

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

Carol Jenkins, PhD

EXECUTIVE SUMMARY

Papua New Guinea (PNG) is undergoing a serious HIV epidemic that has not been dampened by any interventions. The cultures of PNG are diverse and unique. While the historical conditions in PNG have altered many of these cultural forms, concepts and values underlying these forms remain strong in many parts of the country, especially in rural areas. The aim of this paper is to explain some of the most common cultural forms, and show their relationship to the risk of acquiring an HIV infection. Except for specific high-risk groups, such as sex workers, standard approaches to HIV/AIDS prevention and care that have been successful in other countries, near and far, are unlikely 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 adapted to local conditions and concepts. Designing programs in urban areas, especially in Port Moresby, is inappropriate for the majority of people at risk or infected who live in rural areas. Methods must be developed to localize the analytical work, design, and implementation of HIV prevention and care projects to fit the real lives and identities in PNG. Culturally competent persons need to be trained to provide educational and other prevention and care services. The processes developed over the past decade in PNG's environmental movement provide a good model for sustainable participatory action.

INTRODUCTION

PNG is experiencing a serious and widespread HIV epidemic. By the end of 2005, an estimated 57,000 persons between 15 and 49 years old were living with HIV/AIDS,¹ with a national prevalence of about 2%.² Women accounted for 49% of new infections. Approximately 66–70% of all infections are found in rural areas (National AIDS Council/National Department of Health, 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. Their diversity covers an enormous range of beliefs, practices, and structural elements relating to sex, gender, and fertility and reproduction—as well as 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 documented better than those of the more distant past. The most salient studies are reviewed and examined in this paper for insights into improving the design of HIV prevention programs in PNG.

The aim of this paper is to summarize the critical issues arising from historical and cultural change, and their relevance to current programs and policies for HIV in PNG. Part 1 reviews what is known about the dynamics of HIV transmission, and alludes to how PNG cultural practices contribute to the spread of the virus. Part 2 addresses in more detail the elements of traditional (pre- and post-contact) sexual cultures. Part 3 reviews the documented cultural, biological, and historical factors contributing to PNG's HIV epidemic. Part 4 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.

1 The estimates for the number of people living with HIV/AIDS range from 23,154 to 90,909.

2 The estimates for national prevalence range from 0.8% to 3.2%.

Most quoted material used in this paper comes 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 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. As none of these studies utilized probability sampling, biases in the descriptive statistics are unknown. They are cited here merely to give an approximate notion of frequency of response, but research with proper probability sampling is required. In addition, this paper draws on my own 15 years of experience in conducting ethnography and human biology studies in PNG.

PART 1. WHAT DO WE KNOW ABOUT HIV EPIDEMICS?

An understanding of the scientific facts about HIV and AIDS is important before attempting to discern what places people at risk of acquiring an HIV infection.

HIV is spread from human to human by three routes:

- Sexual transmission;
- Blood transmission (contaminated transfusions, needle sharing during drug use, needle-stick injuries); and
- Vertical transmission (mother to offspring during childbirth or breastfeeding).

Sexual transmission of HIV accounts for more than 75% 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; and when the disease becomes symptomatic—becoming AIDS—the rate rises again to a range of 1 in 50 to 1 in 1000. Oral intercourse (either cunnilingus or fellatio) have very low probabilities of transmission unless blood is present. Other sexually transmitted diseases (STD), including gonorrhea, chlamydia, trichomoniasis, 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 antiretroviral drugs (ARV) can reduce the amount of virus significantly, it does not eliminate the capacity to transmit HIV.

A host of social, economic, cultural, and political factors facilitates the spread of HIV through populations. HIV spreads more widely where sexual networks are extensive, e.g., 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, when social distances between at least one pair of partners are significant (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. In all-male situations, such as prisons, mines, or construction camps, the risk of HIV transmission is high. Where economic differences between groups within a country are 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. However, as epidemics mature, the pool of infections tends to accumulate among poorer classes. This occurs because poorer and more marginalized people (including disadvantaged minorities of all sorts) have less access than others to information, services, and social power to protect themselves. 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 also can slow 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 difficult to alter. In PNG, these factors interact in ways that have yet to be described and analyzed clearly. 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 PNG. While many of the practices of the past have been attenuated or have disappeared, ideologies and cultural forms remain alive, as Papua New Guineans seek to integrate their past and their present.

PART 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 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, which are adapted to meet felt erotic needs. The erotic components are linked to the body through (i) gender or role presentations; (ii) expectations and actions; (iii) larger kinship and social roles and structures; (iv) demographic dynamics; (v) economic environments; (vi) beliefs and political forces; and, as is becoming increasingly apparent, (vii) disease and its meaning. A myriad of factors influences sexual cultures, which vary through time and place.

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

Geographically, PNG has extremely rough terrain. Barriers, such as gorges, swamps, and rugged, high mountains, constrain the movement and communication between one small area and the next. As a result, extraordinary variation between groups has evolved, particularly lin-

guistically. Variation in traditional sexual cultures is also great, ranging from highly permissive (e.g., the Trobriands) to extremely repressive (e.g., the Huli), sometimes right next to each other. Yet, throughout Melanesia several specific, apparently ancient themes are common, though they are expressed somewhat differently from place to place.

Traditional cultures in PNG held sexuality in high regard as a source of life, as well as group and individual identity. Sexual power, certain sexual practices, and sexual relationships were expressed in art displayed in stone, wood, and painting in natural dyes on various surfaces, including the human body. These also could be expressed in drama, dance, storytelling, and even song, focusing on various themes associated with sexuality. Moral principles, as well as origin stories, were illustrated through these modes of expression and enacted during ritual. Much of the variation depended on kinship, intergroup relations, and property claims which in turn helped define marriage customs, as well as norms regarding premarital sex, 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 Behavior study conducted by the Papua New Guinea Institute of Medical Research (National Sex and Reproduction Research Team [NSRRT] and Jenkins, 1994). The copious literature on many of these themes 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 approximate³ (Map 1). These quotes and brief discussions illustrate clearly the culture change issues with which people in PNG have been coping.

3 To keep the number of areas manageable, several smaller ones were combined under one designation. For example, the Trans-Fly area was placed with Papuan Plateau. North Solomons was not included due to the presence of armed conflict at the time of study.

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 = Torricelli, 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.

Childhood sexual play occurs everywhere. In PNG, only a few reports have surfaced of societies that tried to repress it, e.g., the Kwoma (Whiting, 1941). In some societies, such as 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 between males and females. Some earlier ethnographies remark on the relaxed attitudes parents had about sexual teasing and play among 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 by engaging in sexual intercourse (e.g., in Manus), an observation that could cause public shame.

Box 1: The Boy Must Grow Up Properly

“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 man, Sepik River)

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 into hardened warriors. In areas where formal rituals did not exist, traditions of storytelling 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, or building a house or canoe, were required.

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 often were held for a single girl, the male rites always were performed on groups of boys and intensified age-class bonding among males. This ensured better combined action during periods of fighting, and ensured that 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. As yet, sound modern means of transmitting information and values have not replaced these rituals.

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. These components of culture have changed profoundly. Many now facilitate a wider and perhaps larger network of sexual partners, thereby increasing the risk for HIV.

Many PNG cultures had courting rituals, which gathered together young unmarried people from neighboring villages for dancing, singing, and inevitably pairing up. Until about a decade ago in the Eastern and Central

Highlands, for example, dark, smoky houses could be observed full of young people from neighboring villages. They 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 explicit sexual events. Boys are 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).

Box 2: Rubbing Noses

“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, Eastern Highlands)

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 also could participate in such events, as they might gain a second or third wife. 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 then would disappear into the nearby bushes. In the morning light, women could be seen carrying men's headdresses. Each couple then went to the man's house, and word was sent to her parents to come and discuss a bride-price. She might not have known the man of her choice before that evening. However, since they were all from not-too-distant villages, the sexual network was quite localized. Today sexual networks are far wider and contribute significantly to the spread of HIV.

Box 3: That Space You Left Must Be Filled

"There were no bride-prices. 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, Papuan Plateau)

VIRGINITY

Reducing the number 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 biological and cultural factors that have been altered. In others, virginity never

was emphasized. Therefore, a review of what is known about the ideal of virginity at marriage in traditional cultures is important.

In the Sexual and Reproductive Knowledge and Behavior in Papua New Guinea national study, older men and women from several parts of the country reported customs that placed a high value on virginity, particularly among girls. However, in most areas, the greater shame appears to come from a girl getting pregnant before marriage. Hence, young women used numerous devices, practices, and plant medicines, often given to them by female relatives, to avoid pregnancy or induce abortion. In several areas, babies conceived out of marriage were absorbed easily 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. However, if the arrangement held until puberty, the girl usually would live with the boy's family for a few years before the marriage ceremony.

Box 4: No Feeling of Sex Desire in Their Minds

"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, Papuan Coast)

Boys also were taught not to have sex before marriage, particularly with unmarried girls or married women, because 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 they would face other threats to their person and body. Overall, while these proscriptions were taught to boys in many places, attitudes toward boys' experimenting with sex were more relaxed than for girls. Minor rituals often could cleanse boys of their transgressions, enabling their inclusion in the initiation rites. Sex with an unprotected woman, such as a widow, or with another boy had fewer social ramifications and could be overlooked if detected.

MARRIAGE: SISTER EXCHANGE AND BRIDE-PRICE

PNG has several types of marriage patterns. As of the mid-1990s, about half of all marriages were 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 are called “sister” in the kinship system terminology) are fairly common in PNG. However, these often present allocation problems. Some families have no young women to offer in exchange for the woman being given to their son, or vice versa. Until an alternative arrangement can be made (e.g., a substitution or compensation), marriage is stalled. Among the Hagahai of the Schrader Range, who prefer 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. If the couple was found, angry parents would insist on marriage. Still, the exchange issue always arose and led to some women being forced to marry men they did not like at all, even though the society supported a woman's right to select her husband.

Bride-price—a transfer of wealth from the groom's lineage to that of the bride's—continues to be practiced widely in PNG, particularly in the Highlands and Papuan Coastal societies. Over time, other groups have adopted the practice as well. The ideology of this practice is based on the desire to bring families together in cooperative alliances—for future marriage exchanges, trade, or other efforts. In some Eastern Highland groups, marriages took place between “enemy” clans, i.e., clans that had fought previously, but were now at peace. The bride-price contributed to peacekeeping. 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 bride-prices are legion throughout the country. If a stipulated amount is not paid promptly, continual complaints drive marital conflicts, domestic violence, and bad relations all around. In some island societies, a man can inherit a bride-price debt from his father and be expected to continue to make payments on his mothers' bride-price long after her death. As the cash economy took hold in 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” (women are something to make money on).

One important consequence is that the escalating bride-price has caused many families to delay their sons' 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 also were forced to wait in earlier times, they were engaged more often in culturally approved activities during that period (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 “marriages” are taking place without bride-price payment, a situation that increases the fragility of such unions.

Another consequence is the increasing perception among young women that they—i.e., their sexual and reproductive capacities—are valued only for the money they bring to their families. This has generated a fairly resentful attitude in some women and a determination to use their bodies to earn money for themselves, not for their brothers or parents. In many societies, the low social status of women has not risen significantly in recent times compared to earlier, traditional periods. Evidence suggests that a patriarchal Christianity and the western-style modern state have 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 strong determinant of HIV vulnerability. Today, courtship, premarital sex, and marriage arrangements have been altered greatly, contributing 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 defined largely 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 to develop salient and meaningful messages.

Sexual fluids are important 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. In most PNG societies, women were taught they must never cook for their husbands, and should remain secluded or separated, during 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 by swallowing canes and vomiting (Eastern Highlands)—could keep a man fit and healthy.

Box 5: Great Stories of the Ancestors Are Already Dead

“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, Anga)

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. However, the most powerful secret was seen as the mixture of blood and semen—the components for a new life. In other cultures, the mixture of vaginal fluids or even breast milk and semen was considered powerful. 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.

Box 6: Power to Make Their Words Come True

“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.” (62-year-old man, North Coast)

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). However, she was tricked by men, who took the power 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 the power of menstrual blood, which women could secretly put in a man’s food and use to seduce him.

The ritual for many cults and initiation ceremonies was based on the manipulation of these fluids as symbols of power. In general, the northern half of PNG utilized bloodletting 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 is the substance elaborated in symbolism. In a few places, both bloodletting 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 to enable him to 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 to bring together sexual fluids of the whole village and promote 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).

Missionaries condemned these practices as willful erotic acts. While focused on the genitals, the ritualized initiations generally were not 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. However, with few exceptions, they 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; Knauft, 1993, 1994; Kurita 1994; Lindenbaum, 1972; Meigs, 1983; Schieffelin, 1982). Ultimately, these rituals were concerned with ensuring the continued fertility and strength of the group. Unlike western concepts of

homosexuality, these practices did not signify a homosexual orientation psychologically, or imply anything about 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 explained well by a 70-year-old elder in the Gogodala area (Box 7).

Box 7: This Sex Was to Make Us Grow Up to Be Strong Men

"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 f***ed 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 f***ed 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 f***ing 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." (70-year-old male elder, Gogodala)

The homosexual acts that took place during initiations might not have been a source of pleasure to many, but a duty to be endured. However, 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 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 to know about the beliefs and practices of their grandparents,⁴ largely due to the arrival of Christian missionaries. Moreover, the Government made people feel so ashamed of their sexual cultures that they do not want their children to understand them (Jenkins, 1993a; Knauft, 2003). Reclaiming that understanding would be useful in helping people analyze and consider their evolving sexual cultures. HIV prevention, or the destigmatization of people living with HIV, is unlikely until frank and honest discussions about sexuality are conducted (Lepani, 2002).

EXTRAMARITAL SEX

Almost everyone in PNG eventually gets married at least once. Adultery ordinarily is forbidden, even in the most permissive societies. Yet, a wide variety of concepts and practices encourage extramarital sex among men. While these practices might 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.

Many social control mechanisms were enshrined in belief systems and punitive practices in an attempt to control 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 ma-

4 Unless they read ethnographies or browse the Internet. In one instance, a web page 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.

for infringements of the sexual rights of others. This meant that the males in charge of a young woman were responsible for her virginity and honor, and could retaliate by raping or stealing a woman of the offending clan and fighting with its men. At least in post-contact times, they also could be compensated for her loss of honor. When adultery occurred among married persons, compensation was usually the solution, sometimes given only to the offended man and sometimes to both offended parties (Trompf, 1994).

Box 8: Turned to Rubbish

“Another thing now, you young people f*** 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 f***ed 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, Anga)

Men’s links with maternal kin were 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 valued highly, even though men controlled their production. A general cline can be seen—moving out of the Highlands, toward 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. However, these cultures limited how far men or women could go in their sexual behavior, using 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 when their wives are pregnant on the belief that 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. Other societies discouraged extramarital sex by men during a wife's pregnancy. People believed that if a man had sex outside of marriage during his wife's pregnancy, the baby would be harmed. Masturbation does not seem to have been widely practiced, though one Engan man in the national study said his father told him to substitute masturbation for extramarital sex during pregnancy. In Box 9, a man generalized his fear of damaging his baby to his living children's health throughout his later years of marriage.

Box 9: I Think I Killed the First Child

"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 lose all our children. Yes, even after the third child. (43-year-old man, Islands)

Extramarital sex in PNG has several significant drivers. 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).

Box 10: Their Style of Marriage Was Different

"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, Sepik River)

The acceptance of polygyny as an alternative marriage pattern underlies permissive attitudes toward married men having extramarital partners. As of 1996, 14% of married women were in polygynous unions, with regional variation reaching 25% 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 his sexual needs during 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 sexually transmitted infections (STI) over the decades (Jenkins, 1993b) has increased the perceived need for additional wives. When men can take on additional wives, they tend to “sample” many women before selecting another wife, as shown in 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. Before, during, or after the breakup, people search for new partners. Researchers in other countries report lower condom use during sex with new partners, as well as with the prior partner, during this period, which can be especially difficult for emotional reasons (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 having serial partners separated in time. Further, during 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 breast milk 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, it should be considered a cultural risk factor for HIV.

Between 1991 and 1995, life history interviews and specialized interviews using vignettes describing love magic-related stories were collected. More than 500 persons were interviewed. In the national study, some people spoke of love magic “missing” its target and ending up “hitting” close relatives, thus explaining incest. Among youth, opinions were sought regarding love magic and vulnerability to HIV infection.

Box 11: Seeing God's Vision

“I am from village X and married to another village. I was happy and enjoyed life there. I had my first child all right. Nothing went wrong. When I had my second son, I faced problems. In 1983, my friends used meguva, this means when you are talking using leaves or leya, it will change people's minds. This is what it has done to me. They used it by calling my name. At that very moment I pulled down our house and threw my things outside. I never did such a thing before. I did all these things after seeing God's vision that there was a light from heaven shining through my house. From that time on, I just hated my husband, even to listen to him. Whenever I saw my husband, I felt as though a spear was in my eyes. I was spoilt by those others, even in my legs, I couldn't walk well. Since 1983 until now, I live happily even though my husband is already married to another woman.” (30-year-old woman, Massim)

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 behaviors, 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 could be useful to AIDS prevention by ensuring 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. For the most part, PNG cultures continue to be shame, as opposed to guilt, cultures. The difference is in getting caught and exposed. Serious transgressions or affronts are sanctioned primarily through payback or retribution.

A variety of threats meant to deter people from breaking the rules were common. If a sexual transgression was discovered, however, punitive actions were possible. These were seen largely in their historical and kin group contexts. Retributive justice (payback) was not directed necessarily 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. Any social disruptions that could diminish its capacity to fight collectively and vanquish its enemies were strongly discouraged. In most earlier PNG societies, many sexual indiscretions apparently were overlooked, with teasing and gossip used to shame a person. If considered serious, compensation could be demanded or public beatings carried out. However, as some cases of adultery or premarital sex were considered highly disruptive to important group relations, they brought about

repeated 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 when a woman was considered seductive. These were similar to the 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 socially offensive only if the parties involved were of the same clan (Strathern, 1975). The colonial administration and imposition of the village court system derailed most of the more severe punishments for sexual transgressions. However, during the period of review leading to decriminalization of adultery, most PNG communities continued to consider adultery 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 might be adaptable to the current era of AIDS in a protective manner, others are 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, because older cultural scenarios and values surrounding sex and sexuality have not adjusted yet to the widely altered attitudes and behaviors that have been well documented for at least several decades. The shifting scenario has become a major threat to the lives of individuals, as well as the survival of families and clans.

PART 3. CHANGING TIMES

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

In PNG, rapid and dramatic cultural changes have taken place in a relatively short period. Papua New Guineans might have been shocked when first encountering strange ghostlike white people (Schieffelin and Crittenden, 1991), but they quickly incorporated Europeans into their views of the world. The cultural scenarios discussed earlier provided frameworks for sex and marriage in PNG's communities for centuries. These 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 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* (the good life) have emerged. As the contexts have changed, so have the practices.

Box 12: We Forgot All About Our Customs

"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, Eastern Highlands)

Contact with missionaries and colonial administrators changed PNG's cultures forever. Multiple epidemics followed upon contact, wiping out sizable proportions of many societies. The cultural mechanisms (i.e., divination, sorcery, murder, and raiding) people relied upon to explain diseases

that were killing their kin and to avenge their ghosts, were prohibited. Other cultural forms that were never understood or appreciated by the colonial administrators and missionaries, 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 (inheriting 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.

People actively resisted specific demands of missionaries and government personnel, e.g., refusing to provide labor for German plantations (Madang) or hiding important ritual objects. However, most people eventually gave up many of the ways of the past, sometimes throwing them away with lightning 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 of cannibal witches (*sangguma*), the treachery of neighbors, 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.

As the decades pass, however, 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. 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 acquired some temporary wealth, social imperatives to redistribute one's wealth generally have not 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 of high political instability and economic stagnation. Other development indicators, such as education and health status, show little recent improvement (World Bank, AusAID, and ADB 2005). With languages vanishing (Nettle and Romaine, 2000), and familiar frameworks of sex, gender, and family life shifting in ways that are perceived as threatening to the integrity of society, many people express a sense of helplessness and even doom. Diminishing this negativity will require greater involvement of key Papua New Guineans in their own development and HIV programs.

BIOLOGICAL FACTORS

NUTRITION AND AGE AT SEXUAL MATURITY

When improved urban and rural diets lead to earlier menarche and sexual maturity for girls and boys, as in much of PNG, the time between puberty and the age at marriage becomes problematic. This factor is likely to lead to more 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: 18.8 years in Bundi, 17.5 in Chimbu (Malcolm, 1970), 18.4 in Lumi (Wark and Malcolm, 1969), and 18.4 in Gainj during the 1980s (Johnson, 1990). A follow-up study conducted in Bundi in 1983–1984 showed the median age at menarche of rural girls had dropped to 17.2 years, while a small sample of urban Bundi girls reached menarche at 15.8. Bundi boys were showing similar endocrine patterns (Zemel et al., 1993).

Box 13: They Learn Many Things From the Video Shows

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. (43-year-old woman, Islands)

Today rural and urban girls from all backgrounds are reaching menarche much earlier than girls did 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 women under 18 years old with a randomized group between 20 and 29 years old, all first-time new mothers, the mean age at menarche was 13.3 years compared to 14.6 (Klufio et al., 1997). Most of the women under 18 year olds were of Highland parentage and initiated intercourse earlier, at a mean age of 15.8 years versus 21.4 among the older group. These findings are consistent with studies elsewhere showing the strong influence of hormonal sexual maturation on sexual behavior among boys and girls. While the influence is clearly strong, it is not fully determinative. Social and cultural factors also can play a major role, as found in Hong Kong, China, 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, the gap between sexual maturity and emotional maturity can be 4–5 years. While emotional maturity might be difficult to measure across cultures, no studies in PNG have explored the full ramifications of earlier menarche. With much effort over the past decade, adolescent pregnancy rates have declined significantly in many parts of the United States, mostly due to the increase in condom use and the adoption of hormonal contraceptives (Klein and the Committee on Adolescence, 2005). With a similar effort, PNG could have similar effects on the sexual behavior of youths.

Many stakeholders in PNG have not taken a firm stance on making condoms or other contraceptives easily available to the married or unmarried. Where the culture has not adapted to encouraging contraceptive use among the unmarried, HIV and STIs and unwanted pregnancies are frequently the unfortunate consequences. Promoting abstinence until marriage might enable some young people who do not want to be involved in sexual relationships to find support for their preferences. However, 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. In the end, they have the same prevalence of STIs as those who did not try to abstain (Brückner and Bearman, 2005; Santelli and Ott, 2006).

SEXUALLY TRANSMITTED INFECTIONS⁵

High prevalence of STIs places a whole population at considerable risk of acquiring HIV. A brief summary presented here describes how the major STIs spread before the modern era when traditional sexual cultures were more intact and people moved less extensively than today.

Early in the 20th century, a serious outbreak of donovanosis occurred in the southwestern part of the nation, presumably brought in by laborers who had worked in northern Queensland, Australia, where aboriginal populations were known to be infected. Farther west, along the coast in Dutch New Guinea, donovanosis had become a public health problem by the 1920s. The problem was exacerbated by influenza epidemics among the main affected ethnic group, the Marind-Anim, which 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 over the following several decades (Zigas, 1971). By the 1970s, high rates of donovanosis per month were recorded in Port Moresby, associated with recent in-migration (Kuberski et al., 1979). Recently, Mola (2005) reported 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 infec-

5 Many infections are asymptomatic, which is the basis for the distinction between STIs and STDs. 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.

tions then spread along the southern side of the nation through neighboring coastal villages. Named after the most well-known missionary, gonorrhoea 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 laborers, and syphilis and gonorrhoea spread widely. By the early 1900s, Australian administrators raised the alarms, claiming that high infertility threatened 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. He found high prevalence, often with frequent anal and oral lesions, in several contiguous villages, but with absences in others (Neligan, 1920).

Chlamydia was probably present during pre-contact times (i.e., before the 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. As has been well documented, even on film, 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 gonorrhoea and syphilis spread 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 in 1970 noted that increasing prostitution was contributing to the spread of syphilis. Commercial sex work was documented in urban and rural areas before independence (Anderson, 1949/1950). Mines were cited as a contributor to the growth of prostitution as early as 1900 (Hart, 1973).

Further, by PNG's independence in 1975, a massive urban migration, mainly to Port Moresby, had taken place. Many rural males left their homes to seek opportunities in the city. Between 1966 and 1971, the urban population grew very rapidly at an overall rate of 15.4% (National Statistical Office, 1994). Since then, the further development of mines, oil fields, hydroelectric dams, and other major economic activities has 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. As a result, men began to migrate out, many to work on coffee plantations in Mt. Hagen, in the Central Highlands. Between 1987 and 1989, attendance at the Tari STD clinic doubled (Hughes, 1991). Even the poorly maintained Government statistics on STDs showed a threefold rise in gonorrhea and syphilis between 1974 and 1986, with most cases reported among 15–24 year olds.

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

A study of rural women in the Eastern Highlands, randomly selected from villages within an hour's ride of the main highway, found that nearly 60% were infected with STIs (Mgone et al., 2002b). Prevalence was high for trichomoniasis (42.6%), chlamydia (26.5%), and gonorrhea (18.2%). A previous study of the same group also found syphilis at 4% (Passey et al., 1998). Chlamydia prevalence among men in the same area was found to be 25% (Tiwara et al., 1996). Around the same time, in East Sepik villages farther from main towns or arteries of transport, 25% of a nonprobability sample of women was found to be infected with STIs, mostly with trichomoniasis (Jenkins and Lupiwa, Papua New Guinea Institute of Medical Research [PNGIMR], unpublished data). A recent study by PNGIMR at Porgera (a voluntary sample) showed high levels of syphilis among men (6.9%) and women (9.5%) (National AIDS Council/National Department of Health, 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). Moreover, chla-

mydia 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% of 351 adults were infected with herpes simplex virus type 2 (HSV-2), known as a potent facilitator of HIV infection (Suligoi et al., 2005).

To date, no community-based urban studies of STD prevalence have been conducted. However, results of self-reported current or past STDs among urban youth indicate rates of between 35% and 50%; a quarter of all females reporting had never sought treatment (Jenkins, 1996a).⁶ Overall, about one in three sexually active persons of all ages sampled in the national study, as well as the youth study, reported past or current STD symptoms. Approximately half of these have 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, a wide variety of penile incisions are carried out in initiations. Although often called “circumcision” and interpreted to be biblical (Kempf, 2002), these operations are not real circumcisions, because they do not remove all the foreskin and Langerhans cells in it that attract HIV. In the 1990s, numerous reports surfaced of young men obtaining homemade circumcisions in the village, or circumcising themselves in small groups. As this often led to severe infections and was not an effective substitute for condom use as protection against HIV or other STIs, efforts were made to discourage this trend (Jenkins and Alpers, 1996).

In 2000, the World Health Organization (WHO) estimated that more than 1 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 about 150 years, the spread of newly introduced STIs changed patterns—from highly localized epidemics in the regions of introduction to outbreaks in areas with known high-risk community practices to widespread endemicity. This change has been fueled 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.

6 Self-reported symptoms for males are fairly accurate. However, females tend to overreport natural or non-sexually transmitted genital disturbances, while not reporting high levels of asymptomatic infections they simply cannot recognize.

CONTEMPORARY CULTURAL FACTORS

EXPANDING SEXUAL NETWORKS

Epidemiological studies clearly show that the number of sexual partners (i.e., 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.

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 marriage pattern in PNG requires mates to be found outside of a stipulated kinship distance, usually from other clans or subclans. Nonetheless, these groups stayed relatively close to each other for purposes of defense and support. Rural marriage patterns usually show that at least 80% of spouses come from the same or contiguous villages. In cities, however, wider mixing is far more common.

Box 14: Following the White Man's Culture

"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 an 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."
(Older married man, Torricelli Range)

Despite apparently uncrossable rivers and unscalable mountains, trade goods, ideas, women, and genes moved in a “pinball” fashion, often across very great distances. Person 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. This reality is reflected in population genetics and oral histories of introduced diseases, items, and ideas.

Urban lifestyles, though numerically not predominant, exert strong influence on the rural majority. The population of PNG is 83% rural and 17% urban. The population is also young, with 48% of persons under 20 years old, and highly masculine, with a sex ratio as of 1990 of 112 as of 1990 (National Statistical Office, 1994). During the intercensal period (1980–1990), the number of small urban centers rose from 67 to 80. Several medium-sized towns lost people, while the capital, Port Moresby, continued to gain relative to others. By 2000, urban population had grown again by several percentage points. More importantly, the sex ratio has declined steadily 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 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. While 40% of the population is of school age, less than 15% are enrolled by secondary school, 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 confronted seriously with these issues.

The media in PNG—TV, magazines, books, films—often are considered highly influential with regards to sexuality and modernization (Gewertz and Errington, 1996; Foster, 1996–1997; Lipset, 2004; Nihill, 1994). In a multisite 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.

Box 15: I Want To Be a Businessman

“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 behavior. 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 f*** 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 public motor vehicle, then go on to starting a poultry project. In that way, money would come from three different ways. I want to be a businessman, because I want people to know that I got everything. I want to be respected by all people. I want to be well off among the others." (20-year-old periurban male, Eastern Highlands)

In focus group discussions, pornography was held responsible for increased rape, heightened sex drive, and the spread of STIs. In private, however, 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. Very few endorsements for viewing pornography were unambivalent, 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 boys. Overall, urban areas offered a far wider variety of reading and viewing material than rural areas. Pornography might simply expand the repertoire of sexual acts or positions; or it could have a deleterious effect on some youth. To delineate such an effect, research would have to separate all other influences, an extremely difficult task.

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. Sexual activities might have become a far more important domain for demonstrating masculinity than in the past, largely because the former roles of young men as warriors, or 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, thus gaining respect in their communities.

Whatever lessons pornographic material might disseminate to young Papua New Guineans, honest and sound sex, gender, and relationship education conducted in the dual contexts of family and school is greatly needed. Young men and women desperately need more opportunities for actualizing their adult roles in society.

Box 16: I Want To Be a Prostitute

"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 Kung Fu 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 a prostitute and get feelings. Get feelings like happiness." (16-year-old girl, who returned to village in Asaro Valley after 6 years in Port Moresby)

The interviews above illustrate several common themes from the multisite youth study: social status, money, and 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 become subsistence farmers. Boys and girls were sorely disappointed when their parents refused to pay school fees, forcing them to drop out of school. Girls frequently said they wanted to marry men with jobs and have good houses with washing machines. However, far more girls than boys rejected marriage entirely, as in the two female interviews above. Nonetheless, despite some rebellious attitudes and some socially transgressive behavior, 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 behavior is patent and extremely shaming.

Plurality of Partners

If persons with multiple partners always used condoms, HIV transmission would decline greatly. This approach has been successful in some at-risk groups with little reduction in the number of partners (Smoak et al., 2006). For many men and women, reducing the number of sexual partners might seem easier. However, promotion of faithfulness to one partner, though morally acceptable, is a weak prevention stratagem, because married women are often faithful yet still acquire HIV from unfaithful husbands. In addition, newly married couples often 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. This sense of freedom is personal, engendering less fear of personal damage, and social, instilling less fear of social sanctions. Whereas an unwed mother once was stigmatized in many PNG societies, babies born of unwed mothers today usually are 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 larger towns offer opportunities for experimentation. Many people actively seek such opportunities. For married men, going 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 behavior in rural and periurban areas found the reported number of lifetime sexual partners among men aver-

aged about 10 during adolescence to more than 20 by age 60. Nearly half of men and women had more than one sexual partner the previous year (NSRRT and Jenkins, 1994). Among married persons, about 73% of men and 21% of women reported having extramarital partners. In a large, randomly sampled family planning survey of men and women in 1993 (in Lae, Goroka, Mt. Hagen, and the Highlands Highway periphery), 75% 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).

TABLE 1: RESULTS OF 1998 EASTERN HIGHLANDS YOUTH SURVEY

Risk Factor	Married Men	Single Men	Married Women	Single Women
Number of partners last year (median)	5	5	2	4.5
With 10 partners or more last year (%)	29	22	11	20
Accepted cash for sex (%)	28	8	36	20
Paid cash for sex (%)	28	12	7	20
Paid gifts for sex (%)	40	30	7	24
Paid both cash and/or gifts for sex (%)	20	7	2	15

Source: E. Highlands Youth Survey, 1998. Papua New Guinea Institute of Medical Research. Unpublished data.

Motivations for having many sexual partners are multiple, often at the same time, and differ by occasion. Most narratives from men emphasize the need for release of sexual tension, as well as the desire to trick or seduce, to “taste” something new, and sometimes to punish. They almost always reflect a clear pride in being highly active sexually. 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 gener-

ally have little trouble expressing their enjoyment of exciting and satisfying sex in collected narratives, both within marital and nonmarital sex. Men too make distinctions between “deep” sex and other sexual experiences.

Wardlow (2002a, 2005) points out that Huli women increasingly have become *pasinja meri* (loose women) out of anger at the devaluation of their traditional pivotal roles. Their reported negative attitudes toward bride-price have similarly been recorded in other parts of the country. Whether or not the term sex worker should apply to these women, 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, women’s bodies have value in the marketplace in modern PNG, for themselves and their families. In a 1996 study of poverty undertaken for the World Bank, 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 besides theft (Jenkins, 1996c).

Increasingly, villagers state they are observing married men seeking extramarital partners from among the pool of single, divorced, or separated women in their own or nearby villages, paying for these liaisons with cash, beer, or both. More than half of the sex partners sought by married men appear to be paid in cash and/or kind, whether these women consider themselves sex workers or not, according to the results of several studies. Many men do not like to admit they pay for sex, as it implies one cannot 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, many women might not consider themselves sex workers, and their casual partners might not think they are purchasing sex (Wojcicki, 2002). While self-identified, full-time sex workers are recognized, primarily in urban or urban-like areas, far more women are engaging in what has been labeled “transactional sex.”

Box 17: They Pay Me With Money

"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 five and this year seven. 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." (19-year-old village girl, Lufa)

Rural areas provide opportunities for commercial and transactional sex. In a small rural sample of 67 women who exchanged sex for cash, and 90 who did not, no significant differences were found in their exposure to town. Thus, urbanity per se is not an important mediating influence. Overall, nearly half of rural and periurban women reported selling sex for cash sometimes. One study that sampled young urban unemployed women found that 48% claimed to at least partly support themselves through sex work (Levantis, 2000). In studies conducted in 1991-1996 through the PNGIMR, urban-rural differences in risky sexual practice among adults and among youth were not significant. However, 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).

Box 18: That's Why I Go Out With Lots of Men

"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." (17-year-old female, Eastern Highlands)

Long-term sexual involvement with a single partner implies the likelihood of pregnancy and should be avoided unless one is ready for com-

mitment. This is buttressed by the widespread notion that pregnancy cannot take place unless a man has sexual intercourse with a woman at least about six times. Thus, many girls and boys have been taught that changing partners frequently is safer. In one study (Klufio et al., 1997), significantly more of the youth under 18 (81%) thought more than one act was required to get pregnant, compared with 56% 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 through programs for parents as well as young people. However, monitoring what is being taught is essential, as copious examples are available of health educators and others in positions of "authority" giving out incorrect information. Given PNG's tradition of providing false information about sex to young people to discourage unwanted behavior, attitudes about disseminating facts, making condoms and other services available, and letting informed people make up their own minds about sex in their lives must be addressed as well.

COMMERCIAL AND TRANSACTIONAL SEX

Although the epidemic has 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 suggests that women's sexual services were exchanged for goods from the time of earliest contact, as happened elsewhere in the Pacific. Before 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 consider such transactions a major moral lapse.

The commercial sex trade in PNG has grown substantially over the decades. Although it is not 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, and clothes, and do not expect cash. Many of these same women sometimes have sex without any sort of remuneration just for fun. In small towns and at markets, some women define themselves as sellers of sex and openly negotiate price. In all areas, especially the larger urban centers, many women depend almost completely on 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 15–24 years old in the multisite youth study stated that they accepted cash, gifts (including alcohol), or both in exchange for sex. In the 1991 national study, 66% of the women under 25 years old and 43% of those over that age stated the same. However, as these were not probability samples, they cannot be interpreted as the actual proportions nationally.

Box 19: Old Men Have a Lot of Money

“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 learned 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 an urban settlement, Port Moresby)

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

Box 20: I Also Built a House on My Own

“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, 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 period, and the degree to which internalization of risk and subsequent behavior

change relates to self-recognized identity. While self-identified, full-time sex workers clearly have the highest number of partners per year, the number of clients is relatively low compared to that in other countries. On the other hand, about 15% of other women appear to have nearly as many partners as 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 can fuel a widespread “hot” epidemic. Their clients and boyfriends are 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 most frequent customers for sex workers in Port Moresby and Lae were reportedly as office workers, businesspersons, foreigners, police officers, loggers, truck and bus drivers, and soldiers, in that order (Mgone et al., 2002a). Sex workers at the top of the trade provide escorts and party women for politicians, wealthy businesspersons and the like. Others ordinarily operate out of hotels, small guest houses, and discos. Mobile 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; many are homeless. Their customers are usually low-income men. 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 men who work for wages can be found. In a study of Eastern Highlands women working along the Highlands Highway, sex workers reported self-employed villagers, public mother vehicle drivers, and businesspersons 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 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 sex trade. As the 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% have paid for sex with cash; most were married. In addition, 33% of the men usually paid with gifts (NSRRT and Jenkins, 1994). Studies of occupational groups carried out in 1998 showed varying proportions of men accessing commercial and casual sex in the previous week: seafarers 54%, security guards 52%, police officers 49%, dockworkers 30%, and truckers 15% (Jenkins, 1994b, 2000).

Box 21: I Got Really Ashamed

“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 f***ing ladies outside and doesn’t give me money to feed our baby and that behavior really changed my mind. I got really ashamed because my relatives and neighbors 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, 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.

Anecdotal evidence suggests that such family-driven sex work is increasing in urban areas. Residences with numerous women available in them are also known. In addition, research on the high end of the trade has documented 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 and periurban national study, 38% of men said they had experienced anal intercourse; women spoke about this far less often, but this was not specifically queried in either case. In one study of

urban sex workers, however, high levels of anal intercourse were documented (63%), but may represent only 'ever' having had anal sex, as this higher-risk practice was not statistically associated with a greater risk of STIs. Group sex (*lain-aps*), however, has been associated with a greater risk of syphilis and chlamydia (Mgone et al., 2002; Gare et al., 2005).

Forced lineups of sex workers often involve members of the police force. In 1994, sex workers in Port Moresby frequently stated that they were picked up and harassed by police officers. 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 officers to join them. Sex workers were unable to bring a complaint of rape to the courts. In-depth interviews with police officers (conducted by ex-police officers) corroborated the sex workers' statements (Box 22). In a 1996 quantitative survey of 130 Port Moresby police officers, 10% admitted having been in a lineup the previous week (Jenkins, 2006, in press). The degree to which this continues is not well documented in any recent studies. However, in a small study of 79 sex workers in Port Moresby in 2004, 61% reported that physical and sexual abuse by police was their greatest problem (Human Rights Watch, 2005). A short intervention with police in 1996 designed to address the risk of exposure to the semen of other men in lineups seemed to halve the incidence of group rape, but the intervention was discontinued.

Box 22: We Always Bash Them Up

"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 nightclubs 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 f*** for nothing, why pay? I'm telling you the facts. Policemen f*** 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 f*** at anytime, any place. I get girls or women, no matter single or

married, so long as she agrees to f*** 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 f***. If she agrees, that's it, f*** 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 f***s her. There are certain girls that we know of. They are regular faces to policemen, and we f*** them whenever we meet them and that is when group sex comes in. We call them 'public toilets'. Whenever we feel like f***ing, 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. (25-year-old police officer, Port Moresby)

MALE-TO-MALE SEX

The lack of recognition of the frequency of male-to-male sex in many countries in the Asia and 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. This implies that, despite the presence of same-sex activities, publicly committing oneself or another person to a particular sexual orientation was not considered important. 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% of males and 4% of females stated they had engaged in same-sex intercourse and/or mutual masturbation to the point of climax. In the national sample, 12% 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 do not 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, exists in Lae, Daru, Port Moresby, and probably elsewhere. Public places where men may meet and engage in commercial or noncommercial sex are emerging in Port Moresby. While earlier studies documented the existence of *geli-geli* (feminized males who provide sex to seafarers 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 bisexual 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).

Box 23: Man, Woman, Boy, or Girl

“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 K2,000–K3,000 on sex alone during those years.” (30-year-old man, Port Moresby)

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

SEX, THREATS, AND VIOLENCE

Sexual and nonsexual violence against women have been 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 in many forms are common in PNG, as elsewhere. The most common and widely acknowledged form is wife-beating. A wife refusing sex to her husband is the most common reason for such beatings. Rape within marriage was recognized only recently by law. In many parts of the country, the bride-price is seen to give full property rights to a man over a woman. Rape, for which most cultures have no clear concept, can be seen as opportunistic or deliberate (planned), single or multiple (number of participants). Most people understand coercive sex, but it can be considered justified, normal, and expected. Older ethnographies of the Eastern Highlands pointed out that men guarded their women as they walked to the gardens, because they easily could 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 being strongly contested in modern times (Dowsett et al., 1998).

Child-rearing techniques continue to reinforce aggressive behavior among boys, particularly if their social standing among peers is threatened. A comparative study of young (15–25 years old) Papua New Guinean, Fijian, and Samoan men found that Papua New Guineans had the highest frequency of violent responses when a girl refused a request for sex and had the lowest level of self-reported self-control (Jenkins, 1997).

Most contemporary rape in PNG has a culturally specific pattern. Unlike in some societies, at least half of all rapes in PNG are perpetrated by groups of men together. This is called lineup, 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 clear that all instances can be considered rape in a legal sense. In this practice, between two and 50 men (average of 10) literally line 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 men on the sidelines often act as guards. Most such events occur after attendance at discos, clubs,

and video parlors in urban and rural areas. 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 might not consider it rape, as described by one 16-year-old urban sex worker (Box 24).

Box 24: K20 Plus Earrings

“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.” (16-year-old urban sex worker)

While men discuss these lineups with comparative ease, most women have difficulty revealing experiences that are so loaded with shame. Sex workers, on the other hand, are generally more willing to talk about it, as they can be hired by a group. However, most simply give in to the force of a group of men due to the influence of alcohol and marijuana, and the realization that alone they can do little to stop it.

Men give many reasons for group sex or lineups, 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. They justified rape on the grounds that so many women refuse to have sex unless paid, which is seen essentially as a type of theft. Statements such as the one in Box 25 from a 19 year old living in a rural village are heard often from many areas of the country.

Box 25: Hunting For Rape

“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 f*** without using it. Anybody will have a turn in f***ing 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-aged 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.” (19-year-old male, Eastern Highlands)

In the multisite youth study of 466 females and 358 males, 11% of women and 31% of men reported personal involvement in lineups. Of the men, the majority had been involved on numerous occasions. Nearly all said that they had forced the woman and that she had no choice. Of the women who had been involved, more than half considered it rape; the rest were sex workers who had done it willingly. Almost all the men involved in lineups said they also forced women into sex when alone, particularly when drunk. An additional 9% of young men who reported no involvement in lineups said they forced women into sex acting alone. Thus, 40% of the young men admitted to forcing women when alone. Only 6% of young women admitted to having been “raped.” However, nearly 30% described, often in extraordinary detail, the rape experiences of their girlfriends, most of which involved more than one man. Some of these women probably were discussing their own experiences. Another study of youth in Goroka revealed 24% of males and 3% of females admitted to being in lineups. Lineups also serve as an ex-

ample 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 lineup (Jenkins, 1996a).

Most men and women consider the majority of these events rape. However, if the woman has been drinking or smoking marijuana, she is seen as complicit in the act. This, according to this view, obviates her reporting the men to authorities. Personally, the woman still might think she was forced. In the national rural sample, 60% of men of all ages who discussed the issue reported having been involved in group sex at least once in their lives. Only 3% of women reported the experience explicitly in that study, although 65% 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, lineups represent nodes of potentially intensive HIV transmission. The magnitude of potential transmission in a single lineup depends on (i) the number of men involved; (ii) the STI and HIV infection status of everyone involved; (iii) the presence or absence of bleeding; and (iv) the number of condoms used, if any. In PNG, men and women publicly state that lineups occur nearly every weekend in urban and rural communities, and usually involve men of all ages. No studies have been conducted to estimate the true frequency of these events.

Sexual violence against women apparently is so common in PNG that it is seen as normative in many communities (Borrey, 2000). Few countries have had studies conducted with sound sampling and adequate interviewing on this topic among sex workers as well as nonsex 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 men and women, the issue has been gradually brought into the spotlight. As a result, services have been developed, such as post-exposure prophylaxis for HIV among rape survivors (Jewkes and Abrahams, 2002; Wood, 2005). PNG clearly needs a similar campaign of research, advocacy, and sociocultural change. Recourse to the justice system for gender violence must be improved. Even more important, however, is the need to design community-level interventions that accurately identify the sources of gender disempowerment among men and women, and that work to create long-term solutions to gender inequity built on the strengths of traditional and modern perspectives (Knauff, 1997; Lattas, 1990).

PART 4. SOCIOCULTURAL RESPONSES TO HIV AND AIDS

STIGMA AND REJECTION

In 1994, youth were queried on what would happen if (i) someone in their village was known to have HIV, (ii) if that person was one's own brother, and (iii) if the informant acquired HIV. Responses to these questions demonstrated how people viewed the disease and revealed marked gender differences. In response to another villager acquiring HIV, about 60% of young women's responses were highly negative, such as kicking them out of the village, sending them away, and banishing them. Only 34% of young men said they would throw someone with HIV out of the village. When the same question concerned one's own brother, 70% of young men said they would care for him, find out what to do from a doctor, and take him to the hospital; 58% of young women said they would do the same.

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

Since that time, the number of people who have had direct experience with HIV/AIDS has grown considerably. Efforts to diminish stigma through the mass media have not been successful (National HIV/AIDS Support Project [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 HIV 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, the results are often positive, i.e., people do take

care of their relatives, and living with HIV is less of a burden. However, 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 involves the innocent wife getting HIV from her husband, the wife in many PNG couples is infected and the husband is not (Mola, 2005)—a finding that is common worldwide.

Although PNG women are often described as being unable take control and protect themselves, 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 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 often have pushed the boundaries and become far more assertive, though that sometimes elicits a backlash from threatened males (Counts and Counts, 1994; Knauff, 1997; Nihill, 1994).

BELIEF SYSTEMS AND EXPLAINING HIV

Today, PNG villagers are left to cope with the new scourge of HIV/AIDS in their own ways. While most Papua New Guineans seem to recognize this as a new disease, brought in from outside the country, accusations of sorcery are likely to be fairly common. The interaction between ethno-medical or other belief systems and the experience of AIDS has not been researched adequately. 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 surprising (Trompf, 1994).

The more noted cultural responses have been in the realm of Christian belief systems. Eves (2003) described an apocalyptic vision of AIDS among a group in West New Britain. In another study, Dundon (2005) showed 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 re-

turns, has been emphasized more than in earlier mainstream Christian religions. As a 43-year-old man in the Islands Region put it: “Maybe the end of the world is nearing, that is the second coming of Jesus Christ.” People in many areas of the country have reported increasing incidence of glossolalia, trance, and visitations from the Holy Spirit. Dreaming and shaman-like behaviors are related responses (Kempf, 2002). These cultural expressions were seen in PNG earlier, associated with cargo cults or similar millenarian-type movements (Lattas, 1991; Lindstrom, 1993). Such responses emerge when people are experiencing high levels of cultural stress, and frequently women are affected more 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 Christian 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 and hopeless sinners. Moreover, they felt that much of what was authentically theirs was simply no good (Robbins, 2004; Robbins and Wardlow, 2005; Wilde, 2004).

Riley (2000) pointed out that western concepts of sexuality were projected onto Papua New Guineans, particularly in relation to sexual guilt. However, most traditional societies appear to have utilized public shaming as a social control mechanism, a much more effective means where ostracism effectively reduces the chance of survival. While Protestantism has emphasized the inculcation of guilt and the relief of salvation, the extent to which this has entered the psyche of PNG’s cultures is not clear. With the advent of AIDS, communities throughout PNG appear to be 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. This is 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 the question is essentially spiritual, moral, and social. Unfortunately, the most common response by PNG’s churches is to suggest that AIDS is God’s payback to sinful people.

While the churches are urged to take a more proactive stance on AIDS, the practice of religion (e.g., attending church) has little impact on sexual behaviors. In the Fiji Islands, research has shown that men who at-

tend church 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. However, 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, can contribute to its transmission.

DISCUSSION

DEVELOPMENT AND HIV IN PNG

In many respects, “development” has failed PNG, despite increasing amounts of foreign assistance. The cost to society of acquiring western values and material objects, without replacing 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. In only a few cases, however, have these been functionally equivalent to what PNG’s societies had in the past. Rivalries and competition among the numerous churches that 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, throughout the world, the relationship between the amount of funding support and success in economic development is minimal (Rajan and Subramanian, 2005a, 2005b). A number of possible reasons for this situation, beyond corruption or political agendas, have been identified. Critical assessments of funding support effectiveness found that participatory processes utilized in project planning generally are token exercises, leaving the power to make decisions in the hands of high-level officials. This observation is even more pertinent in relation to changing sexual cultures. Development partners work mainly with government bodies, and government bodies work mainly with other government bodies or churches and NGOs. Meanwhile, the multiplicity of ordinary peoples’ voices remains unheard and unheeded. HIV/AIDS policies and programs designed in Port Moresby or outside the country for the millions of villagers living highly differentiated lives with 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 behavior change, as well as generic ones such as ABC (abstinence, be faithful, and condoms), are likely to be misunderstood and fail. Further, they risk instilling more shame, self-disdain, and embarrassment about sexuality among PNG's peoples (Jenkins, 1993a).

WHICH WAY FORWARD?

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

For everyone else, prescribing actions that should be taken to bring about a safer set of sexual cultures in PNG is simply impossible. Papua New Guineans must do this themselves. It is possible, however, to be certain that they are provided with appropriate information and services. These services should include education about transmission; STI treatment; voluntary HIV counseling and testing; and HIV care, treatment, and support. And they must be provided by culturally competent persons trained in nonjudgmental communication techniques.

Despite all the cultural traits that place many people at risk of HIV in PNG, other cultural traits can be viewed as sources of strength and utilized that way. For example, in most PNG societies community-wide decisions are made by consensus. Customarily, people, usually mostly men, meet and discuss the community's problems before making a decision for action. Given that HIV is an STD, it would be reasonable for 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 their communities need to help people avoid infection. While punitive actions commonly are considered first, a well-trained facilitator could help the participants 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 need to be changed.

An individual alone often lacks the capacity to overcome the structural constraints to shifting one's behavior toward safer sexual activities. The type of community discussion mentioned above can help people identify these structural constraints. They might include barriers to accessing 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. Links to NGOs, the Government, and funding agencies could help to make these needs known and advocate solutions. Similar processes have been used in the environmental movement in PNG, with considerable success in promoting sustained conservation efforts. These are not quick fixes, but they 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.

Few countries on earth have the cultural diversity found in PNG. Designing HIV prevention programs in far more homogeneous societies has not been a trivial enterprise, yet most such programs have been minimally successful. Prevention of HIV in PNG presents a multitude of challenges that the current methods of decision making and investment do not address adequately. Program designs have not tapped the power and strengths found in the multiplicity of PNG's traditions. Development partners, Government agencies, and other stakeholders should take lessons from the few grassroots 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.