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Beyond Marital Fidelity: Malachi 2:14-15, Covenant Justice, and Pastoral Solidarity amid HIV/AIDS

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Abstract

Marital covenant theology becomes ethically inadequate when the language of fidelity is used to judge people living with HIV rather than protect those exposed to vulnerability. Although Malachi 2:14-15 has received sustained attention in discussions of marriage and divorce, its potential to inform non-stigmatizing pastoral responses to HIV/AIDS remains insufficiently developed. This study examines how the prophet's indictment of covenantal betrayal can be interpreted as a resource for relational justice, health responsibility, and pastoral solidarity. Employing a qualitative, text-centered hermeneutical design, the study integrates historical-literary exegesis of Malachi 2:10-16, semantic analysis of selected Hebrew expressions, and critical synthesis of theological and HIV-related scholarship. The analysis identifies divine witness, covenantal treachery, and responsibility toward vulnerable family members as interconnected ethical concerns, while showing why the textual ambiguities of Malachi 2:15-16 preclude simplistic marital prescriptions. It further demonstrates that HIV status cannot be treated as evidence of infidelity or divine punishment. The study develops a three-dimensional framework of protective covenant faithfulness and pastoral solidarity, integrating biblical interpretation, relational and health ethics, and inclusive pastoral practice. Its originality lies in translating a contested Old Testament marriage text into a protective rather than punitive theological ethic. The framework offers churches a basis for marriage education, confidential accompaniment, stigma reduction, and collaboration with health services, subject to future empirical evaluation.

Keywords: Malachi 2:14-15; covenant justice; HIV/AIDS; Old Testament ethics; pastoral solidarity

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Introduction

What becomes of covenant faithfulness when religious language intended to protect a marriage instead intensifies the vulnerability of its members? The question is particularly urgent for Christian families affected by HIV/AIDS, where illness may be accompanied by fear, disclosure dilemmas, gendered power imbalances, and social judgment. Biblical accounts of marriage are often invoked to defend fidelity and family stability, but their contemporary appropriation also requires attention to the dignity and safety of persons within a relationship. Malachi 2:14-15 is a significant test case because YHWH is portrayed as a witness to a marriage covenant violated by treachery. The prophet's concern is not exhausted by the preservation of marital status; it involves accountable behavior toward a spouse whose trust has been broken. Consequently, the theological question is how fidelity can be interpreted as concrete responsibility rather than as a principle used to silence suffering. Scholarship on biblical covenant and marriage has provided essential groundwork for that question (Hugenberger, 2014; Kaiser, 2019; Kristiawan et al., 2026).

HIV/AIDS also confronts Christian communities with a public-health and pastoral challenge that cannot be reduced to individual sexual behavior. The World Health Organization (2026) distinguishes routes of transmission, prevention, treatment, and the importance of sustained clinical care; HIV status alone reveals neither the circumstances of infection nor a person's moral character. Religious communities can provide social support, but may also intensify shame when HIV is framed as a direct punishment for sin. Ackermann (2005) calls attention to the embodied experience of stigma, while Ndungane (2005) and van Wyngaard (2006) argue for the theological breadth of a compassionate ecclesial response. Studies of religion and HIV prevention report both supportive and constraining associations between religious beliefs and health practices, depending on the community and the behaviors assessed (Trinitapoli, 2015; Vigliotti et al., 2020). These findings make pastoral interpretation an ethical matter: churches must relate marriage instruction to medically accurate information, confidentiality, gender justice, and the continuing belonging of people living with HIV.

Old Testament research has illuminated the historical and literary complexity of Malachi's marital indictment. Hugenberger (2014) situates marriage within covenantal legal and ethical discourse, whereas Zehnder (2003) offers a close reappraisal of Malachi 2:13-16 and its disputed interpretation. Boloje and Groenewald (2014) read Malachi 2:10-16 as a significant challenge for the ethics of faith communities, connecting infidelity to obligations before YHWH. Ko (2014) emphasizes that technical translation and grammatical decisions materially shape the theological reading of the passage. Lumanze (2024) revisits the ancient textual witnesses behind the contentious language commonly paraphrased as divine hatred of divorce. Kazen (2023) further explores whether the metaphorical divorce discourse may function as cult criticism. These studies converge in resisting an uncritical quotation of isolated verses, yet they differ over the relationship among literal marital practices, covenant metaphor, textual ambiguity, and postexilic communal identity. Their contributions establish a nuanced exegetical basis, but none by itself yields a sufficiently articulated pastoral ethic for households living with HIV/AIDS.

A second body of scholarship investigates how churches respond to HIV-related exclusion and the conditions under which pastoral assistance can become constructive. Magezi (2005) addresses home-based pastoral care amid poverty, highlighting the relationship between illness and material vulnerability. Netshapapame and Ntimane (2025) propose improvements to pastoral support for

church members living with HIV/AIDS in Limpopo Province, while Netshapapame and Ntimana (2026) examine pastoral attitudes and lived experiences in churches within Thulamela Municipality. Derose et al. (2014, 2016) examine church-partnered interventions directed at stigma reduction and HIV testing, and Ferguson et al. (2023) synthesize evidence on anti-stigma interventions. In parallel, Gikunju (2026) applies Malachi's dual covenant logic to marriage counseling. Together, these contributions show that churches can be sites of either support or exclusion and that religious teaching needs practical channels for confidential care. The remaining gap lies at their intersection: a textually accountable interpretation of Malachi 2:14-15 has rarely been specified as a framework that safeguards vulnerable spouses and children without presenting HIV infection as proof of covenantal betrayal.

This article occupies that intersection between Hebrew Bible exegesis and the ethics of pastoral accompaniment. Its central proposal is protective covenant faithfulness, understood as an obligation to act truthfully, refrain from coercion, protect vulnerable family members, and sustain care even where a relationship has been injured. The study's novelty is not a claim that Malachi anticipated HIV/AIDS. It lies in a carefully mediated ethical reading: the prophet's condemnation of treachery provides a criterion for evaluating harmful conduct, while the contemporary health context supplies distinct evidence about infection, prevention, treatment, and stigma. The accompanying construct of pastoral solidarity prevents covenant discourse from becoming a tool of moral surveillance. The approach extends biblical discussions of covenant and marital responsibility into a three-dimensional framework encompassing exegesis, relational and health ethics, and church practice.

The study matters for both scholarship and ecclesial formation. Exegetically, it tests how contested readings of Malachi 2:14-16 should constrain modern theological application; ethically, it distinguishes accountability for harmful behavior from judgment based on a medical diagnosis. Practically, it offers a conceptual basis for integrating marriage education, voluntary testing and treatment referrals, safe disclosure, confidentiality, and protection against intimate-partner violence. The study therefore aims to identify the covenantal force of YHWH's witness and the charge of treachery, assess the limits of extrapolation from the postexilic text, and formulate a non-stigmatizing pastoral ethic for Christian families affected by HIV/AIDS. The goal is a reasoned theological construction, not an empirical test of an intervention's effectiveness.

Three interrelated questions guide the analysis. First, what do the historical setting, literary structure, and Hebrew expressions of Malachi 2:14-15 disclose about covenant faithfulness, marital treachery, and the protection of a vulnerable spouse? Second, which interpretive limits arise from the disputed language of Malachi 2:15-16 when these texts are invoked in contemporary pastoral counseling? Third, how can the resulting theological principles inform Christian responses to HIV/AIDS that combine relationship accountability with protection, evidence-based health responsibility, and the reduction of stigma? Addressing these questions requires the argument to move deliberately from textual observation to theological inference and only then to an explicitly contextual proposal for practice.

The discussion first examines the prophetic accusation and the lexical issues surrounding covenant, betrayal, and divine witness. It then considers the distinction between marital wrongdoing and HIV status, particularly where women, children, and economically vulnerable family members face competing pressures. Finally, it presents a pastoral framework through which churches can teach covenant responsibilities while supporting health care and safeguarding confidentiality. The

anticipated contribution is an interpretive model in which Old Testament covenant ethics produce accountable solidarity rather than categorical condemnation. Because this is a documentary and conceptual study, its educational and pastoral implications are proposals for contextual adaptation and empirical assessment, not claims of demonstrated clinical or congregational outcomes.

Method

This research employs a qualitative, text-centered hermeneutical design combining historical-literary exegesis with critical documentary analysis. Such a design is appropriate because the research questions concern the meaning and contemporary ethical appropriation of a biblical passage rather than the measurement of participant attitudes or the testing of clinical outcomes. The primary textual object is the Hebrew wording of Malachi 2:14-15, interpreted within the literary unit of Malachi 2:10-16 and the wider disputation structure of the book. Documentary materials comprise Old Testament commentaries, Hebrew lexicons, peer-reviewed exegesis of Malachi, theological writings on marriage and HIV/AIDS, studies of faith-based stigma and pastoral responses, and international health guidance. Selection prioritized works that directly inform the contested Hebrew expressions, the historical setting, or the ethics of HIV-related care. Following Bowen (2009), the literature was treated as material for systematic interpretation and source comparison, not as a substitute for interviews or direct observation. Lexical consultation drew on Gesenius (2003) and Köhler and Baumgartner (2001), while broader approaches to Old Testament narrative and covenant interpretation were considered alongside Kristiawan (2026a, 2026b).

Analysis proceeded through five linked operations: identifying the historical and rhetorical setting; delimiting the literary unit and its internal argument; examining the syntax and semantic range of selected Hebrew expressions; comparing major textual and interpretive disputes; and constructing context-sensitive theological and pastoral inferences. Interpretations were assessed against the wording of the passage and the degree of agreement or disagreement among exegetical studies, including Ko (2014), Zehnder (2003), and Lumanze (2024). The final synthesis separated three levels of claim: the historical meaning attributable to Malachi, theological principles defensibly derived from that meaning, and prospective contemporary applications evaluated against HIV-related evidence. This separation is essential to prevent anachronism and to avoid treating a medical diagnosis as an index of moral culpability. The study did not recruit participants, collect personal health data, or conduct field observations; accordingly, no participant consent process was required. Its ethical obligations consist chiefly in accurately representing sources, avoiding stigmatizing generalizations, and identifying the conceptual framework as untested until evaluated in concrete church and health-care settings.

Results and Discussion

The Prophetic Context: Treachery as a Covenant Problem

The first finding is that Malachi 2:14-15 belongs to a sustained dispute concerning covenantal disloyalty, not a free-standing manual of marital regulations. In Malachi 2:10-16 the accusation moves from communal faithlessness toward YHWH to the treatment of the wife of one's youth. This

movement matters because the indictment connects ostensibly private relational conduct with the moral standing of the covenant community. Boloje and Groenewald (2014) foreground that interdependence, while Hugenberger (2014) supplies the broader legal and covenantal background. The narrative should nevertheless be situated in the postexilic community's contested identity and household relationships, rather than projected directly onto twenty-first-century HIV epidemiology. Kislev (2026), though concerned with a different Malachi unit, reinforces the need to read the book in conversation with its Persian-period setting and distinctive rhetorical emphases.

The exegetical payoff is that YHWH's concern encompasses the consequences of violated trust. The charge of treachery exposes an asymmetry in which a husband may exercise power to the detriment of a woman bound to him by an enduring social and religious commitment. This does not render the ancient situation identical to modern family circumstances, but it supplies a morally relevant question: whose security is threatened when covenant obligations are breached? A contemporary interpretation that advocates marital permanence while refusing to address coercion, abandonment, or deception would overlook the very injury that provokes the prophet's accusation. Covenantal ethics therefore requires attention to power, relational accountability, and the concrete welfare of the spouse.

Divine Witness and the Meaning of the Marriage Covenant

The second finding centers on the phrase that establishes God as a witness to the marriage bond. Malachi 2:14 describes YHWH as the witness between a man and the wife of his youth, even as the man acts treacherously toward her. The wording places the divine witness on the side of truthful accountability and makes the mistreatment of one's partner a matter of covenantal consequence. The relevant excerpt is given below as an abbreviated clause rather than as a reconstructed translation of the whole verse.

כִּי־יְהוָה הֵעִיד בֵּינְךָ וּבֵין אֵשֶׁת נְעוּרֶיךָ

"For YHWH was witness between you and the wife of your youth" (Mal. 2:14, author's rendering).

The verb of witnessing establishes a relational setting of answerability. It does not merely assign supernatural prestige to a marriage ceremony. In this context, to claim divine witness while disregarding the harm experienced by a spouse is a contradiction of the prophetic charge. Hugenberger (2014) and Kaiser (2019) support the significance of the covenantal setting, but the proposed contemporary application must distinguish what the passage says from what pastoral theology subsequently constructs. The text does not prescribe an HIV counseling protocol; it makes the violation of trust theologically visible, thereby providing a warrant for examining deception, neglect, and other conduct that exposes a spouse to preventable harm.

A related nominal expression describes the wife as אֵשֶׁת בְּרִיתֶךָ, "the wife of your covenant." The noun *berit* denotes a binding relational commitment whose content and obligations must be inferred from context rather than assumed to be identical in every biblical occurrence (Gesenius, 2003; Köhler & Baumgartner, 2001). This qualification is important because an appeal to covenant may support either mutual accountability or coercive retention in an unsafe relationship. A responsible reading must ask whether a given practice protects the covenant partner whom Malachi depicts as wronged.

וְאֵשֶׁת בְּרִיתֶךָ

"And the wife of your covenant" (Mal. 2:14, author's rendering).

Covenantal Treachery and the Limits of Moral Inference

The third finding concerns the Hebrew verb *bagad*, used of treacherous behavior toward a spouse. It describes an act of violated trust within a relationship already described in covenantal terms. The vocabulary highlights the agent's conduct rather than the medical, social, or economic condition of the injured party. The expression is therefore particularly useful for separating moral responsibility from stigmatizing assumptions.

אֲשֶׁר אַתָּה בָגַדְתָּה בָּהּ

"Against whom you have acted treacherously" (Mal. 2:14, author's rendering).

The term does not license a pastoral counselor to infer adultery from an HIV diagnosis. HIV can be transmitted through sexual and nonsexual pathways, and the clinical status of a person cannot establish when, how, or from whom infection occurred (World Health Organization, 2026). Although infidelity and undisclosed exposures can create risks within some relationships, epidemiological probability must never be converted into a verdict about an individual. Gikunju (2026) is useful in relating marital faithfulness to counseling, but this study adds an explicit safeguard: the covenantal critique must address identifiable harmful actions, not the mere presence of illness. Protective fidelity includes honest communication undertaken safely, respect for bodily autonomy, appropriate medical consultation, and the rejection of retaliatory violence or forced disclosure.

This reading also invites a critical engagement with gender and vulnerability. In patriarchal settings, the language of covenant can be deployed to demand endurance from a person facing intimidation or abuse, while offering inadequate scrutiny of the behavior causing harm. Yet the grammatical object of the accusation in Malachi is the person who acts treacherously. Read ethically, the passage challenges the use of religious authority to perpetuate that asymmetry. The implication is not that every marriage must remain intact irrespective of danger, but that no theological appeal to the sanctity of marriage can absolve a community from protecting the person whose safety and dignity are at risk.

The Disputed Text and Responsible Contemporary Interpretation

A fourth finding is that the cruxes in Malachi 2:15-16 limit the certainty with which particular marital commands can be asserted. The expression *zera elohim* in 2:15 is commonly connected with the desire for godly offspring, but its syntax and rhetorical function remain debated. The command to guard one's spirit, repeated in the surrounding unit, links the prophet's concern to dispositions and practices that sustain fidelity. Such observations support an ethic of attentiveness and responsibility, but the debated language cannot be treated as a simple proof-text for maintaining every marriage regardless of harm (Ko, 2014; Zehnder, 2003).

וְנִשְׁמַרְתֶּם בְּרוּחֲכֶם

"So guard yourselves in your spirit" (Mal. 2:15, author's rendering).

Malachi 2:16 presents an especially important interpretive problem. The traditional formulation “I hate divorce” is not the only defensible reading of the Hebrew; alternative construals focus on the action of a husband who hates and sends away his wife. Lumanze (2024) and Zehnder (2003) show why the textual witnesses and grammatical ambiguities require care. Kazen (2023) further complicates an exclusively literal reading by considering the passage's figurative and cultic dimensions. What remains ethically salient across these disagreements is the condemnation of treacherous treatment, the danger of violence, and the imperative to attend to injured persons. Consequently, a pastoral response to HIV/AIDS cannot invoke the passage to forbid protection from domestic violence, suppress treatment, or require a person to disclose sensitive health information under unsafe conditions.

The methodological distinction between exegesis and application is decisive here. The passage's historically recoverable concern is covenantal wrongdoing within a particular postexilic debate. The broader theological principle is accountable protection against relational treachery. The contemporary pastoral extension, including confidentiality, antiretroviral treatment referrals, and stigma reduction, draws upon modern ethical and health knowledge. The three levels are related but are not interchangeable. This explicit interpretive sequence constitutes a safeguard against claiming that Malachi prescribes biomedical practices or that scripture determines the cause of a person's illness.

HIV/AIDS, Stigma, and the Practice of Pastoral Solidarity

The fifth finding is conceptual: a theology of marital faithfulness becomes pastorally credible only when it is capable of accompanying people without reducing them to suspected wrongdoing. The experiences described by Ackermann (2005) reveal why stigma can be as socially disabling as the illness itself, while Ndungane (2005) and van Wyngaard (2006) call for broad theological engagement with suffering, gender, and community responsibility. Magezi (2005) places pastoral care within contexts of poverty, where practical access to treatment and support is inseparable from spiritual accompaniment. These studies make it inadequate to assess congregational responses solely by the moral clarity of marriage teaching. A more searching criterion is whether people can seek information and help without being humiliated or excluded.

Intervention research reinforces the need for structured practice. Derose et al. (2014) describe the development of a church-partnered response to HIV stigma, and Derose et al. (2016) evaluate a pilot intervention involving African American and Latino congregations. The evidence does not warrant assuming that any particular faith-based program will succeed in another cultural setting. Nevertheless, it shows that stigma reduction can be approached as an organized institutional task rather than left to individual goodwill. Ferguson et al. (2023) further indicate that intervention outcomes and their comparative evidence require careful assessment. Locally grounded pastoral research from Limpopo and Thulamela highlights practical difficulties in church support and the importance of listening to people affected by HIV/AIDS (Netshapapame & Ntimane, 2025; Netshapapame & Ntimana, 2026).

The implication is an ethic of solidarity that protects confidentiality while facilitating access to appropriate health services. In this study, solidarity does not entail erasing moral agency or avoiding discussions of fidelity. Rather, it means directing ethical judgment toward harmful conduct,

addressing power inequalities, and preserving the dignity of people regardless of diagnosis. The distinction matters for Christian education: congregations need biblical teaching that can challenge coercion and dishonesty, alongside medically sound instruction on testing, prevention, treatment, and the fact that HIV is not transmitted through ordinary social contact (World Health Organization, 2026). Religious influence is not uniformly protective or harmful; its significance depends partly on how norms shape concrete health practices (Trinitapoli, 2015; Vigliotti et al., 2020).

A Three-Dimensional Framework of Protective Covenant Faithfulness

The final finding is the construction of an integrative framework termed protective covenant faithfulness and pastoral solidarity. This is an original synthesis rather than an empirically validated model. Its biblical dimension places YHWH's witness, covenant responsibility, and the critique of treachery at the center of interpretation. Its ethical dimension calls for truthful but safe communication, nonviolence, attention to gendered vulnerability, health responsibility, and respect for privacy. Its pastoral dimension specifies non-stigmatizing teaching, confidential accompaniment, referral to appropriate testing and treatment, and cooperation with competent health professionals. The dimensions are mutually corrective: biblical language gives theological depth to accountability, health and relational ethics guard against harmful application, and practical pastoral structures make responsibility tangible.

Table 1. Exegetical observations and their proposed ethical and pastoral implications

Textual emphasis	Ethical inference	Prospective pastoral practice
Divine witness (Mal. 2:14)	Accountability for conduct affecting a covenant partner	Safeguard trust, provide confidential counsel, address coercion
Wife of the covenant (Mal. 2:14)	Mutual dignity and obligations rather than ownership	Teach relational protection and provide support for vulnerable spouses
Treachery, bagad (Mal. 2:14)	Judge identifiable harmful actions, not HIV status	Reject moral assumptions; support safe communication and appropriate referrals
Guarding the spirit (Mal. 2:15)	Sustained vigilance, integrity, and nonviolence	Integrate marriage education, health literacy, and safeguarding

Note. These applications are conceptual proposals inferred from the text and the cited health literature; they are not empirical outcomes.

In marriage preparation and adult Christian education, the model would invite educators to connect Malachi's language of covenant with scenarios involving disclosure, fear, treatment adherence, economic dependency, and the right to safety. Congregations could prepare guidance on confidentiality, train pastoral teams to avoid moral assumptions, and establish referral relationships with health services. Because this research did not evaluate such activities in practice, these are implementation possibilities that require local consultation and assessment. The framework aims to expand, not replace, the ministry of churches by offering a disciplined connection among biblical interpretation, family support, and public health.

Educational Implications, Limitations, and Future Research

The study has three immediate implications for Christian education and pastoral formation. First, curricula on marriage should treat mutual protection, health literacy, and the recognition of coercive dynamics as integral to fidelity rather than as peripheral additions. Second, pastoral training should explicitly address confidentiality, non-stigmatizing language, and collaboration with licensed health professionals; biblical instruction alone cannot meet clinical needs. Third, churches should develop procedures that make compassionate accompaniment available without requiring public disclosure of HIV status. These measures are consistent with a protective reading of covenant and with the practical concerns identified in existing HIV-related pastoral research.

Three limitations delimit the argument. The source base is documentary and interpretive, so the resulting framework has not been tested through interviews, ethnography, or intervention research. The exegetical focus is Malachi 2:14-15, with 2:10-16 as its immediate context, and does not systematically compare all Old Testament resources for illness, violence, or family ethics. Finally, the relevance of specific pastoral practices may vary across legal systems, health-service environments, traditions, and cultural understandings of marriage. Future work should examine how congregations in Indonesia and other Global South contexts actually negotiate HIV disclosure and stigma, pilot the proposed training framework, and evaluate outcomes such as perceived safety, care access, and trust. Comparative biblical analysis could further test whether other prophetic and wisdom texts enrich or complicate this constructive ethic.

Conclusion

This study demonstrates that Malachi 2:14-15 offers a theologically significant account of marriage as a covenant witnessed by YHWH, in which treachery is condemned because it violates trust and exposes a partner to harm. Historical-literary and lexical analysis of divine witness, *berit*, *bagad*, and the surrounding exhortation to guard one's spirit suggests that covenant faithfulness entails more than preserving the formal continuity of marriage. At the same time, the disputed language of Malachi 2:15-16 limits simplistic appeals to the text as an inflexible rule for contemporary family crises. The study's principal originality is the development of a framework of protective covenant faithfulness and pastoral solidarity that integrates biblical interpretation, relational and health ethics, and inclusive pastoral practice. Applied to households affected by HIV/AIDS, this framework distinguishes culpable conduct from medical status, rejects stigma and coercion, prioritizes safety and confidentiality, and encourages accurate health education and appropriate clinical referral. Its contribution to Old Testament studies is a transparent account of how textual exegesis can inform contextual ethics without collapsing historical meaning into present-day practice. For Christian education and church leadership, the findings support curricula and pastoral procedures that unite covenant accountability with human dignity. Future research should evaluate the framework empirically in Indonesian and comparative ecclesial contexts, investigate culturally specific barriers to safe care, and examine complementary Old Testament texts that address vulnerability, justice, and communal responsibility.

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Artificial Intelligence (AI) Use Statement

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Author Contribution

Ragil Kristiawan: Conceptualization, research design and methodology, identification and examination of relevant literature, exegetical analysis of Malachi 2:14-15, theological interpretation, development of the conceptual framework of protective covenant faithfulness and pastoral solidarity, manuscript preparation, critical review and revision, and final approval of the manuscript. As the sole author, Ragil Kristiawan assumes full responsibility for the scholarly integrity, accuracy, originality, and conclusions of the research.

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