HIV/AIDS, Culture, and Sexuality in
Papua New Guinea

Carol Jenkins, PhD
Asian Development Bank
Table of Contents

EXECUTIVE SUMMARY  

INTRODUCTION  

SECTION 1. What do we know about HIV epidemics?  

SECTION 2. Sexual Cultures and Early History  
- Sexuality in Childhood  
- Courtship, Virginity and Premarital Sex  
- Marriage: Sister Exchange and Brideprice  
- Semen, Blood and Life Force  
- Extra-marital Sex  
- Love Magic  
- Transgressions and Sanctions  

SECTION 3. Changing Times  
- Biological Factors  
  - Nutrition and Age at Sexual Maturity  
  - Sexually Transmitted Infections  
- Cultural Factors  
  - Expanding Sexual Networks  
  - Youth and the Media  
  - Plurality of Partners  
  - Commercial and Transactional Sex  
  - Male-to-Male Sex  
  - Sex, Threats, and Violence  

SECTION 4. Socio-cultural responses to HIV and AIDS  
- Stigma and Rejection  
- Belief Systems and Explaining HIV  
- Discussion  
  - Development and HIV in PNG  
  - Which Way Forward?  

REFERENCES  

50
EXECUTIVE SUMMARY

Papua New Guinea (PNG) is undergoing a serious HIV epidemic that has not been dampened by intervention efforts exerted so far. The cultures of PNG are diverse and unique. The particular historical conditions in PNG have altered many of these cultural forms, yet concepts and values underlying these forms remain strong in many areas of the country, especially in rural areas. The aim of this paper is to explain some of the most common of these cultural forms and show their relationship to the risk of acquiring an HIV infection. With the exception of specific high risk groups, such as sex workers, standard approaches to HIV/AIDS prevention and care that have been successful in other countries, both near and far, are not likely to be appropriate for PNG, unless very sensitively adapted. Only Papua New Guineans can do this. The design of educational messages, types of behavior change programs and ways to deliver care and treatment need to be specifically adapted to local conditions and concepts. Designing programs in urban areas, especially in Port Moresby, is totally inappropriate for the majority of people at risk and already infected who live in rural areas. Methods must be developed by which the prior analytic work, design and implementation of HIV prevention and care projects are localized to fit with real lives and identities. The training of culturally competent persons to provide educational and other prevention and care services is required. The processes developed over the past decade in PNG’s environmental movement provide a good model for sustainable participatory action.
INTRODUCTION

It is 2006 and Papua New Guinea (PNG) is experiencing a serious and widespread HIV epidemic. It is estimated that by the end of 2005, about 57,000 persons between 15 and 49 years old were living with HIV/AIDS (ranging from 23,154 to 90,909) with a national prevalence of 2 percent (ranging from 0.8 percent to 3.2 percent); women accounted for 49 percent of new infections. Approximately 66-70 percent of all infections are found in rural areas (NAC/NDoH 2006). Despite claims that PNG is experiencing an epidemic similar to those in southern Africa, PNG is not an African look-alike. While certain aspects of social structure, kinship and ritual are more like those in parts of Africa than in most of Asia, the cultures that evolved in PNG are distinctly different and their diversity covers an enormous range of beliefs, practices and structural elements relating to sex, gender and fertility/reproduction and their intrinsic relationships to all aspects of life.

Historical forces contributing to the development of contemporary PNG societies have played a major role in the nature of the current HIV epidemic. These biological, social and economic processes have been better documented than those of the more distant past. The most salient studies are here reviewed and examined for insights into improving the design of HIV prevention programs for Papua New Guinea.

The aim of this paper is to present a summary review of the major critical issues arising from historical and cultural change and their relevance to current programs and policies for HIV in PNG. In the first section, we review what is known about the dynamics of HIV transmission and allude to how PNG cultural practices contribute to the virus’s spread. Section two takes up in more detail the elements of traditional (pre- and post-contact) sexual cultures. Section three reviews the documented cultural, biological and historical factors contributing to PNG’s current HIV epidemic. Section four explores some of the cultural responses to HIV/AIDS in the contemporary context of PNG life and suggests a way to improve the inclusion of cultural strengths in the design of interventions.

Most quoted material used to illustrate this document derives from published and unpublished work conducted at the Papua New Guinea Institute of Medical Research, the government’s main medical research institute, from 1991 to 1997. These studies represent many thousands of in-depth-interviews (most of which were tape-recorded and translated from one of about 50 languages), observations and a few quantitative surveys. None of these studies utilized probability sampling, therefore biases in the descriptive statistics offered are unknown. They are cited merely to give an approximate notion of frequency of response, but research with proper probability sampling is definitely required. In addition, I draw on my own 15 years of experience of conducting ethnography and human biology studies in PNG.
SECTION 1. WHAT DO WE KNOW ABOUT HIV EPIDEMICS?

- It is important to know the scientific facts about HIV and AIDS before attempting to understand what places people at risk of acquiring an HIV infection.

HIV is spread from human to human by three routes:

- blood transmission (contaminated transfusions, needle sharing during drug use, needle-stick injuries)
- vertical transmission (mother to offspring during childbirth or breastfeeding)
- sexual transmission

Sexual transmission of HIV accounts for more than 75 percent of infections worldwide. The probability of transmission of HIV by different sexual routes per episode of intercourse varies. Transmission of HIV from men to their female partners is more efficient than from women to men. Transmission of HIV through anal intercourse is more efficient than other sexual behaviors and particularly risky for the receptive partner. In addition, transmission per episode of intercourse is affected by the stage of disease of the infected subject. During the early acute stage of infection, when high levels of virus are present, the chances of transmission range from 1 in 10 to 1 in 1000; during a long 7-10 year asymptomatic phase, the range is 1 in 1000 to 1 in 10,000, which rises again to a range of 1 in 50 to 1 in 1000 when the disease becomes symptomatic, becoming AIDS. Oral intercourse (either cunnilingus or fellatio) have very low probabilities of transmission (unless blood is present). Other sexually transmitted diseases (STDs), including gonorrhea, chlamydia, trichomonas, and herpes, make HIV infected people more infectious to their partners and make HIV negative people more likely to acquire HIV. Sexual practices that increase trauma and/or inflammation in the genital tract, such as certain vaginal cleansing practices, also increase risk for HIV transmission. Male circumcision (full removal of the foreskin) has been shown to significantly reduce the risk of acquiring HIV as well as reduce the risk of transmission of HIV to men’s partners (Auvert et al., 2005). While treating HIV with anti-retroviral drugs (ARV’s) can reduce the amount of virus very significantly, it does not eliminate the capacity to transmit HIV entirely.

The spread of HIV through populations is facilitated by a host of social, economic, cultural and political factors. HIV spreads more widely where sexual networks are extensive, for example where a person is mobile or traveling and having sex with partners in multiple locations. Having multiple partners concurrently creates a node of transfer from one sexual network to another, whenever there are significant social distances between at least one pair of partners (Gorbach et al., 2005). Where sexual networks are smaller and more circumscribed, HIV can spread but less widely. HIV
spreads more easily where populations have high levels of other STDs, particularly those that produce ulcers. Wherever men are placed in all-male situations, such as prisons, mines or construction camps, HIV risk is high. Wherever economic differences between groups within a country are very great, poorer men and women exchange sex for money, services and goods with those having more resources. At the earlier stages of many epidemics, wealthier men acquire HIV more often than poorer men, but as epidemics mature, the pool of infections tends to accumulate in poorer classes of people. This occurs because poorer and more marginalized people (including disadvantaged minorities of all sorts) have less access to information, services and the social power to protect themselves than do others. In many countries, women in general fall into this category.

Hence, the specific actions needed to control the HIV epidemic include lowering the rate of partner change, reducing the efficiency of transmission, and shortening the duration of infectiousness. The consistent and correct use of male and female condoms effectively blocks transmission. Reducing the number and duration of other STDs can also have an impact on the spread of HIV. Besides the need for preventive and curative health services, effective action requires intensive educational efforts. The political, social, economic and cultural factors impeding such efforts have proven to be very difficult to alter. In the case of Papua New Guinea, these factors interact in particular ways that have yet to be clearly described and analyzed. This paper will attempt to identify the concepts and patterns of sexual behavior that are most likely to place people at risk of HIV in Papua New Guinea. While many of the specific practices of the past have been attenuated or have actually disappeared, ideologies and cultural forms remain alive, as Papua New Guineans seek to integrate their past and their present.

SECTION 2. SEXUAL CULTURES AND EARLY HISTORY

- Even though cultures are studied by component, i.e. religion, politics, or kinship, these are simply heuristic devices, ways to organize thinking. In reality, humans live integrated lives, for example, with their religious beliefs permeating almost everything they do and with power dynamics operating on all levels between people. Sexuality is a broad vague term. For the purpose of this study, we need a definition of the aspects of culture that apply to sexuality.

Sexual cultures can be understood to be those constellations of ideas, practices, artifacts, and their meanings and contexts in which people participate, either as a lifelong involvement or at various times of their lives, that are adapted to meet felt erotic needs. The erotic components are linked to the body through gender or role presentations, expectations and actions, larger kinship and social roles and structures, demographic dynamics, economic environments, beliefs and political forces and, as
we are becoming increasingly aware, disease and its meaning. Sexual cultures vary through time and place and are influenced by a myriad of factors.

Most older ethnographic studies on PNG analyze sexual aspects of culture in terms of symbolic, ritual and kinship or exchange systems. Some explore gender relations, but fewer have attempted to examine cultural norms and values in relation to actual behaviours (Berndt 1962; Knauf 1993, 1994; Kulick 1993; Langness 1969; Leavitt 1991). Norms and actual behaviours rarely are highly congruent, either in the past or today. When speaking with elder Papua New Guineans, many refer to the past as a ‘golden age’, when sexual behaviours adhered to strict norms, but numerous ethnographic accounts testify to the frequent breaches of norms and the consequences that ensued. Then, as today, social, political, economic and religious factors played out in a wide variety of ways to produce cultural scenarios in which human sexuality played a central role.

Geographically, the country of Papua New Guinea is marked by extremely rough terrain. Movement and communication between one small area and the next were greatly constrained by barriers such as gorges, swamps, and rugged, high mountains. Because of this, extraordinary variation between groups has evolved, particularly linguistically. Variation in traditional sexual cultures is also great, with a range from highly permissive, e.g. the Trobriands, to extremely repressive, e.g. the Huli, sometimes located directly next to each other. Yet, throughout Melanesia several specific apparently ancient themes are held in common, though expressed somewhat differently from place to place.

Traditional cultures in PNG held sexuality in high regard as a source of life and both group and individual identity. Sexual power, certain sexual practices, and sexual relationships were expressed in art enacted in stone, wood, painting in natural dyes on various surfaces including the human body, in drama, dance, story-telling and even song, focused on various themes associated with sexuality. Moral principles as well as origin stories were illustrated through these modes of expression and also enacted during ritual. Much of the variation was dependent on kinship, intergroup relations and property claims, which in turn helped define marriage customs, as well as norms regarding premarital sex, the social definitions of gender, and other social facts. Ecological zones and subsistence patterns also played a part in influencing sexual cultures through the mediation of customs that influenced reproduction and population growth.

In the following section major themes found in the sexual cultures of PNG (as well as the rest of Melanesia) are illustrated with quotes from focus group discussions and private interviews that took place over a decade ago during the fieldwork for the National Sex and Reproductive Knowledge and Behaviour study conducted by the Papua New Guinea Institute of Medical Research (NSRRT and Jenkins, 1994). A
copious literature on many of these themes exists that can only partially be reviewed here. Regional designations indicate that the reported beliefs and practices are representative of a common geographical pattern, though exceptions always exist. Boundaries are very approximate. See Map 1. These quotes and brief discussions illustrate clearly the issues in culture change that people in PNG have been coping with.

Map 1. Culture Areas in Papua New Guinea

1= Islands; 2=Massim; 3=Manus; 4=North Coast; 5=Schrader-Ramu; 6=Sepik River; 7=Sepik Plains; 8=Toricelli; 9=Ok; 10=Central-West-Southern Highlands; 11=Eastern Highlands; 12=Anga; 13=Papuan Plateau; 14= Papuan Coast

Sexuality in Childhood

- Understanding how children learn about sex is an important component of developing appropriate educational efforts in the fight against HIV.

---

1 In order to keep the number of areas manageable, several smaller ones were combined under one designation, for example, the Trans-Fly area was place with Papuan Plateau. North Solomons was not included due to the presence of armed conflict at the time of study.
Childhood sexual play occurs everywhere and, in PNG there are only a few reports of societies that made an effort to repress it, e.g. the Kwoma (Whiting 1941). In some societies, e.g. the Trobriand Islanders, sexual play was lightheartedly encouraged. Male-to-male sex play in childhood occurred in a number of societies, often long before sex occurred between males and females. Some earlier ethnographies remark on the relaxed attitudes parents had about sexual teasing and play with children, including mothers mouthing boys’ genitals (Berndt 1962; Langness 1990). Children often observed adults having sex and learned gradually that sex was an important part of life. With the approach of puberty the social responsibilities associated with sex were imparted to girls and boys in a variety of culturally specified ways. Menarcheal rituals (rites for the first menstruation) were common but not universal in PNG. Although in a minority of cases sexual activity began before menarche, the majority of societies considered it inappropriate until after menarche. In some areas, girls were thought to attain menarche due to having engaged in sexual intercourse, e.g. in Manus, an observation that could cause public shame.

**Sepik River**

In the past, in our parents’ and grandparents’ time, boys never had heard of sex and had no knowledge at all. The boy will live and grow with his mother. When time comes that he is grown up to a young boy approaching manhood, that is when he would be put in the haus tambaran and taught about sexual knowledge, fishing, hunting, and he is taught every kind of traditional cultures that the man must have. At the same time he is initiated, which signifies his acceptance as a man and adult. When he comes out, he now has all kinds of knowledge and knows what to do. In the haus tambaran he is taught by his relatives, such as uncles on both sides, uncles—either father’s brothers or cousins or mother’s brothers or cousins, or the boy’s cousins—it may be a brother-in-law. The boy without knowledge was prohibited from having sexual intercourse. The boy must grow up properly that his body development must not be interfered by sexual intercourse. Sexual intercourse participation at an early age was bad for a boy. (60 year old)

Male initiations could start as early as 7 or 8 years old, but more often took place from early puberty to later adolescence. Many initiations were lengthy procedures during which boys lived through a transition period aimed at removing them from their mothers and turning them into men. These rituals included physical and psychological practices that often involved pain, such as penile bleeding or other scarification and purging, dietary prohibitions and a variety of ways to make the initiates ‘feel’ the lessons they were learning and turn them in hardened warriors. In areas where formal rituals did not exist, traditions of story-telling functioned similarly. Through these rites, the elder generation reinforced its power over the younger generation. In some areas, more pragmatic tests of manhood were required, such as planting a garden, building a house, or canoe.
These rituals provided an institutionalized form of socialization into proper gender roles in adult life, including one’s sex life, and inculcated values that encapsulated the main symbolic themes of their culture. The secretiveness of most of these rituals made sacred what was being transmitted to the young. While menarcheal rituals were often held for a single girl, the male rites always were performed on groups of boys and intensified age-class bonding among males, ensuring better combined action during periods of fighting and assuring men would support each other in maintaining control of women. Today the blood-related practices in these rituals pose an additional risk of HIV transmission through shared, possibly contaminated skin cutting blades. More importantly, the factual knowledge and responsible attitudes about sex that could help young Papua New Guineans avoid becoming infected with HIV are largely missing in these traditions and have yet to be replaced with sound modern means of transmitting both information and values.

**Courtship and Premarital Sex**

- In the past, patterns of courtship, premarital sex and eventual marriage defined the primary sexual networks in a person’s life. There have been profound changes in these components of culture, many of which now facilitate a wider and perhaps larger network of sexual partners, thus increasing the risk for HIV.

Many PNG cultures had courting rituals which gathered together young unmarried people from neighboring villages for dance, song and the inevitable pairing up. For example, in the Eastern and Central Highlands, until about a decade ago, one could observe dark, smoky houses full of young people from neighboring villages who were permitted to sit opposite each other in pairs and rub legs, cheeks or noses as they sang together all night. In other areas, such as the Trobriand Islands, courting parties are openly explicit sexual events. Boys were called out from villages A and B to have sex with the girls from village C; host and guest roles were reversed on the next occasion. In yet other societies, such as the Bena Bena, courting parties had little to do with eventual marriages, as these were arranged by parents (Langness 1969).

**Eastern Highlands**

*We have thrown out our good ways completely. I mean rubbing noses, we rubbed noses with different boys and that is where we met our husbands. It is because of the changes that were brought about by white people through schools and missions. When I was young my mother and my aunty told me I can sleep with boys my age, only rubbing noses and I did it. I was told if a boy is moving his hands around a lot, touching your breast, you should run away from him because he knows sex, not just rubbing noses, so be aware. The stories that were passed on were good; we had sex when we were older. But now as long as you have your period you can have sex. Our*
minds are now full of sex. We see white people naked and kissing on the TV screen and books. So our people today think that they are missing something in life so they try to do the same but it brings all sorts of problems. Like having fatherless children so people miss out on the bride price. (36 year old woman)

In the Simbai area of Madang province, men gathered together to dance from dusk to dawn wearing heavy shiny beetle-impounded head-dresses while the women watched. Married men could also participate in such events as they might thereby gain a second or third wife and in a few societies, such as the Huli of the Southern Highlands, only married men attended courting parties. In Simbai, any woman could take her pick of men during the night and the couple would then disappear into the nearby bushes. In the morning, when the light shone, women carrying men’s head-dresses were clearly visible. Each couple then went to the man’s house and word was sent to her parents to come and discuss a brideprice. She may have never known the man of her choice before that evening, but, as they were all from not too distant villages, the sexual network was still quite localised. Today sexual networks are far wider and contribute significantly to the spread of HIV.

Papuan Plateau

There were no brideprices. Sisters were exchanged. If you marry over there, you still have a brother; that space you left must be filled. So another woman is brought in. If you are a boy and I am girl, the couple will go to aunties and uncles. The aunties and uncles will collect dogs’ teeth, pigs’ tusks and they would carry these things to the girl’s house. The girl’s parents will know already and would expect the girl. When the talk is straight, a rope is tied on the girl’s hand. She can’t go out or be engaged to another man after the rope is tied. No sexual relationship is permitted. Girl sleeps with her mother and boys in the man’s house. They just look at each other. (Women’s focus group)

Virginity

- The reduction of numbers of sexual partners, an important part of HIV prevention, is often considered to begin with delaying the initiation of sexual intercourse among the young. Emphasis on virginity in some PNG societies was facilitated by both biological and cultural factors that have now been altered. In others, there never was such an emphasis. Therefore it is important to review what is known about the ideal of virginity at marriage in traditional cultures.

In the national study, older men and women from several parts of the country reported customs that placed a high value on virginity, particularly among girls. But, in most areas, it appears that the greater shame was felt when a girl became
pregnant before marriage. Hence, numerous devices, practices and plant medicines were used by young women, often given to them by female relatives, to avoid pregnancy or bring about abortion. There were also several areas where babies conceived out-of-marriage were easily absorbed by families, and the girls continued to have good options for marriage. Once parents arranged a marriage, sex between the engaged couple was overlooked. Early betrothals were common in the past, even arranged before birth, but if the arrangement held until puberty, the girl would usually live with the boy’s family a few years before the actual marriage ceremony took place.

**Papuan Coast**

In those days, they made their dressing of tapa cloths taken out of a tree called tomoru and beaten off the skin to make it soft so that they can cover the penis or vagina with that skin of the tree as stated above. While in the Elavo house girls are not to be seen by boys or boys are not to be seen by girls. And there is no feeling of sex desires in their minds. The girls and boys were well looked after by the older people. When the time of their public appearance, a very big feast was hosted with many pigs to be killed and the garden food stuff was provided by the parents and the whole village gathered in front of the Elavo house to see the Morihova and the Hehova coming out of the Elavo house well dressed in traditional costumes and the singing took place to end the Koke days for the Hehova and Morihova. The rules were again stated to them before the feast broke up at the end the ceremony. At this point in time, they are free to have sex. Most of their marriages were already arranged by parents. (55 year old woman)

Boys also were taught not to have sex before marriage, particularly with unmarried girls or married women or it would cause fighting between the families, via sorcery or outright violence. Young men were told their strength would be sapped, they would not grow properly, and other threats on the person and body. Overall, while these proscriptions were taught boys in many places, attitudes towards boys’ experimenting with sex were more relaxed than for girls. Often minor rituals could cleanse boys of their prior transgressions in order that they could be included in the initiation rites. Sex with an unprotected woman, such as a widow, or another boy had fewer social ramifications and could be overlooked if detected.

**Marriage: Sister Exchange and Brideprice**

- There are several types of marriage patterns in PNG and, as of the mid-90s, about half of all marriages had been arranged by parents (NSRRT and Jenkins, 1994). Now that HIV has entered the scenario, certain forms of marriage appear to contribute to greater risk behaviors. This is especially
true if the marriage arrangements are stalled for any of a number of reasons, creating a longer period for pre-marital sexual activities.

Sister exchange marriages (‘sisters’ are usually cousins, but called ‘sister’ in the kinship system terminology) are fairly common in PNG but often present problems of allocation. Some families have no young women to offer in exchange for the woman being given to their son, or vice versa. Until an arrangement can be made (a substitution or compensation), marriage is stalled. Among the Hagahai of the Schrader Range, who preferred to practice sister exchange, young men complained a great deal about having to wait a long time to get a wife. Meanwhile, some sneaked around having sex with other men’s wives or ‘stole’ a young unmarried woman off into the bush. Parents would get angry and after they found the couple, insist on marriage. But the exchange issue always arose and led to some women being forced to marry men they did not like at all, despite the fact that the society believed women had the right to select their own husbands.

Brideprice, a transfer of wealth from the groom’s lineage to that of the bride’s, was and continues to be, widely practiced in PNG, particularly in Highlands and Papuan Coastal societies. Other time other groups have adopted the practice as well. The ideology of this practice is based on the wish to bring families together in cooperative alliances, for future marriage exchanges, trade or other efforts. In some Eastern Highland groups, marriages took place with enemy clans, i.e. clans with whom there had previously been fighting, but were now at peace. The brideprice contributed to the peace-keeping process. However, underlying fears often remained that the in-marrying bride could ‘poison’ her husband by securing something from his body, such as some of his semen, and giving it to a member of her lineage for sorcery. Tensions over brideprices are legion throughout the country. Should a stipulated amount not be paid promptly, continuing complaints drive marital conflicts, domestic violence and bad relations all around. In some Island societies, a man can even inherit a brideprice debt from his father and be expected to continue to make payments on his mothers’ brideprice long after her death. As the cash economy entered PNG, the cost of marriage rose in most groups, a social change that has had numerous negative consequences. Now, as people in Bundi say, ‘Meri em i samting bilong bisnis’, i.e. women are something to make money on.

One important consequence is that the high cost of brideprice has caused many families to delay their son’s marriages until they can accumulate the needed cash. Young men are expected to wait a long time between their biological readiness for sex and the socially approved marriage arrangement. While they were also made to wait in earlier times, they were more often engaged in culturally approved activities during that period of time, i.e. long initiations, learning subsistence-related skills from their fathers and others, participating in clan fighting, and, in more recent times, spending at least a few years away from home on labor contracts. As the
decades pass, more and more PNG young men are idle while waiting to get married, a condition that contributes to higher levels of premarital partner change. Consequently, more and more ‘marriages’ are taking place without brideprice passed at all, a situation which at this time, increases the fragility of such unions.

Another consequence is the increasing perception by young women that they, i.e. their sexual and reproductive capacities, are only valued for the money they bring in to their families. In some cases, this has led to a fairly resentful attitude and a determination to use her body to earn money for herself, not for her brothers or parents. In many societies, the low social status of women has not risen significantly in recent times compared to earlier traditional periods. There is evidence to suspect that, overall, both a patriarchal Christianity and the western-style modern state have in fact reinforced the lower status of women in the economy, the home and elsewhere (Dundon 2004; Gewertz 1981; Knauft 1997; Nash 1981; Zimmer-Tamakoshi 1993).

As shown almost everywhere in the world, women’s lack of social power is a very strong determinant of HIV vulnerability. Today, courtship, premarital sexual activity and marriage arrangements have been greatly altered and contribute to greater risk of unwanted adolescent pregnancies as well as sexually transmitted infections, including HIV.

Semen, Blood and Life Force

- The ideologies associated with core belief systems remain strong in PNG, even when they are transformed in the modern setting. Where manhood has been largely defined by the making of warriors through male initiations and females are viewed as naturally powerful and dangerous, these concepts continue to underlie cultural interpretations of contemporary experience. The complex of beliefs and practices that have evolved around gender definitions are expressed in a language of symbols representing forces inherent in body fluids, particularly blood and sexual body fluids. These must be understood by those involved in HIV/AIDS education in order to develop salient and meaningful messages.

Sexual fluids hold an important role in the cosmologies of most PNG cultures. They are symbolic of forces or processes that are essential to life and embody the principles of maleness and femaleness. PNG cultures developed a rich set of explanatory paradigms and rituals that used these symbols in a language of myth. Vaginal fluids and blood, particularly menstrual blood and the blood of childbirth, were viewed as powerful and dangerous as they were associated with waste but also with the mystery of reproduction. Women were viewed as dangerous when
they were menstruating and in a majority of PNG societies were taught they must
never cook for their husbands and should remain secluded or separated for the
duration of their menstrual period. People believed that contact with even the smell
of menstrual blood contaminated the environment, made men weak and caused
sickness (in pigs as well). Periodically removing some ‘tainted’ blood, thought to be
acquired through contact with women, by bleeding the nose (Eastern Highlands),
the penis (North Coast), or the tongue or through swallowing canes and vomiting
(Eastern Highlands) could keep a man fit and healthy.

**Anga**

You wait, I must make it clear. The young boys now have not been given instructions
and they get married as they like, we haven’t given them the instructions that are
given when their young betrothed wives first menstruate. It seems that women have
poison in their vaginas and before we used to tell the boys clearly about this. They
don’t know this now. These instructions are dying with us elders; the great stories of
the ancestors are already dead. Now we are merely babbling. (45 year old man)

Semen, on the other hand, was seen as a powerful substance that required a strong
and healthy body to produce. The loss of semen for sexual pleasure or making
babies, was believed to weaken a man, and contribute to his aging. Hence, repeated
sexual intercourse with one’s wife was considered hard work in many societies,
especially in the Highlands. In at least one society, oral insemination of young
women was thought to build up breast milk. But the most powerful secret was seen
as the mixture of blood and semen, the components for a new life. In other cultures
it was the mixture of vaginal fluids or even breast milk and semen but in either case,
the symbolic basis for the meanings associated with body fluids is fairly obvious.
What is less obvious is why specific patterns of manipulation arose in specific
culture areas, and how and why these are changing today.

**North Coast**

A long long time ago there were initiation houses for women too. I never saw them
but my father told me about them. It must have been about 80 years before I was
born. The girls went into the house before they got their periods. They were put inside
the house and their skins were cut also. After they were cut, their ‘dokta’ fixed them
up. There isn’t any reason why they abandoned the haus tambaran for women. It is
just that the men felt the women were running things so the men closed it down.
When the women came out of their haus tambaran, they had a lot of power to make
their words come true. The men saw that the women had power, so they diminished
the women and made themselves stronger. Now only men have a haus tambaran.

Many ‘tumbuna storis’ (ancestor tales) throughout the country explain that power
(over reproduction, ritual knowledge, and so on) once rested in the hands of a
woman (or women, or a cassowary which is always seen as female), but she was
tricked by men and they took it from her. Women were not supposed to know what went on in the men’s ritual houses or anything about the sacred flutes or bullroarers, even though they could hear them. They were commonly threatened with rape or murder if they dared come too close to the men’s cult activities, but older ethnographies imply that women knew a great deal more than they were letting on (Berndt 1962). More frightening to men is/was the power of menstrual blood which women could secretly put in a man’s food and use to snag him.

The manipulation of these fluids as symbols of power provided the basis of ritual for many cults and initiation ceremonies. In general, it can be said that the northern half of PNG utilized blood-letting as a symbol of the removal of pollution from boys (associated with having been born and attached as a child to women). Bleeding the boys (from their penises) was seen as a kind of male menstruation, a removal of polluted blood. In much of the southern half of the country, semen was the substance elaborated in symbolism. In a few places, both blood-letting and semen-related practices were present.

Basically, though women bear boy children, adult men are required to turn boys into men, i.e. social reproduction as opposed to biological reproduction. The semen of adult men (usually from the mother’s side of the family) was transferred to the boy through anal intercourse, oral intercourse or simply by rubbing it on his body in order that he may grow up properly. In a few societies, what anthropologists call ‘rituals of reversal’ took place, allowing married people to have sex with people they were not married to for a single day or duration of the event. These were conceptualized as bringing together sexual fluids of the whole village and promoting fertility of crops, women and animals. In other areas, rituals of plural copulation were held to reduce the impact of epidemics (Vogel and Richens 1989).

These practices were considered willful erotic acts by missionaries, who thoroughly disapproved and condemned them. While focused on the genitals, the ritualized initiations were not generally seen as a source of pleasure and can be interpreted as essentially acts of social reproduction and kinship. They took place mostly in societies with cross-cousin sister-exchange marriage patterns. The boys who went through these initiations as semen-recipients later became semen-givers, but, with few exceptions, always married women and had children.

Anthropologists have tried to explain these rituals from the point of view of myth creation, ecological adaptations, evolution of kinship-based political systems with their associated marriage and gender systems, and the relative contribution of men and women to production and exchange (Allen 1998; Barth 1987; Elliston 1995; Herdt 1989; Herdt and Poole, 1982; Herdt and Stoller, 1985; Knaufft 1993, 1994; Kurita 1994; Lindenbaum, 1972; Meigs 1983; Schieffelin 1982). Ultimately, all these ritual forms were concerned with assuring the continued fertility and strength of the
group. Unlike western concepts of homosexuality, these practices did not signify a homosexual orientation psychologically or have any implication for a man’s sexual identity (Jenkins 2004b).

However, consensual male-to-male sex certainly did and does take place in PNG. The nature of this difference was very well explained by a 70 year old elder in the Gogodala area:

There was one thing that happened to us that I did not enjoy. That was anal sex which took place during the initiation ceremony. We initiated boys were fucked by a number of older men in a special hut (bidi gena) built for the purpose just before the ceremony took place. It did not have any windows and was quite dark inside. We did not know who fucked our ass but we were told not to refuse because the purpose of this sex was to make us grow up to be strong men. The sperm is supposed to go into our bodies and make us strong and fearless. Well, when this was all over, my ass was very sore. It was bleeding from skin tears. You young people are lucky it disappeared before you were born…… We were told not to have sex before marriage but sexual activities did take place in the men’s house. This was anal sex and I did take part in these. All you had to do was arrange with one of the boys and take turns in fucking each other’s ass. As for sex with a female, only those boys who had sisters got married quickly because to get married, one’s sister had to get married to your intended wife’s brother. In other words there was double marriage. As I have mentioned before, the couple had sex after marriage except for some cases where they married secretly because the time to wait was too long.

While the homosexual acts that took place during initiations may not have been a source of pleasure to many, but a duty to be endured, the same acts, carried out of one’s own volition with a person of one’s own choice had a different meaning and were considered pleasurable. In some societies, many men regularly had sex with both women and men for pleasure (Ernst 1991; Knauft 1986) or in an effort to avoid overpopulation.

Today, few young people in those areas are likely even to know about the beliefs and practices of their grandparents, largely because the arrival of Christian missionaries and government made the people feel so ashamed of their sexual cultures, that they do not even want their children to understand them today (Jenkins 1993a; Knauft 2003). Reclaiming that understanding would be useful in helping people analyze and consider their evolving sexual cultures. It is not likely that HIV prevention or the destigmatization of people living with HIV will take

---

2 Unless they read ethnographies or browse the internet. In one instance, a webpage that rather sensationally presented some of these practices to the public evoked a response from a Papua New Guinean who wrote that the page was full of lies and no such thing ever happened in PNG.
place until frank and honest discussions about sexuality are conducted (Lepani 2002).

**Extramarital Sex**

- **Almost everyone in PNG eventually gets married at least once and everywhere in PNG adultery was ordinarily forbidden, even in the most permissive societies. Yet, a wide variety of concepts and practices encourage extramarital sex among men. While these practices may not have been seriously destructive in the past, in an era of AIDS they contribute to the wider spread of HIV through the general population.**

There were many social control mechanisms enshrined in belief systems and punitive practices that attempted to control the amount of adultery in earlier times. In most areas, a woman’s sexuality was controlled by brothers and parents when young and by husbands later. In a legal sense, a married woman was chattel in many culture areas. While males had far greater freedom than females, at all ages, they were subject to sanctions by sorcery and violence for major infringements of the sexual rights of others. This meant that the males in charge of a young woman were responsible for her virginity/honor and could retaliate by raping or stealing a woman of the offending clan and/or fighting with its men. They could also, at least in post-contact times, be compensated for her loss of honor. When adultery occurred among married persons, compensation was usually the solution, sometimes given to the offended man only and sometimes to both offended parties (Trompf 1994).

**Anga**

*Another thing now, you young people fuck married women belonging to other men. The old laws were not like that. In the past both women and bamboo arrows were placed on this ground together in the Marawaka area. If you were a man who fucked a married woman, they would shoot you with the bamboo arrows. During initiations before they showed you this. Later you would think of this and remain afraid and behave properly. Looks like the younger generation of men and women have turned to rubbish. (45 year old man)*

Men’s links with maternal kin were everywhere fundamental to the functioning of the social system. While public transactions were dominated by men, women’s roles as the producers of food and children were highly valued, even though men controlled their production. It is important to point out that there is a general cline, moving out of the Highlands, towards the coastal, Island and Massim areas in which women’s exchange transactions and property rights increased. Such societies were more permissive sexually and women held more respected social roles. These cultures did, however, mark the limits to which either men or women could go in their sexual behaviour and utilized sorcery and other social control mechanisms to
punish transgressors. Punishments for adultery in these more matrilineal societies, however, were and are less severe than in the more patriarchal, male dominated societies.

In PNG, extramarital sex on the part of men is often excused on the basis of the fact their wives are pregnant and semen could be dangerous to the baby (or the mother during birthing), or a similar mechanism would spoil the milk while the wife is breastfeeding. This was taught to young men in initiations and in other ways by their fathers. Where this belief was strong, men were expected to stay away from their wives, either by remaining in the men’s house or going out hunting all the time. In other societies, men’s extramarital sex during a wife’s pregnancy was discouraged. People believed that if a man did have sex outside of marriage during his wife’s pregnancy, it would harm the baby. Masturbation does not seem to have been widely practiced, though one Engan man in the national study did say he father told him to substitute masturbation for extramarital sex during pregnancy. In the story below, the man speaking generalized his fear of damaging his baby to his living children’s health throughout his later years of marriage.

Islands

I tried to have a girlfriend but made a mistake. This was when my wife was pregnant for the first baby. I think I killed the first child who died because I was seeing another woman. She was my girlfriend who was about 20 years old at that time. I never did such sex act again after my wife had an operation after our later children because of fear that we would loose all our children. Yes, even after 3rd child. (43 year old man)

There are several other significant drivers of extramarital sex in PNG. Some are more likely to be related to modernization, but others are rooted in traditional marriage patterns, such as polygyny (a man having multiple wives simultaneously).

Sepik River

In the past, our parents, grandparents, their style of marriage was different from ours today. Regarding marriage these days between a couple, if the husband goes and has love affairs with another lady and the wife finds out, then the two start having fights and other problems within the family. In the past, a husband could go and sleep or even have sex with another lady and later could marry her as a second or third wife. The first wife would not say anything or do anything. (22 year old woman)

Polygyny as an accepted alternative marriage pattern underlies permissive attitudes towards married men having extramarital partners. As of 1996, 14 percent of married women were in polygynous unions, with regional variation reaching 25
percent in the Highlands (National Statistical Office 1997). In most PNG societies, polygyny functions to enlarge a man’s access to productive resources, i.e. more gardens, pigs and children as well as to satisfy sexual needs during prescribed periods of pregnancy and post-partum abstinence. Polygyny enhances a man’s status. It also provides a legitimate way to attempt to solve apparent infertility, which is perceived publicly as a female problem in PNG. Rising levels of infertility caused by STIs over the decades (Jenkins 1993b) has led to increased perceived need for additional wives. When men can take on additional wives, they tend to ‘sample’ many women before acquiring another wife, as shown in both Nigeria and Ghana (Anarfi and Awusabo-Asare 1993; Mitsunaga et al., 2005).

Similarly, where serial monogamy is common, which is characterized by high levels of divorce and remarriage, people are also at risk. In these societies, marriages break up relatively easily and entail a period prior to, during or following the break, when people search for new partners. This period may be especially tricky for emotional reasons and researchers in other countries report lower condom use in sex with both new partners as well as with the prior partner during this period (Bajos and Marquet 2000). In PNG, serial monogamy appears to be more common among the matrilineal groups, though recent data on marital dissolution are not available.

Having several partners concurrently (or closely after one another) raises the risk of spreading an HIV infection far more than does having serial partners separated in time. Further, during the period of post-partum abstinence, while a mother is breastfeeding, husbands frequently acquire STIs outside of marriage (Cleland et al., 1999; Mola 2005). If men acquire HIV at this time, transmission to the mother and onto the child through breastfeeding is highly likely (Gray et al., 2005).

**Love Magic**

- Because love magic is widely believed in and very often projects responsibility for one’s own actions in sexual relationships onto the substance and its owners or perpetrators, love magic should be considered a cultural risk factor for HIV.

Life history interviews and specialized interviews using vignettes describing love magic-related stories were collected between 1991 and 1995. Over 500 persons were interviewed. In the national study, some people spoke of love magic ‘missing’ its target and ending up ‘hitting’ close relatives, thus providing a way to expla incest within the family. Among youth, opinions were queried regarding love magic and vulnerability to HIV infection.
While the reported practice of love magic appears to be diminishing among many young people, especially in urban areas, belief that it can manipulate a person into uncontrolled sexual situations remains strong. Considerable amounts of money are spent by women to buy love magic from specialists in attempt to control their men’s sexual behaviours, to lift a spell placed on them or to seduce a man of their choice. Men buy various spells for similar reasons, but also have a body of practices, including magical ones, to make their penises grow larger. The study inquired if young people thought love magic could constitute a risk factor for HIV. While a minority recognized that such beliefs allow little room for safe sex, many thought love magic would be useful to AIDS prevention because it would ensure more faithful couples. In either case, the respondents clearly believed in the power of marila (Jenkins 1998).

Transgressions and Sanctions

- **Shame is a public phenomenon and, for the most part, PNG cultures continue to be shame, as opposed to, guilt cultures. The difference is in getting caught and exposed. Payback or retribution is the primary paradigm by which serious transgressions or affronts are sanctioned.**

A variety of threats meant to deter people from breaking the rules were common but if a sexual transgression was discovered, punitive actions were possible. These were, however, largely seen in their historical and kin group contexts. Retributive justice (‘payback’) was not necessarily directed against the perpetrator alone. The juristic ‘person’ in PNG was rarely a single party, but the individual imbedded in a social group, i.e. a clan or a lineage. In societies that earlier were in nearly a constant state of warfare, survival of the group had highest priority and any social disruptions that could diminish its capacity to fight collectively and vanguish its enemies were strongly discouraged. It appears that, in most earlier PNG societies, many sexual
indiscretions could be overlooked, with various forms of teasing and gossip used to shame a person. If considered serious, compensation could be demanded or public beatings take place. However, some cases of adultery or pre-marital sex were considered highly disruptive to important group relations and brought about ongoing payback killings, sorcery, punitive rape, suicide and other dire consequences (Attah-Johnson 1992; Counts 1987; Counts and Counts 1991).

Group rape of women as well as murder took place in certain societies when women refused to marry who their parents chose, or who were considered seductive, similar to honor killings and punitive group rape still practiced in some Islamic tribal cultures today. In some traditional societies, rape was a permitted way of disciplining a woman or wreaking revenge on the males of her lineage. It was only socially offensive if the parties involved were of the same clan (Strathern, 1975). Most of the more severe punishments for sexual transgressions were derailed by the colonial administration and the imposition of the village court system. But during the period of review leading to decriminalization of adultery, most PNG communities continued to consider adultery to be a greater crime than murder (Wuillemin et al., 1986).

No matter what the adaptive value of some of these earlier customs, they no longer operate in the same milieus as before. While some may be adaptable to the current era of AIDS in a protective manner, others are very likely to contribute to the spread of HIV. Larger issues of women’s rights and male sexual privilege are beginning to become foci of contention in PNG. The HIV/AIDS epidemic is a particularly intense challenge to the people of PNG in that older cultural scenarios and values surrounding sex and sexuality have yet to adjust to the widely altered attitudes and behaviours that have been well documented for at least several decades. The shifting scenario has now become a major threat to the lives of individuals and the survival of families and clans.

SECTION 3. CHANGING TIMES

- Several important historical factors, both biological and cultural in nature, have contributed to the current levels of HIV risk in PNG.

In Papua New Guinea very rapid and dramatic cultural changes have taken place in a relatively short period of time. Papua New Guineans may have been shocked when first encountering strange ghostlike white people (Schieffelin and Crittenden 1991), but it did not take long to incorporate Europeans into their views of the world. The cultural scenarios discussed earlier provided frameworks for sex and marriage in PNG’s communities for centuries and provided structural supports for achieving the expected norms, such as men’s houses, separate residences for men
and women, especially for unmarried youth, and perhaps greater level of surveillance by elders. Populations were certainly smaller, people lived in different housing arrangements and mobility was far less pronounced than in more recent times. Cash has entered all cultural systems and new notions of ‘gutpela sindaun’ or ‘the good life’ have emerged. As the contexts have changed, so have the practices.

**Eastern Highlands**

As the white people came into our country and as we lived with them we got ourselves accustomed to Europeans’ lifestyle. We forgot all about our customs. And we used to say where are all our good customs, are they hidden or what? This new life came in and spoiled all our societies. Bad things came and good things have gone.

*(Male focus group discussion)*

Contact with missionaries and colonial administrators changed PNG’s cultures forever. Multiple epidemics followed upon contact and wiped out sizable proportions of many societies. The cultural mechanisms people relied upon to explain diseases that were killing their kin and avenge their ghosts were prohibited, i.e. divination, sorcery, murder and raiding. Other cultural forms that were never understood or appreciated and that contravened the moral principles of western law and religion were attacked as sinful or poorly adapted to a modern way of life (Trompf 1994). This included almost all religious beliefs and practices, many initiation and men’s cults, scaffold or cave burials, sister-exchange marriage (Lattas 1991), divination (Lohmann 2003), bilineality or ambilineality (inherting various rights through either/or/both the mother’s and father’s lines), indigenous cloths and furniture, traditional graphic arts, songs and drama, and numerous other cultural traits. The cultural collision with western change agents led to the prohibition of even small features of life, such as the pre-mastication of solid foods for babies, as well as major complexes, such as head-hunting, cannibalism and ritual homosexuality.

While there was active resistance to specific demands of missionaries and government personnel, e.g. refusal to provide labor for German plantations (Madang), or hiding important ritual objects, most people eventually gave up many of the ways of the past, sometimes throwing them away with lightening speed as if they had been a burden all along. Medicine, trade goods and Christianity (followed soon by government) often arrived together in a miraculous package. Christian belief systems offered reward (or punishment) in the afterlife, a relatively new concept in many PNG cultures, salvation and the promise of relief from fear - fear of cannibl witches or sangguma, the treachery of neighbours, and the dangers of ghosts, masalai and other nature spirits. The Gospel emphasized the ‘life of grace through faith’ in which Papua New Guineans expected to participate. Modern medicine offered effective cures for visible diseases, such as tropical ulcers and yaws. Missionaries came with schools and health services as well as an apocalyptic
explanation for the new order. Given that a group’s ritual techniques were essential for its wealth and fertility, it was not illogical for people to believe that Christianity was the means to the abundant life.

But, as the decades pass, many people have expressed resentment and disappointment with the entire colonial project. Cargo cults emerged in reaction to perceived deprivation (Lindstrom 1993). Some people have begun to believe that they should have been more selective and held on to more of what they had. For example, many cultural systems included mechanisms to establish peace among enemies, manage drought and times of hunger, heal sickness and social relationships, redefine and incorporate new groups of people, limit overuse of natural resources, redistribute unwanted babies, and reduce the damage done in warfare. But when ritual assemblages were attacked and lost, many linked cultural traits were thrown out as well.

As the issues pertinent to a modernizing society began to reach village life, e.g. courts, cash cropping, access to services and markets, employment and migration, and eventually, loss of natural resources, inflation, and politics, fewer and fewer domains of life were directly under local control. Subsistence producers turned into peasants, subject to the forces of international commodities trade. For years, people hoped that the government would provide. Although many people have temporarily acquired some wealth, social imperatives to redistribute one’s wealth have not generally permitted accumulation and wealth-building, in a truly capitalist sense. Mismanagement, corruption and the gradual decline in the performance of the central government and the civil service have left an increasing number of Papua New Guineans poorer with each passing decade.

The HIV epidemic has entered PNG at a time when political instability is high, economic growth has stagnated and other development indicators, such as education and health status show little recent improvement (World Bank/AusAID/ADB 2005). When, in addition, languages are vanishing (Nettle and Romaine 2000) and familiar frameworks of sex, gender and family life are shifting in ways that are perceived as threatening to the very integrity of society, many people express a sense of helplessness and even doom. This negativity could be diminished but will require greater involvement of key Papua New Guineans in their own development and HIV programs.

BIOLOGICAL FACTORS

Nutrition and Age at Sexual Maturity

- In a situation, as in much of PNG, where improved urban and rural diets lead to earlier menarche and sexual maturity for both girls and boys, the
time between puberty and the age at marriage has become problematic. This factor is likely to lead to greater levels of premarital sex than the elders saw in the past. While many people around the country recognize that menarche and sexual activity are taking place earlier, they are generally unaware that nutritional changes have played a large part in this process.

During the 1960s and 1970s, studies of children documented slow rates of growth and development. The estimated mean ages at menarche in several PNG societies at that time were among the latest ever recorded, i.e. Bundi -18.8 years, Chimbu -17.5 (Malcolm 1970), Lumi - 18.4 (Wark and Malcolm 1969), and during the 1980s, Gainj - 18.4 (Johnson 1990). A follow-up study conducted in Bundi in 1983-84 showed the median age at menarche of rural girls had dropped to 17.2, while a small sample of urban Bundi girls reached menarche at 15.8. Bundi boys were showing similar endocrine patterns (Zemel et al, 1993).

Islands

Small girls are already having their menstrual cycle and also small boys nowadays are getting married. These changes are taking place because they learn many things from the video shows or such other places, which gets young peoples’ attention.

Today both rural and urban girls from all backgrounds are reaching menarche much earlier than did girls in the past. Zemel and Jenkins (1989) demonstrated that adolescent growth spurts, menarche and full breast development among girls, and adrenarche among boys are occurring much earlier than previously. In one study in Port Moresby comparing under-18 year old women with a randomized group between 20 and 29, all first-time new mothers, the mean age at menarche was 13.3 vs. 14.6 (Klufio et al., 1997). Most of the under-18 year olds were of Highland parentage and initiated intercourse earlier, at a mean of 15.8 years vs. 21.4 among the older cohort. These findings are consistent with studies elsewhere showing the strong influence of hormonal sexual maturation on sexual behavior among both boys and girls. While the influence is clearly strong, it is not fully determinative. Social and cultural factors can play a major role, as found in Hong Kong where girls start sex later than boys even though they mature earlier (Lam et al., 2002). In countries where studies have examined these factors, e.g. Denmark (Wielandt and Boldsen 1989), South Africa (Buga et al., 1996) and Zimbabwe (Campbell et al., 2005), the majority of young people have initiated sex within a few years (2-4) of biological maturity.

Studies elsewhere show that as age at menarche drops, a period of 4-5 years can exist between sexual maturity and emotional maturity. While emotional maturity
may be difficult to measure cross-culturally, no studies have taken place in PNG that explore the full ramifications of earlier menarche. With much effort over the past decade, adolescent pregnancy rates have significantly declined in many parts of the US, mostly due to the increase in condom use and the adoption of hormonal contraceptives (Klein and the Committee on Adolescence 2005). With a similar amount of effort, PNG could have similar effects on youth sexual behaviour. Many stakeholders in PNG have not taken a firm stance on making condoms or other contraceptives easily available to either the married or unmarried. Where the cultural scenario has not yet adapted to encouraging contraceptive use among the unmarried, both HIV/STIs and unwanted pregnancies are frequently the unfortunate consequences. Promoting abstinence until marriage may enable some young people who do not want to be involved in sexual relationships to find support for their preferences. But several important and large studies have shown that, unless these young people are given a full education on the options for sexual safety, including the use of condoms, they eventually have sex without protecting themselves and, in the end, have the same prevalence of STIs as those who did not try to remain abstinent (Brückner and Bearman 2005; Santelli and Ott 2006).

**Sexually Transmitted Infections (STIs)**

- High prevalence of STIs places a whole population at considerable risk of acquiring HIV. A brief summary will be presented here of how the major STIs spread just prior to the modern era when traditional sexual cultures were more intact and movement of people less extensive than it is today.

Early in the 20th century, a serious outbreak of donovanosis occurred in the south-western part of the nation, presumably brought in by laborers who had worked in northern Queensland, where aboriginal populations were known to be infected. Further west, along the coast in Dutch New Guinea, donovanosis had become a public health problem by the 1920s, enhanced by the fact that influenza epidemics among the main affected ethnic group, the Marind-Anim, provoked renewal or fertility rituals requiring plural copulation (van Baal 1966). In 1917 a special hospital was built at Daru to handle the high numbers of gonorrhea and donovanosis cases (Maddocks 1967). Outbreaks of donovanosis were documented in the Trobriand Islands and among the Goilala people of inland Papua within the following several decades (Zigas 1971). By the 1970s, high rates of donovanosis were recorded in Port Moresby, associated with recent in-migration (Kuberski et al 1979). Recently, Mola

---

3 The distinction between sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) rests in the fact that many infections are asymptomatic and only when people have symptoms can it be called a disease. In addition, some people have symptoms but do not recognize them as anything abnormal.
(2005) reports seeing one case per month of donovanosis among antenatal patients at the Port Moresby General Hospital.

Gonorrhea and syphilis entered along the Papuan coast in the late 1800s, around the site of the present capital, Port Moresby. Both infections then spread along the southern side of the nation through neighbouring coastal villages. Named after the most well-known missionary, gonorrhea was called ‘Chalmer’s disease’. By 1905, a special hospital had been set up at the far eastern end of this chain of communities in Milne Bay to handle the alarming amount of syphilis cases (Kettle 1979). On the other side of the nation, on the Bismarck Archipelago, German planters brought in Chinese labourers and both syphilis and gonorrhea spread widely. By the early 1900s, alarms were raised among Australian administrators, claiming that infertility was so high as to threaten depopulation, especially on the island of New Ireland (Scragg 1957). A specialist medical officer was sent into New Britain in 1921, to examine the explosive spread of syphilis, where he found high prevalence, often with frequent anal and oral lesions, in several contiguous series of villages, but with absences in others (Neligan 1920).

Chlamydia, it should be noted, was probably present during pre-contact times (i.e. prior to 1860s in the lowlands and 1930s in the highlands), as trachoma was found to be widespread as early as the 1950s (Mann and Loschdorfer 1955).

The human populations in the Highlands of PNG were not known until the 1930s. During the early years of STI spread along the coasts and among the islands, the high concentrations of population in the Highlands region were largely unaffected. In 1936, officers of the Australian administration, a few miners, and policemen from Papua and East New Britain, conducted the first exploratory patrol, opening up the Highlands for government control. It has been well documented, even on film, that on that first trip, these men exchanged trade goods for sexual access to local women (Connolly and Anderson 1987). After World War II, a road was constructed from the north coast into the Highlands and both gonorrhea and syphilis found their way into the dense mountain populations. During the post-war years, large numbers of men from the Sepik and Highlands regions were recruited to work on plantations in Papua, Bougainville, and New Britain. In 1969, the first case of syphilis was documented in Chimbu, in the Central Highlands (Sterly 1973). A meeting that took place in 1970 noted increasing prostitution as a contributory factor to the spread of syphilis. Commercial sex work was documented in both urban and rural areas prior to Independence (Anderson 1949/1950). Mines were cited as contributing to the growth of prostitution as early as 1900 (Hart 1973).

Further, by 1975, the year the nation was granted Independence, a massive urban migration, mainly to Port Moresby, had taken place, with large numbers of rural males leaving their homes to seek opportunities in the city. Between 1966 and 1971,
the total urban population grew very rapidly, at an overall rate of 15.4 percent (National Statistical Office 1994). Since then, the further development of mines, oil fields, hydroelectric dams and other major economic activities have helped to move people and pathogens deeper into previously isolated areas. Tari, once a remote area of the Southern Highlands, received a road in the late 1970s and men began to migrate out, many to work on coffee plantations in Mt. Hagen, in the Central Highlands. Between 1987 and 1989 attendances doubled at the Tari STD clinic (Hughes 1991). Even the poorly maintained government statistics on STDs showed a 3-fold rise in both gonorrhea and syphilis between 1974 and 1986, with most cases reported among 15-24 year olds.

The prevalence of STIs is now high in both males and females, whether one might consider them high risk persons or not. One survey in 1997 of sex workers in Port Moresby and Lae found high levels of chlamydia-31 percent, syphilis -32 percent and gonorrhea -36 percent as well as 17 percent HIV prevalence in Port Moresby and 3 percent in Lae (Mgone et al., 2002a). A later study of sex workers in Goroka found no HIV, but rates of gonorrhea, chlamydia, syphilis, and trichomoniasis of 21 percent, 19 percent, 24 percent and 31 percent, respectively; 74 percent had at least one STI and 43 percent had more than one STI (Gare et al., 2005).

A study conducted in the Eastern Highlands among rural women, randomly selected from villages within an hour’s ride of the main highway, found that nearly 60 percent were actively infected with STIs (Mgone et al., 2002b). Prevalence was high; trichomonas-42.6 percent, chlamydia-26.5 percent and gonorrhea-18.2 percent. A previous study of the same group also found syphilis at 4 percent (Passey et al., 1998). Chlamydia prevalence among men in the same area was found to be 25 percent (Tiwara et al., 1996). Around the same time, in East Sepik villages more distant from main towns or arteries of transport, 25 percent of a non-probability sample of women were found to be infected with STIs, mostly with trichomoniasis (Jenkins and Lupiwa, PNGIMR unpublished data). A recent study by PNGIMR at Porgera (a voluntary sample), showed high levels of syphilis among both men (6.9 percent) and women (9.5 percent) (NDoH and NAC 2006). Syphilis is a major cause of stillbirths at the Port Moresby General Hospital (Amoa et al., 1998) and of neonatal mortality in Goroka (Duke, et al, 2002). Chlamydia has been found to be the major cause of infant pneumonia in Goroka (Lehmann et al., 1999). Another recent study in remote areas of Western Province showed 27.4 percent of 351 adults were infected with herpes simplex virus type 2 (HSV-2), known as potent facilitator of HIV infection (Suligoi et al., 2005).

To date, there have been no community-based urban studies of STD prevalence, but results of self-reported current or past STDs among urban youth indicate rates of between 35 percent and 50 percent, a quarter of all females reporting had never
sought treatment (Jenkins 1996a). Overall, about 1 in 3 sexually active persons of all ages sampled in the national study, as well as the youth study, reported past or current STD symptoms, with approximately half of these having had multiple bouts of STDs.

While male circumcision has an impact on the spread of HIV and another viral STI named human papilloma virus (which causes cervical cancer in women), the usual bacterial STIs are not affected. In PNG there is a wide variety of penile incisions carried out in initiations and, though often called ‘circumcision’ and interpreted to be ‘Biblical’ (Kempf 2002), these operations are not real circumcision because they do not remove all the foreskin and the Langerhans cells in it that attract HIV. In the 1990s there were numerous reports of young men obtaining home-made circumcisions in the village or circumcising themselves in small groups. As this often led to severe infections and could not substitute for condom use as protection against HIV or other STIs, efforts were made to discourage this trend (Jenkins and Alpers 1996).

In 2000, WHO estimated that more than one million new cases of STIs occur every year in PNG, two thirds of them being chlamydial infections (WHO 2000), however viral STIs were not considered. In sum, over the period of about 150 years, the spread of newly introduced STIs changed patterns, from an early one of highly localized epidemics in the regions of introduction to outbreaks in areas with known high-risk community practices to one of widespread endemicity. This change has been fuelled by an increasingly intensive and extensive movement of individuals around the nation, creating much wider sexual networks, and a loosening of traditional constraints on many sexual practices.

CONTEMPORARY CULTURAL FACTORS

Expanding Sexual Networks

- Epidemiological studies clearly show that both the number of sexual partners (the size of a sexual network) and the nature of those partners (i.e. infection status, geographical or social distance) determine the spread of HIV and other STIs.

In earlier times, i.e. before the 1900s few inland people traveled far from home, for fear of being killed or even eaten by their more distant neighbors. The most common

---

4 Self-reported symptoms for males are fairly accurate but not for females, as females tend to over-report natural or non-sexually transmitted genital disturbances as well as not reporting high levels of asymptomatic infections they simply cannot recognize.
marriage pattern in PNG requires mates to be found outside of a stipulated kinship distance, usually from other clans or sub-clans. Nonetheless, these groups stayed relatively close to each other for purposes of defense and support. Rural marriage patterns usually show that at least 80 percent of spouses come from the same or contiguous villages. In cities, however, wider mixing is far more common.

**Torricelli Range**

*But nowadays, the young people do whatever they like to do. People are no longer scared of sorcery or sanguma anymore because some of our customs and traditional beliefs have died away. Young people say we are independent country and we can do whatever we like to do. They have freedom to choose whoever they want to get married to. Today many young people get married to people from many different parts of our country and also other parts of the world. People are now following the white man’s culture and have freedom of movement and freedom of marriage. People never think of our culture and traditional customs and our traditional customs now have died and are going down. New christian beliefs were put into practice and many young and old people are practicing it and using it as their culture and beliefs.*

Despite apparently uncrossable rivers and unscaleable mountains, the movement of trade goods, ideas, women, and genes, took place in a `pinball' fashion, often across very great distances. A traded with his neighbor B, who traded with his neighbor C, who traded with his neighbor D, and so on. Rarely did A actually travel all the way to D. Even in the prehistoric period of much greater internal and external isolation, genes, and possibly certain STIs could flow slowly and gradually among the nation’s peoples. Coastal peoples were far more likely to be exposed earlier to all outside influences and this is reflected in population genetics and oral histories of introduced diseases, items and ideas.

Urban life styles, though numerically not predominant, exert strong influence on the rural majority. The population of PNG consists of 83 percent rural and 17 percent urban residents. It is a young population with 48 percent of persons under 20 and a highly masculinised one with a sex ratio as of 1990 of 112 (National Statistical Office, 1994). During the intercensal period (1980-1990), the number of small urban centres rose from 67 to 80. Several medium-sized towns lost people, while the capital, Port Moresby, continued to gain relative to others. By the year 2000, urban population had grown again by several percentage points. More importantly, the sex ratio has steadily declined in Port Moresby, showing that an increasing number of female migrants have left their rural homes for the city. Urban-rural disparities in health services, education and both the formal and informal economy, continue to grow. For example, despite significant progress, gender disparities remain a serious concern, especially at the secondary level, where only a third of pupils are girls. Whereas 40 percent of the population is of school age, by secondary school level, less
than 15 percent are enrolled, and most of these are urban residents (Center for International Economics 2002).

Extensive circular migration between the rural and urban areas as well as numerous urban-like economic developments, such as mines, agricultural industries, and others, contribute greatly to the diffusion of new ideas and practices. Media, especially video and pornographic magazines, also play a large part in the changing ways of sex. The eroticism of more complex and commercial societies, both Asian and western, presents issues of contention in sexuality to Papua New Guineans. Sexual cultures, such as they were, have been influenced by greater options at the level of imagination and practice.

**Youth and the Media**

- While the influence of media on young people is a contentious issue in many countries, scientific studies show exposure has many different kinds of influence, both positive and negative. Contemporary parents and youth represent the first generation of Papua New Guineans to be seriously confronted with these issues.

The media in PNG, i.e. TV, magazines, books, films, are often considered highly influential with regards to sexuality and modernization (Gewertz and Errington 1996; Foster 1996-97; Lipset 2004; Nihill 1994). In the multi-site study (Jenkins 1996a), young people were asked to discuss the last film they saw, the last type of print media they read, and what their aspirations were.

**Periurban 20 year old male**

The last time I saw a video was a blue movie. I can’t remember the title but it was acted by white people. I saw different types of sexual behaviour. You know when I saw it, it gave me sexy feelings. I think this is not a good film because it spoils our minds. I saw them naked, they played around with their sexual organs, sucking each others sexual organs-they fuck like wild dogs. When I saw it I didn’t feel happy but on the other hand got sexy feelings. I couldn’t control my feelings. I lost control, my penis expanded and expanded. Some of the boys when they saw it, they held on to their expanded penis and tried to control it but they couldn’t. I don’t know about others, myself afterwards when I came outside, when I saw girls I really was tempted to rape them. I wanted to put into practice what I saw that made me sexy. You know, the feeling we got was hard to control. How can I express it, ah…. Now these days I see business people living in luxury, expensive house, car, clothes and so forth. If I need to buy a wife I use money, to buy car I use money or to do anything it will always require money. So to start I would save up to K100 and then start with a trade store. As money grows I would buy a car for PMV, then go on to starting a
Although in focus group discussions pornography was held responsible for increased rape, heightened sex drive, and the spread of STIs, in private, many young men and women thought that ‘playboys’ were a good source of sex education, providing them with new techniques to try the next time they had sex. There was very little unambivalent endorsement for viewing pornography and the majority of young people still reported they learned most information about sex from their peers.

Young women read books about relationships, either of a religious nature on family and marriage, or romance. They viewed pornography and found it exciting but less often than did boys. Overall, there was a far wider variety of both reading and viewing material available in urban than in rural areas. The effects of pornography on changing sexual practices may simply be to expand the repertoire of sexual acts or positions, or, for some youth, there could be a more deleterious effect. In order to delineate such an effect, research would have to separate all other influences and this would be extremely difficult.

What does it mean to be a man in contemporary PNG society? The larger issues affecting young men concern definitions of manhood and opportunities to realize their masculinity. It may be that sexual activities have become a far more important domain for demonstrating masculinity that it had been in the past, largely because the former roles of young men as warriors, builders of boats, gardens and houses have been devalued. Cash has become the measure of a man. Men with cash can have many women and can have many material symbols of status and thus gain respect in their communities.

Whatever lessons pornographic material may disseminate to young Papua New Guineans, honest and sound sex, gender and relationship education conducted in the dual contexts of family and school are greatly needed. Both young men and women desperately need more opportunities through which they can actualize their adult roles in society.

**Asaro Valley girl, returned to village after 6 years in Port Moresby**

_I am 16 years old and completed my grade six in 1993. The last movie that I saw was about three little kids and the title is called the Three Kungfu kids. In the movie they fought for their sisters. She will be going to school and the enemies will kidnap her and take her away and the brother will fight for her. The last book I saw is about playboy, and in the book I saw two men and one woman all naked. For my future I don’t want to settle down because I want to enjoy myself by going around with all._
sorts of men in the village. I don’t want my future to be good because I don’t want to get married. I want to be prostitute and get feelings. Get feelings like happiness.

The interviews above illustrate several common themes revealed in the multi-site youth study, e.g. social status, money, consumerism. Boys were concerned about the ability to earn money, gain status, marry and care for families. Many who were poorly educated expressed fear that they would not be able to be more than subsistence farmers. Both boys and girls were sorely disappointed when their parents refused to pay school fees and they had to drop out of school. Girls frequently said they wanted to marry men with jobs and have good houses with washing machines, but far more girls than boys rejected marriage entirely, as in the two female interviews above. Nonetheless, despite some rebellious attitudes and some socially transgressive behaviour, almost all young people stated they did not want to shame or disappoint their parents. When someone acquires an HIV infection and develops its visible syndrome of AIDS, the exposure of past behaviour is patent and extremely shaming.

**Plurality of Partners**

- If persons with multiple partners always used condoms, HIV transmission would be very greatly reduced. This approach has been successful in some at-risk groups with little reduction of the number of partners (Smoak et al., 2006). However, for many men and women, reducing the number of sexual partners seems easier. Promotion of faithfulness to one partner, though morally acceptable, is very weak as a prevention stratagem because married women are often faithful yet still acquire HIV from unfaithful husbands. Also newly married couples often already have HIV from prior sexual relationships. In PNG, the reduction of partners will not be effective unless much higher condom usage is achieved.

Compared to the past described by elders, people today have far greater freedom to engage in sex. The sense of freedom is both a personal one, in that there is less fear of personal damage, and a social one, in that there is less fear of social sanctions. Whereas an unwed mother was once stigmatized in many PNG societies, today babies born of unwed mothers are usually handed over to their grandparents and the young woman remains free. The majority of young men feel justified in renouncing any responsibility for parenting a child because their girl friends are rarely without other sexual partners as well. In some rural communities, social disapproval expressed through gossip remains a strong force inhibiting sexual freedom within the community. However, visits to other villages and, most importantly, to town, offer opportunities for experimentation. Many people actively seek such opportunities. For married men, going away to the city during a wife’s pregnancy is a good way to maintain the prescribed abstinence taboo and still have
a sex life. For young people, the city represents all the forbidden pleasures of sophisticated sexual partners, alcohol and marijuana. For women of all ages, the city allows for the sale of sex, an opportunity to have fun and make money too.

The national study of sexual behaviour in rural and periurban areas found the reported number of lifetime sexual partners among men averaged around 10 during adolescence to over 20 by age 60. Nearly 50 percent of both men and women had more than one sexual partner the previous year (NSRRT and Jenkins 1994). Among married persons, about 73 percent of men and 21 percent of women reported ever having extra-marital partners. In a large randomly sampled family planning survey of men and women conducted in 1993 (in Lae, Goroka, Mt Hagen and the Highlands Highway periphery), 75 percent of women stated they knew or suspected their husbands had other sexual partners (Jenkins and Pataki-Schweizer 1991). A study among Eastern Highlands youth found that recent numbers of partners were also high, whether these young people were married or not (Jenkins, unpublished data 1998, Table 1).

Motivations for having many sexual partners are multiple, often at the same time, and differ by occasion as well. Most narratives from men emphasize the need for release of sexual tension, the desire to trick or seduce, the desire to ‘taste’ something new, and sometimes to punish. They almost always reflect a clear pride in being highly sexually active. Telling others about one’s multiple partners establishes one’s strength and virility. Women’s narratives include motives such as revenge (‘bekim’ or payback), material gain, fun and excitement, a quest for new experiences, and an appreciation for good sex. Unlike the women of many Asian cultures, PNG women generally have little trouble expressing their enjoyment of exciting and satisfying sex in our collected narratives, both within marital and non-marital sex. Men too make distinctions between ‘deep’ sex and other sexual experiences.

Wardlow (2002a, 2005) makes the point that Huli women have increasingly become ‘pasinja meri’ (loose women) out of anger at the devaluation of their traditional
pivotal roles. Their reported negative attitudes towards brideprice have been similarly recorded in other parts of the country. Whether or not the term sex worker should apply to these women at present, the gradual incorporation of capitalist-style monetization into most aspects of PNG life would seem to underlie the facile shift from sexual exchange of other more traditional types, i.e. ritual exchange of partners, hospitality sex, sex for meat, sex for garden foods, sex for protection, sex for garden labor, sex for trade goods - to the sale of sex for money. Not unlike the use of women’s bodies to sell commercial goods, in modern PNG women’s bodies have value in the marketplace, both for themselves and their families. In a study of poverty undertaken for the World Bank in 1996, unemployed urban men frequently pointed out that women had an advantage over men, as they could always sell their ‘coffee’, whereas hungry unemployed men in the settlements were left with few options but theft (Jenkins 1996c).

Increasingly villagers state they are observing married men seeking extramarital partners from among the pool of single and divorced or separated women in their own or nearby villages, paying for these liaisons with cash, beer, or both. From the results of several different studies, it appears that more than half of the sex partners sought by married men are paid in cash and/or kind, whether these women consider themselves sex workers or not. Many men do not like to admit they pay for sex as it implies one cannot manage to seduce a woman simply on good looks and finesse. In this regard, PNG has a greater similarity to southern African societies than to those of many of its neighbors in Southeast Asia. As in southern Africa, a large number of women may not consider themselves sex workers and their casual partners may not consider they are purchasing sex (Wojcicki 2002). While true self-identified full-time sex workers are recognized, primarily in urban or urban-like areas, a far larger number of women are engaging in what has been labeled ‘transactional sex’.

**Village girl, Lufa**

> After my first sex, the next partners are 12 and their ages are as follows: 16, 16, 17, 19, 20, 18, 18, 21, 20, 17, 18, 16. All of them are single boys. Last year I have slept with 5 and this year 7. For some they paid me for sex but some no. When I rejected to sleep with them they pay me with money. They pay at least K5.00 or K10.00. With that money I use to buy clothes or soap.

Rural areas provide opportunities for both commercial and transactional sex. In a small rural sample of 67 women who exchanged sex for cash and 90 who did not, there was no significant difference in the extent of exposure to town. Urbanity *per se* is not an important mediating influence. Overall, among rural and periurban women nearly half reported sometimes selling sex for cash. One study that sampled young urban unemployed women found that 48 percent claimed to at least partly support themselves through sex work (Levantis 2000). In the studies conducted during the period 1991-1996 through the PNGIMR, urban-rural differences in risky
sexual practice among adults and among youth were not significant. However, both knowledge and services related to sex and reproduction, including availability of condoms, are far less adequate in rural areas (Lemeki, et al., 1996; Lupiwa, et al., 1996; Wardlow 2002b)

**Rural, Eastern Highlander**

Some mothers have told me that if I have sex with only one man I will get pregnant but if I have sexual intercourse with plenty different kinds of men, I will not get pregnant, that’s why I go out with lots of men. I’ve heard this from married women. I was told by the sex educator and other men that I have to have sexual intercourse at least 3 to 6 times with my wife before the baby is formed. From my own point of view and what I heard in town, once is enough to form the baby.

Long-term sexual involvement with a single partner implies the likelihood of pregnancy and is definitely to be avoided unless one is ready for commitment. This is buttressed by the widespread notion that pregnancy cannot take place unless a man has sexual intercourse with a woman at least about 6 times. Thus, many girls and boys have been taught it is safer to change partners frequently. In the study by Klufio et al (1997), significantly more of the under-18 year olds (81 percent) thought it requires more than one act to get pregnant, compared with 56 percent of the older cohort.

Basic facts about sex and reproduction remain widely misunderstood in PNG. All opportunities to improve peoples’ knowledge should be utilized, including programs for parents as well as young people. It is essential, however, to monitor what is being taught as there are copious examples of health educators and others in positions of ‘authority’ giving out incorrect information. As there is a tradition in PNG of giving false information about sex to young people in order to discourage unwanted behaviour, attitudes about disseminating true facts, making condoms and other services available, and letting informed people make up their own minds about sex in their lives have to be addressed as well.

**Commercial and Transactional Sex**

- Despite the fact that the epidemic has already begun to spread widely outside of commercial sex networks, targeted interventions for those practicing commercial and transactional sex remain the most cost-effective interventions possible.

The definitive history of the sex trade in PNG has yet to be written, but evidence exists that women’s sexual services were exchanged for goods from the time of earliest contact, as happened elsewhere in the Pacific. Prior to contact, numerous customs existed that prefigure commercial or commodified sexual exchange. Hence
it is not surprising that a large proportion of women and men do not perceive a major moral lapse in such exchanges.

The commercial sex trade in PNG has grown substantially over the decades. Although it is by no means a new phenomenon, it is better recognized in cities. The contemporary rural scene includes young women who expect to be paid, others who accept cash ‘to be nice’ and others who accept gifts, such as beer, food, clothes and do not expect cash. Many of these same women also sometimes have sex without any sort of remuneration just for fun. In small towns and at markets, there are women who define themselves as sellers of sex, and openly negotiate price. In all areas, especially the larger urban centers, there are many women nearly totally dependent upon the sale of sex for their income and who support several other family members on this income as well (Jenkins 1994a). Half of the women between the ages of 15 and 24 in the multi-site youth study stated that they accepted cash, gifts (including alcohol) or both in exchange for sex. In the national study conducted in 1991, 66 percent of the women under 25 and 43 percent of those over that age stated the same. It must be noted, however, these were not probability samples and cannot be interpreted to be the actual proportions nationally.

**Urban settlement dweller**

Yes, I went to school and had completed grade 8 but they suspended me from school because I smoked marijuana with some boys during lunchtime in the classroom and they caught us. So now I’m just a simple cashier. When I see my classmates working in offices I usually think back to my school days and feel worried about what I have done. I earn money from my salary and also from my boyfriends. You know ‘ol lukim mipela ol meri, ol ino inap wari long moni ya, ol bai givim mipela tasol bikos ol laik lukim skin bilong mipela ya. [they see us women and don’t worry about money, they will give it to us because they want to see our bodies] To tell you the truth, I learnt sex from a magazine. When I saw this magazine I felt wet and I really wanted to have sex. You know, people like us, we know how to read and write, and when we read some books we get some ideas already to go about it. I don’t recall how many men I had sex with last year, but I think it’s about 30-33 men last year. Some are married old men and young boys at my age. I want old men just because I want their money, young men and married men don’t have enough money but old men have a lot of money so we just grease them and they give us a lot of money. I have sex just because I want money and if no money, no sex. (20 year old woman living in a settlement)

Among the 15-24 year old young women interviewed in 1994, those who never took cash for sex had a median number of partners in the last year of 1 (although 32 percent had more than 1); for those who only accepted non-cash gifts for sex, the median number of partners in the last year was 5.5 (with 23 percent having 15 or more). Amongst the young women who accepted cash for sex, the median number of partners in the last year was 16 (46 percent had 30 partners or more). But, the
number of partners in the last year for self-defined, full-time commercial sex workers is far higher, on the order of 150-300 or more (Jenkins 1994a, 1996a, 2000; Mgone et al., 2002a).

**Port Moresby**

| I don’t give a single toea to my husband from my earnings. And I also built a house on my own from the money I got from selling sex. If I made K10 per drop, I kept this money until I made more. When I reached K50, I used this money for my child’s school fee. And then I used some for her clothes. (30 year old woman in Port Moresby) |

Wardlow (2005) points out the motivation for selling sex among the Huli is often anger, revenge (*bekim*), and the expression of personal agency. Others emphasize poverty and the lack of options to earn money. Yet others note that family members sometimes ‘push’ a woman into selling sex, including reports of parents selling their daughters to men or to brothels (Banks 2000; Hammar 1999). The factors driving the formal and informal sex trade in PNG are not essentially different from those found elsewhere. The most significant differences salient to the HIV epidemic in PNG between self-identified sex workers and women who engage in opportunistic transactional sex is the number of partners in a given time period and the degree to which internalization of risk and subsequent behaviour change relates to self-recognized identity. While self-identified full-time sex workers clearly have the highest number of partners per year, compared to other countries the number of clients is relatively low. On the other hand, there appears to be about 15 percent of other women whose partner numbers nearly reach that of sex workers. This implies a convergence of risk levels among women in the sex trade and the most active of those practicing transactional sex. Such extensive multi-partnering is capable of fueling a very widespread ‘hot’ epidemic. Their clients and boyfriends are clearly at equally high risk.

In urban areas, most customers come from the civil service and commercial firms in the city, with a high proportion of their trade taking place at noon and at around 4 o’clock. The frequencies of customers for sex workers in Port Moresby and Lae were reported as office workers, businessmen, foreigners, policemen, loggers, soldiers, truck/bus drivers, and soldiers, in that order (Mgone et al., 2002a). There are sex workers at the top of the trade who provide escorts and party women for politicians, big businessmen and the like. There are others who ordinarily operate out of hotels, small guest houses, and discos. Cell phones have entered the scene and are likely to play a major role in coordinating the sex trade in the near future.

Many, however, are ‘two kina bush’ women. These women sell sex in the daytime in the high grasses and bushy areas around the city and many are homeless. Their customers are usually men of low income. In rural areas, commercial sex is available
at clubs, discos, and markets. At least a few women willing to sell sex can be found at most small urban-like centers called government stations where there are men who work for wages. In a study of Eastern Highlands women working along the Highlands Highway, sex workers reported self-employed villagers, PMV drivers and businessmen as their most common clients (Gare et al., 2005). In the World Bank poverty study, remote rural women spoke of walking 10 hours on pay days to government stations in order to sell sex for cash to purchase used clothes (Jenkins 1996c). Canning factories, logging camps, mines, petroleum and gas installations, and other major economic projects foster the growth of the sex trade. As stigma associated with these sexual exchanges among villagers is not too great, particularly when women share their earnings with family and friends, the main limit on commercial sex appears to be the number of clients ready to pay.

The nationwide study of rural and periurban men found 36 percent having ever paid for sex with cash, most of who were married; in addition, 33 percent usually paid in gifts (NSRRT and Jenkins, 1994). Studies of specific occupational groups carried out in 1998 showed varying proportions of men accessing commercial and casual sex in the past week, e.g. truckers-15 percent; dockworkers-30 percent; sailors-54 percent; policemen-49 percent, and security guards-52 percent (Jenkins 1994b, 2000).

**Port Moresby**

My husband now is running around too much with women. We adopted a little girl from his sister so I kept myself busy looking after her. My husband here is a bus driver, he goes around fucking ladies outside and doesn’t give me money to feed our baby and that behaviour really changed my mind. I got really ashamed because by relatives and neighbours used to feed my adopted child. So I started selling sex to have money for our own. I am selling sex for 4 years now. I started in 1991. (34 year old woman in Port Moresby)

The Highlands Highway has been associated with commercial sex since it was built (Hart 1973; Sterly 1973). A WHO sponsored study of sex along the highway conducted during the mid-1990s (Jenkins 1995b) documented numerous examples of commercial and transactional sex, some of which were loosely organized as a trade.

Anecdotally, such family-driven sex work appears to be increasing in urban areas. Residences with numerous women available in them are also known. In addition, the high end of the trade has also been documented with clearly organized communications, fee schedules, modes of access and types of clients. As an increasing number of sex workers become homeless, the potential for a more Asian model of the sex trade with real residential brothels is considerable.
In the rural/peri-urban national study 38 percent of men said they had experienced anal intercourse; women spoke about this far less often, but in neither case was this specifically queried. However in one study of sex workers, high levels of anal intercourse were documented (63 percent), but may represent only ‘ever’ having had anal sex as this higher risk practice was not associated with a greater risk of an STIs. Group sex (or ‘lain-aps’), however, have been shown to be associated with greater risk of both syphilis and chlamydia (Mgone et al. 2002; Gare et al. 2005).

Forced line-ups of sex workers often involve members of the police force. Sex workers in Port Moresby in 1994 frequently stated that they were picked up and harassed by policemen. In exchange for not booking them, they were placed in police barracks and made to serve a whole precinct full of men until dawn. The police called on their car radios to other precincts to invite other policemen to join them. Sex workers were unable to bring a complaint of rape to the courts. In-depth interviews with policemen (conducted by ex-policemen) corroborated the sex workers’ statements, as the interview below demonstrates. In a quantitative survey done in 1996 of 130 Port Moresby policemen, 10 percent admitted to have been in a line-up the previous week (Jenkins 2006, in press). The degree to which this continues is not well documented in any recent studies, but in a small study of 79 sex workers in Port Moresby in 2004, 61 percent reported that physical and sexual abuse by police was their greatest problem (reported in Human Rights Watch 2005). A short intervention with police in 1996 designed specifically to address the risk of exposure to the semen of other men in line-ups did seem to halve the incidence of group rape, but the intervention was discontinued.

**Interview with a policeman**

Bro, I think we know each other for quite a long time. Bro, I think you been in the system yourself and you know it. I would tell you that I don’t normally go out looking for girls for sex in night clubs or discos. The public is against us and I don’t want to be beaten up in the night clubs. You mean pay for sex? that is quite new to me. I fuck for nothing, why pay? I’m telling you the facts. Policemen fuck like nobody’s business. How many times we bring girls into this single barracks, they never demand money. That’s correct, we do group sex too. Well, you know the system yourself, brother boy! Policeman can fuck at anytime, any place. I get girls or women, no matter single or married, so long as she agrees to fuck when she comes to the police station to lay complaints such as she was beaten by the husband, brother, father or their money was stolen or any complaints. You just pay a visit to any of the police stations in town and see. You will see that people are always there, some arguing, screaming and shouting at each other and others laying complaints at the duty counter. You know, any girl taken out in a police car to attend her complaint and look for the suspect that she wants to be arrested, she has to be asked for a fuck. If she agrees, that’s it, fuck her. No, we don’t pay her too. Group sex does not apply in this case. Because we don’t want to create trouble such as get reported for rape or group sex. If she is forced against her will to have sex with all the policemen who are.
in the car then we expect a rape charge the next day. In this case the person who is in charge of her complaint or report only fucks her. There are certain girls that we know of. They are regular faces to policemen and we fuck them whenever we meet them and that is when group sex comes in. We call them ‘public toilets’. Whenever we feel like fucking, we go looking for them. As soon we spot them, we tell them to climb into the car or van. If they refuse, we use force to get them in. We always bash them up so they know our ways. We pick them up any place, streets, outside the clubs, any place. Yes, sometimes we bash them up and order them to get into the car. Well, where will they go and report or lay complaints? Every policeman and policewoman in town knows them very well. Nowadays, they don’t come to the police station because they know very well that their reports won’t be heard.

Male-to-Male Sex

- The lack of recognition of the frequency of male-to-male sex in many countries in the Asia-Pacific Region is contributing to the continued spread of HIV. PNG is no exception.

Sexual identity has little meaning in PNG. The terms heterosexual, bisexual or homosexual do not exist in most local languages, implying that, despite the presence of same-sex activities, it was not considered important to publicly commit oneself or another person to a particular sexual orientation. Traditional third gender identities, as found in many Polynesian societies (e.g. the fa’afafini of Samoa), are rarely found in PNG (Jenkins 2004b).

Same-sex activities take place among men and among women, particularly when young. In the youth study, 22 percent of males and 4 percent of females stated they had engaged in same-sex intercourse and/or mutual masturbation to the point of climax. In the national sample 12 percent of men questioned told of their same-sex experiences. Men often reported male-to-male sex for payments, when drunk, and in enforced all-male residential scenes, such as boys’ dormitories, jail, mining camps, or on oil rigs. What is significant to western minds is that these events in no way imply anything about one’s identity.

Recognition of the male sex trade in PNG has been very slow. Several studies, however, make it clear that such a trade, though much smaller than the female sex trade, does exist in Lae, Daru, Port Moresby and probably elsewhere. Public places at which men may meet and engage in either commercial or non-commercial sex are emerging in Port Moresby. While earlier studies documented the existence of ‘geli-geli’, feminized males who provide sex to sailors and others, more recent observations reveal the gradual public recognition of such men who call themselves logohu (birds of paradise) in the Motu language or gay in English. Their degree of feminization is not as great as the traditional fa’afafini found in most Polynesian
societies, but some informants state such a partially transgendered role is traditional in Motu-speaking villages along the coast near Port Moresby. Many of these logohu also sell sex. Male-to-male sex activity as a whole has a strong bisexually active component, i.e. a sizable proportion of men who are the partners of logohu, as well as other homosexually active men, are likely to be married and/or have sex with females as well (Jenkins, 1996b).

30 year old man, living in Port Moresby

Here in Moresby I always have sex with women and young boys who want money. My payment is from K5 to K30 per person-man, woman, boy or girl. I never have any problem with the police or the community in which I live. I don’t show this kind of activity where everyone else can see. I always play under cover and always teach my partners to use condoms when they have sex with me. They always do what I want them to do. I never had an STD. I have been involved with buying sex for more than 4 or 5 years now. I might have spent more than K2000-K3000 on sex alone during those years.

This bridging population, especially in larger cities, urgently needs to be reached with effective prevention and care. The continued presence of out-dated sodomy laws (carnal knowledge against the order of nature) have created barriers in accessing this population. Male-to-male rape, male-to-male child abuse, both acts of non-consensual sex, and consensual male-to-male sex among adults are not well-differentiated in the present legal framework. Many men who have sex with other men in consensual relationships experience considerable damage due to blackmail made possible by the nature of the present law. The removal of this threat would enable NGOs and other agencies better to carry out much needed HIV prevention programs with men who have sex with men.

Sex, Threats and Violence

- Both sexual and non-sexual violence against women have been shown to be associated with increased HIV prevalence in several countries. The extent of both types of violence in PNG represents a serious HIV risk that has not received adequate attention.

Coercive sex and sex-related violence are common in PNG as elsewhere, and take many forms. The most common and widely acknowledged form is wife-beating. The most common reason for beating revolves around a wife refusing sex to her husband. Rape within marriage is only recently recognized by law. In many parts of the country, the brideprice is seen as giving full property rights to a man over a woman. Rape, for which there is no clear concept in most cultures, may be seen as opportunistic or deliberate (planned), single or multiple (number of participants).
Coercive sex is clearly understood by most people, but may be considered justified, normal, and expected. Older ethnographies of the Eastern Highlands pointed out that men guarded their women as they walked to gardens because they could easily be attacked and raped, particularly if a woman stopped to urinate. Any man seeing her sexual organs had a ‘right’ to rape her. Such formulations of male sexual privilege are clearly under strong contention in modern times (Dowsett et al. 1998).

Child-rearing techniques continue to reinforce aggressive behaviour among boys, particularly if their social standing among peers is threatened. A comparative study of what young (15-25 years old) Papua New Guinean, Fijian and Samoan men would do if they asked a girl for sex and she refused, showed that Papua New Guineans had the highest frequency of violent responses and the lowest level of self-reported self-control among the three islands (Jenkins 1997).

Most contemporary rape in PNG has a culturally specific pattern in that, unlike some societies, at least half of all rapes are perpetrated by groups of men together. This is variously called line-up, deep line, single file and, in older ethnographic literature, plural copulation. In recent studies, the term ‘group sex’ has been used because it is not at all clear that all instances can be considered rape in a legal sense. The practice consists of between 2 and as many as 50 men (average about 10) literally lining up to have sex with a single woman. They often take ‘rounds’, returning for a second or third time. Each watches the previous man and there are often men on the sidelines guarding. Most events take place after attendance at discos, clubs, and video parlors in both urban and rural areas and both alcohol and marijuana play an important role. Sometimes the woman has agreed to have sex with one of the men involved and does not expect to take on others. Sometimes, however, she sets up the situation by drinking with numerous men and willingly takes on the whole bunch. The latter is more common among sex workers who may not consider it rape, as described by one 16 year old urban sex worker:

**Urban sex worker**

These two who picked me up from the XX club. They took me to their friend’s house. His wife was at the village. Four of us had drinks together. Each of them had sex with me until dawn came. I could remember the first and last part of the action but not the middle part- I was so drunk. In the morning the owner of the house was not happy with my being there. He asked his friend to take me home as soon as possible. He gave me K20 plus earrings. The first partners gave me K70 then they dropped me off on the road that leads to our house.

Men discuss these line-ups with comparative ease, but most women find it very difficult to reveal as the experience is loaded with shame. Sex workers, on the other hand, are generally more willing to talk about it, as they can be willingly hired by a
group, but mostly simply give in to the force of a group of men due to the influence of alcohol, marijuana and knowing that alone they can do little to stop it.

Men give many reasons for group sex or line-ups, most of which are punitive or misogynist and corroborate the interpretation that this is often group rape. As a very small proportion of these events ever come to the attention of the courts, legal definitions have not been clarified. In the youth study, young men frequently stated they had no money to pay for sex and justified rape on the grounds that so many women refuse to have sex unless paid, they have to rape them, which is seen essentially as a type of theft. Statements such as the following from a 19 year old living in a rural village are heard often from many areas of the country:

I don’t consume alcohol but do consume marijuana. When I get sparked on it, it makes me think of sex. We do have sex by force when consuming marijuana in groups. Whenever we come across a lady who walks alone during night times, she is already in our hands by force. We will take her to the coffee garden and force her to consume marijuana, she will take marijuana until she is really out of control and that is the time we handle her for sex. Those of us who do have condoms do use them, but those who have nothing, just fuck without using it. Anybody will have a turn in fucking her, even the people of the older ages to the young ages. It is same thing with the ladies, sometimes we get older ladies, sometimes middle age ladies and sometimes very young girls and that depends on what kind of lady we come across when hunting for rape. We do that during marijuana consumption and other normal times when we stay together in groups and tell some sexual stories which would make us feel sexy and those are the times we look for sex.

In the multi-site youth study, out of 466 females and 358 males, 11 percent of women and 31 percent of men reported personal involvement in line-ups. Of the men, the majority had been involved on numerous occasions. Nearly all considered that they had forced the woman and that she had no choice. Among the women who had been involved, over half considered it rape; the rest were sex workers who had done it willingly. Almost all the men involved in line-ups said they forced women into sex when alone as well, particularly when drunk. An additional 9 percent of young men who claimed no involvement in line-ups, said they forced women into sex acting alone, for a total of 40 percent admitting to forcing women when alone. While only 6 percent of young women admitted to having been ‘raped’, nearly 30 percent went on to describe, often in extraordinary detail, the rape experiences of their girlfriends, most of which involved more than one man. It is not unlikely that some of these women were discussing their own experiences. Another study of youth in Goroka revealed 24 percent of males and 3 percent of females admitted to being in line-ups. Line-ups also serve as an example of homoeroticism acted out in a heterosexual context. In PNG, about one-quarter of the young men who discussed having sex
with other men, explained they had done so within the context of a line-up (Jenkins, 1996a).

While most men and women consider the majority of these events as rape, the fact than the woman has been drinking or smoking marijuana is taken as complicity in the act and therefore, obviates her reporting the men to authorities. Personally, however, she may consider she was forced. In the national rural sample, 60 percent of men of all ages who discussed the issue reported having been involved in group sex at least once in their lives. Only 3 percent of women reported the experience explicitly in that study, although 65 percent said they had been forced into sex against their will. More women reported the use of ropes, cloths for gagging, knives, and guns when they were raped than did the men.

A much overlooked high risk activity, line-ups represent nodes of potentially intensive HIV transmission. The magnitude of potential transmission in a single line-up depends on the number of men involved, the STI and HIV infection status of everyone involved, the presence or absence of bleeding, and the number of condoms used, if any. In PNG, there are both urban and rural communities in which men and women publicly state that line-ups occur nearly every weekend and usually involve men of all ages. There have no studies to date that can estimate the true frequency of these events.

Sexual violence against women in PNG appears so common as to be seen as normative in many communities (Borrey 2000). Few countries have had studies conducted with sound sampling and adequate interviewing on this topic, either among sex workers or non-sex working women or men. In South Africa where researchers have documented many aspects of sexual violence, through ethnography, quantitative probability sampling and qualitative studies with both men and women, the issue has been gradually brought into the spotlight, and services developed, such as post-exposure prophylaxis for HIV among rape survivors (Jewkes and Abrahams 2002; Wood 2005). It is abundantly clear that PNG is in need of a similar campaign of research, advocacy and socio-cultural change. While recourse to the justice system for gender violence must be improved, it is even more important to design community-level interventions that accurately identify the sources of gender disempowerment, among both men and women, and work to create long-term solutions to gender inequity built on the positive strengths of both traditional and modern perspectives (Knauft 1997; Lattas 1990).
SECTION 4. SOCIO-CULTURAL RESPONSES TO HIV AND AIDS

Stigma and Rejection

In 1994, youth were queried what would happen if someone in their village was known to have HIV, if that person was one’s own brother, and what would happen if the informant himself (or herself) acquired HIV. Responses to these questions revealed how people viewed the disease, with marked gender differences. Regarding another villager, about 60 percent of young women’s responses were highly negative, such as kicking them out of the village, sending them away, and banishing them, whereas only 34 percent of young men said they would throw him or her out of the village. When the same question concerned one’s own brother, 70 percent of young men said they would care for him, find out what to do from a doctor, and take him to the hospital, while 58 percent of young women said they would do the same.

Questioning what would happen if the informant acquired an HIV infection revealed even greater gender differences. While 31 percent of young men thought they would be sent away and another 40 percent thought they would be criticised, none feared that anyone would actually kill him and none considered suicide. Among young women, 40 percent thought they would be sent away from home, 20 percent were concerned about strong gossip, 9 percent thought they would be killed, 3 percent said they would commit suicide, 2 percent believed they would be reported to the nearest health post and only 2 percent only thought someone would be sorry for them.

Since that time, the number of people who have had direct experience of HIV/AIDS has grown considerably. Efforts to diminish stigma via mass media have not been successful (NHASP 2006). Stories continue to circulate of shunning, deserting, and even killing people who have HIV. Many babies are abandoned and bodies left unclaimed at hospitals. The stigma associated with the virus has increased in PNG as the virus itself has spread. Despite the enactment of broad-based legislation to protect the rights of HIV-positive people, only the component concerned with deliberate transmission has received any attention. Where concentrated effort has been made to educate families and villages, there are often positive results, i.e. people do take care of their relatives and living with HIV is less of a burden. But where high levels of shame are associated with sexual transgressions, as they are in general for women as opposed to men, the stigma can be overwhelming. Even though the common discourse is one in which the innocent wife is given HIV by her husband, in fact among many couples in PNG, the wife is infected and the husband is not (Mola 2005), a finding that is common worldwide.
It is often stated that PNG women cannot take control and protect themselves, but several studies indicate they can. In a study examining the acceptability of the female condom, women were very successful in introducing the condom into various types of relationships (Jenkins 1995a). Traditionally, despite all the restrictions they often had to live with, PNG women found some ways to express themselves and seek what they needed (Kyakas and Weisner 1992). In modern times, they have often pushed the boundaries and become far more assertive, though that sometimes elicits a backlash from threatened males (Counts and Counts 1994; Knauft 1997; Nihill 1994).

**Belief Systems and Explaining HIV**

Meanwhile, villagers are left to cope with the new scourge in their own ways. While it seems that most Papua New Guineans recognize this as a new disease, brought in from outside the country, reported accusations of sorcery are likely to be fairly common. The interaction of ethnomedical or other belief systems and the experience of AIDS has not been the subject of adequate research. What has been recorded is the frequent attitude of ‘payback’, i.e. someone gave it to me so I will now give it deliberately to others. Given the deeply entrenched value of retributive justice in most PNG societies, such a response would not be the least surprising (Trompf 1994).

The more noted cultural responses have been in the realm of Christian belief systems. Eves (2003) has described an apocalyptic vision of AIDS among a group in West New Britain. In another study, Dundon (2005) has shown a fascinating example of spirituality turned against itself, as women possessed by the Holy Spirit attempt to expunge sexual transgressors from their community but become sexually promiscuous as a result of repeated trancing. Since the rise of charismatic Christianity in PNG, the central concept of the apocalypse, when the world ends and Jesus returns, has received a greater emphasis that in earlier mainstream Christian religions. Many areas of the country have experienced increasing incidence of glossolalia, trance, and visitations from the Holy Spirit. Dreaming and shaman-like behaviours are also related responses (Kempf 2002). These cultural expressions have been seen in PNG earlier and have been associated with cargo cults or similar millenarian-type movements (Lattas 1991; Lindstrom 1993). Such responses emerge when people are experiencing very high levels of cultural stress and frequently more often affect women than men. Altered states of consciousness as well as the transformation of messages of the new church into forms that fit with older practices and values help reduce dissonance (Lattas 1990). Papua New Guineans have experienced a great deal of dissonance between what they perceive themselves to be and what the new order appears to demand. In many cases, the conversion to various forms of Christianity and the introduction of modern values left people with a strong sense of being inferior to Europeans, hopeless sinners and a sense that
much of what was authentically theirs was simply no good (Robbins 2004; Robbins and Wardlow 2005; Wilde 2004).

**Islands Region**

| Maybe the end of the world is nearing, that is the second coming of Jesus Christ. |
| (43 year old man) |

Riley (2000) pointed out that western concepts of sexuality were projected onto Papua New Guineans, particularly in relation to sexual guilt. It appears, however, that most traditional societies utilized public shaming as a social control mechanism, a much more effective means where ostracism effectively reduces the chance of survival. Protestantism has emphasized the inculcation of guilt and the relief of salvation, but the extent to which this has really entered into the psyche of PNG’s cultures is not clear. With the advent of AIDS, it appears that communities throughout PNG are trying to come to some understanding— not of the virus and what it does to the body— but why the virus has come to them, the ultimate question and the most common one for which traditional medico-religious beliefs provide answers. Western medicine has little to offer on this count because it is essentially a spiritual, moral and social question, not simply acknowledging the presence of a virus. And, unfortunately, the most common answer so far articulated by PNG’s churches is one suggesting AIDS is God’s payback to sinful people.

While the churches are urged to take a more proactive stance on AIDS, the mere practice of religion (e.g. attending church) has little impact on sexual behaviours. In Fiji it has been shown that church-attending men have more sexual partners than others, as they have greater access to women when attending church socials and other gatherings (Kaitani 2003). Recourse to religion alone is not likely to stem the spread of the virus, but barriers set up by religious leaders, such as refusing to permit condom use, or demanding abstinence and faithful marriage as the only acceptable ways to avoid HIV for everyone, can contribute to its transmission.

**DISCUSSION**

*Development and HIV in PNG*

In many respects, ‘development’ has failed PNG, despite increasing amounts of foreign aid. The cost to society of acquiring western values and material objects without having replaced the social mechanisms of the past has taken a severe toll on PNG. One report entitled “You can’t buy another life at a store” seems to sum it all up (Lawrence 1995). The churches hoped to replace older cultural forms with new ones but in only a few cases have these been functionally equivalent to what PNG’s
societies had evolved in the past. Rivalries and competition among the numerous 
churches that now operate in PNG have contributed to greater confusion and 
disillusionment. Neither the churches nor the government has been able to integrate 
their demands for a Christian morality and a modern economy with the values, 
aspirations and structures of PNG’s societies. Continued impoverishment, especially 
of women, will contribute to further vulnerability and increased risk of exposure to 
HIV.

Economists have shown that around the world there has been little relationship 
between amount of aid funding and success in economic development (Rajan and 
Subramanian 2005a, 2005b) for a number of possible reasons, and not merely 
corruption or political agendas. Critical assessments of what makes aid effective 
demonstrate that participatory processes utilized in project planning are generally 
merely token exercises, leaving the power to make decisions in the hands of high-
level executives. This observation is even more pertinent in relation to changing 
sexual cultures. Donors mainly work with government bodies; government bodies 
mainly work with other government bodies or churches and NGOs, but the 
multiplicity of ordinary peoples’ voices remain unheard and unheeded. Policies and 
programs designed in Port Moresby or outside the country for the millions of 
villagers living highly differentiated lives with very different concepts about sex and 
sexuality cannot be expected to be successful (Jenkins 2004a; Lepani 2002). 
Moralistic, fear-inducing and other top-down approaches to behaviour change as 
well as generic ones such as ABC (abstinence, be faithful and condoms), not only are 
likely to fail, but risk instilling yet more shame, self-distain and embarrassment 
about sexuality among PNG’s peoples (Jenkins 1993a).

Which way forward?

For those people, such as professional sex workers, whose livelihood depends on 
multiple sexual partners, the immediate need is for targeted interventions, utilizing 
paid peer educators, dedicated STI clinical services and self-help group 
organizations. Such interventions have been repeatedly shown to have a major 
positive effect on HIV epidemics, but they must be scaled-up to cover at least 60 
percent of the target group.

For everyone else, it is simply not possible to prescribe the actions that should take 
place to bring about a safer set of sexual cultures in PNG. This must be done by 
Papua New Guineans themselves. It is possible, however, to be certain that they are 
provided with appropriate information and services. These services, including 
education about transmission, STI treatment, voluntary HIV counseling and testing, 
HIV care, treatment and support must be provided by culturally competent persons 
trained in non-judgmental communication techniques.
Despite all the cultural traits that place many people at risk of HIV in PNG, there are other cultural traits that can be viewed as sources of strength and utilized that way. For example, in most PNG societies community-wide decisions are made by consensus. It is customary for people, usually mostly men, to meet and discuss the community’s problems before making a decision for action. Given that HIV is a sexually transmitted disease, it would be reasonable for both men and women to meet for discussions, perhaps separately at first, and then together. They need to be given the opportunity to understand the facts about HIV and then assess what would have to be in place in their communities to help people avoid infection. While punitive actions are commonly considered first, a well-trained facilitator could help the discussants understand why these are seldom effective for sexual behavior. Stories, drama and even films could be used to elicit a self-analysis of the local culture and what might be needed for change.

Structural constraints on shifting one’s behaviour toward safer sexual activities are often beyond the individual’s capacity to alter alone. The type of community discussion mentioned above can also help people identify what these structural constraints are. They might include having no easy access to condoms, health facilities, sex education or ways for young women to earn cash. Once identified, the next step would be for the facilitators and key community persons to find out how they could access what they need. Here linkages to NGOs, government and donors could help to make these needs known and advocate for solutions. Similar processes have been used in the environmental movement in PNG and have proved to be successful and lead to sustained conservation efforts. These are not quick fixes but have a greater likelihood of local adoption and sustainability than programs designed by outsiders. Scaling-up this type of process would require a cadre of trained community development specialists, a paid occupation that many young Papua New Guineans would enjoy.

There are few countries on earth with the cultural diversity found in PNG. Designing HIV prevention programs in far more homogenous societies has not been a trivial enterprise, yet most such programs have been minimally successful. Prevention of HIV in PNG has a multitude of challenges that are not well addressed by the current methods of decision-making and investment. The power and strengths found in the multiplicity of PNG’s traditions have been little utilized in program designs. It is time that donors, government agencies and other stakeholders take lessons from the few grass-roots efforts that have paid off for PNG, such as the environmental movement. Culture matters and cultural matters cry out for frank discussions and an informed, empowering approach to change.
REFERENCES


Jenkins, C. Male Sexual Diversity and Culture: Implications for HIV Prevention and Care, prepared for UNAIDS, 2004b. (accessible at www.alternatevisions.org)


Jenkins, C. Youth, Sexuality, and STD/HIV Risk in the Pacific: Results of Studies in Four Island Nations. Paper presented at the 4th International Congress on AIDS in
Asia and the Pacific, Manila, Oct (Abst.# A (O) 084, p. 44), 1997.


Mola, G. Caring for pregnant women with Donavanosis or HIV in the low-resource setting of Papua New Guinea. **Infectious Diseases** 7(3) 22-24, 2005.


