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# MELANESIAN JOURNAL OF THEOLOGY

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**Combined Concerted Response to HIV/AIDS  
Pandemic Status in Papua New Guinea**  
Duli Asi

**Report on the Cause and Effects of Indigenous Youth  
at Risk: a Preventive Counselling Approach**  
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**Dr Sione 'Amanaki Havea of Tonga:  
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Ma'afu Palu

**Challenges Christianity has Faced in Papua New Guinea:  
Lessons for Today**  
Doug Hanson

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Journal of the Melanesian Association of Theological Schools

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# **MELANESIAN JOURNAL OF THEOLOGY**

*Journal of the Melanesian Association of Theological Schools*

The *Melanesian Journal of Theology* aims to stimulate the writing of theology in Melanesia. It is an organ for the regular discussion of theological topics at scholarly level by staff and students of the member schools of the Melanesian Association of Theological Schools (MATS), though contributions from non-members and non-Melanesians are welcome.

The *Melanesian Journal of Theology* is committed to the dialogue of Christian faith within Melanesian cultures. The Editorial Team will consider for publication all manuscripts of scholarly standard on matters of concern to Melanesian Christians and of general theological interest.

The opinions expressed in the articles are those of the authors and do not necessarily represent the views of the Editor, Editorial Team, or the member colleges of MATS. All articles have been edited to meet the requirements of the journal.

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## **GUEST EDITORIAL**

This volume covers two topics of relevance to Melanesia, and one that is relevant to Christians in the Pacific. Duli Asi looks at the effects of HIV/AIDS on Papua New Guinea (PNG) and at the risky behaviour of indigenous youth in Australia, providing insights to dealing with the needs of PNG. Ma'afu Palu describes "Pacific Theology", and how it is having a strong impact on the theology of Christianity in the Pacific. Finally, Doug Hanson reviews lessons for today from the challenges Christianity has faced in Papua New Guinea.

In the first article, Duli Asi takes a detailed look at the question of HIV/AIDS. The HIV/AIDS pandemic is having a huge impact on the lives of people in PNG. He reviews the scope of programs and treatments available in PNG, and then relates those to similar programs and treatments being adopted by other countries around the world. He then reviews the effectiveness of those programs and treatments. He also reviews those countries, which have strong HIV/AIDS programs, and compares their results with countries, which have no HIV/AIDS programs. From these reviews, he then draws conclusions for more effective HIV/AIDS programs and treatments for PNG. He also raises the cultural issues, which need to be addressed, for HIV/AIDS programs and treatments to work effectively in PNG.

Duli's second article discusses the question of the risky behaviour of indigenous youth in Australia. The questions raised in his article deal with similar issues among young people in Melanesia. The measures adopted in Australia to deal with the risky behaviour of indigenous youth can give guidance to those who are grappling with similar problems among the youth in PNG

Ma'afu Palu examines the theology of Dr Sione 'Amanaki Havea of Tonga, who he regards as the architect of Pacific Theology, which is aimed at making Christianity more Pacific in its theological outlook. Through essays in the *Pacific Journal of Theology*, and in other publications, Dr Havea has sought to promote a Pacific Theology, which

he labelled as the “theology of the coconut, the theology of *kava*, Christ the perfect pig, the Pacific Christ”, as well as promoting contextualised worship practice. However, Ma’afu, in summarising the impact of Pacific Theology, believes that, with the abandonment of the scriptures as authoritative in theological reconstruction, the outworking of Christianity in the Pacific is a form of cultural holiness, rather than scriptural holiness.

Doug Hanson reviews lessons for today from the challenges Christianity has faced in Papua New Guinea. While Papua New Guinea is called a Christian nation, the level of Christianity for many people is not very deep. Much of this can be traced back to the evangelisation of various people groups, and how well people were disciplined, in the light of the continuing influence of primal religion upon the people’s beliefs. In his article, is the quote, “Evangelicals are now belatedly recognising the fact that the process of communicating the gospel cannot be isolated from either the culture of the missionary, or that of the hearers.”

Not everyone will agree with the conclusions reached by the authors. However, we hope that, as you grapple with the issues, the thoughts of the authors will help you grow in your understanding of what God’s Word says to your life and culture.

Finally, it has been decided to move to an annual online version of the Journal from 2013, which will be available, free of charge, on the Christian Leaders’ Training College website – [www.cltc.ac.pg](http://www.cltc.ac.pg) – and click on the “Melanesian Journal of Theology” panel. All previous issues of the Journal are already on that website. Those, who have paid subscriptions for next year, will have their subscriptions refunded.

Robyne Hobson,  
Guest Editor.

# **COMBINED CONCERTED RESPONSE TO HIV/AIDS PANDEMIC STATUS IN PAPUA NEW GUINEA**

**Duli Asi**

*Duli Asi is head of Bible and Theology at the Christian Leaders' Training College campus at Banz, Papua New Guinea, and is the current chairman of the CLTC Alumni Association. He has a Post-graduate Diploma in Counselling from the University of Canberra, through an AusAid scholarship, a BTh and Dip.Theol. from CLTC Banz, an Advanced Certificate in Basic Counselling from the Christian Institute of Counselling-Melanesian Institute, Goroka and PETT Clerical POM Tech.*

## **INTRODUCTION**

This literature review aims to understand the scope of the HIV/AIDS impact in Papua New Guinea (PNG), and the implications for rural and urban communities, through analysing the HIV/AIDS status. Also, the review will analyse the strengths and weaknesses of the current approaches. The paper will then conclude with a suggested pastoral care and counselling framework that could be adopted by caregivers with individuals, and in community contexts.

Although a lot of work has been put into addressing the HIV/AIDS epidemic, PNG continues to experience gender imbalance, and the crumbling of family and community networks, resulting in increasingly risky behaviours. The Hon. Kela M. Smith, a prominent leader, has said, "While so much aid money has been spent on workshops, conferences, and seminars, nothing seems to be changing. Rather than changing the trends, there seems to be an increase in statistics" (*Post-Courier*, nd).

As well as being a post-graduate student, the researcher is also a pastor in the Baptist Union of Papua New Guinea (BUPNG), which is a stakeholder

in responding to the HIV/AIDS pandemic. BUPNG is a spiritual organisation. However, we have a philosophy that encompasses both the spiritual and the physical, which is expressed in this motto: “Loving God is Serving Holistically”. This philosophy defines the scope of our mission, which is to express our love for God, and to endeavour to love the people, and serve them spiritually, morally, and socially, through the following programs:

- Health services;
- Education;
- Community development programs;
- HIV/AIDS;
- Women’s programs;
- Youth programs;
- Training;
- Church ministry.

This paper is based on a literature review that will define the HIV/AIDS status in PNG, and analyse the current combined responses from all stakeholders. It will reflect on the lessons from the world scene, and will challenge the prevailing social and cultural trends in PNG. The review will also suggest a counselling framework, and make some recommendations to conclude.

## **HIV/AIDS STATUS IN PNG**

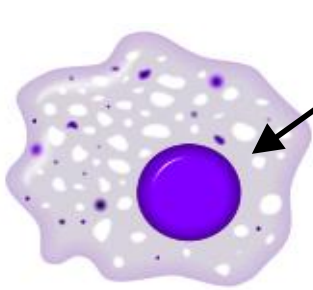
### **WHAT IS HIV/AIDS?**

A good understanding of the nature and effects of the human immunodeficiency virus (HIV) in our immune system, which eventually leads to an acquired immunodeficiency syndrome (AIDS), is necessary in order for caregivers to assist individual victims, families, and the community’s well-being (Aggleton, et al, 1994, p.13). Most people of PNG only react to the physical and the social implications of HIV/AIDS, but are still in the dark about the scientific aspects of HIV, and its effect



on the immune system. Care and effort must be taken to make clear presentations in explaining HIV, the immune system, and AIDS, in order for illiterate people to have a clear understanding of the pandemic, and its implications. It will also help to minimise misinterpretation and misunderstanding of HIV, and of people dying from AIDS (Dundon, 2005a; Dundon, 2007).

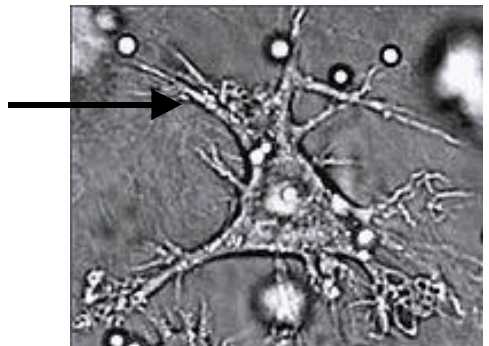
According to Scott and Diggle (1994), the immune system defends the human body against harmful organisms like viruses, bacteria, or fungi, together with the skin and the mucous membranes (tissues). Special cells are assigned in our blood stream to inactivate these harmful bacteria (pathogen micro-organisms) in the body.



**Fig. 1: Microscopic image of a macrophage immune cell** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)

Macrophage immune cells are called big eaters (Gk *macro*=big, *phage*=eat). They are placed at strategic points where microbials invade the body. Different names apply to the specific roles they play in parts of the body (See Appendix 2: Fig. 9.

**Fig. 2: Microscopic image of macrophage immune cells stretching out to capture harmful foreign microbial organisms in the blood system** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)



However, research has discovered that, when the immune system breaks down, the body becomes vulnerable to infectious bacteria, and this is

called immunodeficiency.<sup>1</sup> As Sheldon (2009) explains, HIV, on entering the body, attacks the other cells, after penetrating the host cell and slowly destroying it (See Appendix 2: Fig. 5). However, it may remain dormant with a window period of perhaps five to 12 years, depending on the character of the virus, or the immunity level of the host cell (Aggleton, et al, 1994; McPherson, 2008). This is said to be a more dangerous period, because there are no symptoms of infection, and the virus can be transmitted to unsuspecting partners within this period (UNGASS, 2008; ADF, 2000).

AIDS is the progressive infectious condition caused by HIV. HIV can be transmitted through contaminated body fluids, such as, blood from childbirth, blood transfusion or other blood products, semen, or vaginal secretions, and by use of needles or syringes that are contaminated (Hutchinson, 2001).

HIV, itself, does not kill, but it destroys the immune system, making the body vulnerable to opportunist bacteria, like tuberculosis and flu viruses. As HIV attacks the cells of the immune system, the virus damages the cells' function. As a result, the immune system gradually deteriorates, making it vulnerable to infections and disease.<sup>2</sup>

### **THE EFFECTS OF HIV/AIDS IN PNG**

Since the first detection of HIV in 1987 (AusAid Evaluation of PNG NHASP, 2005, p. viii; Dundon and Wilde, 2007, p. 4), PNG today faces the daunting experience of an exponential growth in the HIV/AIDS pandemic (ANHASP, 2005, pp. 1-3; Benton, 2008, pp. 314-315; Cullen, 2006, p. 155). The generalised status was declared after HIV prevalence exceeded 1.5 percent in Port Moresby General Hospital (Luker, 2003; UNDASS, 2008). The growth within three years (2003-2006) was 18,484 (46 percent males, 48 percent female, 6 percent unknown). By the end of 2007, it was estimated there were between 59,537 to 100,000 infections (UNGASS, 2008). The infected were among the most sexually-active

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<sup>1</sup> See Appendix 2: Fig. 7.

<sup>2</sup> See Appendix 2: Fig. 7.

group of people within the range of 15-49-year-olds, however 60 percent of those infected people did not know their status.

The urban centres have an estimated 7,000 to 8,000 people with HIV/AIDS, with the prevalence rate of 1.38 percent. But the majority (an estimated 51,594 infections) is to be found in the rural areas, with the prevalence rate of 1.65 percent (AusAid Evaluation of PNG NHASP, 2005; Cullen, 2006, p. 155; Luker, 2003; O'Reilly, 2006; UNGASS, 2008; Wardlow 2007, p. 1007). This is where 85 percent of PNG's total population lives, and these areas are faced with a lack of basic services in health, education, and transportation (Dundon and Wilde, 2007; O'Reilly, 2006; UNGASS, 2008; Wardlow, 2007). With the current trend, it is predicted that, by 2015, PNG will reach one million infections (Cullen, 2006, p. 155; Dundon and Wilde, 2007; Gray, et al, 2009, p. 656; Hammer, 2007, p. 72). This will have devastating social and economic impacts on households, businesses, and the government (Cullen, 2006, p. 164; Lewis, et al, 2008; Odu, et al, 2008, pp. 91, 184; Sladden, T., 2005, pp. 23-37). It is, therefore, important that the current trend may be reversed. To do this will involve addressing prevailing social trends and sexual attitudes.

According to medical and social empirical data, the main routes of HIV infection are through heterosexual and same-sex activities. STI/STD infections are said to also increase the risk of HIV infection (Cullen, 2006; Luker, 2003; Natrass, 2009; Nyanzi, et al, 2008). Loon (2008) asserts that when the sexually-transmitted infections (STIs) (STD = sexually-transmitted diseases) are untreated, the physical body becomes vulnerable to HIV. Natrass (2009) adds that malnutrition also weakens the immune system, thereby creating more opportunities for HIV/STI infection. For instance, genital herpes<sup>3</sup> is said to enhance HIV prevalence in Sub-Saharan Africa (Abu-Raddad, L., et al, 2008; Ngozi, 2007). According to Malau (1999, p. 70) similar trends were seen in PNG with STD/STI cases. For example, in 1987, for every 10,000 people, 106 people were infected with STI/STD, and this infection trend is now repeated with the HIV/AIDS

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<sup>3</sup> See Appendix 1: Word and Term Definitions.

pandemic. PNG is fourth in the Asia Pacific region after Thailand, Cambodia, and Myanmar, with its fast-growing HIV/AIDS infection prevalence rate (Dundon and Wilde, 2007, p. 4; UNGASS 2008, p. 10).

The HIV/AIDS phenomenon, according to Pep (in Cullen, 2006, p. 155) “is a time bomb that is already exploding”, affecting the core social fabric of the nation: the youth, women, and family units, eventually, the economy and the government. However, studies show that the focus of interventions is currently concentrated in the urban centres, and not much awareness, surveillance, education, and training are reaching the rural populous, where 85 percent of the people are ignorant and uninformed of the risks (Cullen, 2006, pp. 155-157; Dundon and Wilde, 2007, p. 2; Hammer, 2007, p. 72; UNGASS, 2008).

According to Lewis, et al (2008, p. 183), “The spread of HIV in Papua New Guinea is influenced by social (*economic*)<sup>4</sup> and cultural context.” Therefore we need the political will, and a whole-hearted commitment, in making resources available, through effective and applicable national strategies (UNGASS, 2008; KwaZulu Natal University Symposium Report, 1999). Unless immediate preventive and effective palliative measures are collectively developed and implemented by all stakeholders, PNG will be overwhelmed by the epidemic.

### **NEED FOR COMBINED RESPONSE FROM ALL STAKEHOLDERS**

PNG needs a concerted, combined, and multifaceted response from all stakeholders, at all levels, to combat the HIV/AIDS threat (Cullen, 2006, p. 155; Hammers, 2007; O’Reilly, 2006, p. 12). Through programs to minimise the infection rates, and in providing palliative care for those that are impacted by HIV/AIDS, all our resources and strategies would be synergised to achieve the desired results (Cullen, 2006; Dundon and Wilde, 2007; Hammer, 2007; Lewis, et al, 2008; Renault, 2004; Wardlow, 2007).

To effectively respond, we need strong, committed leadership, and workable long-term innovative strategies (Cullen, 2006, p. 156; Piot,

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<sup>4</sup> Italics mine.

2005; Malau, 2005) from the political leadership, government line-agencies, corporate and private sectors, educational institutions, disciplinary forces, NGOs, donor agencies, churches, and the communities, both in rural and urban settings (Aggleton, et al, 1994). As Tricket and Schensul (2009, p. 377) suggest, “Change can be hastened by multiple, simultaneous, carefully-planned actions that independently and synergistically result in movement towards the desired end.”

## **PNG GOVERNMENT’S RESPONSE**

The government, in its national response to the HIV/AIDS pandemic, has developed certain policies and strategies. It passed a bill for the National AIDS Council Secretariat (NACS), and legislated its roles and responsibilities in 1998 (NGASS, 2008; PNGNHASP, 2007). The NACS board members<sup>5</sup> oversee five advisory committees: behavioural change, medical experts, legal and ethical advice, research, and sectoral response. Also in its GoPNG Medium-term Development Strategy (MTDS) for 2005-2010, the government placed HIV/AIDS as one of the six expenditure priorities (PNGNHASP, 2007; UNGASS, 2008).

However, according to reports, in implementing the programs, through NACS and PNG National HIV/AIDS Support Project (PNGNHASP), the government’s overall oversight, control, and funding commitments have been minimal (UNGASS, 2008). For instance, in NACS’s six-year multi-sectoral advocacy and prevention programs from 2000-2006, the government only provided 10 percent of a total budget of K59 million. Out of this budget, 90 percent came from the donor agencies, and AusAid provided 95 percent of the donor funds (PNGNHASP, 2005). As the other developing nations demonstrated, one of the major factors in reducing and controlling the spread of HIV/AIDS is the government’s sustained commitment to increase funding from the budget. This is the means of taking ownership (Commonwealth Universities Response Symposium Report, 1999; Cullen, 2006; Gusman, nd).

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<sup>5</sup> See Appendix 1:7 for the make up of NACS board members.

With other new policies<sup>6</sup> and program initiatives (O'Reilly, 2006; Patrick, 2005; UNGASS, 2008, p. 11;), and the outsourcing process in decentralising key implementation functions to other stakeholders, the government needs to show continued leadership and commitment in funding, and aptitude in management and control over the following multi-sectoral programs (PNGNHASP, 2005):

- Education and training;
- Care and counselling;
- Peer education, monitoring, and surveillance;
- Advocacy and prevention (through information, education, and communication – IEC).

The multi-sectoral approach does build capacity, confidence, and trust, as seen in other developing nations, where governments partner with NGOs and the churches, and thus make positive inroads in the HIV/AIDS war (Dundon, 2007; Gusman, nd; PNGNHASP, 2005; Yankah and Aggleton, 2008).

However, to engage the whole nation (Cullen, 2007; NHASP, 2005; UNGASS), preventive and palliative care programs have to be contextual and relevant (Patterson and Reimer, 2004), and informed by qualitative and quantitative research data. Programs need to take into account the rugged geography and diverse traditional, socio-economic, and cultural issues (Cullen, 2007; PNGNHASP, 2005; UNGASS, 2008), so that the value-systems, attitudes, practices, and lifestyles that encourage the HIV/AIDS spread, will be specifically addressed (Cullen, 2006; Dundon and Wilde, 2007; Hammer, 2007; Lepani, 2008; O'Reilly, 2006; PNGNHASP, 2005; Wardlow, 2007).

Seven priority areas in the National Strategic Plan (NSP) on HIV/AIDS for 2006-2010 have been adopted, but, unless there is leadership and commitment by the appointed stakeholders, like the PNG Business

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<sup>6</sup> See Appendix 1:6 for government policy details.

Coalition Against HIV/AIDS (BAHA), and PNG Alliance of Civil Society Organisations (PASCO), the diverse traditional, cultural, and social issues cannot be effectively addressed (PNGNHASP, 2005; UNGASS, 2008). These priority areas include:

- Treatment, counselling, care, and support;
- Education and prevention;
- Epidemiology and surveillance;
- Social and behavioural change research;
- Leadership-partnership coordination;
- Family and community;
- Monitoring.

Gusman (nd), in his qualitative ethnographic research, argues that the type of commitment the leadership provides in response to HIV/AIDS will influence the major drivers of the HIV/AIDS pandemic, because policies on support, care, and treatment is followed up by action. As Maxwell (1995, p. 5) said, “Leaders determine the level of an organisation’s influence.” The HIV/AIDS response is determined by the leadership, and their personal commitment to concrete action (KwaZulu Natal University Symposium Report NUSP, 1999; UNDP, 2005; UNGASS, 2008). For instance, when the leadership of Namibia, in 2007, responded by doubling their domestic spending on HIV/AIDS programs, there was effective mobilisation of the public sector, which improved their multi-sectoral responses on prevention, education, research, support, and care. This changed the behavioural and epidemiological trends in communities (UN Report on the Global AIDS Epidemic, 2008, p. 99).

### **RESPONSE OF NGOS AND THE CHURCHES TO HIV/AIDS IN PNG**

Non-government organisations (NGOs) and faith-based organisations (churches) in PNG, according to Benton (2008, p. 314), have been the major drivers of the National Strategic Plan (NSP) on HIV/AIDS prevention and education, volunteer counselling and testing, care and

support, with only minimal operational budgets for NGOs and churches working with different sectors of society. The scope of their programs is holistic, focusing on physical, spiritual, social, and economic governance. While some partner with international networks, the majority have to raise their own funds to run their programs. The external donor agencies like AusAid, Australian Baptist World Aid, Canada Fund, and NZ Fund have been the main funding sources for the NGOs and the church HIV/AIDS response programs (NHASP, 2007; Benton, 2008).

The NGO's contribution to a holistic response in different areas of the HIV/AIDS epidemic is worth acknowledging (HIV/AIDS Stakeholder Mapping in PNG, 2004; UNGASS, 2008). Examples of this include:

- Igat Hope's focusing on People Living With HIV/AIDS (PLWHA);
- Haus Ruth rehabilitates commercial sex workers, and teaches them cooking and embroidery skills, clothing and feeding the homeless;
- City Mission provides physical skills and spiritual development programs for unemployed young men, and rehabilitates reformed criminals;
- Marie Stopes focuses on family and sexual health; and
- Friend's International focuses on orphaned children, whose parents have died through AIDS, with other community-support programs.

Yankah and Aggleton (2008) argue that, for the past 20 years, skills-development programs have been a key component of HIV education for children and young people. The United Nations (2001), in affirmation, says such specific HIV programs are necessary to develop required life-enhancing skills, and awareness on sexual health, thus reducing the level of vulnerability to HIV infection.

The faith-based organisations, especially the Christian churches, have networks reaching into the most-remote parts of the country's rural and



urban settings (Benton, 2008; Dundon and Wilde, 2007; Hammer, 2007). Literature has highlighted that the lack of communication networks, and inaccessible road links into rural community support groups, is imposing a major challenge to our national HIV/AIDS response (Hammer, 2007; PNGNHASP, 2005; UNGASS, 2008). Nevertheless, there are vital church networks, which have been providing delivery of needed services to the rural communities that have not been fully utilised by the HIV/AIDS response teams (Hammer, 2007; Dundon, 2007; UNGASS, 2008). This is in contrast to other developing nations like Uganda, where the church and its networks have been one of the main players in reducing the prevalence of HIV infection, through their reformed theological emphasis. This involves addressing contemporary social responses and needs instead of an eschatological emphasis (Gusman, nd; Kuhanen, 2008, p. 315).

Some writers claim that the church needs to reevaluate its theological positions and social policies, in order for its programs to be relevant to the contemporary needs of the society, and for its networks to be fully utilised in responding to HIV/AIDS programs. In Uganda, the church refocused its approach from a future, eschatological position to one which equips believers for their new life in Christ Jesus, by teaching them life-enhancing skills, and moral values and principles (Gusman, nd, pp. 68-69; Yankah and Aggleton, 2008).

In this author's opinion, the church's fundamental message is to offer love, rather than debate the minor moral issue of whether to use or not to use condoms. That love is the selfless love of God that permeates the hearts of every believer to love God, and love thy neighbour as He loved us (John 3:16; Matt 22:37-39). However, the church's quest for its moral purity has led to an aloof stance, compromising the love of God (1 Cor 13) in many instances. As Gusman's (nd) qualitative ethnographic research, and other literature, reveal, such actions give mixed messages that encourage rejection, stigma, fear, shame, and hopelessness to cause people in dire need of hope, love, care, comfort, and support to flounder (UGASS, 2008; ADF, 2000). For instance, the church, in demonising condom use by suggesting that it increases promiscuity and turns sex into a game, only

encourages stigma and rejection to flourish (Dundon and Wilde, 2007; Hammer, 2007; UNGASS, 2008; Wilde, 2007).

What is the alternate message, vision, or strategy that the church can offer to overcome the HIV/AIDS epidemic? Gusman's (nd, p. 68) research reveals that the Ugandan Pentecostal Christian church (UPCC) had an alternate, holistic approach. The UPCC's "saved to be safe" program, aligned with President Museveni's national vision for youth development, prepares youth for future leadership roles. This program also impacted on Uganda's national education and youth development programs. It is asserted by Gusman (nd, pp. 67-69) that a reconstruction of a morally-decaying nation begins with a generation of morally-reformed youth. This holistic program is both physical and social (sports, manual work), mental, emotional, and spiritual (prayer and bible study), in order to develop a balanced whole person (Canadian Aboriginal AIDS Network, CAAN, 2004).

Similar programs are run by certain churches in PNG. The Baptist Union of Papua New Guinea (BUPNG), together with other churches, developed a holistic Youth Sanap Wantaim program. However, the quality and the effectiveness of this program are yet to be determined (BUPNG, 2009).<sup>7</sup> The results of these programs can also be influenced by the level of funding, monitoring, and evaluation, and the capacity of the organisation. For instance, a good amount of Uganda's \$650 million HIV/AIDS funding (2004-2007) from donor agencies was also used in youth-leadership development programs. These programs had successful outcomes, because they used consistent monitoring and evaluation processes for change.

According to the research, certain programs NGOs and faith-based organisations are run without scrutiny and support, which raises the need for the government to create monitoring and evaluation frameworks, and to provide funding initiatives for these programs to be more effective and sustainable. Currently, these programs are solely funded by donations, either from business houses, churches, individuals, or by donor funding

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<sup>7</sup> See Appendix 3.

agencies (Cullen, 2007; PNGHASP, 2005; UNAIDS, AusAid, and NAC, 2004). The literature suggests that regulatory frameworks and processes will then allow the NGO and FBO groups to be accountable, and to be credible in providing quality services, with effectiveness in ensuring that the policies of the National Strategic Plan (NSP) are implemented (UNGASS, 2008, p. 64-64; NHASP, 2005; Gusman, nd). According to the literature, failures of other developing nations, where there were gross neglect of proper protocol, and amassing of funds from donor agencies by leaders themselves at the expense of HIV/AIDS reduction programs, should be avoided in PNG (Kuhanen, 2008, p. 302; ADF, 2000; UNGASS, 2008).

## **LESSONS FROM THE WORLD SCENE**

### **HIV/AIDS CHANGING GLOBAL SOCIAL REALITIES**

It is an accepted fact that the HIV/AIDS phenomenon has changed global social realities, exposing hidden vulnerabilities in the human condition and social organisational systems (Herdt, 1992; UNAIDS Global HIV/AIDS Challenge, UNAGHAC, 2008). According to the UNAGHAC report (2008, p. 13), HIV/AIDS is “The single greatest reversal in human development” in the midst of the world’s technological advancements. The HIV/AIDS pandemic also brings to the forefront global health, social, and economic inequalities, challenging mobilisation of political, human, and financial resources, in order to contain the HIV/AIDS infection prevalence (ADF, 2000; UNAGHAC, 2008). This has resulted in the development of the Millennium Development Goals,<sup>8</sup> reflecting the resolve of global leaders to make this world a better, safer, healthier, and more equitable place (UNAGHAC, 2008; UNGASS, 2008). As echoed by Amoako (ADF, 2000, p. 10), “Leadership calls for so many of the fundamental things we should have been doing anyway . . . as leadership is on test now, it needs leadership of a special kind.”

According to reports from the African Development Forum (ADF, 2000), Africa has 70 per cent (estimated to be 38 million to 45 million in 2010) of

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<sup>8</sup> See Appendix 1:9.

the world's adults, and 80 per cent of the world's children living with HIV/AIDS. Africa has also buried three-quarters of the 20 million or more people who have died from HIV/AIDS in the world (UNAGHC, 2008; Odu, O., 2008). This report also states that the tide is turning for some heavily-affected countries like Kenya, Rwanda, Uganda, and Zimbabwe, who are experiencing a decline in HIV infection-prevalence, due to changes in sexual behaviour (ADF, 2000; GHAC, 2008; Gusman, nd). However, Kuhanen (2008, p. 301), in his qualitative, historiographic research, argues that this positive result is due to the high rate of mortality, and is based on fabricated reports demanded by certain national and international NGOs for international donor markets to validate their products, such as medical and behavioural interventions, like AIDS vaccinations, marketing of condoms, antiviral treatments, and circumcision. To counter Kuhanen's claims, the countries with successful HIV/AIDS mobilisation programs reported that these declines in HIV infection-prevalence are due to multi-sectoral mobilisation, education for leadership, and working in collaboration with all levels of communities (ADF, 2000; Gusman, nd). The policy and implementation strategies, which have been developed, are said to be well informed by research and consultation. Political commitments are turned into practical action. For instance, the governments of Uganda and Niger increased their national budget allocation for HIV/AIDS programs, and did not depend entirely on external donors (ADF, 2000; Gusman, nd; Rotheram-Borus, et al, 2008).

### **NEED FOR EFFECTIVE NATIONAL STRATEGIC PLANS TO BRING CHANGE**

According to the UNAIDS Global HIV Challenge Report (UNAGHCR, 2008), where there is the absence of a national strategic plan (NSP), or when it is not well supported in coordination, implementation, and monitoring, the transmission and behaviour trends continue to rise. For instance, the following countries, which lack an effective NSP, currently are experiencing a rise in these transmission and behaviour trends are: China, Germany, Papua New Guinea, Indonesia, Mozambique, Russian Federation, Ukraine, UK, Vietnam, and India (Commission of AIDS in Asia, 2008; UNAGHC Report, 2008; National Aids Control Organisation and WHO Press Release, 2007).

A literature review has also established that HIV/AIDS is not an isolated medical issue, but equally affects the socio-economic, political, spiritual, and cultural life of individuals and communities (ADF, 2000; Hammer, 2007; Luker, 2003; UNGASS, 2008). Therefore, CAAN (2004) suggests that, because these issues are multifaceted, they should be addressed holistically. For instance, the following issues need to be addressed: leadership integrity, equity in wealth distribution, the development of programs for youth at risk, alleviation of poverty; validation and encouragement of the church's spiritual and physical programs. There is also a need to develop targeted education programs for different social groups, like children and youth at risk, and the general public. The people need to have a proper view of human sexuality, sexual health, family values, and life skills, which can result in either increased use of condoms or behavioural change. This also raises the need for gender equality for vulnerable and abused women. Finally, a relevant and responsible dissemination of contextual information for people, both in rural and urban settings, is highly desirable (ADF, 2000; Commonwealth Universities, 1999; Cullen, 2006; Dundon and Wilde, 2007; Global AIDS Epidemic Report, 2008; Gusman, nd; IFJ, 2006; Lewis, et al, 2008; Luker, 2003; Natrass, 2009; Trickett, et al, 2009; UNGASS, 2008; Wardlow, 2007).

However, Sachdev (2003) argues that education alone is not enough to change behaviour; attitudes need to change in order to counter abuse of power, lack of transparency, passiveness, and incoherent leadership. From research data, uninformed policy development planning and implementation strategies have derailed the work of HIV/AIDS. This happens when relevant stakeholders are neglected in policy- and decision-making, for instance, PLWHAs and in a centralised operational process (ADF, 2000; Dundon and Wilde, 2007; GHAC, 2008; Gusman, nd). In these cases there were inadequate national budgetary allocations, greater dependence on foreign donors and also reports of irrelevant programs and inadequate dissemination of information for the target groups (ADF, 2000; PNGNHASP, 2005).

## **NEED TO CHALLENGE THE PREVAILING SOCIAL AND CULTURAL TRENDS THAT CONTRIBUTE TO HIV/AIDS PREVALENCE**

The literature demonstrates that HIV/AIDS programs place much expectation and burden on behavioural change in individuals, when character and attitude are also influenced by individuals' socio-cultural context. For example, Wardlow (2007) argued that interventions promoting fidelity would have no impact unless the social and economic infrastructure that supports fidelity is in place. The literature has highlighted that inconsistencies in leadership and governance, socio-economic disparity, inadequate goods and service delivery systems, and cultural and spiritual bias, all encourage lifestyles vulnerable to HIV/AIDS infections (Hammer, 2007; Dundon and Wilde, 2007; Lepani, 2008; Lewis, et al, 2008; O'Reilly, 2006). For instance, when there is a very high percentage of illiteracy and economic disparity, how could we expect fidelity among poor, unskilled women, when the only option is to sell sex to survive (UNGASS, 2008; NADF, 2000; Cullen, 2007).

Trickett and Schensul (2009) suggest that, if individual change has to be realised and sustained, there has to be concurrent change at all levels of society (policy, structure, and community levels). Therefore, intervention programs for change should be multilevel: targeting the policy, service delivery structures, and the community levels, as well as individual change.

### **CULTURAL AND SOCIAL MISCONCEPTIONS**

The complex cultural and social misconceptions are the accepted norms that must be contextually and systematically addressed with clarity and sensitivity (Hammer, 2007; Dundon and Wilde, 2007; Lepani, 2008; Lewis, et al, 2008; O'Reilly, 2006). The following misconceptions are hindering effective preventive strategies.

HIV is seen as either a magic spell, or the traditional angry bush or river spirits, who are causing the sickness. Condom use is seen as demonic, and it is said to be the driving force for people to be promiscuous (Hammar, 2007; Dundon, 2007).

Understanding of sex and sexuality varies from culture to culture. Certain sexual practices are good to some Island cultures, and they view HIV/AIDS as a white man's disease that is destroying their good cultural norms. Whereas other mainland cultures, like the Highlands, Southern, and Momase regional cultures view sex as evil and dirty, unless it meets certain economic and socio-cultural obligations (Lepani, 2008).

The unequal gender views, roles, and responsibilities in the family and the community are also major hindering factors. When women are empowered to take charge over their own sexuality, it threatens men's domain of authority, which results in the rise of abuse (Wardlow, 2007; O'Reilly, 2006; Hammer, 2007). Men can also feel threatened and rejected when women, through child bearing, demand equal rights. Men may also seek to satisfy unmet sexual needs with safe women,<sup>9</sup> who are unattached to men (Hammer, Wardlow, 2007). Men also hold the view that their sexual needs are stronger, so they easily succumb to women's seduction, and become victims of female sexual prowess, therefore, violence against women is in reaction to this (Wardlow, H., 2007; Lewis, et al, 2008; Lepani, 2008).

Finally, it is a common understanding among certain Christian churches that the HIV/AIDS epidemic is God's punishment for unrestrained sexual perversity, therefore, the victims deserve it as punishment from God (Wardlow, 2007; PNGNHASP, 2005; Dundon, 2007; Hammer, 2006).

These misconceptions, combined with a lack of basic services and geographical and language barriers, do not help the HIV/AIDS prevalence-preventive program initiatives, but only encourage high-risk sexual behaviours to flourish. These trends need to be exposed and challenged.

## **RAISING COMMUNITY AWARENESS ON SEXUAL BEHAVIOURAL PATTERNS**

Malau (1999) suggests that the different forms of expression, experiences, and networking complexities of sexual behaviour, attitudes and patterns, both in the rural and urban context, need to be researched. Combined with

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<sup>9</sup> See Appendix 1:8.

the use of drugs, alcohol, poverty, pornography, and club dances, also increase high-risk sexual behaviours (Hammer, 2006; Jenkins, 1997). Proper sex education is needed to prevent the sexual encounters of young teens (those between 13 and 16 years of age) with elderly men – sugar daddies (Jenkins, 1997). All present educational institutions, parents, relatives, and the churches are all ill-equipped to provide proper sex education programs. In their absence, young people learn from peers, books, and electronic media, without any idea of safe sex, responsibilities, and consequences (Cullen, 2008, pp. 157-160; Dundon and Wilde, 2007; Halley, 2008, pp. 24-25; Odu, O., et al, 2008; Wardlow, 2007).

Addressing these socio-cultural concepts, and the behavioural patterns that encourage the rise of the HIV/AIDS epidemic, is complex, and needs concerted efforts on the part of the national leadership, NAC, donors, health and NGO personnel, to bring change (ADF, 2000; Dundon and Wilde, 2007; Hammer, 2006; Luker, 2003; Wardlow, 2007). Trickett and Schensul (2009) suggest that programs need to negotiate for mutual understanding, have due respect for context, and spend time to develop mutual relationships, in order to create opportunities to introduce ideas of possible change. For instance, in urban centres, using electronic media to disseminate information is appropriate; however, in a rural setting, the same message must be simplified, with illustrations and diagrams.

Delivery of HIV/AIDS educational material can vary according to whether the context is individuals, couples, interactive small groups (men and boys, girls and women, or youth, sports, or married couples), or a community setting (ADF, 2000). The goal is to increase participation, and develop mutual relationships. For instance, where issues of human sexuality are seen as a taboo, material can be taught in the context of small interest groups to minimise misunderstanding, and increase participation (ADF, 2000; Cordery and Bur, 2006; Gusman, nd). Areas of discussion can be the biology of human sexuality, responsibilities, gender roles, benefits and disadvantages (O'Reilly, 2006; UNGASS, 2008). According to Sachdev (2003), effective credible information that effects change comes with mutuality, sensitivity, and empowering of individuals to make choices. These choices can be influenced by mutual small group acknowledgment



and acceptance, created through a participatory atmosphere (Cordery and Bur, 2006).

## **NEED FOR INNOVATIVE SOCIAL AND CULTURAL SYSTEMS FOR PREVENTION**

With the current status of the HIV/AIDS epidemic in PNG, the response of leadership is important in developing policies, strategies, and functional processes to contain and control certain risky behavioural practices. While behaviour cannot be legislated, social norms can be influenced and changed over time, through proper responses, with community-based programs. For instance, what was unacceptable before may be acceptable today. Therefore, laws, policies, or guidelines need to be innovative, and tailored to suit the contemporary context (Anneke, et al, 2006, pp. 71, 197).

Several writers have suggested that realistic programs that will meet the needs of the people and community are developed when the leadership roles and responsibilities in policy development, and service delivery processes are informed by anthropological and sociological research, and with consistent medical data (Dundon and Wilde, 2007; Dundon, 2007; Gusman, nd; Hammer, 2007). As Amoako (ADF, 2000, p. 10) said “Leaders rise to face unusual threats to their people, and search for answers and success. When they find them, they scale up the response to the maximum . . . surpassing themselves, mustering the energies of the whole people . . . crusade for change and reform . . . lead by example and exhortation. [They are] selfless . . . dedicated . . . to bring success to their people.” Affairs of the people are the concern of the leaders, and the leaders are there for the people.

Lack of research is said to be having an adverse impact on the quality of the response to HIV/AIDS in PNG’s rural communities, where 85 percent of the population are located (Dundon, 2007, p. 2; Eves, 2003; Hughes, 2002; Wardlow, 2002c). Cullen (2006) suggests that, so long as disparity in decentralisation remains, HIV/AIDS programs will be neither multi-sectoral nor genuine national responses. As Piot (ADF, 2000, p. 17) argues, “the community is where multi-sectoral gets its true meaning.”

Therefore, it is only when national policy initiatives reach into the rural villages, and empower local people to devise and run programs to address their immediate issues, that a multi-sectoral approach will be realised (ADF, 2000; Cullen, 2008, p. 161; Erin, C. W., 2009; Global HIV Challenge, 2008; UNGASS, 2008; Wardlow, 2007).

Success stories like Uganda's drop in national infection prevalence from 18 percent to 6.1 percent reflects the effectiveness of multi-sectoral holistic approach. Their physical, spiritual, moral, and intellectual aspects of individuals in community were addressed through programs like prayer, Bible study, vocational skills, leadership development, and life skills (Gusman, nd).

These are examples of short-term pragmatic (practical/realistic) approaches that need to be developed and funded to address determinants of HIV infections. Tawil, et al (1995) suggests a framework that can be adapted to help understand situations where potential risk occurs, and to develop enabling approaches to effect change.

- Think broadly and creatively on intervention options in context.
- Consult widely with traditional HIV prevention providers, e.g., public health; other care agencies, education, or churches.
- Consider how enabling approaches can work with behavioural interventions on individuals rather than replace them with the new approaches.
- Evaluation need to demonstrate the feasibility of enabling approaches through flexible evaluation designs. Describe the situation clearly, and understand how the intervention will work in comparison with the secondary indicators of behavioural change.

Following the above approach means that the people are also intellectually empowered to understand cultural beliefs, constraints, and strengths, and

to develop participatory activities in common areas like music, song, dance, and games, as a way of disseminating information. They can also be engaged in investigation and observation on issues before developing interventions (Cullen, 2006, pp. 160-162; Dundon, 2007, pp. 37-39). This is sometimes done in community counselling settings.

### **SUGGESTED COUNSELLING FRAMEWORK**

While the traditional counselling approach to HIV/AIDS could be clinically based, interventions, focusing on changing the behaviour of individuals (Tawil, et al, 1995), the systemic and social constructionists,<sup>10</sup> family/community approaches (physical and spiritual, community care and support) are considered to be impacting on the HIV/AIDS epidemic in developing nations (Campbell, et al, 1995; Kottler, 2002). For instance, 27-year-old Imane went for counselling, after learning of her HIV/AIDS status, suffering depression, hurt, and anger towards her husband for infecting her. Although her husband refused to attend counselling sessions, Imane found that, with the support of a community-bonding group, she was able to understand and accept her situation, which empowered her to live a normal life while on medication (Global AIDS Epidemic, GDE, 2008).

This does not mean that the other counselling micro-skills of attending and techniques can be ignored. Trickett and Schensul (2009, pp. 377-381) suggest a multi-level intervention and counselling approach, from individuals, families, and at the community level, be adopted.

### **INDIVIDUAL RESPONSE**

Tawil, et al (1995) suggest five counselling focus areas for individuals (those with risky life styles, or the already infected), to achieve behavioural change in using different counselling frameworks where needed (Kottler, 2002, pp. 242-243).

- Enhance personal awareness on state of self, and become more aware of self by empathic resonance, active listening,

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<sup>10</sup> Explanation of systemic and social constructionist theories in Appendix 1:10.

deep reflection of feelings, and search for meaning with person-centred skills.

- Have clear risk awareness, raising expectation of a favourable result of risk avoidance by using a Gestalt approach to increase self-awareness in the present through integrating the split between the conflicting selves, by confrontation, role playing (using a chair technique).
- Learn necessary life skills to undertake behavioural change, through cognitive behaviour therapies by identifying target behaviours, modifying dysfunctional behaviours, and learning new adaptive responses. This can be achieved through setting new goals, contingency contracting, reinforcements, skills, and relaxation training
- Develop a capability to undertake change through reality therapy. Aim to enable clients to assume greater responsibility, and become skilled in meeting their own needs. By examining the consequences of choices, challenge clients to be accountable, and develop plans of action for change.
- Develop a social acceptance of risk-avoidance by using the feminist approach to examine issues of power, gender roles, marginalisation, and oppression. This is done through encouraging cultural and gender differences in relationships, and challenging and confronting stereotypes.

The basis of this psycho-educational approach is for individuals to understand their situation, and take personal responsibility in making appropriate decisions about personal behaviour, and, in due course, to act on those choices to make changes as individuals within a community context (Yankah and Aggleton, 2008).

### **COMMUNITY-RESPONSE APPROACH**

The advantage of a community-based approach is that it is relevant to PNG's community dynamics. Using this approach would redefine the meaning, values, and forms of expression, and help to apply them

appropriately to maximise the level of care and support given during the HIV/AIDS epidemic. Campbell, et al (1995) assert that the sense of belonging that an individual and a community share through common social factors, structures, and purpose is a bonus. This is expressed in the way loss and pain is shared through the death of loved ones, which can also be transferred to palliative care, and a hope for HIV/AIDS prevention (ADF, 2000; Benton, 2008).

However, to maximise our community efforts, in response to HIV/AIDS prevention, accountability, mutual respect, care, and support can be redefined. Campbell, et al (1995) argue that respecting individual rights helps the community to maintain its influence in creating change and hope. For instance, for prevention purposes, opportunities can be created for seropositive individuals to openly share their HIV/AIDS experience with the group. This can be done through counselling, under the auspices of genuine family and community care, accountable community leadership, with the ability to openly engage in discussion, without prejudice, and maintenance of confidentiality.

Community counselling, according to Campbell (1995, p. 5) “is a process, facilitated by a team working with the community, who are seeking information to understand the need to change, and to make choices for change in a context of positive mutual accountability”. The use of systemic and social constructionist counselling approaches help to identify underlying cultural structures and patterns, and their influences on individual stories, through collaborative conversations, to understand and expose problems, in order to set new boundaries to restructure power and control, to improve communication, and develop helpful ways (Kottler, 2002).

Campbell (1995, citing Bodwell and Rader, 1993) suggests the following process of community counselling:

- Community selection – the community selects the theme and time for discussion, but discussion is facilitated by the counselling team.

- Relationship building – throughout the counselling process trust and confidence begins to develop as the community and the team get to know each other, and people gain the right to speak. Communities already have a relationship in a local network, but it has to be carefully used during the counselling sessions.
- Exploration of the problem is done together, either in parts or the whole of it, through exploring options for solutions, with perspectives from all sides of the community group.
- Strategy formation – formulating suggestions that address the problem, which could lead to action.
- Decision making – exploring options and possible actions that could solve the problem(s), and select the steps to be taken
- Implementation – putting the action plan into reality needs commitment and continued involvement of counsellors and communities. Consistency is the key.
- Evaluation – exploring deeper areas of the problem, and others that may arise, like HIV/AIDS, poverty, health, etc. It is done cohesively by both the community and the counsellors. The aim of community counselling is to move towards a sustained behavioural change. The whole process is put to record by agreement for follow-up purposes.

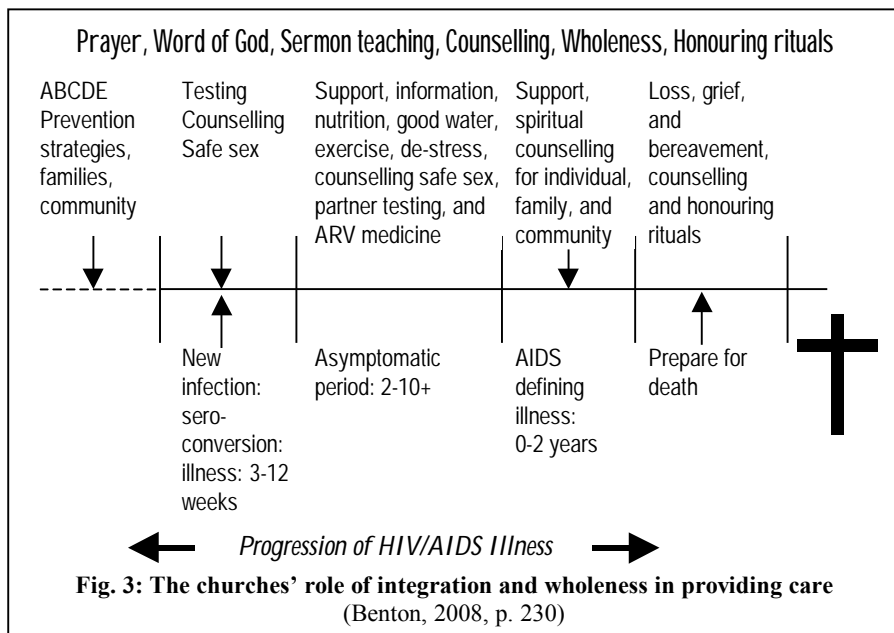
Campbell (1995) suggests that any new information gathered throughout the exploration of the problem(s) must be understood in the community context for any inferred meanings, in order for the community to adopt change. They take the lead to find strategies for change, and indicators to measure what can work for them, and what cannot. Counsellors only facilitate and inform where necessary (ADF, 2000).

### **THE CHURCHES' THEORY OF PRACTICE OF CARE (THEOLOGY) FOR HIV/AIDS RESPONSE**

Several writers suggest that the church, in responding holistically to the HIV/AIDS epidemic, can use the above individual and community

counselling processes to bring integration and wholeness to individuals, families, and communities. In education, training, counselling, prayer, support, and care, we need to increase progress, and mobilise the community, particularly in preaching, teaching, and providing care and support. Such support will help our church community to combat the stigma often attached to HIV-positive people, who will then feel compassion, acceptance, love, and hope (Benton, 2008; Gusman, nd).

Fig. 3, below, represents the holistic approach:



## DISCUSSIONS AND RECOMMENDATIONS

The literature, showing the social trends of developing nations in adopting certain practices, attitudes, and lifestyles is also the reality in PNG. This epidemic has revealed the vulnerable areas of our nation, and exposed the degree of our willingness and seriousness of our commitment towards HIV/AIDS and the need for human resource development. To conquer HIV/AIDS, a holistic national course is needed. It must permeate every

corner of a nation, and must reflect national, district, and local action. As Machel (ADF, 2000, p. 17) said, “Every village, every town, every district, every sector, should have clear plans, and identified people, as focal points. The national plans must permeate the places where people work, where they live, where our values are made and challenged – in our families, our religious gatherings, our councils of traditional leaders, our parliamentary gatherings, our mothers’ unions.”

The suggested holistic approach as the ideal response to the HIV/AIDS epidemic in PNG, when enforced with willingness and whole-hearted commitment by our political leadership, government line-agencies, NAC, donor, PAC, NGOs, and churches will bring great rewards in combating HIV/AIDS trends. This approach will concurrently serve the need for alleviating the HIV/AIDS pandemic, and at the same time, address the pending social, economic, spiritual, mental, and psychological developments of the nation at large. The service-delivery infrastructure will be upgraded to meet the demand of need, and traditional community networks and structures will be redefined, as new attitudes and behavioural patterns are adopted.

The key should be compassionate integration towards wholeness of life, by taking into account physical, mental, spiritual, and emotional well-being as a good practice in prevention. In doing so, the basic impediments to the success of HIV/AIDS prevention strategies will be addressed:

- Lack of leadership;
- Lack of development, both in human and physical infrastructure;
- Poverty;
- Illiteracy;
- Tribal and cultural misconceptions;
- Difficult geography;
- Culture of violence against women;



- Promiscuous lifestyles;
- Lack of professional medical doctors and health workers;
- Dependency on AIDS funding from donor agencies;
- Neglecting use of church networks.

### **REFLECTION ON MY LEARNING JOURNEY**

When I began this journey, I thought counselling was simply guiding people to overcome their psychological, spiritual, emotional, and mental health issues. However, having gone through this research, I realise that it is more than providing guidance. Counselling needs to go beyond the individual to consider the wider social and cultural context, and the implications. This will include physical, social, and economic needs, especially when dealing with HIV/AIDS situations.

The literature review process itself is tough work. However, the skills and lessons learned from the researched are worthwhile. Although, at times, I got bogged down with information overload, I learned the hard way to painstakingly process it with the guidance of the mind map, or the side tree diagram, I had previously developed (see Appendix 4).

This literature review has helped me to see the broader spectrum of the importance of counselling, in a holistic sense, for individuals and communities. Counsellors can also advocate for social change, which may seem to be stepping out of traditional counselling practice, but it is inevitable, as our problems are all systemically interrelated and multifaceted.

A community development approach is needed to build a bridge between where people's current beliefs are and the need for change. The mutative and subtle nature of the HIV virus, and its leading to AIDS, has been misunderstood by Melanesians, who have tended to spiritualise the problem. Medical explanations are not valued in a way that would make people change their behaviour, because of their traditional spiritual beliefs. It has become increasingly clear that, for people to change their attitude,

behaviour, and lifestyles, their beliefs, values, and worldviews need to be addressed.

Finally, a community counselling approach can unite the strength of the community to bring change, through enforcing the importance of contextualisation, and being relevant to the needs of the people. The crucial roles that research, NGOs, and the church play encourage this, and give the true picture of the status of HIV/AIDS, with its devastating implications.

## **CONCLUSION**

The generalised nature of the spread of the HIV/AIDS epidemic, and the threat it has over the work force, social fabric, and the future development of PNG, are alarming. This literature review has established that the status of the HIV/AIDS epidemic, with its cultural and social trends, which encourage the prevalence of HIV infection, emphasise the need for serious action. Since it has ominous socio-cultural, economic, and political implications for the country, PNG should now harness all its resources, programs, and strategies to seriously protect human development, in all aspects, as an important factor that could counter the spread of HIV/AIDS.

It is, therefore, important that the capacities of all the service-provision and policy-making agencies, both in the government and the private sectors (NGOs, FBOs, and companies), be streamlined to appropriately respond to prevent or minimise HIV infection rates, and effectively provide palliative care for victims.

This paper, therefore, recommends the development of effective, cohesive, holistic responses, to prevent the spread of HIV/AIDS, both in the rural and urban context of Papua New Guinea, by all stakeholders: government agencies, NGOs, donors, churches, and the general public.

| <i>Acronyms</i> |                                       |          |   |
|-----------------|---------------------------------------|----------|---|
| ADF             | African Development Forum             | NACS     | National AIDS Council                       |
| AIDS            | Acquired immunodeficiency syndrome    | NGO      | Secretariat<br>Non-government organisation  |
| AusAid          | Australian government aid             | NSP      | National Strategic Plan                     |
| BAHA            | Business Coalition against HIV/AIDS   | PASCO    | PNG Alliance of Civil Society Organisations |
| BUPNG           | Baptist Union of Papua New Guinea     | PNG      | Papua New Guinea                            |
| FBO             | Faith-based organisation              | PNGNHASP | PNG National HIV/AIDS Support Project       |
| HIV             | Human immunodeficiency virus          | UPCC     | Uganda Pentecostal Christian church         |
| IEC             | Information, education, communication | CAAN     | Canadian Aboriginal AIDS Network            |
| MTDS            | Medium-term development strategy      | UNAGHCR  | UNAIDS Global HIV Challenge Report          |

## APPENDIX 1

### WORD AND TERM DEFINITIONS

1. “Genital Herpes” (Ngozi A. Osondu, MD, on February 1, 2007 © 2005 WebMD, Inc.).

People who have genital herpes sores are more likely to be infected with HIV during intercourse. As the herpes sores develop, the immune system attempts to heal them, so that many immune cells are concentrated in that spot. It is these cells that HIV infects. So, if HIV in semen, vaginal fluid, or blood, comes in contact with a herpes sore, the risk for infection is high.

Both HIV and the herpes virus are destructive in nature. One can worsen the effects of the other. Research shows that when the herpes virus is active, it causes HIV to replicate itself more rapidly than it otherwise would. The more HIV replicates, the more of the body’s infection-fighting cells it destroys, eventually leading to AIDS.

People infected with both HIV and the herpes virus experience longer-lasting, more frequent, and more severe outbreaks of herpes symptoms, because the weakened immune system cannot keep the herpes virus under control as well as a healthy immune system can.

2. IOM – International Organisation of Migration (IOM 2006).
3. Pathogenic micro organisms = disease producing organisms.
4. Microscopic = tiny invisible.
5. Mucous membrane = tiny layer of skin that covers the body cavities and produces mucus.
6. National government HIV/AIDS plans (UNGASS, 2008):
  - National Gender Plan and HIV/AIDS 2006-2011 was to accompany NSP to guide efforts to integrate gender issues into the response;
  - HIV/AIDS Management and Prevention (HAMP);
  - National Health Plan;
  - Policy for National Education System;
  - National Leadership Strategy;
  - HAMP (HIV/AIDS Management Prevention) was enacted by Parliament in 2003, which provides a legal framework for addressing discrimination, stigmatisation, and mandatory screening with respect;
  - PNG National Strategic Plan on HIV/AIDS for 2006-2010 (UNGASS, 2008):
    - Treatment, counselling, care, and support;
    - Education and prevention;
    - Epidemiology and surveillance;

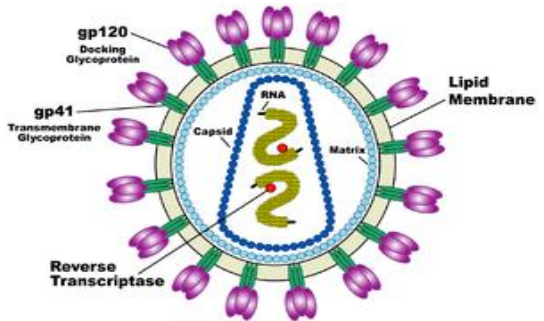
- Social behavioural change research;
  - Leadership and partnership coordination;
  - Family and community;
  - Monitoring and evaluation.
7. NACS Board members comprised of representatives from government departments, PNGCC, National Council of Women, disciplinary forces, and Chamber of Commerce.
8. Safe women are women who are free, divorced, widowed, or whose husbands have left for job search in towns and cities. Men don't fear HIV infection, but fear discovery from the relatives of married women and young girls, so they'd go for the safe women.
9. Millennium Development Goals:
- Eradicate extreme poverty and hunger;
  - Achieve universal primary education;
  - Promote gender equality and empower women;
  - Reduce child mortality;
  - Improve maternal health;
  - Combat HIV/AIDS;
  - Develop global partnership for development.
10. Social constructionist theories examine both family systems and the wider context of the community to understand human behaviour, where culture, ethnicity, religion, sexuality, gender, and other social factors, all have an influence on individual behaviour.

## APPENDIX 2

### HIV Cell and Immune System (Aggleton, et al, 1994, pp. 17-18; Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)

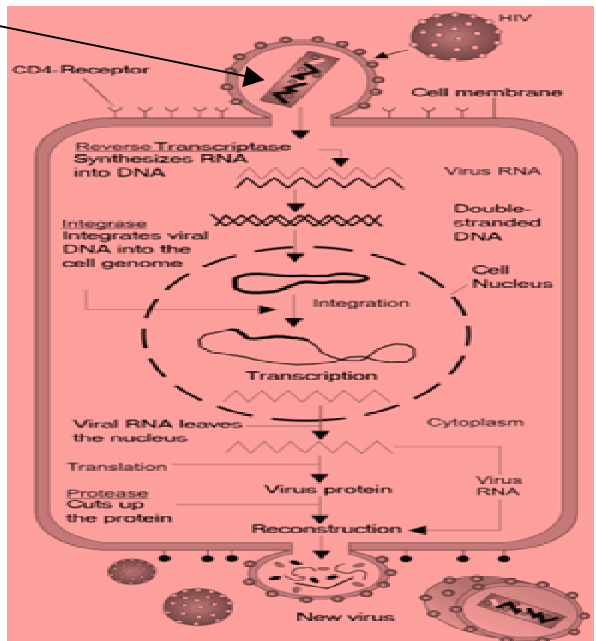
The virus is invisible to the naked eye, with three different parts: the outside coat, made up of fat and sugar, proteins and enzymes, which are used to reproduce a new virus; and the genetic core deoxyribonucleic acid (DNA); or ribonucleic acid (RNA) that determines the reproductive and the mutative ability of the virus in the human body. (See Fig. 1: Virus cell make up.)

**Fig. 4: Sample image of the HIV structure** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)

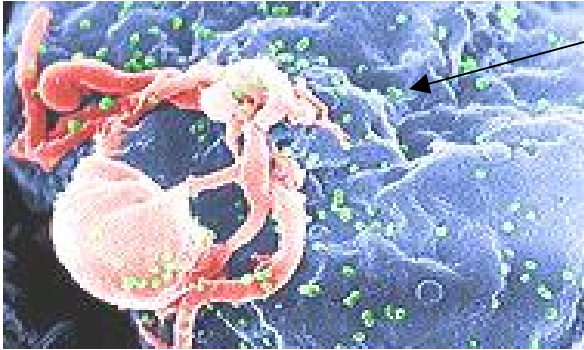


**Fig. 5: HIV enters the white blood cells** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)

The HIV cell then sticks on the wall of the host cell, and, with the proteins the virus has on the shell, it locks into the proteins of the host cell wall just like a key fits into the lock and mutates or changes shape.

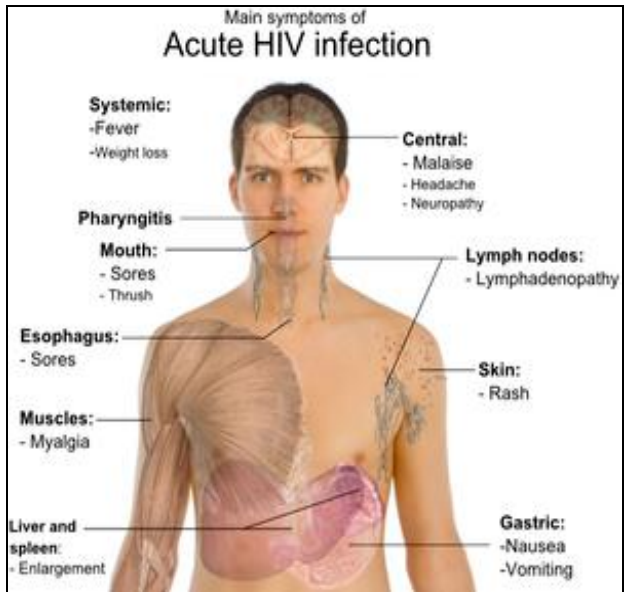


**Fig. 6: HIV attacking immune system** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)



Microscopic scan showing the dots, which are the HIV cells, attacking the immune system.

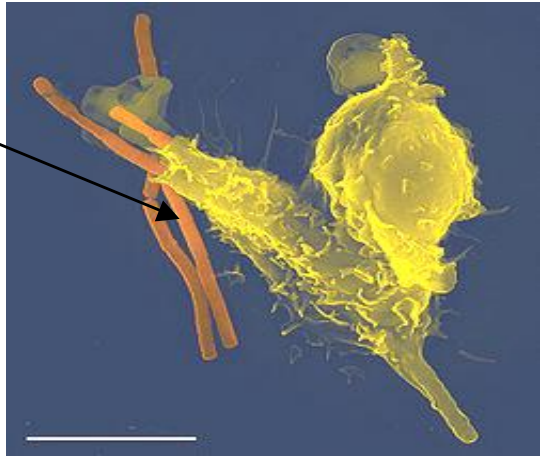
**Fig. 7: HIV infection symptoms** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)



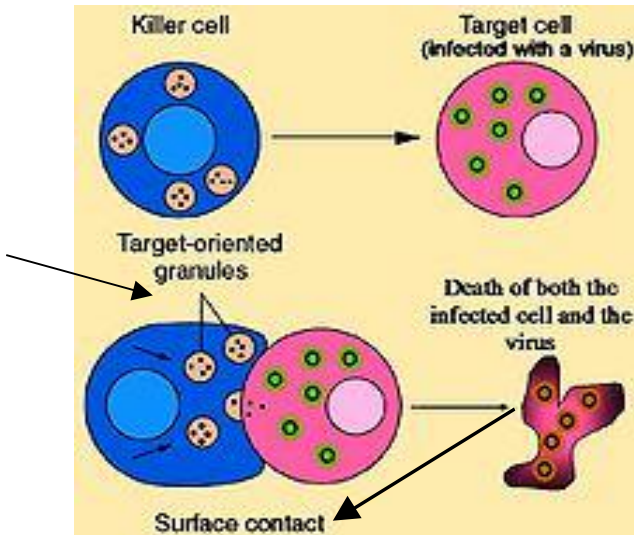
**Fig. 8: Immune system** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm)

The life spans of these cells are short, as they die out within days or weeks after serving their purposes. They are then replaced by new cells produced from the parent cells from the bone marrow.

Electronic microscopic scan showing one immune T-cell covering the disease-carrying, rod-shaped, bacteria.



**Fig. 9: Process of immune killer cell attacking the cell infected with a virus or other bacteria entering the body** (Wikipedia Project, JPEG image, 23/12/09, 3.47 pm).





**Fig. 10: Names and location of macrophages**

| <i>Name of Cell</i>               | <i>Location</i>             |
|-----------------------------------|-----------------------------|
| Dust Cell ( Alveolar Macrophages) | Pulmonary alveolus of lungs |
| Histiocytes                       | Connective tissues          |
| Kuffer Cells                      | Liver                       |
| Microglia                         | Neural tissues              |
| Epithelioid Cells                 | Granulomas                  |
| Osteoclasts                       | Bone                        |
| Sinusoidal lining Cells           | Spleen                      |
| Messangial Cells                  | Kidney                      |

### APPENDIX 3

#### REVIEW OF BAPTIST UNION YOUTH SANAP WANTAIM PROGRAM (YSWP)

YSWP is geared towards developing the potentials of the youth. While the sports programs were going well in encouraging youth, and deterring them from drug, crime, and other illicit activities, there is a lot more that needs to be done. The Baptist Union HIV/AIDS ministry arm, in its endeavour to minimise the devastating effects of HIV/AIDS, has planned to establish Youth Family Centres to provide lifeskills training programs. This is to equip the youth with the necessary lifeskills for job opportunities. These would be basic vocational skills, such as, carpentry, plumbing, sewing, office procedures, computer use, and hospitality, to prepare and equip youth to be responsible and be self-reliant. The Youth Family Centres will then provide references, and help the youth find possible job opportunities.

According to Mr Edward Worimo,<sup>11</sup> research is being done, with the help of other stakeholders,<sup>12</sup> to understand the current trends of youth culture, in order to establish relevant and required training programs to meet the needs of youth today. A budget has been put together, and, by 2013, the first BUPNG Youth Family Centre pilot project will be rolled out.

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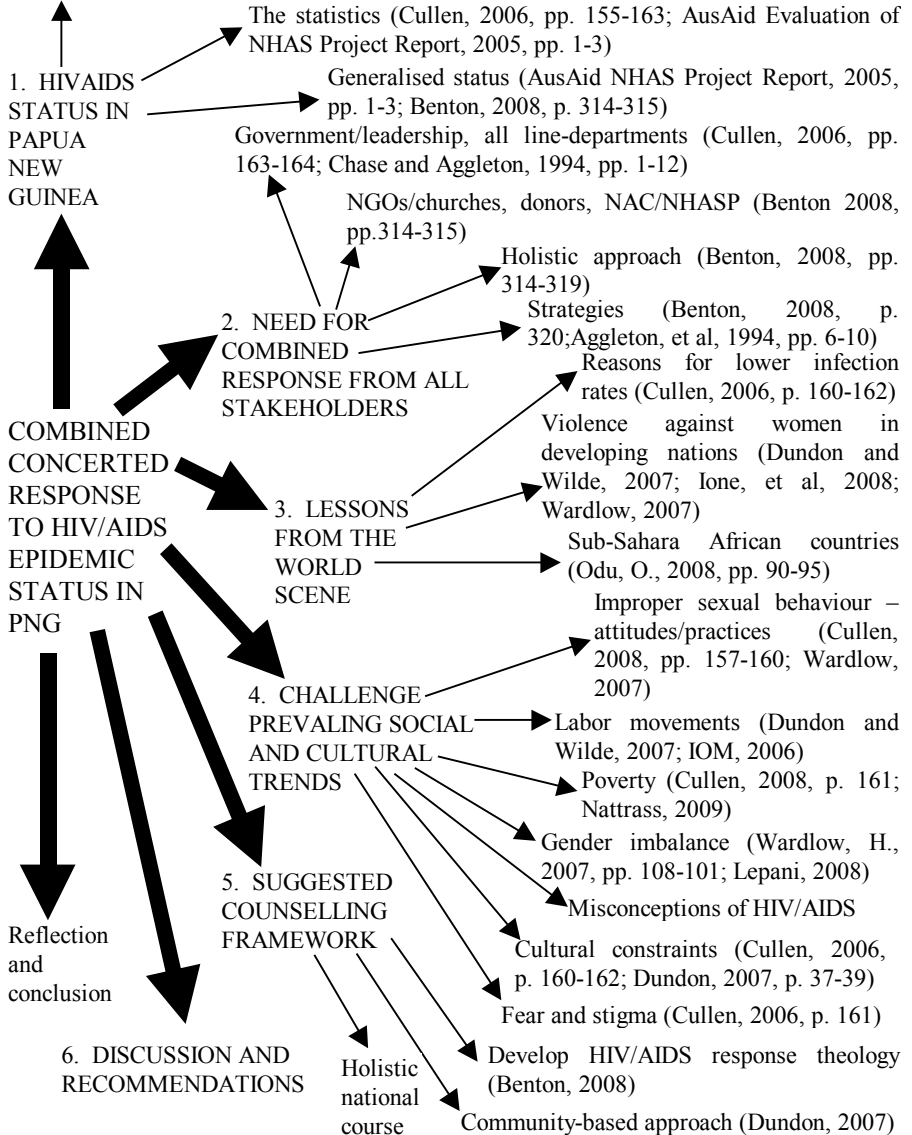
<sup>11</sup> Mr Edward Warimo is the current Baptist Youth Family Centre Program coordinator.

<sup>12</sup> Like-minded churches, and research institutes.

## APPENDIX 4

### SIDEWAYS TREE DIAGRAM

What is HIV/AIDS and its effects? (Aggleton, P., et al, 1994; Dundon and Wilde, 2007, p. 1; Scott and Diggle, 2004)



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# **REPORT ON THE CAUSE AND EFFECTS OF INDIGENOUS YOUTH AT RISK: A PREVENTIVE COUNSELLING APPROACH**

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## **INTRODUCTION**

Risk-taking is making phenomenal attacks against the norms of society. Without any sense of preservation, obligation, or responsibility, the indigenous youth engage in violent risk practices in: abuse of alcohol and other substance use, suicide, sexual violence, homicide, etc. These are the intergenerational effects of social, economic, and political disparities committed against the ethnic indigenous peoples' culture and well-being. There is a sense of hopelessness, helplessness, and worthlessness, enforced by social exclusion, and lack of social capital among the indigenous youth. For self-esteem, confidence, trust, and rapport to be established, the use of an ecology of child developmental theory approach in context would be ideal.

The issue of indigenous youth at risk is increasingly important among the Aboriginal and Torres Strait Island communities, and in Australian society at large. A search of the literature for this article covered peer-reviewed articles from the major journals in the field, as well as government reports and policy documents. Issues to be addressed in this

article will be: the meaning of youth at risk, influential factors, consequences, and the proposal of a preventive approach.

### **DEFINITION OF INDIGENOUS YOUTH AT RISK – AUSTRALIA**

The concept of risk-taking in this article is purposely to define the meaning, and to understand the different causes of risk-taking to reveal the level of risky practices that Australian indigenous youth take.

#### **THE DEFINITION OF YOUTH AT RISK**

According to research in general, risk-taking is making phenomenal attacks against the norms of society that are despised. The youth reject professional views on life issues, and, instead, put their trust in their own reflections on these issues, and in their ability by engaging in daring, risky acts against society (Beck, 1994, p. 45, cited by Lupton and Tulloch, 2002, p. 318). For instance, indigenous youth, without any sense of self-preservation, would engage in risky, violent acts against the social structures and groups that marginalise and undermine their existence (NTA, 2001, p. 17).

Having no sense of obligation, indigenous youth give account to no one. The structures and functions of society that once gave meaning to life, like marriage vows, family values, and communal security, no longer exist. Communal values are replaced by pursuits of individual acceptance and meaning in life, due to inequality (Beck, 1994, p. 45 cited by Lupton and Tulloch, 2002, p. 318).

The United Nations Human Settlements Program (2010, p. 1) defines youth at risk as those whose backgrounds of neglect, abuse, and poverty put them at risk of re-offending, because of the social environment, and family conditions that hinder their personal development and integration into the socio-economic life of society.



## **UNDERSTAND YOUTH AT RISK AT DIFFERENT LEVELS**

Reese, et al (2000, pp. 62-63) suggest two categories of risk-taking, in a peer-reviewed paper.<sup>1</sup> According to Norman (2002, p. 2), the first category is the low-risk, marked by aggression and violence. Aggressive behaviours intimidate others, by engaging in street fights, and bullying at school. Young women engage in unsafe sexual practices and substance abuse (Sorbello, et al, 2002, p. 198-199).

The second category is the high-risk youth, who show signs of self-harm or homicide, where they could cause death or aggravated assault on others. Within the high-risk category, Norman (2000, p. 2) suggests that violent youth are dangerous as they get involved in gangs, use drugs, use firearms, commit, or attempt, wilful murder, and they have other siblings who have been put in jail.

Norman (2000, p. 2) suggests that better awareness of the causes and the effects of the different levels of risky behaviour can foster appropriate intervention programs, through support agencies and other stakeholders. For instance, awareness could influence development of preventive measures for future potential offenders, to minimise youthful risky behaviour.

For instance, understanding indigenous youth's reasons<sup>2</sup> for leaving school can allow support agencies to develop relevant deterrent programs (NTA, 2001, Tate, 2001, p. 9). Other contributing factors are: the effects of intergenerational influences, irrelevancy of the curriculum in a cultural context, cultural exclusion, socio-economic status, and poverty (Fleming and Southwell, 2005).

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<sup>1</sup> "Role of Families and Care Givers as Risk and Protective Factors in Preventing Youth Violence".

<sup>2</sup> See Appendix 2:1 for details of the five reasons for youth leaving school.

## INFLUENTIAL FACTORS IMPACTING RISKY BEHAVIOURS OF INDIGENOUS YOUTH

The current risky behaviours of indigenous youth can be attributed to the impacts of macro-socio-economic systems and micro-intrapersonal behaviours.<sup>3</sup> These impacts were imposed by historical events, and the levels of response from the community, family, and individuals, bringing about specific circumstances and experience (Homel, et al, 1999, pp. 182-183; Reese, et al, 2000, p. 61).

### HISTORICAL FACTORS

The impact of social factors upon indigenous youth involves macro-social systems of governments, and the implementation of their policies (Reese, et al, 2000, pp. 62-64). For instance, the initial British settlements in Australia assumed the British concept of *terra nullius*.<sup>4</sup> Meaning that land in Australia was devoid of ownership, therefore, the settlers implemented policies of cultural genocide, and dispossession of Aboriginals from their land. An assimilation process into the white culture was racist, because the British race claimed to be the superior culture. This practice gave rise to the stolen generation (Collard, 2000, pp. 22-23; Pattel, 2007, p. 11).

The transgenerational effects of the loss of land, culture, and language are still being felt today by indigenous youth. The overwhelming evidence of the social, emotional well-being and mental health (SEWBMH) of indigenous youth is seen in their lack of self-esteem and determination towards life (Kelly, et al, 2009, p. 2-3). Wilkes (2000, pp. 519-522) says, “the Aboriginal people will live with the psychological scars that tend to be passed on in families. These experiences recur during incidents of denial, oppression, injustice, racism, fear, anger, bitterness, and anxiety”. Kelly, et al (2009, p. 7) suggest that, according to the Kessler Scale, untreated anxiety and depression would develop into emotional and psychological difficulties over time. Kelly, et al (2009) also says the World Health

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<sup>3</sup> See Appendix 2:2 for the explanation of “macro” and “micro”.

<sup>4</sup> See Appendix 2:3 for the explanation of “*terra nullius*”.

Organisation also agrees that psychological distress has major social implications on the quality of individual and community life.<sup>5</sup>

### **DISTINCT EFFECTS ON THE COMMUNITY AND FAMILY**

The intergenerational impacts on indigenous youth today come from parents, who were denied of the role of proper parenting in their own culture (MNCP, 2001, cited by the Australian Institute of Criminology Report, p. 1). The cohesiveness of family and community well-being was put into disarray when families were dispersed in the middle of the night and transported into new country, among new people, under strict rulers. The people were disempowered, through a loss of the sense of belonging and responsibility. This is obvious in the current socio-economic and cultural situation of the indigenous peoples in general (Altman, 2000, pp. 1-2; 2010, pp. 1-3; Booth and Carol, 2005).

The disempowerment of the fundamental basis of human survival, such as, self-determination and freedom of expression, in own context, through the process of cultural, economic, and social dispossession and alienation, are the determinant factors of the risky, irresponsible behaviour of indigenous youth (Australian Institute of Criminology, AIOC, 2010, pp. 1-3; Collard, 2000, pp. 22-23; Dudgeon, et al, 2000, pp. 27-30; Garvey, 2000, pp. 34-35).<sup>6</sup>

Unlike Australia's strong socio-economic culture,<sup>7</sup> there is a scarcity of economic and social capital among indigenous communities (AIOC, 2010, p. 2; Kelly, et al, 2009, pp. 12-15). Altman (2000, pp. v-vi) argues that the continual generating of distrust and disunity between family units and communities, which results in violent conflicts, abuse of children, and factions among families and communities, creates a volatile environment, which hinders the prospering of economic and social capital.

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<sup>5</sup> See Appendix 2:5 for WHO explanation of "social emotional well-being".

<sup>6</sup> See Appendix 2:6 for effects of forced assimilation and dispossession.

<sup>7</sup> See Appendix 2:7 for how economic and social indicators result in indigenous youth risky behaviour.

According to Fitzgerald (2001, p. 310, cited in AIOC, 2010, p. 2-3), there is no communal resilience and cohesion, due to the lack of proper coaching and support for children from parents and other guardians. Children had to be removed from parents to be institutionalised, either in a mission or in foster homes, because indigenous race, culture, and traditions were regarded as wicked and evil (Wilke, 2000, p. 520). It was unfavourable for human development (Crawford, p. 6). The loss inflicted on the children (between 30,000 to 100,000) was traumatic, and many remain untreated (Wilson, 1997, cited by Homel, 1999, p. 8).

The AGAIC Report (2010, pp. 2-3) does reveal the disadvantaged communities' culture of high levels of alcohol and drug consumption, and petrol sniffing, has immense influence on individual youth as well. There are reports of gang fights, stress and anxiety, low levels of resilience, and poor coping skills, and suicide, which the community is helpless to alleviate (Joudo, 2008, pp. 1-2).

### **EFFECTS ON INDIVIDUALS**

The deflection<sup>8</sup> and denial practices only encourage inferiority complexes to dominate in the lives of indigenous youth. They were made to shun their own culture, and are too emotionally and physically weak to exploit their own space (Garvey, 2008, pp. 12-13). The confusion, self-hatred, and bitterness seem to linger on in different degrees today. The policies and processes of successive governments have continued to deny the right of indigenous peoples to their own identity as Aborigines. Their socio-economic, physical, emotional, and spiritual well-being were haphazardly promoted in their cultural context, and its effects on individuals are huge today (Australian Human Rights Commission, AHRC, 2010, pp. 1-2; Adermann and Campbell, 2007, pp. 34-35).

Prior to European contact, indigenous people lived and survived the hard difficult, harsh land for many centuries, hunting and gathering food, and were in control of their lives (Hanson, 2009, pp. 1-3). In contrast, today many indigenous youth are more dependent on social welfare. Many have

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<sup>8</sup> See Appendix 2:4 for the explanation of the deflection processes.

very little control over their own lives, and have a domineering sense of worthlessness, helplessness, and hopelessness that frustrates the youth. Therefore, they resolve to inflict pain and suffering in their individual lives, and in families and the community (*Indigenous Youth Strategy*, Stewart, et al, 2004, pp. 162-163).

Suggestions to forget about the impacts of the atrocities committed on the indigenous people, and to question the legitimacy of the identity of many of the indigenous youth by non-indigenous people, as reported in The Australian Human Rights Commission, TAHRC (2003, pp. 1-2) would be ridiculous. To dispose of the past would be an attempt to ignore contemporary indigenous youth's social and emotional well-being and mental health – SEWBMH. According to WHO,<sup>9</sup> (cited by Kelly, et al, 2009, pp. 6-8) indigenous SEWBMH encompasses, grief, loss, racism, trauma, and abuse, domestic violence, substance misuse, family breakdown, discrimination, adversity, poverty, etc. These are said to be the effects of intergenerational traumatic experiences.

### **SOME MAIN NEEDS AND CONCERNS**

Understanding the historical impacts (Buckingham, nd, p. 13) of intergenerational traumatic influences on the contemporary social emotional well-being of indigenous youth (McCalman, et al, 2006, pp. 13-14), according to Collard (2000, p. 21-22), helps counsellors to better understand and provide contextual deterrents and support in the risky practices of contemporary indigenous youth. The following trends are prevalent among indigenous communities, both in the remote outback towns and in the cities (Stanley, et al, 2002, pp. 3-4; Sutton, 2001, pp. 125-129).

### **ABUSE OF ALCOHOL, AND SUBSTANCE USE**

Abuse of alcohol, substance use, and violence are prevalent. There is a lack of mentors and role models in communities for young people to follow, or on which to model their lives. A lack of life skills makes youth vulnerable to risky sexual practices, like: use of pornography and

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<sup>9</sup> See Appendix 2:9 for explanation of “social emotional well-being”.

prostitution, resulting in sexual health issues (Western Australian Aboriginal Sexual Health Strategy, 2005-2008).

### **HOMELESSNESS**

The rate of indigenous youth leaving home is overwhelming, due to a constant experience of violent and abusive conflict in their families. There seems to be a power struggle between parents and youth, in terms of who should be in control of their lives. Often the parents, without much understanding of the crises and issues the youth face, reject their children by viewing them as rebellious.

The vulnerable kids get caught in many risky behaviours, the resulting hatred causes them to work against all levels of authority, such as, the family, the community, institutions, schools, and the government (Reese, et al, 2000, pp. 64-65).

### **SEXUAL VIOLENCE AND INDECENT SEXUAL PRACTICES**

Child sexual assault, mainly on young girls, or on boys, is one of the painful emotional and psychological experiences the youth go through. Often the pain and suffering of sexual violence is prolonged, as it is difficult to share openly about it, because of the fear of ridicule and stigma by the community (Lay, 2006, pp. 15-16). Therefore, the youth, especially girls, feel worthless, abused, and used by people, whom they trust, and to whom they are very close (Stafford, 2006, pp. 1-2). So, whatever they inflict their bodies with, it doesn't matter.

The risky behaviours are in response to social disparities, and the deeply-buried hurt and hatred towards themselves and others, who betrayed their trust (Australian Crime Commission, ACC, nd, pp. 39-40). For instance, poverty, HIV/AIDS, and other are STIs, are strongly linked among youth. The social inequalities of low income and unemployment exposes indigenous youth to risky sexual experiences (Western Australian Aboriginal Sexual Health Strategy, 2005, p. 12-13).

## **UNEMPLOYMENT**

Social exclusion is viewed to be one major factor of unemployment that fuels indigenous youth risky behaviours (Altman, 2000, p. 8). However, Hunter (2000, pp. 1-2) argues that unemployment could not be solely responsible over other social or family crises. He suggests two factors that could be the possible cause, or consequence, of lengthy indigenous youth unemployment: social exclusion and scarcity of social capital.<sup>10</sup>

## **LEAVING SCHOOL EARLY**

So much money is spent on educating children. Education is the passport for a better future for Australia (Howard, 2004, pp. 10-11). However, this view is not shared by the indigenous youth, with varied reasons, even though so much money and effort is invested to keep them at school. The programs, materials, and approaches to education are deemed to be foreign; therefore, the children are suspicious, fearful, and sceptical. This is especially true when there is racism and bullying.

## **SUICIDE**

An increase in suicide rates among indigenous youth and young adults in rural communities relates to the loss of power and control over relationships (spouses or girlfriends). Successful self-harm among young (16-26 years old) is 25 percent of all the deaths reported in rural communities (Westerman and Vicary, 2000, pp. 72-76), where Stafford (2006, p. 1-2) asserts that suicide among young indigenous women is mostly related to sexual abuse.

Due to cultural sensitivity, Vicary and Andrew (cited by Westerman and Vicary, 2000, pp. 75-76) suggest that approaches in providing support or deterrent programs be streamlined to meet the need of the context. A homogenous approach would be too general.

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<sup>10</sup> See Appendix 2:11 for “social exclusion and social capital”.

## **PROPOSED RISK PREVENTIVE APPROACH**

One of the challenges Australia faces is to bring to reality a healthy and risk-free indigenous youth. All support programs and initiatives have to be contextual to increase chances of indigenous youth owning them.

### **UNDERSTAND THE NATURE OF RISK**

Amid the different approaches, Weinstein (1999) suggests that establishing rapport and trust, to create contextual understanding (Weinstein, 1999) of risk levels – medium and high risk – is important (Day, 2005, pp. 6-7).

The ecology of child developmental theory approach<sup>11</sup> would be ideal to encompass cultural and social factors, such as, social behaviour, language, specific learning needs, and learning styles (Adermann and Campbell, 2007, p. 40, citing Kearns, 2000). These factors would also address emotions, values, social pressures, environment barriers, and economic constraints that contribute to the risky behaviour of indigenous youth (Weinstein, 1999, p. 15).

### **FAMILY, COMMUNITY, AND GROUP**

Youth, who have other support, become less vulnerable. They are in a better position to recover and engage in progressive developmental pathways, through support from other family members, church youth groups, or other youth development programs. Through these support systems, the youth acquire better life skills, and a positive outlook towards life in general.

The National Indigenous Youth Movement of Australia (NIYMA) suggests that indigenous youth need to know that their right to have a safe space to explore<sup>12</sup> and model right and positive relations, in order to grow into their fullest potential, is guaranteed. Indigenous youth must be engaged in socio-economic and spiritual well-being, and future career development pathways (Adermann and Campbell, 2008, pp. 8-9).

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<sup>11</sup> See Appendix 3 for “ecology of child development theory”.

<sup>12</sup> See Appendix 2:10 for indigenous youths’ scepticism over any initiatives taken to help them develop.



## **USE SCHOOL**

Some argue that giving more money, and developing good programs, would stop the negative trend of life, but, according to Bryant (2004), billions of dollars have been spent over the three decades, but nothing seems to change.

## **PEER-RELATED SKILLS TRAINING – USE OF MODELLING**

Rather than giving them fish, teach them to fish. We don't tell them that they have a need, but let them find out what they need. We don't give them the answer, let them explore for themselves to find the answer. We don't do it for them, but we do it with them, and then allow them to do it themselves. The key here is walking alongside the youth (Homel, R., et al, 2000, p. 190; Fraser, 1996, pp. 354-355).

## **NEIGHBOURHOOD**

Often the neighbourhood is riddled with alcohol and substance abuse. There is a need for multicultural competence, to learn from others to undo the negative influences the youth have been experiencing from other neighbours. Communication is key here. The understanding of skills, and emotional differences in interpersonal communication, help youth learn to develop attachments with pro-social peers or adults (Davidson, pp. 181-183; Fraser, 1996, pp. 354-355).

## **CONCLUSION/DISCUSSION**

A review of the literature reveals that not many studies on the issue have been conducted recently. Early studies, however, suggested that far more needs to be done in this field. One of the challenges Australia faces is to bring social emotional well-being and mental health back to indigenous youth.

The risky behaviour of indigenous youth are many and multilayered. Effective diagnosis of the causes and effects in their risky behaviour is highly required, with sensitivity, with due respect to the values, beliefs, and worldviews that encompasses the unique ethnic people groups' communal needs.

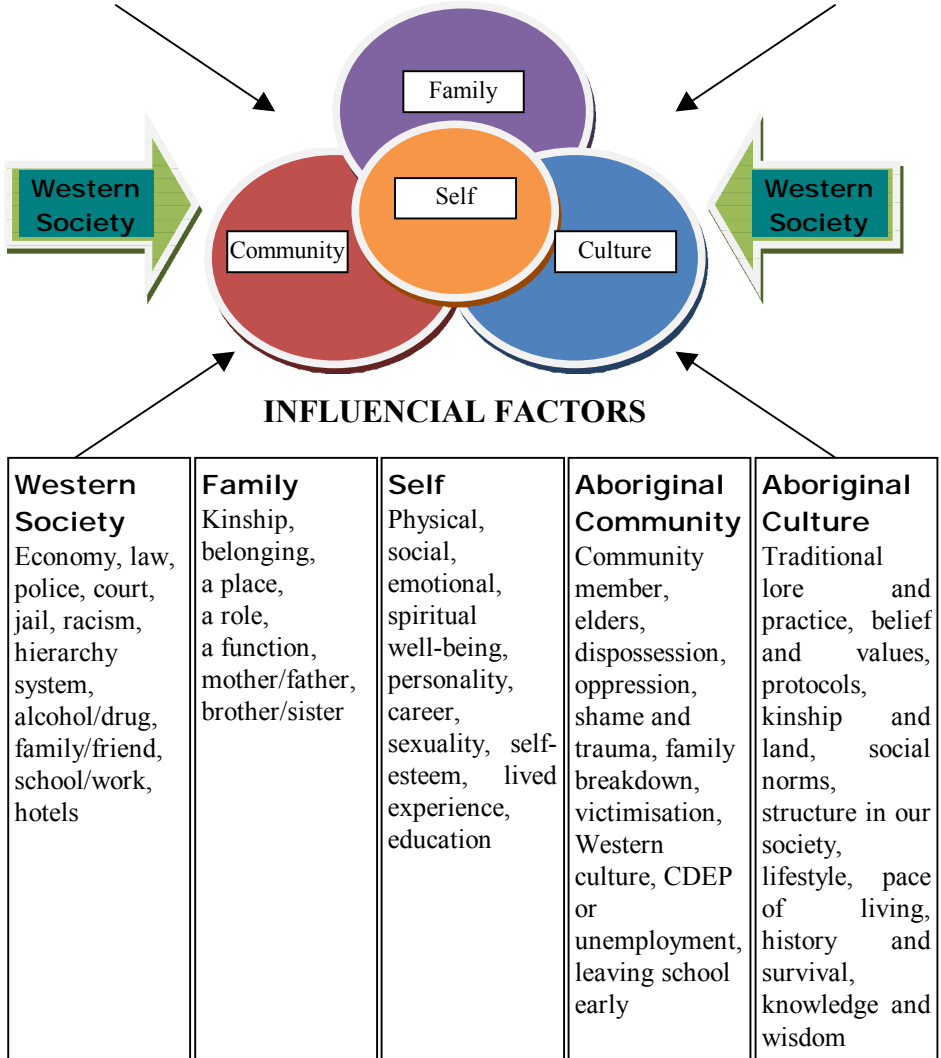
All preventive and support programs have to be contextual, to increase the participation levels of indigenous youth, to enhance the sense of participation, responsibility, and ownership. The challenge is to close the prevalent socio-economic and political disparities.

The suggested ecology of child development framework, with its support processes, is recommended, to bring to reality balanced, healthy, and strong indigenous youth, in their social and emotional well-being and mental health.

| <i>Acronyms</i> |   |
|-----------------|---|
| ACC             | Australian Crime Commission                     |
| AGIOC           | Australian Government Institute of Criminology  |
| AHRC            | Australian Human Rights Commission              |
| MNCP            | Memmott and National Crime Prevention           |
| NIYMA           | National Indigenous Youth Movement of Australia |
| NTA             | National Training Authority                     |
| SEWBMH          | Social Emotional Well-being and Mental Health   |
| TAHRC           | The Australian Human Rights Commission          |
| WHO             | World Health Organisation                       |

**APPENDIX 1**

Illustration 1. Factors Influencing Indigenous Youth at Risk (Patel, 2007, p. 5).



## APPENDIX 2: EXPLANATIONS OF WORDS AND PHRASES

### 1. **Reasons for indigenous youth taking risks by leaving school early** (NTA, 2001, p. 9).

- 1.1 *Positive school leavers* are children who leave school for jobs, or for other positive opportunities.
- 1.2 *Opportune leavers* are also those who leave, because it is an opportunity to earn a living in a job environment.
- 1.3 *Circumstantial leavers* leave due to social circumstances, such as, lack of family support, breakdown of family support, breakdown of social networks, peer rejection, parenting or family problems.
- 1.4 *Discouraged leavers* are those who are discouraged, with no interest with learning, due to their low performance, and seeing no success in learning. These high-risk youth have unrealistic goals.
- 1.5 *Alienated leavers* are those who are finding difficulty in social networking, always in isolation and withdrawn. This is also a high-risk youth category. They are unaware of other options.

### 2. **Macro and Micro levels of social influences in indigenous youth.**

The macro-level of social impact imposed upon indigenous youth involves the social policy systems of consecutive governments that were imposed to suppress and deny the rights of indigenous people. At the micro-level influence, it is the choices described by Reese, et al, 2000, pp. 62-64.

### 3. **Terra Nullius** is a Latin phrase meaning, “a land belonging to no one”, which, therefore, the colonial invaders assumed, with arrogance, when they came into the Great South Land to grab it, without any regard for the indigenous people with 500-strong tribes,

who had inhabited this land for thousands of years – between 40,000 to 70,000 (Collard, 2000, pp. 22-23).

4. **The deflective process is one of changing course when coming into contact with another object.** It also directs people's attention away from a subject or an issue. It is also a forced alteration of plans, or a way of being, to someone else (*Encarta English Dictionary*). The forced removal of indigenous youth from their land and community was a calculated process to alienate the indigenous race and culture (Homel, et al, 1999, pp. 8-9).
5. **The WHO explanation of SEWB** is “continuing anxiety, insecurity, low self-esteem, social isolation, and lack of control over work and home life, have powerful effects on health. Such psychological risks accumulate in life, and increase the chances of poor mental health and premature death. For brief periods, this does not matter, but, if people feel tense too often, or the tension goes on for too long, they become more vulnerable to a wide range of conditions, including infections, diabetes, high blood pressure, heart attack, stroke, depression, and aggression” (Kelly, 2009, pp. 6-8).
6. **The effects of dispossession and forced assimilation programs** on indigenous communities and families are: the breakdown of traditional laws and systems of governance in society; demeaning, and rejection of indigenous religious practices and spirituality; deprivation of an economic base, social structures, and controls, including child rearing practices; imposing of a negative socio-political status and removing rights, responsibilities, personal freedom, and social autonomy; breaking down of traditional gender roles; marginalising indigenous males; exploitation of indigenous labour and denial of wages; and racism, denial, and degrading of indigenous people as second-class people (Garvey, 2000, pp. 34-35).
7. **Negative socio-economic indicators of indigenous youth risky practices** arise from a lack of a viable economic generating base,

and a low level of economic earning abilities, with a high unemployment ratio among indigenous youth. A lack of long-term job prospects leads to high dependency on welfare support, poor overcrowded housing conditions, no proper housing plans or programs, low education and literacy levels, and poor physical and mental health. Life expectancy is very short, with high infant-mortality, violence, and self-inflicting practices.

8. **A battler is someone who does it tough in life**, “who struggles continually and persistently against heavy odds”. It could be someone who is hard working, but at a subsistence level, such as, the indigenous people who were relegated to such levels of livelihood as cutting wood for the kitchen, milking cows, and cleaning. They would rise as early as 5 pm, and finish as late as 8 pm (*Macquarie Dictionary*, 2006, p. 61-62; Wilkes, 2000, pp. 520-521).
9. **Social, emotional well-being and mental health** is the combination of two concepts. Mental health, according to WHO, is a state of well-being, whereby one is aware of his/her own abilities to be able to cope with the normal stresses of life. Secondly, social, emotional well-being is more than mental ability. SEWB recognises the value of connecting to the land, culture, spirituality, ancestry, family, and community, and how this affects the individual. Social and emotional well-being issues can cover unresolved grief and loss, trauma and abuse, domestic violence, separation from family, substance abuse, family breakdown, cultural dislocation, racism, discrimination, and social disadvantage (Kelly, et al, 2009, p. 6).
10. **The impact of colonisation upon indigenous Australians** brought a socio-cultural impact that was massive. The loss of indigenous cultural identity, dispossession from the land, assimilation programs, which disempowered people from engaging in competitive economic activity, resulting in a dependent, welfare culture, where there was racism, poverty, and a decline in indigenous health. These are the major determining factors for the

sceptical responses by indigenous Aboriginal and Torres Strait Island peoples to programs and projects (Hanson, 2009, p. 1-3).

11. **Social exclusion and social capital** are affected by “multiple deprivations, resulting from a lack of personal, social, political, or financial opportunities” (Hunter, 2000, p. 2). Just as economists associate poverty with disparity in equity distribution, social exclusion denotes a lack of social participation, lack of social integration, and lack of power (Room, 1995, cited by Hunter). Social exclusion is a state that develops from prolonged social isolation and deprivation. Unemployment means a loss of income, poverty, lack of support, and limited relationships with family, friends, and the community at large. The unemployed may be excluded from social circles, because they don’t have the defining qualities of social inclusion (Hunter, 2000).

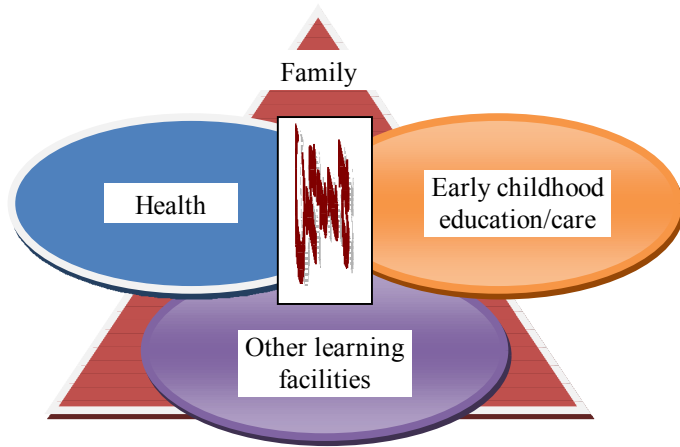
Social capital is the reserve of social trust, norms, and networks, people draw on to solve common problems. These include civic engagements, associations, sports clubs, and cooperatives, which are essentials of social capital. The all-embracing quality allows for more community participation and cooperation for mutual benefit (Hunter, 2000, p. 4). This makes physical capital more productive, and enhances the amount of finance and information readily available to individuals. Sharing of equipment and rotating credit generates pools of finance. Job seekers find jobs quickly through networks.

### **APPENDIX 3: THE ECOLOGY OF CHILD DEVELOPMENT**

“Child development is a process of progressive interaction between an active child and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time” (Bronfenbrenner, 1998, p. 996).

- (a) The child is the centre in this model.

- (b) The child conditions, and is conditioned, by his or her context.
- (c) The family plays a very important role in influencing the child's emotional and psychological development. The extended family include early care, education, health care, and other community facilities, which enhance learning, such as, a library and play ground.



- (d) Modelling helps the child to experience, through practice, appropriate ways to behave, and the quality of time spent together, and the process in what is done together “is the primary engine of human development”.
- (e) Networking with different group settings continues mutuality, and re-enforces expectations of growth in the child, or the youth.
- (f) Other areas, like the laws of the country, work environments for parents, etc., do play an important role in shaping the life of the child, or client.



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# **DR SIONE ‘AMANAKI HAVEA OF TONGA: THE ARCHITECT OF PACIFIC THEOLOGY**

**Ma’afu Palu**

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In 1912, Roland Allen concluded that there were “three very disquieting symptoms”, which should cause grave anxiety on the part of missionaries and missionary organisations:

- (1) Missionaries were yet to plant an “indigenous” church in any heathen land: “Generally speaking, it still remains true that Christianity, in the lands of our missions, is still a foreign religion. It has not really taken root in the country.”<sup>1</sup>
- (2) Churches, planted by missionaries, were heavily dependent on the mother church to supply their needs, in terms of leadership and finance.
- (3) There is a uniform-type of churches planted by missionaries everywhere – a church in the likeness of those in the sending culture. For mission to make a profound impact in a foreign culture, Allen claimed that Christianity must put on “a foreign dress, and develop new forms of glory and beauty”.<sup>2</sup>

These objectives seem to have been formally launched in the Pacific region by the 1986 Consultation on Pacific Theology in Papua New Guinea. The purpose of that meeting was “to provide an opportunity for Pacific Christians to discuss what God’s message means for Pacific people, and

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<sup>1</sup> Roland Allen, *Missionary Methods: St Paul’s or Ours?*, Grand Rapids MI: William B. Eerdmans, reprint 1986., pp. 141-142.

<sup>2</sup> *Ibid.*, p. 142.

how this message can be more effectively communicated”.<sup>3</sup> In the Foreword to the publication of essays presented to the meeting, Dr Sione ‘Amanaki Havea of Tonga claimed that this meeting directed the theological enterprise in the Pacific to “Pacific Theology” as a theme. He summoned all Pacific theologians to make this “moving towards a Pacific Theology” a matter worthy of their utmost serious consideration. Dr Havea informed Pacific writers that there were so many thoughts, which were relevant to this subject, and that they should think and write immediately on this important theme.<sup>4</sup>

Dr Havea’s 1986 contribution to the Consultation on Pacific Theology is, in my judgment, the inauguration of a theological movement in the Pacific region, which attempts to produce a distinctively “Pacific” theology, in terms of its descriptive categories and conceptual frameworks. The paradigmatic model for this movement was set forth by Dr Havea himself in his contribution to the 1986 meeting, namely, “Christianity in the Pacific Context”.<sup>5</sup> Dr Havea’s essay sets forth the foundational principles for Pacific Theology. The term “Pacific” here deliberately indicates that the distinctive nature of this movement lies in its identification with a geographical region, and aims to distinguish it from theological movements of a similar kind in other parts of the world.<sup>6</sup> Here, I wish to document the

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<sup>3</sup> R. Boyd Johnson, “Introduction”, in *South Pacific Theology: Papers from the Consultation on Pacific Theology: Papua New Guinea, January 1986*, Regnum: World Vision International South Pacific, 1987, p. 9.

<sup>4</sup> S. ‘A. Havea, “Foreword”, in *South Pacific Theology: Papers from the Consultation on Pacific Theology: Papua New Guinea, January 1986*, Regnum: World Vision International South Pacific, 1987, p. 7.

<sup>5</sup> *Ibid.*, p. 11-15.

<sup>6</sup> Liberation Theology and African Theology are two examples of theological movements parallel to Pacific Theology. For a critical assessment of Liberation Theology, see E. Nunez, “Church in the Liberation Theology of Gustavo Gutierrez: Description and Hermeneutical Analysis”, in *Biblical Interpretation and the Church: The Problem of Contextualisation*, D. A. Carson, ed., Nashville TN: Thomas Nelson, 1984, pp. 166-194, and the literature cited therein. For a brief description of the development of African Theology, see Tite Tienou, “Church in African Theology: Description and Analysis of Hermeneutical Presuppositions”, in *Biblical Interpretation and the Church: The Problem of Contextualisation*, D. A. Carson, ed., Nashville TN: Thomas Nelson, 1984,

various aspects of the constitutive elements of Pacific Theology, as developed by Dr Havea since the 1986 meeting.

## **A QUEST FOR A PACIFIC THEOLOGY: DR HAVEA'S PARADIGMATIC APPROACH**

In his 1986 essay, Dr Havea indicated that the quest for a Pacific Theology is a movement, beyond indigenisation to theological contextualisation. Contextualisation, according to Dr Havea, "refers to that which grows out of the local soil". The relationship between contextualisation and Pacific Theology is defined as follows. Pacific Theology, "is an effort to put faith and the [g]ospel in the local soil and context, so that they can exist in a local climate". By implication, if "faith and the gospel" were the theological "seeds", the "local soil and context", and "local climate" (which basically refer to the Pacific worldview, informed, as it were, by our diverse cultural backgrounds), is where these "theological seeds" are to be sown, then the "sower" is the Pacific theologian. Moreover, the "plant", which is supposed to grow from it is, in Dr Havea's view, what is meant by contextualisation. This insight becomes foundational for what is currently known among Pacific theologians as the *pot-plant transportation* model of contextualisation.<sup>7</sup>

Dr Havea's proposal, regarding the method of Pacific Theology, was a reaction against the supposed influence of the 19th-century missionaries in the culture of the Pacific islands. He shared the conviction that the Christianity, which the 19th-century missionaries brought to the Pacific, was a foreign religion, kept, as it were, in a "Western theological pot", and

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pp. 151-165, and the literature cited therein. See also D. Mwasaru, "Africanisation", in *International Review of Mission* 64-254 (1975), pp. 121-128.

<sup>7</sup> I. S. Tuwere, "What is Contextual Theology: A View From Oceania", in *Pacific Journal of Theology* 2-27 (2002), p. 8. For a summary of other models of contextualisation, see J. Meo, "How Do We Do Contextual Theology", in *Pacific Journal of Theology* 2-27 (2002), pp. 41-60. As far as I am concerned, the impetus for Dr Havea's thinking may have emerged from a speech given by the Governor-General of Papua New Guinea in 1976 at the Third Assembly of the Pacific Council of Churches, for which Dr Havea was the chairperson for a very long time. See M. Palu, "Pacific Theology: A Reconsideration of Its Methodology", in *Pacific Journal of Theology* 2-29 (2003), p. 31.

nurtured with Western ideas.<sup>8</sup> What the 19th-century missionaries failed to do, according to Dr Havea, was to uproot this “plant” from that “Western theological pot” and to re-plant it in the “local soil” of the Pacific. Thus, while this kind of Christianity has been fostered and nurtured in the Pacific region, it nonetheless remains a foreign religion. What this meant, according to Dr Havea, was that categories, deployed in the theological enterprise in the Pacific thus far, have been Western and not Pacific Islander.

Pacific Theology, therefore, is the attempt to transport this foreign Christianity from its Western theological pot into the local soil – that is, to make it more relevant to the specific context of Pacific islanders. In that sense, Pacific Theology is “an effort to interpret and to see [the Bible] with Pacific eyes, and to listen with Pacific ears”. In so doing, Dr Havea believed that theology would become “local and indigenised and contextualised”.<sup>9</sup> The “local soil”, to which this foreign religion is to be transported, however, is Pacific history, culture, and customs. Dr Havea frequently stressed that, in contextualising theology, we must look to “our history, culture, and customs, to illustrate, in the light of the Good News, what God is like and is doing to us in His saving acts of revelation and salvation”.<sup>10</sup>

Taking Jesus as the ultimate example of a theologian, who practised this contextualising model, Dr Havea argued that Jesus made good use of His physical, cultural, and Jewish history to illustrate His message about the Kingdom of Heaven. According to Dr Havea, Jesus drew on immediate regional elements to illustrate His preaching of the kingdom. That Jesus employed the animals of Palestine, such as sheep and goats, that He spoke about vines and bread, and even His usage of metaphors, such as, “good

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<sup>8</sup> Havea, “Christianity in the Pacific Context”, in *South Pacific Theology: Papers from the Consultation on Pacific Theology: Papua New Guinea, January 1986*, Regnum: World Vision International South Pacific, 1987, p. 11. The same judgment is expressed by Mwasaru, regarding churches in Africa. He asserted that “[t]he church in Africa is not authentic, it is a carbon copy of the church in Europe”. See Mwasaru, “Africanisation”, p. 122.

<sup>9</sup> Havea, “Christianity”, p. 11.

<sup>10</sup> Palu, “Pacific Theology: a Reconsideration”, p. 12.

shepherd”, and “yoke” for ploughs, was simply due to the fact that He grew up in a Hebrew context. Had Jesus grown up in the Pacific context, Dr Havea confidently asserted that Jesus’ teaching would have been stated rather differently. He would have employed “what we have in the Pacific: the coconut, yams, and taro, the Pacific delicacies; the hibiscus and the orchids; the *kava* plant and its cultural significance, to relate His teaching to us”.<sup>11</sup>

This is the foundation of the quest for a relevant Pacific Theology. Dr Havea maintained that Pacific Theology, if it were to have a unique shape, is to be a response to the question: *What would be the content of the gospel message, if Jesus were a Pacific islander?* In his 1986 essay, Dr Havea offered his own response to this question. He looked at his Tongan culture, the Tongan legends and myths, and to the Pacific natural environment to extract from them what the message of Jesus would have looked like if Jesus was a Pacific Islander.

## **DR HAVEA’S IMPLEMENTATION OF HIS CONTEXTUALISATION MODEL**

From our cultural practices in the Pacific, Dr Havea proposed a “theology of celebration”, as a description of the Pacific Islander attitude to life. From the Pacific legends and myths, he suggested the origin of the *kava* plant as a symbol of the death and resurrection of Jesus. From our natural surroundings in the Pacific, he constructed “coconut theology”. These are different ways in which a “Pacific Jesus”, according to Dr Havea, could have presented His teaching in the gospels.<sup>12</sup>

### **A THEOLOGY OF GIVING**

After the 1986 essay, Dr Havea extended the quest for a Pacific Theology with two further thoughts – both of which displayed additional elements to the kind of theology he had in view. In his 1989 Pacific Theological College Graduation Address, Dr Havea offered some further thoughts on

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<sup>11</sup> *Ibid.*, p. 13.

<sup>12</sup> *Ibid.*, pp. 13-15.



“The Theology of Giving – A Celebration”, as follows.<sup>13</sup> In the Pacific context, which is all too familiar with the poor, the handicapped, and the blind, Pacific theologians, being graduates of the Pacific Theological College, were to bring back to their respective islands the “good news of deliverance” (cf. Luke 4:16-21). Thus, Dr Havea referred to the theologian as “a gift of God” for the Pacific churches.

Furthermore, the Pacific theologian must feel that his or her presence in the Pacific context is necessary. But what they will offer to people in their respective villages will depend largely on how they respect the people living there. The theologian’s role as a gift, according to Dr Havea, is to be fulfilled in “out-reaching” to the people of the community in which they live. It is, moreover, to be expressed as “up-reaching”, in the sense that “out-reaching” is pleasing to God. Above all, as a gift to the Pacific community, the theologian is to be “in-reaching”, by finding a sense of satisfaction in “out-reaching” to others in the Pacific context.

This address indicated an important element of Pacific Theology, namely, the significant role ascribed to Pacific theologians. In Dr Havea’s contextualisation model, Pacific theologians are to assume the role of Jesus Himself, as the bringer of good news to the Pacific islands. By implication, Jesus becomes merely an example for Pacific theologians to follow. Pacific theologians are God’s gifts to their respective islands, just as Jesus was God’s gift to the world. They are to live lives pleasing to God and to themselves by fellowshiping with others, just as Jesus did during His earthly ministry.

Interestingly, the kind of fellowship between Pacific theologians and their respective local churches, which is assumed here, is an end in itself, and not a means to a higher goal, namely, Jesus’ mission to save the lost (cf. Mark 2:17; Luke 5:32; 1 Tim 1:15; cf. Luke 15:1-32). While Jesus was sent to save the world (John 3:16-17), there is no such consideration in the kind of fellowship that Dr Havea envisaged for Pacific theologians returning to their respective islands. In that sense, God’s commitment to

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<sup>13</sup> S. ‘A. Havea, “The Theology of Giving: A Celebration: 1989 Pacific Theological College Graduation Address”, in *Pacific Journal of Theology* 2-3 (1990), pp. 10-15.

save the world through the gift of His Son is fundamentally downplayed in this kind of contextualisation. Nevertheless, what is obvious is the central role of Pacific theologians in Dr Havea's quest for Pacific Theology. This indicates that the personal reflection of the theologian is to play a key role in the quest for a Pacific Theology. Pacific Theology, so to speak, is the content of theological thinking and reflections by a Pacific Islander.

## A THEOLOGY FOR THE PACIFIC CHURCH

Dr Havea's second essay, which shows another significant development in the quest for a Pacific Theology, is a short paper on the "resurrection" in the *Pacific Journal of Theology*, which was published in 1990. In this essay, Dr Havea is more straightforward about the agenda underlying his thinking since 1986. This is indicated by the title of his essay, "The Quest for the 'Pacific' Church".<sup>14</sup> Dr Havea begins with a repetition of the invocation he had made upon Pacific theologians in 1986 to seriously consider the quest for a Pacific Theology, as a theme, by asserting that "one of the most important questions concerning the services of the *Pacific Journal of Theology* is whether we have seen any signs of a truly Pacific Theology".<sup>15</sup> Such a theology, according to Dr Havea, "should not be either a duplication of, or transfer from, Western thinking, but should be one grown and nurtured in the local soil".<sup>16</sup>

Dr Havea continues with the suggestion that the proper platform upon which Pacific theology could be staged is seen, for instance, in the migration of Tongans to foreign lands. Some, if not all, have contradicted the advice given by the mother church in Tonga to join the existing Methodist establishment in their respective host nations by setting up their own churches in which they could "stay together and worship among themselves, maintaining their own forms of liturgy".<sup>17</sup> They even adopt the name of their home churches, preferring "to sing their own songs, and to pray to a God who speaks their language", and in whose service a

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<sup>14</sup> S. 'A. Havea, "The Quest for the 'Pacific' Church", in *Pacific Journal of Theology* 2-6 (1991), pp. 9-10.

<sup>15</sup> *Ibid.*, p. 9.

<sup>16</sup> *Ibid.*, p. 9.

<sup>17</sup> *Ibid.*, p. 10.

Tongan minister would officiate.<sup>18</sup> This is what Dr Havea regards as an “indigenous Pacific church”. What is left for churches of this kind is to have their own Pacific Theology. According to Dr Havea, there is, therefore, a pressing demand upon Pacific theologians “to construct a theology for these and other ‘indigenous’ Pacific churches”.<sup>19</sup>

In this essay, Dr Havea has incorporated another foundational component of Pacific Theology, namely, that the indigenous Pacific church is *the sphere for which* a truly Pacific Theology is to be constructed and put into practice. Accordingly, Pacific Theology is to be the kind of theology that should be used to serve indigenous Pacific churches. The construction of Pacific Theology apparently remains the prerogative of Pacific theologians alone, with the implication that, while their constructive task may be conducted “outside” the parameters of the Pacific church, the product of their theological reflection is to be deployed inevitably in the service of the church.

In this respect, Dr Havea comes close to adopting the model that Karl Barth set forth in his *Church Dogmatics*. As one reviewer of Barth puts it, if *Church Dogmatics*, as the title of Barth’s works, is to be taken seriously, then it means that “this theology is bound to the *sphere of the church*, and is only understandable and meaningful within its borders”.<sup>20</sup> What Barth and Dr Havea have in common is their daring commitment to be the church’s spokespersons in their respective contexts by attempting to carry out the function of theology within the sphere of the church. But, while Barth’s *Church Dogmatics* may have emerged from a pastoral concern to measure the proclamation of the church by the yardstick of the essence of the church, namely, Jesus Christ, Dr Havea’s concern is that the proclamation of the Pacific church is to be measured by the yardstick of theological ideas from Pacific theologians.

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<sup>18</sup> Ibid., p. 10.

<sup>19</sup> Ibid., p. 10.

<sup>20</sup> J. Godsey, “The Architecture of Karl Barth’s Church Dogmatics”, in *Scottish Journal Theology* 9-3 (1956), p. 237. His emphasis.

On the basis of the foregoing discussion, I wish to propose that Dr Havea is the architect of Pacific Theology.<sup>21</sup> He is the one to whom we, as theologians from the Pacific region, owe our respect as the “father” of Pacific Theology. He did not merely summon Pacific theologians to take on Pacific Theology as a theme. He also charted the theological map, as well as fixed the destination to which we should arrive, in this quest for Pacific Theology.

Furthermore, Dr Havea did not leave it to others to navigate the “high seas” of theological contextualisation. Rather, he led the way, and showed by example, the kind of theological constructions that could be achieved by theologians, who would follow the theological map he had charted. His insistence on the quest for a “truly Pacific Theology” has been (as can be observed from many issues of *Pacific Journal of Theology*) ardently accepted with enthusiasm by Pacific theologians, and has almost become normative for theological enterprise in the Pacific region for past decades. In attempts at contextualisation in the Pacific since 1986, the fundamental influence of Dr Havea’s contextualisation agenda can hardly be missed.

### **SUMMARY: FOUNDATIONAL FEATURES OF PACIFIC THEOLOGY**

In summary, the essential features of Dr Havea’s paradigmatic approach to Pacific Theology include the following factors.

Firstly, there is a characteristically negative attitude to the influence of the 19th-century missionaries on the local churches in the Pacific. The point of departure of the current “pot-plant” transportation model of contextualisation is the accusation that the Christianity, brought by the 19th-century missionaries to our shores, has so far remained a foreign religion. Pacific Theology is, therefore, a movement, which is aimed at making Christianity more Pacific in its theological outlook.

Secondly, the *conditio sine qua non* of Pacific Theology is theological contextualisation, which, accordingly, is an attempt to remove the so-called “Western outfit” of the message of Jesus and to replace it with a

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<sup>21</sup> Palu, “Pacific Theology: a Reconsideration”, p. 33.

“Pacific cultural outfit”. According to one of its most enthusiastic proponents, contextualisation, by means of the pot-plant transportation method of Dr Havea, “seeks to allow the gospel to grow in the native soil, to which it is introduced, and takes account of present realities in that situation”.<sup>22</sup>

Thirdly, Pacific Theology is to be primarily the theological construction of Pacific theologians. As we have mentioned above, the central question of Pacific Theology is: What if Jesus was a Pacific Islander? Pacific Theology consists of the various theological constructions of Pacific theologians in response to that question.

Fourthly, the authoritative “texts”, from which Pacific theologians are to construct a truly Pacific Theology, include the Pacific cultural background, the Pacific natural environment, and the oral tradition of Pacific legends, myths, and history.

Fifthly, the purpose of Pacific Theology is to serve the Pacific churches. Dr Havea’s intention is that Pacific Theology should be a theology that emerges from Pacific churches, constructed by Pacific theologians, in order to guide Pacific people in worshipping God in the Pacific context.

## **THE PERVASIVE INFLUENCE OF DR HAVEA**

The pervasive influence of Dr Havea’s thinking in contextualisation is still largely felt in the Pacific today. In one of the issues of the *Pacific Journal of Theology*, one contributor says that, with respect to the theological enterprise, we are only starting to yield the fruit of past efforts to navigate our theological boat towards contextualisation.<sup>23</sup> He identifies the “fruit” as theological topics, such as, “theology of the coconut, the theology of *kava*, Christ the perfect pig, the Pacific Christ”, as well as the contextualised worship practice in the Pacific Theological College, where the Eucharist is celebrated with taro and coconut juice instead of the traditional elements. Apart from the reference to Christ being the “perfect

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<sup>22</sup> Tuwere, “What is Contextual Theology”, p. 8.

<sup>23</sup> K. Solomon, “Ecumenism in Oceania”, in *Pacific Journal of Theology* 24-2 (2000), p. 98. My italics.

pig”, the rest of these contextualised theological constructs originated in Dr Havea’s thinking.

Moreover, in the meeting of the Methodist church leaders in Western Samoa in 2001, banners were hoisted all over the venue for the meeting with “coconut theology” written on them. Young coconuts were scattered around the venue of the meeting, indicating that coconut theology has become the distinctive identity of Christianity in the Pacific context. In a very real sense, therefore, Dr Havea’s conception of “coconut theology” can be ranked as, thus far, the most distinctive formulation of Pacific Theology. For this reason, it is necessary to make a critical evaluation of Dr Havea’s 1986 essay, by way of assessing the current state of contextualisation in the Pacific during the past two-and-a-half decades.

### **A CRITICAL APPRECIATION OF DR HAVEA’S CONTEXTUAL MODEL**

I have offered a thorough critique of Dr Havea’s method of contextualisation, as well as the various products of Pacific Theology, in a number of publications in the *Pacific Journal of Theology*.<sup>24</sup> Here, however, I shall provide the fundamental problem of this method, namely, undermining the authority of the scriptures, as foundational for Christian theological reflection.

In actual fact, Dr Havea initiates a paradigm shift in relation to the foundation of theological reflection in the Pacific. This shift can be described only as a movement *away* from the scriptures, and into the diverse cultures of the Pacific. The 19th-century missionaries, who brought Christianity to Tonga and the Pacific, maintained the scriptural foundation of theology.<sup>25</sup> Dr Havea, on the other hand, whether wittingly or unwittingly, relocated the source of doing theology in the Pacific from the scriptures to the cultural, physical, and social surroundings of the

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<sup>24</sup> M. Palu, “Pacific Theology”, in *Pacific Journal of Theology* 2-28 (2002), pp. 21-53. See also Palu, “Pacific Theology: a Reconsideration”, pp. 30-58.

<sup>25</sup> See, for instance, J. E. Molitoni, *Ko e Lotukalafi*, Nuku’alofa Tonga: SUTT, nd, where he says *Ko e feleoko ‘o e Lotukalafi ko e Tohitapu*, or “the source of theology is the scriptures”.

Pacific people, that is, to nature. The result is his “celebration theology”, theology of the *kava*,<sup>26</sup> and “coconut theology”.<sup>27</sup>

However, if theology is simply *knowing God*, then, just as in all true scientific knowledge, for that knowledge to take place, it must rest firmly upon the reality and grace of God, the object known or investigated. Barth rightly insists that “in the knowledge of God, we cannot raise questions as to its reality from some position outside of it”.<sup>28</sup> In other words, the true knowledge of God can grasp us only as God graciously confronts us in the person of Jesus Christ, to whom scripture bears the most reliable witness.<sup>29</sup>

The harmful implications of such a paradigm shift for Christianity in the Pacific are manifold:

- (1) Since we wish to know God, not from His gracious revelation in scripture, but from studying Pacific people in their relationship with one another, and with their natural environment, then, eventually, theology becomes anthropology. In my view, the present state of theology in the Pacific, at least, in its publicly-acknowledged form, reflects a kind of cultural anthropology.<sup>30</sup>
- (2) Shifting the source of theology from the scriptures to social relations, and to the natural environment of Pacific people,

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<sup>26</sup> For a more thorough exposition of this theme, see Havea, “The Theology of Giving”, pp. 10-15.

<sup>27</sup> This trend is also manifested in other attempts at contextualisation in the Pacific, such as I. S. Tuwera’s “theology of the ocean” or Sr Kanongata’a’s “theology of the womb”. In both attempts, a natural feature of the Pacific’s physical environment is chosen to provide the conceptual framework for theologising. Again, the influence of Dr Havea’s agenda for Pacific theology looms large in the background. See I. S. Tuwera, “An Agenda for the Theological Task of the Church in Oceania”, in *Pacific Journal of Theology* 2-13 (1995), pp. 5-13.

<sup>28</sup> Cited in T. F. Torrance, *Space, Time, and Incarnation* (Edinburgh UK: T. & T. Clark, 1969), p. 54.

<sup>29</sup> Cf. R. Bauckham, *Jesus and the Eyewitnesses: The Gospels as Eyewitness Testimony* (Grand Rapids MI: William B. Eerdmans, 2006), pp. 1-11.

<sup>30</sup> This verdict is based on reading through several issues of the *Pacific Journal of Theology* in the more recent past.

effectively widens the gap between professional theologians and the laity.

- (3) With the scriptures being undermined as the ultimate source of theology, one can anticipate a theology constructed only upon cultural symbols (e.g., “Christ, the perfect pig”, Christ, the “coconut of life”). As Emil Brunner remarks, “The only man, who can look for some other foundations beside the *Deus dixit* (God speaks), is the man who withholds belief from the *Deus dixit* and wants, secretly, to replace revelation by symbol.”<sup>31</sup>
- (4) Not surprisingly, with the abandonment of the scriptures as authoritative in theological reconstruction, the outworking of Christianity in the Pacific is a form of cultural holiness, rather than scriptural holiness.

### **SOME CONCLUDING REFLECTIONS**

There is a pressing need among Pacific island theologians to construct a more positive response to Dr Havea’s model of contextualisation, as an alternative approach that will help both professional theologians and lay people alike to regain their confidence in the scriptures as the ultimate source of faith and practice for the Pacific island churches. In my judgment, while the *Pacific Journal of Theology* continues to uphold contextualisation in the pot-plant transformation model, outlined in this essay, some of the more recent developments among Melanesian theologians are moving in a more promising direction.

This is displayed in the *Melanesian Journal of Theology*, where a critical appreciation of our Pacific culture is evident in most of its more-recent issues. This, in my judgment, is the way forward in contextualisation in the Pacific region. It is true that our culture, to a certain extent, shapes the way we read the scriptures, but it is not true that we, therefore, need to adopt a subjective viewpoint from Pacific cultures in order to better

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<sup>31</sup> E. Brunner, *The Philosophy of Religion from the Standpoint of Protestant Theology*, A. J. D. Farrer and B. L. Woolf, trans, *Religionsphilosophie evangelischer Theologie*, (English translation) Herdford: Stephen Austin, 1937, p. 16.



understand the scriptures. We can only better understand the scriptures according to its own terms – by understanding individual passages in relation to the storyline of the scriptures, from its beginning to end. In other words, we need to develop the Reformers’ idea of “scripture interpreting scripture”, in a way more in line with the way Pacific Islanders think, namely, in narrative forms. But this is the story for another day. *Soli Deo gloria.*

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# CHALLENGES CHRISTIANITY HAS FACED IN PAPUA NEW GUINEA: LESSONS FOR TODAY

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## INTRODUCTION

Papua New Guinea has often been called a Christian nation, since the vast majority of the people identify themselves with Christianity. However, the people of Papua New Guinea are still heavily influenced by primal religion.<sup>1</sup> This begs the question as to the challenges that Christianity has faced, and continues to face, in Papua New Guinea. A brief journey through the history of Christianity in Papua New Guinea provides two answers to the question.

## PAPUA NEW GUINEA: A CHRISTIAN NATION?

There is freedom of religion in Papua New Guinea, with 97 percent of the population classified as Christian (58 percent as Protestants, 28 percent as Catholics, and 14 percent as other). Evangelicals comprise 21 percent of the population, while Charismatics/Pentecostals comprise 22 percent.<sup>2</sup> Despite the apparent domination of Christianity within Papua New

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<sup>1</sup> Instead of using other designations for the traditional religious beliefs of Papua New Guineans – such as animism, tribalism, native, or pagan – I have chosen to use the term primal religion. According to Harold Turner, primal religion is “the most basic or fundamental” religious system, and has “preceded and contributed to the other great religious systems”. Harold Turner, “The Primal Religions of the World and Their Study”, in *Australian Essays in World Religions*, Victor C. Hayes, ed., (Bedford Park SA: Australian Association for the Study of Religion, 1977), p. 28.

<sup>2</sup> Patrick Johnstone and Jason Mandryk, *Operation World: 21st-century Edition* (Waynesboro GA: Paternoster Press, 2001), pp. 510-511.

Guinea, primal religion still greatly influences the worldview of Papua New Guineans. Abel Haon, commenting from an emic perspective, states, “Christians are known to regularly seek the help of traditional healers, when medical treatment and prayer fails to exhibit anticipated results.”<sup>3</sup> R. N. Bulmer, reflecting on the historical impact of Christianity on the Kyaka people of the Enga Province, states that every Kyaka person (Christian or otherwise) “believes in the existence or powers of the ghosts and other beings in the traditional cosmology”.<sup>4</sup> He argues that God, Jesus Christ, and Satan have simply been added to the existing cosmological beliefs of the Kyaka people. *Operation World* sums up the status of Christianity in Papua New Guinea, “the ready acceptance of the gospel has resulted in a superficial Christianity of the majority without a radical transformation of basic values and beliefs”, and the “fear of witchcraft and evil spirits are widespread”.<sup>5</sup> This should not be surprising as Papua New Guineans practised primal religion for thousands of years prior to the arrival of the first missionaries in the mid-19th century.

### **A BROAD LOOK: PHASES OF GROWTH OF CHRISTIANITY**

Franco Zocca highlights several challenges as part of his discussion of the growth of Christianity in Papua New Guinea. He categorises the growth into four phases. The first phase was the Period of Contact, from 1850 to 1900.<sup>6</sup> Missionaries used several strategies in the first phase, which included bringing co-workers, who were indigenous Christians from other South Pacific islands, bringing goods to exchange (i.e., axes, knives), focusing first on small off-shore islands, starting schools, and obtaining large amounts of land (to build schools, health clinics, etc.).<sup>7</sup> Christianity came late to Papua New Guinea, when compared to other South Pacific islands. Forman notes, “Thus, while Christianity was well-planted in the

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<sup>3</sup> Abel Haon, “The Church Impacting Melanesia: a Case for People-Centred and Participatory Ministry”, in *Melanesian Journal of Theology*, 24-1 (2008), p. 22.

<sup>4</sup> R. N. H. Bulmer, “The Kyaka of the Western Highlands”, in *Gods, Ghosts, and Men in Melanesia*, P. Lawrence and M. J. Meggitt, eds, (reprint, Melbourne Vic: Oxford University Press, 1972), p. 159.

<sup>5</sup> Patrick Johnstone and Jason Mandryk, *Operation World*, pp. 510-511.

<sup>6</sup> Franco Zocca, *Melanesia and Its Churches: Past and Present*, Point 31 (2007), p. 131.

<sup>7</sup> *Ibid.*, pp. 132-134.

Pacific by 1900, it showed very different stages of growth in different areas.”<sup>8</sup>

The second phase, from 1900-1942, was the Phase of Penetration.<sup>9</sup> During this phase, there was a clash of ideals. Zocca writes, “When a denomination opposed the use of traditional stimulants, *kava*, or betel nut, they encountered stiff resistance, because such customs were tightly linked to other aspects of the culture, such as the demonstration of friendliness, and contact with spirits.”<sup>10</sup> Another combative topic was marriage. A big-man often had multiple wives, and he was reluctant to limit himself to just one wife – having more than one wife represented wealth and influence. There was also questioning of the process of becoming married. Marriages, traditionally, were arranged, involved exchanges, and were a long process (throughout which sexual relations were allowed). Some missionaries felt that marriages should not be arranged, there should be no exchanges, and there should be more precision as to when a couple was considered married.

The third phase was the Phase of Absorption, from 1945 to 1975.<sup>11</sup> During this phase, Papua New Guineans redirected the teachings of Christianity to bring them in line with traditional beliefs. Papua New Guineans “often adopted Christian truths and practices as additions to, or as ‘functional substitutes’, for their native beliefs and rites”.<sup>12</sup> For example, angels and demons joined the good and bad spirit beings of traditional religion, and the power of the Holy Spirit was allied with the power of *mana*.<sup>13</sup> Another aspect of the Absorption phase was an increase

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<sup>8</sup> Charles W. Forman, *The Island Churches of the South Pacific: Emergence in the Twentieth Century* (Maryknoll NY: Orbis Books, 1982), p. 9.

<sup>9</sup> Forman uses the same years of 1900-1942 in categorising the spread of Christianity in the South Pacific, which highlights the impact of World War II on missions in the South Pacific. Forman, *The Island Churches of the South Pacific*, p. vii.

<sup>10</sup> Zocca, *Melanesia and Its Churches*, p. 142.

<sup>11</sup> *Ibid.*, p. 150.

<sup>12</sup> *Ibid.*, p. 153.

<sup>13</sup> *Mana* “is kind of a life force”, which manifests itself as power and strength. Darrell Whiteman, “Melanesian Religions: An Overview”, in *An Introduction to Melanesian Religions*, Point 6 (1984), p. 100.

in appointing Papua New Guineans to leadership positions in the church. For example, the Anglicans, “who were far behind the New Guinea Lutherans and the United church in indigenous leadership”, created a Papua New Guinea synod in 1971, and, by 1977, had appointed two indigenous bishops.<sup>14</sup>

The fourth phase, from 1975 to the present, is the Phase of Autonomy.<sup>15</sup> In this phase, churches moved towards self-sufficiency. Missionaries slowly left the country, and churches became responsible for their own “organisation, finances, and personnel”.<sup>16</sup>

Reflecting on growth of Christianity, Zocca believes there are several factors that motivated the people to embrace Christianity.<sup>17</sup> The first was the belief that Christianity could bring material benefits. This belief grew out of seeing the missionaries with so many material possessions, and the people’s desire for such possessions. Second, was the victorious nature of Christianity, as exhibited in power encounters. In power encounters, God proved Himself to be more powerful than spirits. Third, Papua New Guineans would equate education with Christianity – since missionaries ran many schools. Fourth, was the personality of the missionary. The more favourable a missionary’s personality, the more people became Christians. Fifth, was the non-existence of a priestly class in primal religion; there was no one to oppose the growing acceptance of Christianity. Sixth, was a matter of prestige, linking the new Christian with the world of the Westerners. Seventh, was the message of peace and reconciliation that Christianity brought to the tribal-fighting cultures of Papua New Guinea.

### **A CLOSER LOOK: THE GOGODALA OF WESTERN PROVINCE**

The Evangelical Church of Papua, which grew out of the work of the Unevangelized Fields Mission (UFM), was formed in 1966. Ross

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<sup>14</sup> Forman, *The Island Churches of the South Pacific*, p. 174.

<sup>15</sup> Zocca, *Melanesia and Its Churches*, p. 155.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid., pp. 146-148. Zocca mentions these factors in relationship to the second phase. However, in many ways, they could be applied to all phases.

Weymouth has studied the history of the Evangelical Church of Papua, especially as it relates to the Gogodala people of Western Province. A closer look at this specific history will provide answers to our question.

Weymouth begins with the historical social structure of the Gogodala people in the pre-contact period – the time before missionaries began their work as residential missionaries in 1932.<sup>18</sup> The largest political unit was the village, with further division into moieties, clans, and sub-clans.<sup>19</sup> Each of these groups had a totem (animals, birds, plants, and other objects), while each sub-clan had a canoe, which was identified with their totem. One of the distinguishing marks of the Gogodalas was the long house. Each village had a long house, measuring 35 metres in length, and capable of sleeping the whole village. The Gogodalas were a patrilineal kinship society. Marriages were intra-village marriages, based on sister-exchange, with polygyny practised. Village government was democratic.<sup>20</sup> There were, however, two prominent men in village leadership: *kanaba* – the fight leader, *Guwali* – the chief sorcerer. The *kanaba* position was non-hereditary. The *Guwali* position was hereditary – father to son – and the *Guwali* had to be a member of *wagumiesi* or *awala* clans. Clan elders held councils, and made consensus village decisions. Warfare was an integral part of society; the main reason was revenge for a wrong (murder, trouble with women, land disputes).

Traditional beliefs in the pre-contact period were typical of those in Papua New Guinea.<sup>21</sup> The Gogodala did not believe in one god, rather their focus was on relationships with ancestral spirits. Myths were used to explain cosmic order (origin, economic system, and socio-political structure). One such myth told how the ancestor *Ibali* brought Gogodalas to their present land, and determined the structure of society. The Gogodala believed that *limo* (soul or power) resided in all things. Man possessed *limo*, but could

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<sup>18</sup> Ross Weymouth, “The Gogodala Society in Papua and the Unevangelized Fields Mission: 1890-1977” (Ph.D. thesis, Adelaide SA: Flinders University of South Australia, 1978), pp. 17-24.

<sup>19</sup> “Moieties” are divisions of tribes, normally into two parts.

<sup>20</sup> Weymouth, “The Gogodala Society”, p. 22.

<sup>21</sup> *Ibid.*, pp. 25-32.

transmit *ugu* (nature spirit) to items made – such as a canoe. *Aida* was a rattle, which contained its own *ugu*. Rattling of the *aida* produced good or bad acts by the *ugu*. During dreams, the *limo* could depart and act upon its own; however, at death, the *limo* departed permanently. Death was normally attributed to revenge by spirits – spiritual activity. Sorcerers could cause injury by adding poison to dirt from footprints of the targeted person. Sickness could be cured by paying the healer or sorcerer to perform the appropriate ritual. Seasons, rains, and the success of crops were all controlled by rituals. Public ceremonies were held for major events, such as, birth, reaching manhood, travel, warfare, building of houses, building of canoes, and death. *Aida* was used especially in initiation of males.

The first UFM missionaries arrived in 1932, at Madiri on the Fly River in Western Province.<sup>22</sup> UFM's goal was to evangelise and establish churches along the Fly River, and its surrounding region. In 1933, Albert Drysdale, an unmarried young missionary, moved east to live among the Gogodala. Drysdale believed that the best approach to evangelising the Gogodala was to live among the people, and to adopt their manner of living, as far as possible. His strategy was to build friendships, learn the language to translate scripture and write hymns, and to teach literacy to the Gogodala, so they could read scripture. Education was, therefore, viewed as evangelistic activity. However, the reason the Gogodala people wanted to learn to read was because they believed literacy was the reason for the missionaries' material success. Other missionary methods included itinerant preaching in villages, and medical work. In preaching, the missionaries emphasised certain doctrinal tenants: God created all things; the breaking of God's law (the Ten Commandments) was sin, and it results in eternal punishment in hell; the substitutionary atonement of Jesus Christ, which, if accepted, resulted in eternal life in heaven. Missionaries also prayed for the Holy Spirit to bring conviction, believing it was a necessary prerequisite for conversion. Customs, such as, smoking, chewing betel nut, and drinking alcohol were discouraged.

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<sup>22</sup> Ibid., pp. 128-145.



Christianity began to impact Gogodala society in many ways. One impact was related to taboos.<sup>23</sup> For example, girls were traditionally not allowed to eat watermelon. Despite this taboo, one girl went ahead and ate watermelon, and broke out in sores three days later. The sores were interpreted as punishment by slighted spirits. The missionary then prayed for the girl and the sores disappeared two days later. The girl and her friends embraced Christianity, because, in their view, God had shown He was more powerful than the spirits. Another impact was related to healing.<sup>24</sup> A pig had severely gored a Gogodala man. The missionary tended to the man's wounds, and provided round-the-clock care, during which time the missionary explained the gospel to him. After recovering, the man asked the missionary to teach him how to pray to God, resulting in conversion. A third impact was related to spirits.<sup>25</sup> Imowa embraced Christianity, because his wife, during spells of madness, fell in water or fire – which he claimed was the work of evil spirits. However, after a few years, when his wife had not been cured, he reverted to traditional religious practices.

In 1936, a revival swept through the Gogodala.<sup>26</sup> One result was the public burning of idols (images of men without legs, snakes, twisted wood, broken sticks, arrows, and many other things). The burning of idols demonstrated that the Christian God was more powerful than the spirits of the Gogodala. During the following months, many converted to Christianity.<sup>27</sup> The events of 1936 became a reference point for further movements toward Christianity. Weymouth notes that there were two ways missionaries sought to interface Christianity with culture. The first was to adapt Christian beliefs and practices to cultural practices. A second was to completely break from traditional cultural practices, in implementing Christianity. UFM missionaries favoured the second

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<sup>23</sup> Ibid., p. 149.

<sup>24</sup> John Prince and Moyra Prince, *No Fading Vision: The First 50 Years of Asia Pacific Christian Mission* (Hong Kong: Computype Typesetting, 1981), pp. 25-27.

<sup>25</sup> Weymouth, "The Gogodala Society", p. 153.

<sup>26</sup> Prince, *No Fading Vision*, p. 46.

<sup>27</sup> Weymouth, "The Gogodala Society", pp. 154-155.

method, a complete break.<sup>28</sup> As the movement to burn icons moved from Gogodala village to village, some people (namely men of influence) were ready to fight the people if they did not burn the icons. Many years later, Christians would reflect on these actions with mixed reactions. Weymouth affirms that many of the villages involved in destroying idols, “soon felt the void, which followed the suppression of their traditional religion, and turned back to former beliefs and practices. Such villages, for years after, became hardened, and even hostile to future attempts at Christian proselytism.”<sup>29</sup> The idol-burning seemed to occur too early in the evangelisation process.

In general, there were several reasons Gogodala people became Christians: the power of God proved, through destruction of idols, the hope of material benefits (cargo mentality), the freedom from fear of attack by malicious spirits, being healed from sickness, and the fear of hell (a concern that an angry God would punish with fire).<sup>30</sup> However, when the Gogodala did convert, it proved to be critical to incorporate them into the Christian community, instruct them carefully in the Christian faith, and install them in leadership positions when ready.

World War II impacted the Gogodala church. Before the missionaries evacuated the country, they instituted Gogodalans as church elders – hoping they would continue the work of spreading the gospel. During the war years, not surprisingly, teaching on the end-times led to many conversions. After the war, the church spread into other parts of Western Province and into Southern Highlands Province, mainly due to the evangelistic efforts of the Gogodalan church. In the 1960s, UFM began to give indigenous pastors more authority and responsibility in their local churches (a completely village-based church vs. mission-station-oriented church authority and structure). All support of indigenous pastors became the responsibility of indigenous church. In 1966, UFM churches formed the Evangelical Church of Papua.

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<sup>28</sup> *Ibid.*, pp. 161-162.

<sup>29</sup> *Ibid.*, p. 171.

<sup>30</sup> *Ibid.*, pp. 165-170.

Weymouth provides several salient reflections on the impact of Christianity among the Gogodala people. Firstly, Christianity, at the grass-roots level, at least, had proved to be little more than an integrating of Christian facts with Gogodala values and assumptions.<sup>31</sup> Secondly, Gogodalas often viewed God as retributive, imposing their culture view of malicious spirits onto God. This concept was reinforced by teachings of missionaries about God's judgment on sin (the flood, Sodom and Gomorrah, Second Coming).<sup>32</sup> Thirdly, the Gogodala concept of salvation was temporal, focusing on being saved from sickness and injury. Fourthly, sin, viewed as taboos by Gogodalas, was perceived as no more than taboos, which must be obeyed in order to secure the benefits of Christianity – eternal life, freedom from spirit oppression and sickness, and material prosperity – and to avoid God's punishment.<sup>33</sup> Fifthly, prayer was viewed as proclaiming the right spell or formula to coerce God to act.<sup>34</sup> In summary, Weymouth noted, "Evangelicals are now belatedly recognising the fact that the process of communicating the gospel cannot be isolated from either the culture of the missionary, or that of the hearers."<sup>35</sup>

### **A SKEWED PICTURE: NEW RELIGIOUS MOVEMENTS**

As Christianity has been established across Papua New Guinea, new religious movements have arisen. These movements came into being as the people had to continually respond to the changes their country was going through, which forced an on-going evaluation of their worldview.<sup>36</sup> Some of the new religious movements are referred to as "cargo cults". The term refers to an "intense religious movement, of short duration, and limited in its geographic spread", which is built around "a prophecy of the coming abundant supplies and materials, to be brought or sent by ancestors".<sup>37</sup> John Strelan rightfully argues that cargo cults are often a search for a

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<sup>31</sup> Ibid., p. 329.

<sup>32</sup> Ibid., p. 335.

<sup>33</sup> Ibid., p. 336.

<sup>34</sup> Ibid., p. 337.

<sup>35</sup> Ibid., p. 363.

<sup>36</sup> Ibid., p. 328.

<sup>37</sup> Zocca, *Melanesia and Its Churches*, p. 165.

culturally defined salvation – that of material blessings in this life.<sup>38</sup> A few new religious movements that show an interface between Christianity and culture are discussed below – especially new religious movements with cargo expectations.

The Paliau Movement (1946-1954) occurred on the island of Manus. The movement's leader, Paliau, taught a new strict way of life, forsaking traditional practices. It included building churches, caring for cemeteries, and visualising material blessings.<sup>39</sup> The new way of life “was thought to be able to hasten the arrival of ships loaded with all sorts of goods for the indigenes”.<sup>40</sup> However, the ships never materialised.<sup>41</sup> The Baluan Native Christian United Church grew out of the Paliau Movement.<sup>42</sup> Instead of using the term “Trinity”, the church uses the term “Wing Wang Wong”, where “Wing” represents God the Father (and anything that does not change), “Wang” represents God the Son, and “Wong” represents God the Holy Spirit (and the government).<sup>43</sup> Further teaching is that the angels, with Wing's approval, elected Laitsan (Satan) to be their king, and Jesus to be the government. However, Laitsan failed in his duties – mainly due to lying – so Jesus “became both the King and the government”.<sup>44</sup> Hence, governments that lie must be overthrown.

In 1976, the Bilip Grup movement began along the Waria River in Morobe Province.<sup>45</sup> A SIL missionary, Ernst Richert, after 16 years of translation, published the Guhu-Samane New Testament in 1975. After Richert's departure, a man name Ubabae received direction from the Holy Spirit to

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<sup>38</sup> John G. Strelan, *Search for Salvation: Studies in the History and Theology of Cargo Cults* (Adelaide SA: Lutheran Publishing House, 1977), pp. 67-83.

<sup>39</sup> Polonhou Pokawin, “Developments in the Paliau Movement”, in *Religious Movements in Melanesia Today (1), Point 2* (1983), p. 105.

<sup>40</sup> Zocca, *Melanesia and Its Churches*, p. 168.

<sup>41</sup> Pokawin, “Developments in the Paliau Movement”, pp. 105-106.

<sup>42</sup> G. W. Trompf, *Melanesian Religion* (Cambridge UK: Cambridge University Press, 1991), p. 222.

<sup>43</sup> Pokawin, “Developments in the Paliau Movement”, p. 107.

<sup>44</sup> *Ibid.*, p. 108.

<sup>45</sup> Wendy Flannery, “Bilip Grup”, in *Religious Movements in Melanesia Today (2), Point 3* (1983), p. 156.

move his village from the mountains down to the grasslands to a “holy place”.<sup>46</sup> Once there, Ubabae travelled to nearby villages, teaching about Jesus and conversion. Three other leaders emerged, and the impact of the movement deepened. Characteristics of the Bilip Grup movement included an emphasis on Bible teaching, conversion, confession, community, the Holy Spirit and His gifts, prayer, worship, and the return of Christ.<sup>47</sup> People were to stop doing many daily activities of life to pray for the return of Christ. These activities included abandoning their gardens, not going to school, and to stop doing community work. One belief, associated with Christ’s return, was that a ship would come up the Waria River and bring livestock and material goods. Airstrips were cleared for the arrival of planes bearing material goods. People implored “the dead to send them gifts of clothes, blankets, and money”.<sup>48</sup>

In 1988, Charles Melawa started the *Niu Laip Bilong Olgeta* movement in the Nuku district of West Sepik Province.<sup>49</sup> Melawa, a member of the South Sea Evangelical church, claimed to receive visions from God, instructing him to start a new church. Melawa taught that ancestors would bring money and cargo, the Bible came from white men and not from God, Jesus was just a man empowered by the Holy Spirit, Jesus died to save white men only, and Melawa was the saviour of Papua New Guineans.<sup>50</sup> The South Sea Evangelical church dismissed Melawa in 1989.

The early 1990s saw the establishment of the Joshua Operation. Based on the book of Joshua in the Old Testament, churches around the country were encouraged to redeem the land to “enter into an era of prosperity”.<sup>51</sup> Redemption meant converting cultural practices, which did not honour God, into practices that did. In East Sepik Province, for example, the people traditionally appeased the gods of the yams before planting to

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<sup>46</sup> Ibid., p. 160.

<sup>47</sup> Ibid., pp. 164-174.

<sup>48</sup> Ibid., pp. 164-176.

<sup>49</sup> Sebby Wasamande, “A Critique of the *Niu Laip Bilong Olgeta* Movement”, in *Melanesian Journal of Theology*, 15-2 (1999), p. 12.

<sup>50</sup> Ibid., pp. 19-31.

<sup>51</sup> George Mombi, “Impact of the Prosperity Gospel in the Assemblies of God Church in Papua New Guinea”, in *Melanesian Journal of Theology*, 25-1 (2009), p. 44.

ensure a good harvest. The people were now to worship Christ when planting. Ultimately, Joshua Operation adherents expect an age of immense material blessing.

As of 2004, the Pomio Kivung movement had a presence on the northern tip of the island of New Britain. With roots in the 1950s, the Pomio Kivung movement blends traditional cargo cult beliefs with Christian beliefs. Members expectantly await ancestors to bring riches and observe a modified Ten Commandments.<sup>52</sup> The movement “features extensive inter-tribal cooperation, centralisation, hierarchy, and uniformity”, which “has led to its longevity”.<sup>53</sup>

The Black Jesus movement arose in Madang Province around 2003. Steven Tari, the Black Jesus, promised that, if people followed him, then goods and money would fall out of the sky.<sup>54</sup> He had as many as 6,000 followers, but was eventually jailed for sexual assault of minors. Then, in 2007, a Jesus cult movement surfaced in West New Britain Province.<sup>55</sup> People began worshipping Andrew Sebamanu as their Jesus. Sebamanu taught an altered Ten Commandments, reflecting his name instead of God’s. Sebamanu also promised that, if people gave him oil palm and fresh fruit, then they would live in nicer houses in the future.

A couple of prominent themes – as movement leaders interfaced Christianity with culture – run through the new religious movements mentioned above. We see an emphasis on the expectation of material blessings, often anticipated by following rules related to Christianity and culture. We also see a redefinition of Christ: Christ is viewed primarily as the bringer of material blessings, as a man, as government, and as replaced by a Papua New Guinean.

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<sup>52</sup> John Aranda Cabrido, “Sketches for a Dialogue with the Pomio Kivung: a Cargo Cult in the Merai Sub-Parish”, in *Catalyst*, 36-2 (2006), p. 121.

<sup>53</sup> Ibid.

<sup>54</sup> <<http://www.religionnewsblog.com/14845/Cult-leader-on-the-run-in-Papua-New-Guinea>> March 6, 2009.

<sup>55</sup> “Cult claims surface in WNB: Witnesses claim cult leader is Jesus”, in *The National* (January 24, 2007), p. 3.

## CONCLUSION

What challenges has Christianity faced in Papua New Guinea? There are many challenges that could be drawn from the history, above; however, we will just mention two. Firstly, Papua New Guineans often defined God from a cultural perspective. For example, the cultural view of spirits was imposed upon God, thus understanding Him as primarily a retributive being, one that needs to be pacified through keeping taboos and offering prayers. God was understood to be powerful; therefore, He was viewed as a source of power for living (among other sources of power). Christ was also redefined in a variety of ways (a man, etc.), which, obviously, results in a redefining of God. Secondly, the cultural view of salvation, which focused on a satisfied daily life, was merged with corrupted biblical teaching (altered Ten Commandments, altered Jesus, etc.) to meet cultural expectations. The cultural view of salvation caused people to become Christians for non-eternal reasons, such as the expectation of physical benefits (cargo, access to education, prestige, tribal peace, etc.).

These same challenges face Christianity today in Papua New Guinea, as evidenced by the continuing influence of primal religion upon the people's beliefs. The scriptural versus cultural understanding of God and salvation continues to be monumental challenges that Christianity faces in Papua New Guinea. Therefore, we must always be careful to be true to scripture – but relevant to culture – in our discussion of God and salvation within the Papua New Guinea context. Only then will history not continue to repeat itself.

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