian health workers' scientific knowledge and training, their cultural beliefs, attitudes, and practices toward HIV were the same as the general population and influenced their sexual risk-taking behaviour. Kiragu and colleagues (2007:131, emphasis added) write, "Even though they may be a somewhat privileged group, health care professionals are still products of the communities they reside. They are women and men first, and as such experience *the same cultural values*. ...as the clients they are expected to counsel or treat." Kiragu and colleagues' (2007) findings establish the preponderance of the influence of worldview over mere HIV knowledge in HIV-risk taking in Zambia. Kiragu and colleagues, however, do not see the importance of transforming worldviews for behaviour

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Zambia's intra-society dialogue has been inadequate to stem the spread of the HIV/AIDS epidemic. Rather concerted efforts should be made to transform worldviews in order to secure enduring HIV-risk behaviour change.

change as an intervention to the spread of HIV/AIDS Zambia. They merely conclude that health professionals in Zambia “too should be an important audience for behavior change intervention and HIV/AIDS services” (2007:135). The present researcher, however, contends that enduring HIV-risk behaviour change will happen when interventions aim at transforming worldviews—the deep-culture level—which support HIV-risk behaviour in Zambia. Therefore it is indubitable that the battle against the spread of HIV and AIDS in Zambia will only be won when radical changes in sexual behaviour occur at the worldview level.

The Global HIV Prevention Working Group (PWG) unequivocally asserts the centrality of behaviour change to the eventual reversal of the HIV/AIDS epidemic in these words:

Wider delivery of effective behavior change strategies is central to reversing the global HIV epidemic. The availability of new biomedical HIV prevention modalities, such as vaccines and microbicides, is still many years away. Even when these tools finally emerge, human behavior will remain critical, as new prevention strategies are unlikely to be 100 percent effective in preventing transmission....Human behavior is complex; widespread behavior changes are challenging to achieve; and there are important gaps in our knowledge about the effectiveness of HIV prevention. Yet the research to date clearly documents the impact of numerous behavioral interventions in reducing HIV infection. We also know that in all cases in which national HIV epidemics have reversed, broad-based behavior changes were central to success (PWG 2008:4).

As long as behaviour change does not happen, the HIV/AIDS epidemic will be with us for a long time to come. However, PWG rightly acknowledges the existence of a wide variety of effective behaviour change strategies. The question now is whether or not these strategies are working.

Another key aim of this study has been to investigate how the Church in Zambia can effectively facilitate behaviour change by transforming worldviews as a pastoral intervention to the growth of the HIV/AIDS epidemic. No doubt the church in Zambia has been known to care for PLWHA, but its' contribution to preventive work appears not to have received much international support (Green 2003). The present study intends to encourage churches in Zambia to be more involved in HIV prevention work through engaging Zambian cultural worldviews.

Consequently, the researcher sought to design a praxis model to engage cultural worldviews from a biblical standpoint to alter intrinsic cultural traits which predispose many Zambians to HIV infection. The researcher argued in chapter three that authentic and enduring HIV-risk behaviour change in Zambia is feasible when transformation occurs at the worldview level—the seat of sexual beliefs, attitudes, and practices. The present chapter of this work summarizes and concludes the arguments and findings of chapters one to four and seeks to make suggestions for doing transformative theology against a backdrop of a growing HIV and AIDS epidemic in Zambia. Hence, the researcher will summarize salient findings of the thesis, highlight prospective issues for further investigation, and state the critical conclusions of the study.

## 5.2 Synopses of Chapters

### 5.2.1 Synopsis of Chapter One

Chapter one hypothesized that the message for HIV-risk behaviour change in Zambia is not succeeding because it seems to be ignoring the need to change culturally entrenched sexual beliefs, attitudes, and practices of most people. The researcher argued that key traditional (sexual) practices and customs, supported by a pervasive worldview, have not helped the cause to decelerate the growth of the HIV/AIDS epidemic (NAC/Zambian MoH 2002; HRW 2002; Loosli 2004; Ndhlovu 2007; etc.). The study is cognisant of the fact that it is not these practices and customs in and of themselves which are flawed, but the values, assumptions and beliefs (worldview) underlying them 'defy' behaviour change as contemporary HIV messaging in Zambia aims at changing the surface culture (Kiragu et al 2007; Dwelle 2006; Ntseana & Preece [Undated]).

This researcher argued that in order to contribute to the success of efforts toward the deceleration of the HIV/AIDS epidemic in Zambia, evangelical Christians doing theology, should aim at transforming worldview assumptions which rationales HIV predisposing behaviour. That HIV/AIDS education is a worthy and beneficent factor to the cause of HIV-risk reduction in Zambia is indisputable. However, although HIV/AIDS knowledge is almost universal in Zambia, it has not induced ample HIV-risk behaviour change to beat back the spread of the epidemic. This research presupposes that behaviour change is not happening in Zambia, in spite of multispectral, concerted, and often well meaning efforts, because of conflicting messages for behaviour change at the

deep-culture level. In short, chapter one of the research hypothesized that a significant solution to the dilemma of HIV-risk behaviour change in Zambia lies in the Church embracing a praxis which aims at the transformation of worldviews.

### **5.2.2 Synopsis of Chapter Two**

Chapter two established that doing theology in the context of a growing HIV/AIDS epidemic entails that Christians interface with contemporary theories and models of HIV-risk behaviour change to inform praxis. This is based on the premise that Christians will acquaint themselves with the existing behaviour change theories in the quest for enduring HIV-risk reduction.

Chapter two also established that whereas some modest gains toward decelerating HIV incidences were happening among the minority well-educated sections of Zambia, similar gains were still not taking place among the majority, that is, the most deprived and less-educated groups of the populace. The researcher observed that this state of affairs, where HIV-risk behaviour is persisting among the poor majority, integrally seems to be attributable to a subtle adherence to deep-rooted cultural and traditional influences; values, norms and practices which they find hard to relinquish (Kapolyo 2005, Phiri 2008). Additionally, due to the fact that most contemporary HIV reduction interventions in Zambia, such as the social marketing of condoms, appear to be in haste to change surface behaviour, the deep culture has remained unchanged. The researcher posits that the

‘neglect’ of worldview transformation in the quest toward HIV-risk behaviour change in Zambia has severely impaired the cause for reducing the spread of HIV infection.

As a consequence, chapter two suggested that interventions to check the growth of the HIV/AIDS epidemic in Zambia should not only target individuals, but also aim at changing those facets of cultural and socioeconomic factors which heighten vulnerability to HIV infections (cf. Buve et al. 2002, Inungu et al. 2006).

Four crucial conclusions emanated from chapter two. First, doing theology amidst a generalized HIV/AIDS epidemic in Zambia implies that Christians should not remain passive and indifferent toward initiating HIV-risk behaviour change. This inference posits that the task of doing theology amid a growing HIV/AIDS epidemic in sub-Saharan Africa entails advocating HIV-risk behaviour change. It is also a plea for costly discipleship (a reminder that following Jesus has spiritual, ethical, practical, and social consequences). The researcher assumes that changes effected at the surface level (such as HIV education which fails to change worldviews) are inadequate to produce authentic HIV-risk behaviour change. Enduring HIV-risk behaviour change will only happen when it comes from “inside out” (Crabb 2006) i.e. first the transformation of individuals’ worldview on sex and sexuality will produce enduring HIV behaviour change. The researcher concludes that authentic HIV- risk behaviour change is essentially a change of heart (cf. Proverbs 4:23)—the seat of a person’s emotions, knowledge, conscience and moral

character (Vine 1996:108-109)—all crucial aspects of an individual's worldview.

Second, chapter two found that cultural, economic, and historical factors do converge to accelerate the spread of HIV/AIDS in Zambia. The present researcher holds that while the effects of HIV and AIDS in sub-Saharan Africa are overwhelming, the fight toward HIV-risk behaviour change is not a lost cause. As PWG astutely state,

To be more effective in the 21st century, the HIV prevention effort must confront several challenges of perception: misplaced pessimism about the effectiveness of behavioral HIV prevention strategies; unfortunate confusion between the difficulty in changing human behavior and the inability to do so; and misperception that because it is inherently difficult to measure prevention success—a “nonevent”—prevention efforts have no impact.... (2008:4).

The researcher agrees with the PWG's (2008) position that HIV-risk behaviour change is achievable no matter the challenges of misunderstandings associated with it.

Third, chapter two of the thesis has also discussed and demonstrated that the social theories of behavioural change have recorded laudable successes and are not in fundamental conflict with the task of doing theology amid a growing HIV/AIDS epidemic. The researcher is of the opinion that the social theories of behaviour change are valuable and that Christians should not ignore them in their quest for enduring HIV-risk behaviour change, but must constantly remember that they are surface culture level efforts at best.



And fourth, chapter two has established that HIV prevention knowledge in Zambia is higher among those with higher levels of education (CSO et al. 2009:14; cf. Fylkesnes et al. 2001; Buve et al. 2002), which poses an HIV risk-reduction conundrum since the poor happen to be in the majority. The present researcher posits that the dilemma of HIV-risk behaviour change lies in the fact that whereas some modest gains may be happening among the minority well-educated sections of Zambians, similar gains are still not occurring among the most deprived and less-educated majority Zambians, who also happen to be stricter adherents of traditional values, customs, and practices. These traditional ways of life are supported by deep-culture assumptions (worldview). Chapter two discussed examples of HIV infection predisposing cultural and socioeconomic practices in Zambia (see Section 2.4.1 above). The researcher holds that HIV-risk behaviour in Zambia is mainly being fuelled by deep-culture level values, norms, and convictions (all held together by the worldview). Therefore, it is the researcher's opinion that the quest for lasting HIV-risk behaviour change will integrally entail strategic interventions to effect worldview transformation.

### **5.2.3 Synopsis of Chapter Three**

Chapter three of the study explored the connection between a people's worldview and HIV-risk taking behaviour to discern the pastoral implications of worldview transformation on behaviour change. The researcher found that the worldview of any society profoundly influences their expressive behaviour (including culturally-prescribed sexual behaviour). The researcher noted that the sexual behaviour of majority Africans is strongly connected to their

worldview (cf. Mbiti 1989). Consequently, the Christian worker should consider the worldviews of Zambians seriously, not because they concur with them, but because they want to understand them (Hiebert 2008) and hence have a better chance of effectively reaching them with a message of behaviour change (Dwelle 2006) which will translate into enduring HIV risk reduction. Kraft (2004:388) ardently holds to the position that “Significant culture change is always a matter of changes in the worldview.” The researcher posits that this is the case for HIV-risk behaviour in Zambia: to change HIV-risk behaviour changes must occur in the worldview.

The researcher contends that evangelical Christians in Zambia have little or no chance of facilitating enduring HIV-risk behaviour change unless they are willing to become serious students of their people’s worldview. It is from this vantage point that a relevant and effective approach to transforming the now pervasive HIV-infection predisposing worldview. Therefore, the researcher posits that lasting HIV-risk behaviour change will only occur when HIV/AIDS prevention in Zambia aims at transforming worldviews which support HIV-risk behaviour.

The researcher further noted in chapter three that often HIV prevention conversation occurs at the surface-culture levels (where efforts are made to ‘force’ change of behaviour without paying attention to people’s core culture—values, norms, and assumptions), but if worldviews are not transformed, the message for behaviour change will be misinterpreted and hence rendered ineffective for behaviour change. Dwelle precisely makes the

same point when he asserts that traditional public health messaging and social marketing fails to effectively achieve lasting behaviour change because it ignores “cultural communication” (cf. Dwelle 2006). Dwelle understands “cultural communication” as communication which engages the worldview with the aim of changing it to produce “permanent changes of high risk behaviours.” The much popularized Social Marketing for HIV prevention seems not to mind what its target people think or feel, but merely want to see ‘behaviour change’ whether or not the change is consistent with their core culture. Cultural communication is that communication which targets to transform people’s core culture (the worldview) to change expressive (surface) culture. Kraft insightfully asserts;

A worldview is seen as lying at the heart of every cultural entity (whether a culture, subculture, academic discipline, social class, religious, political or economic organization, or any similar grouping with a distinct value system). The worldview of a cultural entity is seen as both the repository and the patterning in terms of which people generate the conceptual models through which they perceive of and interact with reality. I suggest that the basic appeal for ...whatever conceptual transformation... is to be made at the worldview level (Kraft 2005:43).

The researcher contends that the very possibility of transforming people’s worldviews opens the door of possibility to securing enduring behaviour change toward curbing the growth of HIV and AIDS in Zambia.

#### **5.2.4 Synopsis of Chapter Four**

Chapter four of the thesis investigated the nature and necessity of worldview transformation which is able to lead to enduring HIV-risk behaviour change in Zambia. The researcher established that there are chiefly two types of worldview transformation: the normal worldview transformation and “paradigm

shifts” (Kuhn 1975). Because culture is dynamic, changes in any worldview are constantly occurring (Luzbetak 2000; Kraft 1996; Hiebert 2008). Therefore, in a constantly changing culture tensions between surface beliefs (and between the ideologies themselves) and the underlying worldview cause incremental changes in ideologies and worldviews. This incremental dynamism of worldview/culture change often occurs imperceptively—with subliminal disturbances in the culture since integration happens within minimal lapses of time (cf. Luzbetak 2000). As a consequence new understandings lead to new ways of looking at life. For instance the development of new understandings of pharmacology may lead to new medicines and medical procedures and the way people handle illnesses (Hiebert 2008).

The researcher agrees that worldviews are constantly changing in tandem with the changes happening at the surface level of culture. This dynamic is what is termed as normal worldview transformation. The researcher further notes that normal worldview change has been happening in response to surface culture changes from the impact of the HIV/AIDS epidemic. For example, the Tonga speaking people of the Chakankata area in South Zambia have modified their widow inheritance rituals by excluding sexual intercourse and the ritual itself is becoming rarer (Lucas 2004). But HIV-risk behaviour, such as polygamy and the subtle multiple and concurrent partnerships, are still alive and well across all Zambian tribes (Kiragu et al. 2007; CSO et al 2009). Some tribes like the Tonga of Southern province are more open about it while other tribes (including the Bembas to which the

researcher belongs) are very clandestine about it (Phiri 2008, Kapolyo 2007, Kiragu 2007).

The second type of worldview transformation is what Thomas Kuhn coined as “paradigm shifts” (Kuhn 1970). Paradigm shifts are worldview changes where radical reorientations of underlying assumptions occur. Mezirow (1978) calls this type of worldview change as “perspective transformation.” In a paradigm shift people not only react to their own reactions, but they do so in a radical way in order to change an anomaly in their context.

In a word, a paradigm shift is a type of worldview change of colossal nature which transforms the way a person or community sees life and conducts itself at the surface culture level. The researcher has observed that nothing short of a paradigm shift can change HIV-risk behaviour in Zambia. Therefore, the researcher posits that only the second type of worldview transformation (“paradigm shifts”) would amply effect HIV-risk behaviour change.

Additionally, chapter four investigated ways of securing worldview transformation in Zambia. The researcher (after Hiebert 2008) proposed that the Zambian worldview is transformable by three crucial ways: first, through examining them, second, by exposing them to other worldviews, and third, by creating living rituals to entrench a biblical worldview. The researcher also posited that the only transformation able to yield enduring HIV-risk behaviour change is the transformation as envisaged in the Bible. The Bible’s view of transformation is basically relational—that is to say—a person or a nation (cultures) may either stand in obedience towards God or against Him (see

4.2.1.3 above). There is no middle ground when relating to the God of the Bible. Hence the researcher thinks that when the Bible speaks of transformation it anticipates a changed worldview in which repentance has taken place and a relationship of allegiance to God in all of life is being actively pursued (cf. Romans 12:1-2). In a word, then, the concept of transformation in the Bible fundamentally means genuine repentance on the part of an individual or an entire society. Erickson (2002:948) supports this idea when he writes:

The type of genuine repentance that humans are to display is more commonly designated by the word... [shuv]. It is used extensively in the prophets' call to Israel to return to the Lord. It stresses the importance of a conscious moral separation, the necessity of forsaking sin and entering into fellowship with God.

Moreover, it is the researcher's view that Biblical transformation is both instantaneous and progressive as Paul explained to the Corinthians,

**But whenever anyone turns to the Lord**, the veil is taken away. Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom. And we, who with unveiled faces all reflect the Lord's glory, are **being transformed** into his likeness with ever-increasing glory, which comes from the Lord, who is the Spirit (2 Corinthians 3:16-18 NIV, emphasis added).

The plain meaning of this Bible passage is that transformation has occurred in an individual's life at conversion ( "...whenever anyone turns to the Lord..." ) and that individual is continuing in the way of obedience ( "...are being transformed into His likeness..." ) to the Lord. The sentence "But when anyone turns to the Lord, the veil is taken away" is referring to a person (Jew or Gentile) who repents and believes in the Lord. By implication, Paul is saying that when a person becomes a Christian, he or she is transformed at the worldview level and embarks on a life-long path of transformation as he or she

continues being a disciple of the Lord Jesus. The way of obedience to the Lord is a process of ongoing transformation in the Christian's life becoming more Christlike. As Kruse rightly elucidates, "Believers, those who have turned to the Lord, have the veil removed from their minds (16), and so *with unveiled faces* they reflect (or perhaps contemplate) the glory of the Lord, and in so doing *are being transformed into his likeness* (18)" [2004:1196, emphasis his]. Thus the present researcher holds that, from a biblical standpoint, worldview transformation is both an instantaneous and progressive experience in a person's life.

However, it is imperative to note that worldview transformation does not happen in a vacuum. Worldview systems are merely a part of the system in the total comprehension of human beings (Kraft 1996). As a consequence, worldview/culture transformations do not happen in isolation. According to systems thinking<sup>74</sup>, "change in one part produces change in another part, even the whole" (Steinke 1996: 4). Undoubtedly, there is interaction between worldview transformation and other human systems. How precisely, then, does cultural transformation affect personal, social, biological, and physical realities? Most importantly, in which way does cultural transformation affect spiritual realities?

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<sup>74</sup> Steinke says, "Systems thinking is basically a way of thinking about life as all of a piece. It is a way of thinking about how the whole is arranged, how the relationships between the parts produce something new" (1996:3). The researcher understands worldview transformation for HIV-risk behaviour change from a systems approach perspective where Christian ministry proactively intervenes in the HIV infested milieu to curb the spread of the epidemic.

Arguably, then, worldview transformations do not happen in isolation from other human systems, but often may occur when surface culture changes are ‘imposed’ on any people group. In such a case of “forced change” (Kraft 1996) worldview changes tend to be ephemeral and the recipient culture latently resents the ‘interruption’. Kraft perceptively cautions that “effective transformational change should try to *encourage a minimum number of critical changes in the worldview*, rather than a large number of peripheral changes. Peripheral changes...are more likely to prove hindrances than helps to true Christian transformation” (Kraft 1996:282, emphasis his).<sup>75</sup>

Since, any people group’s culture and worldview can be impacted by changes from other human systems; the present researcher argued that when people experience the transformation recommended by the Bible there will be a good chance of succeeding at effecting HIV-risk behaviour change (cf. Ezeokana et al. 2009). Therefore, the present researcher posits that enduring HIV-risk behaviour change will only occur when pastoral interventions aim at holistically transformed lives, not merely some modifications of people’s ‘old lives’.

When chapter four of this thesis alludes to holistic individual or societal transformation, it anticipates spiritual transformation from a Biblical perspective. Spiritual transformation is rooted in the biblical understanding that the gospel aims at transformed lives—changed relationships with God

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<sup>75</sup> One example of a ‘forced’ change in the Zambian cultural ‘wiring’ on sexual behaviour has been the social marketing of condoms which has been misunderstood to aim at curtailing procreation and sexual pleasure (see discussion in chapter two on cultural misunderstandings on the condom).



and others in tandem with a life-view which seeks to honour God. That Biblical transformation is both radical and total. It entails changes at all tiers of expressive cultures and their worldviews. The Evangelical practice of theology, in the context of a growing HIV epidemic, then, should not flinch from speaking of those transformed by the power of the gospel demonstrating to the world a new worldview. This will be a worldview with an eternal perspective to human behaviour and manifests itself in Christlikeness in this present world.

### **5.3 Prospective Issues**

The social theories of behaviour change have recorded commendable successes, especially in developed countries where they were formulated (cf. King 1999). However, the generality and progress of the HIV/AIDS epidemic in sub-Saharan Africa makes much of these theories difficult to implement, monitor, and evaluate for effectiveness. Theoretically, they do provide a point of departure for formulating context-specific responses toward HIV-risk behaviour change, such as was the case for Uganda where HIV-risk behaviour change occurred to reverse HIV prevalence. The researcher recommends that the task of doing theology against the backdrop of a growing HIV/ AIDS epidemic be done without ignoring insights from behavioural sciences. However, more study is required to discern how most of these theories can work in an African context (and Zambia in particular).

The researcher further recommends the transformation of HIV/AIDS predisposing cultural practices. The real task of transforming HIV predisposing

socio-cultural and traditional practices will be accomplished when the owners of the cultural practices are first transformed and equipped with a biblical worldview to guide them in the process of changing their worldview. At the end of the day, the researcher posits that Christians in Zambia must begin to own the responsibility of transforming their worldview which is the bedrock of HIV-risk behaviour. Therefore, the call to worldview transformation is a call to humility because all people judge others' cultures through their own. So when behaviour change agents are confronted with the flaws of their own culture/worldview, they tend to want to 'defend' it. Hence there has to be humility both on the part of the change agents and the recipients of the novelty (Kraft 2005; Crouch 2008).

The researcher posits that when pursuing transformation of worldviews a very important precaution must be taken so that transformation agents do not fall into the downside of foundationalism—that school of thought which simplistically holds that worldviews are the 'engines' which drive people's expressive culture. On the contrary, this study has shown that worldviews are people's 'storehouses' of profound shared assumptions and ways of viewing reality. As the expressive culture (behaviour) of a people group changes, the worldview (usually over a considerably long period of time) is reshaped to conform to their beliefs and customs. The case in point for the change of behaviour in HIV/AIDS is that it is already known that certain worldview assumptions are responsible for Zambians' 'moral hesitancy' to embrace HIV-risk reduction initiatives. It is imperative, therefore, that these worldview assumptions are examined (exposed) and targeted for transformation with

intentionality. The researcher contends that evangelical Christians be encouraged to speak out on the reality of spiritual transformation as crucial to enduring HIV-risk behaviour change. Green (2003) supports such an evangelical approach. Green (2003:19) astutely notes that “although FBOs have been encouraged to play a stronger role in HIV prevention in the last several years, a conflict remains in many countries between taking a medical or ‘realistic’ approach to AIDS prevention (and to behavior change specifically), and taking a religious or “moral” approach.” The conflict envisaged by Green is equally ideational (perceptual) and presupposes that Christians are ever condemnatory in their approach to HIV prevention.

However, the researcher accedes that the legitimacy of the link between dirtiness, sin, and an HIV positive status appears to be unsettled (cf. Hlongwana and Mkhize 2007; van Wyngaard 2006 ) and doing practical theology in a context of the epidemic will require a lot of sensitivity to this issue. The researcher’s view here is that people living with HIV/AIDS should not be stigmatized with the perception that being HIV positive means being the ‘worst of sinners’ (cf. Romans 3:9-12, 23). Rather, the quest for behaviour change as an HIV preventive approach is not typically an accusation of promiscuity. The researcher recommends that further study be done on the relationship between HIV-risk behaviour change and the biblical teaching of humans’ sinfulness.

## **5.4 Conclusion**

The nature of the Church prescribes the mission in any particular context. Hughes (2010:44) pithily describes the church as “a transformed and

transforming society.” Therefore, the nature of the church as a transformed community means that its members have experienced radical transformation in their way of life, including HIV-risk behaviour change.

The Christian church has the dual task of reconciling people to God (Matthew 28:16-20; 2 Corinthians 5:19f), the evangelistic mandate, and exercising stewardship of His creation (cf. Genesis 1:26-27), the cultural mandate. The church, therefore, has no option but, along with spreading the gospel, to show compassionate care of people in affliction—including PLWHA. It is the researcher’s view that preaching the gospel without exercising mercy ministry is a contradiction of terms (cf. Matthew 25:31-46).

The task of preaching the Gospel is about transformed lives. The message of the gospel is basically an invitation to a whole new life-way, not merely to some adjustments of people’s old lives. The change given through the gospel is radical and entire. It entails changes in all spheres of culture (physically, biologically, psychologically, socially, and spiritually)—including people’s worldviews. God does this transformative work in all people who choose to follow Him.

But also the gospel is concerned with the transformation of the lives of the messengers—the agents of change. Paul wrote to the Christians at Rome emphasizing the centrality of this issue to Christian service: “Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as living

sacrifices, holy and pleasing to God—this is your proper worship as rational beings. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will” (Romans 12:1-2 TNIV). Transformation is therefore a continuing characteristic of being an HIV-risk behaviour change advocate.

Finally, the Bible is unequivocal in teaching that although Christians live in the world; they are not to be of the world (cf. John 17). Christians are those who are transformed by the power of the gospel to illustrate to the world a new worldview. They are not called to fight the world or to flee from it (Crouch 2008), but to be like salt and yeast, bringing about transformation in the world (cf. Matthew 5:13-16; 13:33). It is an inescapable observation of church history that one unending temptation Christians have faced throughout the years is to cloister and create ‘Christian communities’ which have little or no impact on the world. On the other hand, Christians face the constant danger of becoming enslaved to the prevailing culture (worldview) that they lose the gospel and its’ transforming mission in the world (cf. Crouch 2008). The researcher posits that the task of decelerating the spread of HIV/AIDS in Zambia (and the rest of sub-Sahara) is also a call to encouraging HIV-risk behaviour change through transforming the worldviews which have entrenched all HIV predisposing behaviour.