

POLICY AND PRAXIS:  
AN ANTHROPOLOGICAL ANALYSIS OF HIV AND AIDS IN PAPUA NEW GUINEA

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## ABSTRACT

The South Pacific nation of Papua New Guinea (PNG) is in the midst of a generalized HIV epidemic with an adult prevalence rate higher than one percent. This thesis focuses on HIV and AIDS policy in PNG from an anthropological perspective. The research conducted in this thesis considers HIV and AIDS in PNG through two distinct yet interrelated techniques. First, I conduct a detailed review and analysis of the ethnographic and non-ethnographic literature under a thematic framework. Second, I utilize a discursive methodology as part of a critical-interpretive framework to review and analyze selected policies from both governmental and non-governmental sources at the national, bilateral, and multilateral level. This grounded methodology allows for the analysis of discourse through a critical process of memoing and inductive analysis of the policy artefacts. I seek to determine the constituent discourses and themes found in PNG's HIV and AIDS policy documents.

Three primary themes emerged from the analysis. Firstly, there is a clear recognition that HIV and AIDS causes adverse effects across PNG's society. These adverse effects are often segmented across various sectors of society, as represented by economic effects and development indicators. Direct human costs are often noted as being secondary to these economic and developmental impacts. Secondly, there is a diffusion of responsibility in responses to the epidemic. Subordinate to the primary tropes, but fitting within this dyadic conceptualization, are factors such as stigma, discrimination and gender. Finally, the use of technocratic rhetoric —a combination of medico-scientific terminology and development jargon – obscures the cultural dynamics of HIV-related stigma and discrimination. The examination of policy and literature

also indicates the presence of an implementation gap (differences between policies that exist on paper), and how they were actually conceived and implemented (or not) in affected communities.

This body of research adds to the existing corpus of knowledge on the topic of HIV and AIDS in PNG, along with the critical anthropological analysis of text. While this thesis stands solidly on its own, it also sets the perfect stage for more traditional and long-term anthropological fieldwork

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## **DEDICATION**

To my father.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS: Acquired Immunodeficiency Syndrome

ARV/ART: Antiretrovirals/Antiretroviral Treatment

AusAID: Australian Agency for International Development

HIV: Human Immunodeficiency Virus

M&E: Monitoring and Evaluation

MDGs: Millennium Development Goals

NACS: National AIDS Council Secretariat

NDoE: National Department of Education

NDoH: National Department of Health

NHPS: National HIV Prevention Strategy

NGPP: National Gender Plan and Policy

NSP: National Strategic Plan

PACS: Provincial AIDS Council Secretariat

PICTs: Pacific Island Countries and Territories

PNG: Papua New Guinea

STI: Sexually Transmitted Infection

TB: Tuberculosis

UNAIDS: Joint United Nations Programme on HIV and AIDS

UNDP: United Nations Development Programme

UNGASS: United Nations General Assembly Special Session on HIV and AIDS

VCT: Voluntary Counselling and Testing

# CHAPTER ONE

## INTRODUCTION AND BACKGROUND

### 1.1 Introduction

The HIV and AIDS<sup>1</sup> activist, public health scholar, and practitioner of medicine, Shereen Usdin, introduces her book by stating that, “the HIV/AIDS pandemic had indelibly altered the landscape of life in the 21st century. A pandemic of superlatives, it is described as the greatest humanitarian crisis the world has ever known, with millions of people either infected or affected” (2003:8). This is both a powerful and disturbing truth. On a global scale, there are approximately 37 million people currently living with HIV. Since the beginning of the HIV pandemic, some 76 million people have become infected, and 35 million people have died as a result of AIDS-related illnesses (UNAIDS 2017).

HIV (human immunodeficiency virus) is a specific type of retrovirus that can lead to AIDS (acquired immune deficiency syndrome), which was first reported in Papua New Guinea (PNG) in 1987. By 2002, the nation was classified as having a generalized epidemic – that is, the HIV prevalence had risen to at least one percent in the general adult population (NACS 2006b; UNDP n.d.). While there are still glaring deficiencies in HIV testing and surveillance, it is apparent that PNG has, by far, the highest reported prevalence rates amongst the PICTs (Pacific

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<sup>1</sup> As is noted in the most recently revised edition of UNAIDS Terminology Guidelines, language is a powerful force which can shape belief and behaviour. They also emphasize that the majority of people with HIV do not have AIDS. As such, UNAIDS recommends avoiding the term HIV/AIDS whenever possible. This suggestion is also shared by UNESCO, who notes that although HIV/AIDS is used with some regularity, it lacks accuracy. Accordingly, both bodies recommend that the terms HIV and AIDS be used appropriately. I endeavour to use terminology as specifically and accurately as possible, but always defer to cited authors and their terminologies when drawing from their work(s) (UNAIDS 2015; UNESCO 2016).

Island Countries and Territories). The HIV and AIDS epidemic in PNG is nothing short of a crisis that affects all aspects and segments of the country.

This thesis offers an in-depth examination of the HIV epidemic in PNG through two distinct yet intertwined techniques. First, I offer a detailed and comprehensive review and analysis of both ethnographic and non-ethnographic literature relating to the epidemic. Second, I employ a discursive methodology as part of a critical-interpretive framework to review selected policies relating to the HIV epidemic in PNG. While there are many definitions of discourse, I draw from Phillips and Hardy (2002) and utilize it here to represent a cogent aspect of communication, of making, presenting, and representing meaning. In part, the meaning of a discourse stems from the reading, the analysis, and the interpretation of data. A discursive approach combines the examination of discourses while also attempting to determine and delimit the political and social forces that have given rise to these discourses. In any work involving discourse, language is essential – not only in terms of semantics and syntax.

Public health policy constitutes a discursive terrain that it is laden and layered with subjective and, on occasion, conflicting meanings, goals, and narratives. In other words, it is a perfect field site. Through a linked, thematic reading of the literature and a critical-interpretive policy-based discussion of selected governmental and non-governmental documents, a more comprehensive understanding of HIV and AIDS in PNG can be offered.

I rely on a pragmatic framework that allows for a multifaceted exploration of the textual data. As H. Russell Bernard (2000) reminds us, textual review and analysis is not one single method. Rather, there are different major traditions of text analysis including hermeneutics, content analysis, narrative analysis, and discourse analysis, amongst others. As there is such an

expansive range of methodical techniques and methodological traditions of textual analysis, the research methods I utilize are a bricolage of sorts, bringing together a collection of specific methods that allowed me to extricate and analyze the major themes from both the literature reviewed and policies examined. This approach is based on the belief that we live in a world that has multiple interpretations and contested meanings. The positivist and realist approaches that gird a great deal of public health and policy studies can serve to limit understanding of complex social phenomena. As part and parcel of this post-positivist approach, there is no longer pure data whose meaning is beyond dispute and whose results are always replicable. Perhaps Nietzsche put it best when he stated: “There are no facts, only interpretations” (1977:458).

In its broadest sense, anthropology is the study of people: culture, beliefs, arts, and cosmologies amongst many other aspects of their lives and experiences. From one of the first anthropologists, Bronislaw Malinowski, to the most well-known, Margaret Mead, anthropology has often been characterized by its reliance on long-term, fieldwork-based participant-observation. However, anthropology is continually growing in methodological innovation and expanding its topics of study. One of those areas includes the examination of policy. In this specific case, certain policies relating to the HIV epidemic in PNG will be explored. Indeed, anthropology has much to offer to the field of policy. While anthropology’s contribution to the study of health policy is still a relatively nascent field, greater anthropological contributions stemming from novel research methodologies, such as critical-interpretive policy analysis, will continue to open up new avenues of research and engagement.

This thesis begins by offering requisite background information on the HIV epidemic in PNG. Following this, I offer a broader discussion on theoretical framing, methods,

methodologies, and the data sampling techniques utilized. This segues into the following two chapters, which focus on the HIV epidemic in PNG as represented in ethnographic and non-ethnographic literature. It then proceeds to an analysis and review of specific HIV policy. Finally, I offer a brief summary and discussion on future research directions.

## **1.2 Background Information and Country Context**

PNG is one of the most linguistically and culturally diverse countries in the world. Located north across the Torres Strait from Australia (see figure 1.1), PNG forms part of Melanesia which, along with Micronesia and Polynesia make up the three broad geo-cultural groupings in the South Pacific area. The main islands of PNG are continental, with the rest being atolls or volcanic (Ridgell 1995:100). The island of New Guinea is the second largest in the world. It is covered with large areas of rainforests and is home to approximately six percent of the world's flora and fauna (Hauck et al. 2005). The island of New Guinea is divided between the Independent State of Papua New Guinea in the east and the Indonesian-controlled provinces of Papua and West Papua in the west. Despite being under Indonesian control (mainly as a result colonial and postcolonial manoeuvring), the Indigenous inhabitants of the provinces are ethnically Melanesian. A low-level struggle for independence from Indonesia has been occurring for decades in these two provinces (Singh 2008). There are numerous reports of gross human rights violations against the indigenous Melanesian population committed by the Indonesian Government and its military forces (See: Human Rights Watch 2007). PNG is comprised of nearly 600 islands that make up the 22 provinces, along with one autonomous region (Bougainville) and the National Capital District, which includes the capital city of Port Moresby.



In addition to the provincial divisions, the nation is often thought of as being comprised of four distinct, broad geo-cultural regions: The Highlands, Papua, Momase, and The Islands regions.

Figure 1.1: Political Map of Papua New Guinea



(Source: Australian National University College of Asia and the Pacific and CartoGIS).

Archaeological evidence suggests that humans have lived in New Guinea for at least 50,000 years. First visited by European explorers Jorge de Menezes in 1527 and Yñigo Ortiz de Retez in 1545, a permanent European presence did not follow until the late 1870s when explorers, missionaries, and traders began to arrive in the coastal areas. Outside contact was not made with those in the inaccessible highlands areas until decades later (Dademo Waiko 2003). In 1884, Germany operating through the German New Guinea Company annexed and formed a

protectorate over the northern part of the island (Firth 1985). In the same time frame, the Government of Queensland attempted to annex the remaining New Guinean territories for the British Empire, which was rejected by the British Government at the time. After some debate, the territories not annexed by Germany were annexed by Britain before being transferred to Australia in 1902. After World War I, Australia gained full control of PNG under an official mandate from the League of Nations (Hauck et al. 2005:3). During the Second World War, the New Guinea Campaign took place following the Japanese invasion of the island. Fierce fighting between the mostly Australian Allied forces and the Japanese ensued from 1942 to 1946 (Dear and Foot 2011), with Papua New Guineans serving as carriers. As the Australian Army reported:

A close relationship and bonds of friendship developed between these local men and Australians, particularly when the sick and wounded required transporting back to field aid stations. It is a well accepted fact that many men would have died where they fell in Papua New Guinea had it not been for these men who became affectionately [and in a paternally racist manner] known as the ‘Fuzzy Wuzzy Angels’. [Army of Australia n.d.].

The actions of the “Fuzzy Wuzzy Angels” were held in high esteem amongst both the army and people of Australia and led to many Australians supporting greater independence for the island. Following the conclusion of the War, PNG became a trusteeship of the United Nations-administered by Australia. The country progressively gained home rule and eventually became self-governing in 1973 before becoming officially independent on September 16, 1975 (Ridgell 1995:100–101).

As Denoon notes, Australia often utilized the terms “administration and development” to describe its complex colonial relationship with PNG (1985:119). The deep influence of colonialism on PNG and its history cannot be understated and involved diverse impacts including the introduction of cash cropping, blackbirding, along with the adaptation of the

Westminster system of governance (Stewart and Strathern 1998:140; Romilly 1973:16). The comprehensive political history of PNG written by Griffin, Nelson, and Firth observes that Australia's general interest in New Guinea was not generally in the inhabitants, "except as labourers; it was in the strategic value of controlling western Melanesia and the economic benefits" (1979:47). Throughout the colonial process, the primacy of Australia is clearly visible. The first Legislative Council for PNG was formed in 1951 and was composed of sixteen public officials along with business representatives. The government also nominated three Papua New Guineans "who lacked formal education and skill in the language of government" (Griffin et al. 1979:131). The general emotion of the situation leading up to de jure independence was aptly described by Albert Kiki who,

rose from *tea-boy* to *dokta-boy* [local medical assistant] to become a trade union founder, Secretary of Pangu Parti and, in 1968, Papua New Guinea's first notable autobiographer, condemned the humiliating paternalism to which those who sought the dignity of self-government were subjected, simply because they were financially dependent. [Griffin et al. 1979:142]

Pressure in both Australia and the territory of PNG led to the creation of several Select Committees to examine and chart the future of the territory and its relationship with Australia. The election of Sir Michael Somare, a rather charismatic nationalist, in 1982 as PNG's Chief Minister combined with domestic political pressure in Australia served as the final catalysts to PNG's formal independence in September of 1975 (Griffin et al. 1979). Indeed, Denoon points out that Australians were united in their desire to decolonize perhaps even more so than many Papua New Guineans (2005:xi). PNG and Australia continue to remain close with the High Commission of PNG to Australia noting the two countries have "enjoyed a positive and constructive relationship for more than a century" (PNG High Commission n.d.). Although,

critics such as Hawksley continue to question the degree of actual sovereignty that PNG enjoys from Australia (2006:161). This criticism becomes further apparent as the thesis develops with particular regard to the examination of legislation regarding homosexuality.

With a population of 7.5 million people, PNG is the largest and most populated of the PICTs. Demographically, just under 52 percent of the population is female; 38 percent of the population is under 15 years of age, and six percent is over 60 years of age, with a median age of 21 (WHO 2015). Estimates place the rural population at nearly 87 percent. The population has an average life expectancy of 65 for females and 61 for males (UNICEF 2013a; WHO 2016c), with a literacy rate of 62 percent. The largest and official languages of the country are English, Tok Pisin (a creole), and Motu (a pidgin). In addition to these three official languages, there are a further 800 different languages spoken in PNG, along with hundreds of additional dialects (Hauck et al. 2005:3; BBC 2017).

Subsistence-based farming is the primary economic activity for the vast majority of the population. The Government of PNG is reliant on resource development and the extraction of precious metals and minerals including gold, nickel, and copper. Natural gas, along with the export of cash crops such as timber, palm oil, copra, cocoa, and coffee are also economically important (Hauck et al. 2005:4; Filer and Le Meur 2017). From its 1973 independence until the 1990s, PNG generally experienced sustained economic growth. Following various financial crises and a collapse in global resource prices, PNG has encountered economic stagnation, combined with an inflation rate of 7.5 percent and a devalued currency, the Kina (UNICEF 2013c; Hauck et al. 2004:5). PNG currently has among the lowest economic and social indicators in the Asia Pacific region (Morris and Stewart 2005; Clarke et al. 2011:89). The country has a

GNI (gross national income) of only USD\$1790 per capita (UNICEF 2016c). In examining economic inequality, PNG has one of the highest Gini coefficients (an economic formula that measures economic inequity) in the world (50.9 percent compared to Canada at 32.1 percent) (CIA n.d.). Unemployment has been estimated to be as high as 40 percent among young men living in urban areas, “with underemployment even higher” (Worth and Henderson 2006:294; National Statistical Office of Papua New Guinea 2005). With population growth steadily outpacing economic growth, this has created a problem with unemployed young people living in urban centres, particularly young men, which has led to “demoralization, social breakdown, escalating crime and growing civil unrest” (Windybank and Manning 2003:1). According to the United Nations Development Programme (UNDP)’s Human Development Index (HDI), which is a composite statistical measure of life expectancy, educational attainment, and per capita income, PNG ranks 154 (out of 188 measured countries) with an HDI value of 0.516 (see Table 1.1 for the HDI ranks and values of selected countries; (UNDP n.d.; UNDP 2016)).

TABLE 1.1 Human Development Ranks and Values of Selected Countries

	Papua New Guinea	Vanuatu (Melanesian Comparator)	Canada	Australia
HDI Rank (out of 188)	154	134	10	2
HDI Value (out of 1.00)	0.516	0.597	0.920	0.939
GINI Coefficient Percentage	50.9	37.2	32.1	30.3
GNI Per Capita (in \$USD)	1790	2861	42,157	44,177

(Currency shown in 2016 \$USD. Adapted from UNDP 2016; CIA n.d., World Bank n.d).

PNG is a parliamentary democracy based on the Westminster Model and is a member of the Commonwealth of Nations. Despite being a democratic country, numerous problems related to elections have arisen, including substantially higher numbers of voters than people registered in the census, reported cases of intimidation, violence and kidnapping, and ballot box stuffing (Windybank and Manning 2003:3; Gibbs 2004:8). As Worth and Henderson note, while PNG has had regular elections for several decades, “the state is becoming increasingly weak with institutions of governance often described as politicized, corrupt and/or dominated by personalities” (2005:4). Of course, such a characterization could apply to many other nominally democratic states. The political-electoral system tends to be comprised of high candidacy rates, fragmented parties, low levels of support for some successful candidates, and frequent party switching by elected politicians. Recent reforms include restricting party switching and prohibiting votes of no-confidence for 90 days after an election. These are intended to offer more stability to the political system (Hauck et al. 2005:4). PNG experiences high levels of mismanagement, nepotism, and corruption. Local clan-based politics are still the main unit of political mobilization in the country. The clan, as Hauck et al. observe, is also the primary unit responsible for dealing with customary land rights, mobilizing labour, and issues of hereditary wealth (2005:4). Windybank and Manning also note that this clash of “tribe versus nation” is a significant concern for the viability and success of the nation (2003:9).

The press in PNG is described as being relatively free although it has limited reach. Despite the problems with parliamentary democracy in the country, the National and Supreme Court systems have largely retained their independence; however, they have limited reach in many rural and remote areas where there is an increasing gap between the formal and informal

legal systems. Traditional and customary laws have become increasingly prevalent in rural areas (Worth and Henderson 2003:294). In many rural and remote areas, disputes are often resolved through traditional methods of compensation rather than through the police or legal system. At times, this has led to extremely violent retribution as many demand instant and violent 'justice' (Windybank and Manning 2003:9).

The nation is plagued with rampant gender inequity. Women are subject to shockingly high rates of violence. As Windybank and Manning noted, "domestic violence is considered a private affair, while rape cases are often settled by the accused giving money or goods to the victim's family" (2003:9). Clement and Malau have also observed the extremely high levels of violence, ongoing tribal disputes, and widespread violence against women (2000:59). Customary law in PNG tends to place women in an inferior position, and as Jessop (2010) notes, they often lack the full and equal protection of the law.

A major breakdown in law stemmed from a secessionist/ethnic/political conflict which took place on PNG's Bougainville Island from 1987 to 1998, leading to tens of thousands of deaths from combat along with malnutrition and disease. However, this area is now largely stabilized and is governed as an autonomous region within the country (see: Reagan 2008). PNG's armed forces have also participated in small-scale mutinies along with sporadic fighting against the police forces to establish dominance (Windybank and Manning 2003:9). Recent violence by both security forces towards politicians over lack of payment has led to a further deterioration in the overall security situation (The Guardian 2018). Violence in the country also stems from an increasing drugs-for-arms trade with weapons from Indonesia and Australia traded for potent marijuana, colloquially known as Niugini Gold (See: Halvaksz and Lipset 2006 for

further information on marijuana in PNG). Moreover, the rich tapestry of cultural and linguistic diversity in the country is renowned but also leads to complications in governance. It is evident that, as a nation, PNG is experiencing serious development and political challenges, which are all compounded by the HIV epidemic that the country is experiencing.

### **1.3 An Exigent Epidemic**

PNG is now experiencing a generalized epidemic, meaning that at least one percent of the adult population is infected with HIV. The country has one of the highest HIV prevalence rates in the Asia-Pacific region (Clarke et al. 2011:8). Moodie astutely notes the many difficulties that arise from HIV, labelling it a “master virus,” one that taunts from all perspectives: scientific, behavioural, sociocultural, political, and economic. Describing HIV as one of the most unique and dangerous human pathogens that attacks and destroys the immune system, Moodie states that “it is just as complex behaviourally and culturally, because it is spread by deeply ingrained human behaviours, again elusive and evasive issues to deal with” (2000:6). A confluence of factors have given rise to PNG’s high HIV rates: The country’s young age structure, along with increasing movement and mobility of the population, existing high rates of sexually transmitted infections (STIs), along with high rates of tuberculosis (TB), only modest levels of educational attainment and literacy, and rampant gender inequity and violence supported by a poor overall health system (Koczberski 2000:61).

PNG has a challenging epidemiological profile with a population affected by high rates of malaria, TB, diarrheal diseases, STIs other than HIV, and a health system with crumbling infrastructure and a significant lack of resources which make effectively responding to the



epidemic more challenging (Gooch 2012; O’Conner et al. 2011). McBride speaks to these problems through a pilot program assisting with the introduction of ARVs (antiretroviral medications) in Port Moresby’s General Hospital:

Many patients in whom a diagnosis of HIV was clinically obvious and there were many others for whom the diagnosis was considered possible. Why weren’t these patients being tested? I soon realized that things we take for granted in Australia – private spaces where we can talk to patients, assurance of confidentiality, lack of fear and stigma, and laboratory turn-around times measured in hours, not days – were real barriers to achieving accurate diagnoses [McBride 2005:304].

Perhaps most problematic in this is that Port Moresby General is considered the flagship facility of PNG’s National Health System yet there are significant difficulties: inaccurate statistics, insufficient blood sampling tubes, inadequate protective examination gloves, and a lack of isolation facilities. McBride even observed that patients with “open TB lie in close proximity to those, as yet, uninfected” (2005:304). With research indicating that approximately 15 to 19 percent of hospital inpatients are co-infected with TB this becomes all the more problematic (McBride 2005:304; Curry et al. 2005). The most recent research by Aia et al. indicates an HIV-TB comorbidity rate of 432 per 100,000 (2018:1). At the Port Moresby General Hospital, “HIV is now the second most common diagnosis after tuberculosis and, sadly, is the most common cause of death” (McBride 2005:304). HIV is characterized as having a particularly insidious nature, in that it takes time to develop into AIDS, “and AIDS kills slowly, leaving households of sick people, child orphans, and the ‘orphaned’ elderly who must be cared for” (Darling Tobias 2007:4). It is the slowness of the illness that serves to increase its chance of spreading and “unlike malaria, HIV/AIDS is not climate-sensitive”; it affects every stratum of society (Darling Tobias 2007:4).

PNG's poor overall health situation is compounded by high levels of crime, as well as mistrust of the police, justice system, and government, which serves to aggravate the epidemic "by decreasing trust, and fuelling rumours and misinformation. The result is sorcery and quack remedies that become part of the problem and often lead to more violence, mainly against women" (Darling Tobias 2007:1). The sociocultural and economic situation in PNG makes women particularly vulnerable, with sexual violence being tacitly accepted by many in the community (Malau and Crockett 2000). Issues that surround contemporary sexual culture, as well as the position of women in society, are identified as key factors in the spread of HIV. "Papua New Guinea has been described as the most masculine country on the face of the earth" (Worth and Henderson 2006:294; Denoon 1989). The issues that surround gendered violence, women's oppression, and distrust in the police and the justice system have created a specific gendered dimension to the epidemic that renders women more vulnerable to HIV infection.

The best available evidence indicates that although HIV and AIDS are concentrated in the capital city Port Moresby and other urban areas, along the Highlands Highway (which is the country's main transportation route) and in the settlements surrounding mines and plantations, it is beginning to spread rapidly to rural areas (Darling Tobias 2007:10; WHO 2005). Research indicates that there has been a continued significant climb in HIV prevalence rates in rural areas. However, it is not known whether this increase is due to improved testing methods and better surveillance, versus actual increases in HIV incidence (Clarke et al. 2011:89). While circular migration has always existed in PNG, there have been recent increases in internal migration to urban areas for economic and educational reasons (Curry and Koczberski 1998). Many of those

who relocate to urban areas often end up living in areas lacking in basic services (Buchanan-Aruwafu 2007:10; Darling Tobias 2007:10). The problem of high unemployment has an associated high social cost with many young men turning to crime.

HIV surveillance data, particularly from rural areas, are incomplete and unreliable (Seely and Butcher 2004:106). The lack of data makes understanding and effectively responding to the epidemic more challenging. The information that does exist indicates that the majority of those infected are in the 15 to 35 age range with the largest number of newly-reported cases among women between the ages of 20 to 24 (Seeley and Butcher 2004). HIV can be transmitted through sexual activity, the sharing of needles and other injecting equipment, blood transfusions, and vertically from mother to child. Specific cultural practices are also implicated in HIV transmission, including the subincision or superincision of the penis (Kempf 2002) or through ritual cutting and scarification practices, which are particularly noted among the ‘crocodile men’ of the Eastern Sepik River area (Gay and Whittington 2002). There has been little research conducted on injection drug use in PNG, but rates are thought to be very low. By far the most common means of transmission in PNG is through heterosexual intercourse (Buchanan-Aruwafu 2007:5, 10). Available research indicates that when the mode of HIV transmission was known, it was heterosexual coital transmission in 99 percent of the cases, although it must be noted that in 65 percent of reported cases, the mode of transmission was either unknown or unreported (Clarke et al. 2011:89).

Anthropologists must attend to the cultural and political contexts of HIV. As Schoepf (2001) and Buchanan-Aruwafu (2007) note, the spread of HIV is profoundly affected and shaped by factors of political economy, social relations, and of course, culture. Indeed, vulnerability to

HIV “has increasingly come to be understood as fundamentally linked to questions of social and economic equality and injustice (Parker 2000:40). Buchanan-Aruwafu points out that the inequities associated with gender relations and rampant economic injustice, along with powerful forces of stigma and discrimination, have all contributed to the spread of HIV (2007:5). These socio-cultural and gendered realities present the ideal conditions for HIV to proliferate. These factors are all prevalent and powerful in PNG, which has contributed to not only the HIV epidemic but also the response to it.

## CHAPTER TWO

### METHODOLOGY, METHODS, AND DATA SAMPLING

#### 2.1 Introduction

Methodologies carry with them specific underlying assumptions that will shape the way information is gathered and the kind of knowledge created” (Kirby, Greaves, and Reid 2006:5). When referring to methodologies, the focus should be on providing an accounting of “the general structure of a theory and its application in particular scientific disciplines” (Kirby, Greaves, and Reid 2006:12; Harding 1987). Methodology, then, is generally conceived of as the procedures and rules that indicate how research is conducted.

Anthropological contributions to policy and its analysis began in earnest in the 1970s with contributions from Sanday (1976), Chambers (1977), Geilhufe (1979), and Goldschmidt (1979). These approaches are being refined methodologically with the more recent approaches of scholars like Shore and Wright (1997; 2011), Wedel and Feldman (2005), Horton and Lamphere (2006), Wright (2009), and Singer (2012), amongst others. Okongwu and Mencher point out that as a field, anthropology today has contributed, and should continue to contribute, to “social policy research, practice and advocacy in a number of different ways; it has taken on increasing relevance as the world is rapidly being transformed by the process of globalization” (2000:107–108). They further note, however, that anthropologists have generally had much less influence than economists and political scientists on the development and analysis of public policy, and they call for greater anthropological contributions. Okongwu and Mencher (2000), Wedel and Feldman (2005), as well as Singer (2012) have observed that there is still a deficit in this area, one which this project, in small part, seeks to redress. While a focus on policy has been

developed more fully in other disciplines, anthropology has much to offer, particularly in understanding policy “as a fluid site of political contestation” (Wedel and Feldman 2005:1). Educational anthropologist Susan Wright, posits that there are important methodological and conceptual reasons to focus on policy, calling for a “re-conceptualization of the field for research, as potentially including all the organizations – from the international to the local – along with people, procedures and texts that have to do with a topic” (Wright 2009:22). Medical practitioner, Dave Campbell, observes that medical anthropology is well-positioned to provide qualitative data in a largely quantitative field; he further contends that “independence from biomedical goals and hegemony allows medical anthropologists to add a critical voice to the public health discourse” (2010:78). Anthropological contributions to policy analysis are one way in which our understanding of the multiple and contested representations, narratives, and discourses can be further developed. Peacock (1997) and Singer (2012) have illustrated the importance of anthropology’s engagement with public policy in order to identify and address the issues that are critical, and to try to propose solutions that meet both the needs and desires of local people, as well as to search for praxis – that place which creates “a synergy between theory and practice” (Okongwu and Mencher 2000:109–110).

Feminist medical anthropologists Sarah Horton and Louise Lamphere (2006) have also called for an anthropological analysis of health policy. They contend that the existing deficit in anthropological policy analysis may lie “in our tendency to view the realm of policy as outside our disciplinary scope” (2006:x). Singer reiterates that:

Anthropology has not generally gained recognition as a policy-oriented discipline, despite a growing recognition and discussion that the field is positioned by its work to

provide needed evidence-based information and conceptual insight that is pertinent to effective and beneficial policy development in health and other domains. [2012:184]

It is in response to Horton's and Lamphere's call for increased engagement that is, in part, why I conducted an analysis of HIV and AIDS in Papua New Guinea, with an emphasis on policy.

Since this research focused a great deal on policy documents, a thoughtful definition of policy must be provided. The Oxford definition states that policy is "a course or principle of action adopted or proposed by a government, party, business, or individual" (2005). The World Health Organization (WHO) builds on this preliminary definition, tying it directly to health:

[Health policy refers to] decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people [WHO n.d.].

With regard for the need for anthropologists to study policy, it is noted that:

As an object of analysis, rather than the premise of a research agenda. Anthropologists can make clear why the serious study of policy issues should begin by examining taken-for-granted assumptions that channel policy debates, inform the ways policy problems are identified, enable particular classifications of target groups, and legitimize certain policy solutions while marginalizing others. Anthropology is ideally suited to explore the political, cultural, and philosophical underpinnings of policy—its discourses, mobilizing metaphors, and underlying ideologies and uses. By helping to destabilize the assumptions and conceptual metaphors that underpin the formulation of policy problems, the anthropology of policy should make valuable contributions to public policy [ASAP 2012].

Expanding on this discussion of policy and its utility, an anthropological definition would denote policy, and particularly from an anthropological point of view, as "a concept laden with often quite contradictory meanings; it is a word that can be coded and decoded to convey various ambiguous messages" (Wedel, Shore, Feldman, and Lathrop 2005:36). While conceding that there is not a singular authoritative definition, they do note that it is commonly used as

“shorthand for a field of activity” (2005:35). Further, they note that “it is used to describe a general program or desired state of affairs, or, alternatively, as a label to describe outcomes or what governments actually achieve” (Wedel, Shore, Feldman, and Lathrop 2005:35).

This research employed a discursive methodology (Phillips and Hardy 2002, Fischer 2003). Phillips and Hardy, drawing from Parker (1992), define discourse as “an interrelated set of texts, and the practices of their production, dissemination, and reception, which brings an object into being” (Phillips and Hardy 2002:3). An approach that is discursive combines the examination of discourse(s), while also attempting to determine and delimit the social and political forces that give rise to them.

Discursive theory is based upon the premise that texts are made meaningful through their production, consumption, and dissemination (Phillips and Hardy 2002:3). The analysis of discourse can offer a range of methods that aid in “identifying patterns of meanings embedded in larger speech genres and patterns of communication that serve various social, ideological, and political interests” (Rogers 2007:101). The study of discourse is, at its core, the study of language and its multitudes of use. We, as humans, use language:

To perform actions in relation to others – we make requests, blame, persuade, promise, challenge, take vows, guarantee a result, and so on. This approach embraced a dialogic conception of language (Bakhtin, 1986; Wertsch, 1991). Words were seen to represent relatively arbitrary meanings that had a history in social relations [Rogers 2007:101].

Drawing from Parker (1992), a discourse, according to Phillips and Hardy, can never be found in its entirety. Rather, we must examine “selections of texts that embody and produce them” (Phillips and Hardy 2002:5). They further state that:

We cannot simply focus on an individual text, however; rather, we must refer to bodies of texts because it is the interrelations between texts, changes in texts, new textual forms,



and new systems of distributing texts that constitute a discourse over time [Phillips and Hardy 2002:5].

In a similar vein, Phillips and Hardy also remind us that discourse analysis ought to be considered as more than merely a methodical approach. It also exists as an epistemic or worldview that explains how we know and relate to the social world, “as well as a set of methods for studying it” (2002:3). Extending this line of thinking, Phillips and Hardy go on to state that when there is no discourse, “there is no social reality, and without understanding discourse, we cannot understand our reality, our experiences, or ourselves” (2002:2). When we consider discourse analysis as a specific method, its reflexive nature comes to the fore. Phillips and Hardy observe that these discursive “analytic approaches share an interest in the constructive efforts of language and are reflexive – as well as an interpretive style of analysis” (2002:5). They go on to state that “with its emphasis on reflexivity, discourse analysis aims to remind readers that in using language, producing texts, and drawing on discourse, researchers and the research community are part and parcel of the constructive efforts of discourse” (2002:2). Discourse analysis, then, contains epistemological and ontological assumptions concerning the roles of language in textual artefacts while also constituting a practical methodological approach.

There are, of course, many different qualitative (and quantitative) ways to study the social world and to try to comprehend the various meanings, both as a research practice and for its participants – hence, the earlier reference to a dialectical pluralism. As a specific method, discourse analysis:

Tries to explore how the socially produced ideas and objects that populate the world were created in the first place and how they are maintained over time. Whereas other qualitative methodologies work to understand or interpret social reality as it exists, discourse analysis endeavors to uncover the way in which it is produced. This is the most

important contribution of discourse analysis: It examines how language constructs phenomena, not how it reflects or reveals it. In other words, discourse analysis views discourse as constitutive of the social world – not a route to it – and assumes that the world cannot be known separately from discourse. [Phillips and Hardy 2002:6]

This research, in part, also focused on broad narratives contained both within the HIV and AIDS policies of PNG along with associated reviewed literature. Riessman reminds us that the term narrative is one that “carries many meanings and is used in a variety of ways by different disciplines, often synonymously with ‘story’” (2008:3). Studies of narrative have been shaped by diverse forces including French structuralism and post-structuralism, Russian formalism, as well as post-modernism. A narrative is often regarded in the strict literary sense of a story, but for purposes herein, this definition is extended to include parts of a story (in its broadest sense) along with discourses that relate to and reflect personal and collective identities. Narrative analysis is similar to discourse analysis, aiming to “interrogate intention and language – *how* and *why* incidents are storied, not simply the content to which language refers” (Riessman 2008:11, emphasis in original). Riessman explains that narrative analysis is driven by a set of questions: “For whom was *this* story constructed, and for what purpose? Why is the succession of events configured that way? What cultural resources does the story draw from, or take for granted? (2008:11, emphasis in original).

Theories of narrative, as developed by Bakhtin, stemmed from examining literary texts. However, as Riessman notes, Bakhtin’s “epigraph to the book suggests that many kinds of texts can be viewed narratively, including spoken, written, and visual materials” (2008:4). Roland Barthes similarly states that:

Narrative is present in myth, legend, fable, tale, novella, epic, history, tragedy, drama, comedy, mime, painting..., stained glass windows, cinema, comics, news item,

conversation. Moreover, under this almost diversity of forms, narrative is present in every age, in every place, in every society; it begins with the very history of mankind and then nowhere is nor has been a people without narrative... it is simply there, like life itself [Riessman 2008:4].

Riessman adds to this diverse list by including: “memoir, biography, autobiography, diaries, archival documents, social service and health records, other organizational documents, scientific theories, folk ballads, photographs, and other art work” (2008:4). Certain policy documents also contain a narrative and are therefore well-suited to this type of analysis.

## **2.2 Analytic Methods**

A central tenet of those who engage in interpretive and discursive policy analysis is to explore how select discourses (contained in policy documents, in this case) are presented, represented, and framed. Yanow emphasizes the “‘frame’ – with its metaphoric origins in a picture frame, the photographer’s framing of a scene through the viewfinder, the skeletal frame of a house under construction – sets up an interpretive framework within which policy-related artefacts make sense” (2000:11). This approach to policy analysis revolves around identifying and unpacking the constituent discourses and narratives embedded within policy documents to examine how they both create and contain meanings. It should again be reiterated that although interpretive-discursive analysis uses a systematic methodology, these methods do not, nor do I want them to, lead to any universal claim of ‘objective truth’.

Bernard introduces a type of grounded theory approach to textual analysis that I adapted here. He defines this approach as a “set of techniques for (1) identifying categories that emerge from text; and (2) linking the concepts into substantive and formal theories” (2000:443).

Grounded theory is best defined as an iterative process, in which the analyst becomes “more and

more grounded in the data. During the process, you come to understand more and more deeply how whatever you're studying really works" (Bernard 2000:444). It should be noted that Phillips and Hardy express some criticisms of grounded theory and equate it largely with category analysis. They further claim that it does not problematize observed categories in the same way as other forms of discourse analysis do. This can be countered by utilizing more of a bricolage approach, along with the widespread use of inductive as opposed to deductive methods. It is important to remain "attuned to the co-construction of the theoretical categories at multiple levels, including researcher, research subject, academic community, and even society" (Phillips and Hardy 2002:10). What makes this research or any particular research technique, discursive is not necessarily:

The method itself but the use of that method to carry out an interpretive analysis of some form of text with a view or providing an understanding of discourse and its role in constituting social reality. To the extent that they are used within a discourse analytic ontology and epistemology, many qualitative techniques can become discursive methods. [Phillips and Hardy 2002:10].

Bernard lays out the following steps for conducting this type of analysis: (1) Identify the potential analytic categories or potential themes that emerge. For example, discourses surrounding risk, the privileging of biomedical knowledge, and sexual morality to emerge; (2) Compare emerging analytic themes and categories; (3) Utilize the relations among categories to build theoretical models, continually checking the models against the data – particularly negative cases; and (4) Present the results of this analysis using different exemplars (Bernard 2000:443f).

The results from this type of analysis are based in the texts. Essential to this process is the practice of coding passages in the documents. The coding process commences with identifying general themes and nuancing text themes as details emerge. Bernard recommends the process of

memoing: “a widely used method for recording relations among themes. In memoing, you continually write down your thoughts about what you’re reading. These thoughts become information on which to develop [or apply] theory” (2000:450). Just as those anthropologists who physically work in field sites take field notes, memoing is the field-note process for those who work closely in the field of text(s). Following Bernard (2000), I utilized a system of inductive coding that was based upon the themes that emerged from the policy, such as: gender, sexuality, socioeconomic status, ethnicity, and age (see Dickson-Gomez 2001:376; Emerson, Fretz, and Shaw 1995 for information regarding inductive coding practices). As Madden notes, “the thematic codes we use can therefore be as generic and broad or as complex and minute as we want them to be, but typically they will evolve more complexly as the ethnographer mines the data for more and more information” (2010:142). During the research process, my focus came to those broader tropes and themes as opposed to simply comparing coded passages. In the review and analysis of the literature, I utilized a somewhat more deductive research practice as the themes that emerged from the literature naturally tended to fit into a conceptual framework to create and reflect linkages in the literature.

The in-depth exploration of language and meaning found in discourse that is, in large part, at the crux of this thesis is likely not possible with most quantitative methodologies. There are, of course, certain limitations with the research methods that I have used. They do not necessarily allow for the replicability that characterizes positivist-inspired research nor do they allow for broad ‘truth’ claims. Phillips and Hardy remind us that many traditional methodologies can actually function to reify categories, “making them seem natural and enduring. Discourse analysis, on the other hand, provides a way of analyzing the dynamics of social construction that

produce these categories and hold the boundaries around them in place” (2002:13-14). Whereas other qualitative methodologies attempt to interpret social reality as it exists, interpretive discourse and narrative analysis “endeavors to uncover the way in which it is produced” (Phillips and Hardy 2002:6). Complementing a thematic conceptual framework for the reviews and discussion of literature I have presented a grounded-theory methodology that will allow for the analysis of discourse and narrative through a critical process of memoing and inductive coding of the policy artefacts.

### **2.3 Data Compilation and Sampling**

Dvora Yanow states that an essential starting point in conducting an interpretive-discursive type of policy analysis is to identify the textual artefacts that carry meanings relative to the particular policy issue being studied (2000:20). Yanow goes on to explain that the “policy or agency artefacts, or both, in the forms of language, objects, or acts, symbolically represent the meanings (values, beliefs, feelings) that the policy issue in question holds for the various policy-relevant interpretive communities” (Yanow 2000:27).

The research and data-gathering process yielded over 400 governmental and non-governmental documents that relate to HIV and AIDS in PNG from 23 different source organizations. The challenge in selecting a manageable dataset from these documents is twofold. Firstly, the selected documents must be adequately diverse to allow for a broad theoretical exploration of their constituent narratives and discourses. Secondly, the cross-section of the chosen documents must be sufficiently limited to allow for a thoughtful and detailed analysis of their contents. I opted for a detailed analysis of a small set of documents. Bernard suggests that

the researcher “live with [their] data, handle them, lay them out all over their floor, read them over and over again, tack bunches of them to the bulletin board, and eventually get a feel for what’s in them” (2000:444). Indeed, those who walked past my workspace during this process will be deeply familiar with this time- and space-consuming process.

I initially organized the documents based on the source. Twenty-three sources were identified. Rather than analyze a small number of documents from a large number of organizational sources, I chose to analyze a greater number of documents [N=21] from a small number of organization sources. This allowed me to explore the nuances, the competing and conflicting discourses along with the political and personal narratives in the documents.

The policy analysis focuses primarily on one organizational source, Papua New Guinea’s National AIDS Council Secretariat (NACS), with a far more limited introduction of two other organizational sources: the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Australian Agency for International Development (AusAID). This selection was purposeful in that it allowed for the introduction, analysis, and comparison of documents from the national, bilateral, and multi- or transnational perspective. Even with this narrowed focus, there was still a plethora of documents that could be analyzed, which required a further narrowing of criteria. The primary criterion for inclusion is focus; the document must discuss HIV and AIDS in the context of PNG. Time frame delimitation was another criterion – documents between 2003 and 2016 were selected. This selected timespan allowed for the presentation of a trend analysis of various progressions, regressions, and developments that have occurred in the policy documents.

Excluded from the dataset was material that was primarily of a medical nature, such as guidelines for anti-retroviral therapy or voluntary testing and counselling procedures.

Due to the specific focus on PNG, documents that did not have a specific section or heading regarding PNG were excluded; this applied particularly to the documents from UNAIDS and AusAID that discussed HIV and AIDS in either the global sense or within the broader Pacific community. Documents that were not available in English were also excluded. Fortunately, this linguistic exclusion did not prove problematic, as virtually all documents written in Tok Pisin (PNG's most-spoken language) were also available in English. Also excluded were program reviews and evaluations. While these documents are undoubtedly valuable, this thesis has a more narrow focus on the critical discourse analysis of policy as opposed to program assessment.

### **2.3.1 Papua New Guinea National AIDS Council Secretariat**

Papua New Guinea's National AIDS Council Secretariat (NACS) was set up by the Parliament of PNG to "facilitate a comprehensive multi-sector response to HIV and AIDS in the country" (NACS n.d.). The Council is composed of representatives from government departments, as well as from faith-based, non-governmental, and business groups. This group is the main body responsible for action at a national level and "for the formulation, review and revision of national policy for the prevention, control and management of HIV and AIDS, as well as for monitoring and coordinating the implementation of the National Strategic Plan" (NACS n.d.). The AIDS Council's level of national importance, as well as its official role in the HIV and AIDS crisis, cements its role as a prime source for data.

The first tranche of documents that I analyzed were PNG's Strategic Plan on HIV and AIDS and the National HIV Prevention Strategy. These documents form the cornerstones of PNG's National policy relating to HIV and AIDS and form the bulk of the analysis for the data



from NACS. Examining the progression, changes, and deletions from the first plan to the second served not only illustrates how discourses are constructed, but also to how they are continually reshaped. In addition, I included specific papers about policy issues such as HIV and AIDS, gender, and the education system. These documents served as important extensions of the National Strategy as it applies to different sectors of the country such as gender policy and education.

### **2.3.2 Joint United Nations Programme on HIV/AIDS**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established in 1994. It defines itself as an “innovative partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support” (UNAIDS n.d.). In addition to a controlling Secretariat, the organization is comprised of 11 co-sponsoring organizations including: UNHCR (United Nations High Commissioner for Refugees), UNICEF (United Nations International Children’s Emergency Fund), the World Food Programme, UNDP (United Nations Development Programme), UNFPA (United Nations Population Fund), UNODC (United Nations Office on Drugs and Crime), UN Women, the ILO (International Labour Organization), UNESCO (United Nations Educational, Scientific, and Cultural Organization), the World Bank, and the World Health Organization (WHO). In addition, the coordinating board comprises rotating representatives from national governments representing all regions of the world and civil society groups including representatives of those living with HIV and AIDS. With an annual budget in the hundreds of millions of dollars, UNAIDS is the central transnational or global body involved with HIV and AIDS. UNAIDS focuses its efforts in five key areas:

1. Uniting the efforts of the United Nations system, civil society groups, national governments, the private sector, global institutions and people living with and most affected by HIV;
2. Speaking out in solidarity with the people most affected by HIV in defence of human dignity, gender equality and human rights;
3. Mobilizing political, scientific, technical and financial resources and being accountable for results;
4. Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact;
5. Supporting inclusive country leadership for a sustainable response that is both integral to and integrated with national health and development efforts (Adopted from UNAIDS n.d.)

This brief description of UNAIDS is significant as it highlights the multilateral aspect of HIV policy.

### **2.3.3 Australian Agency for International Development**

The Australian Agency for International Development (AusAID) is the government agency that manages Australia's international aid program. The agency states that its fundamental purpose is to "help people overcome poverty. This also serves Australia's national interests by promoting stability and prosperity both in our region and beyond" (Bagnara 2012). The discussion of documents produced from AusAID is relevant in that Australia is the regional

power of the South Pacific and AusAID is by far the largest aid contributor to PNG (Embassy of Papua New Guinea to the Americas 2004).

## **2.4 Theoretical Background and Implications**

At the heart of all social science research is the goal of constructing or enhancing an explanatory framework – a theory. Nona Lyons points out that there has been a recent rise in the use of various narrative and interpretive research methodologies and resultant theoretical frameworks. She goes on to state that this rise is “still dazzling as it races into new fields and disciplines – an aspect of a critical phenomena known as the interpretive turn” (Lyons 2007:600, Geertz 1973; 1983). There are, of course, broader philosophical questions that underpin any discussion on method, methodology, and methodological theory such as: “who constructs, warrants, and evaluates knowledge claims, such as causality or valid scientific research? By what authority? With what consequences?” (Lyons 2007:602). There are a wide variety of ethical, epistemological, and political issues that surround such vital questions.

Frank Fischer contends that traditional understandings of policy science or practice represent an “epistemological misunderstanding of the relation of knowledge to politics. Continued reliance on the narrow methodological perspective that informs this orientation hinders the field’s ability to do what it can – and should – do: improve the quality of policy argumentation in public deliberation” (Fischer 2003:211). These rather problematic epistemological, ontological, and axiological assumptions must be further explored and unpacked before there is a move towards a post-positivist form of policy analysis.

From the 1970s onwards, policy analysts have primarily been trained in technical tools of cost-benefit and decision analysis as well as in other quantitative techniques. This emphasis on technical training has had several unintended consequences:

First, emphasizing such technical and numerical proficiency has led to dependence on the analytic expertise of the professional, concomitantly devaluing the typically non-quantitative expertise of policy clients/constituents which derives from their own intimate familiarity with the lived experience that the policy seeks somehow to alter (and which is typically expressed in narrative, rather than statistical, form) – that is, their local knowledge. [Yanow 2003:236]

This lack of attention to and devaluing of local knowledge and expertise seem to be commonplace in much policy practice.

Hajer and Wagenaar also call for a more critical or interpretive style to challenge the strong positivist aspects of policy analysis. To this end, they note that “its alleged neutral stance towards the politically charged issues that were subject of its investigations and analyses” (2003:xiii). In the past, and to some degree in the present, through the application of supposed scientific and neutral methods “policy analysts would be able to generate objective knowledge that suggested optimal solutions to a broad range of social and economic problems” (2003:xiii). While I agree that policy certainly can and should play a role in addressing social and economic issues, I contend that we must remain wary of those who would claim to be the “voice of rationality, even the final cognitive arbiter, in a contested political world” (Hajer and Wagenaar 2003:xiii-xiv). Positivist approaches to policy analysis result in an emphasis on “the efficiency and effectiveness of means to achieve politically established goals. Much of policy analysis, in this respect, has sought to translate inherently normative political and social issues into technically-defined ends to be pursued through administrative means” (Fischer

2003:212). In studying the interplay between both technical and social concerns, “critical historians of science have not only shown how what we call knowledge is socially conditioned, but also how other historical periods have defined knowledge in quite different ways” (Fischer 2003:214). The work of writers and commentators dating back to Virginia Woolf (1938) and extending through the writings of Fox-Keller (1985), Jansen (1990), and Code (1995; 2012), has illustrated that social science has been dominated by very specific conceptions of gender, class, and race. Of particular importance in this respect have been various feminist studies of epistemology, “which show the ways in which both the theory and practice of scientific research has often been shaped by the masculine worldview” (Fischer 2003:215; Fox-Keller 1985). As the celebrated novelist and critic Virginia Woolf observed, “science it would seem is not sexless; she is a man, a father, and infected too” (Jansen 1990:235). In a similar vein, cultural critics and theorists have illustrated how western understandings of science and technological progress have acted to ignore or neglect “non-western understandings of social relations and their implications for appropriate development strategies” (Fischer 2003:214; Wallerstein 1996:51–57).

While these concerns may not be entirely avoidable, the key to an interpretive approach is to remain aware that selected beliefs about the scientific method, “and its grounding in beliefs about epistemology, almost inevitably lead to a certain conception of society; an understanding of how society should be organized and managed” (Hajer and Wagenaar 2003:13). Anne Ryan notes that positivist research methodologies are often characterized by the denial of that relationship between knowledge and the person constructing it (2006:18). Discursive or interpretive policy analysis tends to possess what is defined as a strong post-positivist challenge that is rooted in various developments in social and natural sciences. Indeed, the novelty and

utility of post-positivism centres around the idea that “this interpretive work is itself [part of] the subject of interest” (Fox 2008:2). Expanding on this, Fox notes that understanding, as opposed to causal explanation can be regarded as the objective of post-positivist scholarship (2008:2). A post-positivist approach further offers the contention that knowledge is not something that is discovered but rather produced through the research process. Given that the analysis contained herein is critical and interpretive, while still being rigorous and methodical, this thesis fits well in that post-positivist paradigm.

It must be pointed out that post-positivism is not without critics (see Zammito 2004, for example) and it is not my intention to characterize it as some sort of panacean approach. Rather, I contend that it represents an innovative method of conducting anthropologically-based textual research. Drawing on Fischer’s, and on other critiques of reductionist positivism, the framework employed here is one that allows for the critical and interpretive exploration of narratives and discourses within the HIV and AIDS policies of PNG along with a thorough review of associated literature. A rigid positivist policy ‘science’ propped up by empiricism and modernism constrains a more nuanced understanding of the texts under study. The approach I have taken has allowed for unpacking and identifying the constituent discourses and narratives embedded within the policy documents. The very essence of this discursive methodology is more than just the fact that words and language matter; it is that language plays a pivotal role in both the construction and representation of these contested realities. The study of narrative and discourse is truly an exciting project as it helps extend the ‘interpretive turn’ as initially developed by key scholars such as Geertz (1973), Rabinow and Sullivan (1979), Bakhtin (1981) as noted by Seidel and Vidal (1997), as well as Barthes and Duisit (1975), and Ricoeur (1981, 1984) as noted by

Riessman (1993). The post-positivist approach on which I rely is based upon the realization that culture and history do indeed matter, that sociocultural practices are essential, and local knowledge ought not to be devalued by supposedly superior western, scientific and moralistic language and knowledge.

## **2.5 Summary**

As Angelelli and Geist-Martin note, there are complex layers of meaning that accompany conversations about health, illness, and medicine (Hollingsworth and Dybdahl 2007:167). These layers of complexity also exist in the written records and textual artefacts that I have explored. I utilize a broadly qualitative approach to the anthropological analysis of health policy, one which seeks to identify and problematize the form and meaning of each document. The use of a discursive methodology reflects both the representational and constructional power that language plays in the policy realm. The interpretive framework of this work is post-positivist.

Before this thesis edges towards discussion and analysis of policy, I offer a detailed review and analysis of the representations of PNG's HIV epidemic in both ethnographic and non-ethnographic literature. Inspired by the dialectical pluralism of Johnson (2012), this approach allows for "a thoughtful, eclectic integration of methods and perspectives" and complements the analytic approach to the policy analysis (Onweugbuzie and Frels 2016:54; Johnson 2012:751). Reviewing and analyzing the literature I take an integrative and thematic approach (see: Labaree 2009) that explores the corpus of the literature under one broad overarching conceptual framework that grounds the policy analysis presented in Chapter 5.

## CHAPTER THREE

### REPRESENTATIONS OF HIV AND AIDS IN ETHNOGRAPHIC LITERATURE: AN ANALYTICAL OVERVIEW

#### 3.1 Introduction

While the introductory chapter serves to introduce this research program and provide relevant contextual background, the reviews and analyses of literature move beyond merely providing requisite information to the reader. Having reviewed N=21 pieces of ethnographic literature relevant to HIV and AIDS in PNG my intent in this chapter is to develop an analytical framework of the ethnographic literature relevant to HIV and AIDS policy in PNG. In order to situate the reviewed literature I utilized a conceptual framework adopted from Koczberski (2000) who identifies several broad themes that were common across much of the reviewed literature. These themes include contemporary sexual culture, the position of women in society, and the status of the health services in the country. This chapter, along with the subsequent chapter, also function to demonstrate the originality and novelty of this thesis vis-à-vis the existing literature in the field, in addition to exposing research gaps.

There is an immense trove of classical anthropological texts about PNG dating back to the works of some of the first anthropologists, including Russian biologist and ethnographer Nicholas Miklouho-Maclay (1974) [1888], as well as Bronislaw Malinowski's definitive ethnography, *Argonauts of the Western Pacific* (2014) [1922]. Some of the most renowned anthropologists in the history of the discipline, including Margaret Mead (2001) [1935], have conducted ethnographic work in New Guinea. This work continued with modern classics, such as Kuehling's (2005) reexamination of *kula* exchange practices. Anthropology has a deep and rich



history in the Melanesian region, but the focus here must start with introducing the most thematically-relevant and chronologically-recent ethnographic texts about HIV and AIDS in PNG. This chapter follows a general organization based on the geographic setting of the ethnographic work discussed.

### **3.2 Ethnographic Explorations**

There is now a relatively small, yet extremely valuable, body of anthropological writings on HIV and AIDS in PNG. As Lawrence Hammar (2007) notes, PNG's HIV and AIDS paradigm is one that is constantly unfolding, and ethnographic examinations can help one to better situate the epidemic and the discourses that surround it. While there also exists excellent ethnographic research about Papua and West Papua on the Indonesian side of New Guinea (see, for instance: Richards (2004), along with works by Canadian anthropologists Leslie Butt (2005, 2013, 2017) and Jenny Munro (2015, 2017), the focus here remains solely on PNG. Deep and detailed ethnography, what Geertz (1973) would term as "thick description", has been one of the hallmarks of sociocultural anthropology for several decades, and is certainly exemplified by the evocative ethnographic scholarship stemming from PNG.

As discussions of culture are so central not only to ethnography but also to the entire discipline of anthropology, it seems only fitting to begin by noting the work of the late Carol Jenkins (2004). She explores culture as it relates to HIV and public policy, reminding us that there has not been a phenomenon in recent history that has presented such a powerful challenge to the informal and formal institutions of society as the HIV pandemic (2004:26). There is certainly no shortage of scholars and other experts who have identified this broad theme of

*culture* as it relates to HIV. Indeed, it is one of the constituents of our analytic framework herein. Yet, as Jenkins notes, it is often not clear what people mean when they utilize the word culture in this particular context. She draws on a broad, cognitively-focused definition of culture that notes, in and of itself, is:

a biological, genetically inherited capacity of the species *Homo sapiens*, evolved through time and presumably still in the process of doing so. All members of the human species possess this capacity through the inheritance of a brain capable of learning and creating. Hence, culture change and cultural attributes of human groups are always in a process of change, albeit at different paces, in different directions, and often with contradictory components [Jenkins 2004:260–261].

I would suggest a slightly different definition of culture. Reflecting back to my teaching of first-year anthropology, I asked students the question “why do human beings differ in their beliefs and behaviours?” The answer is, of course, culture. I adapted a working definition of culture to include those systems of meanings about the nature of experiences that are shared by people. All societies do many similar things, but often in radically different ways. The way they reckon those things, the way they are understood, is mediated through culture (Robbins et al. 2014:6–8). Therefore, culture then is what enables us to comprehend our experiences in ways that are meaningful to us. We, as people, must ascribe and interpret meanings onto our experiences in the world. Clifford Geertz would say that there is also a compulsion, because if we did not have these meanings to help us interpret and comprehend our experiences, then our world would be “a chaos of pointless acts and exploding emotions” (1973:46; Robbins et al. 2014:6–8). When these mentions of culture are added to discussions surrounding the HIV pandemic, a contradiction often becomes apparent.

Ideas of culturally-sensitive and appropriate interventions are quite rightfully focused on respecting local cultures in a somewhat relativistic manner. However, a differing perspective contends that certain cultural traits ought to be changed or even eliminated and that they are maladaptive and dangerous, particularly in light of the HIV epidemic. There is perhaps a middle position that can be staked out by claiming that only behaviour must be modified or discontinued, “leaving out the larger issue of cultural norms, competing priorities, and other factors contributing to vulnerability” (Jenkins 2004:261). Given the centrality of culture in shaping behaviour, such attempts at long-term and successful behavioural change, without underlying cultural change, seem to be a challenging proposition. In this broad review and analysis of ethnographic literature, we encounter various examples of culture-shaping behaviour, particularly with Lepani’s work in the Trobriand Islands, that focuses on how a sex-positive culture responds to the HIV epidemic. Another example is Wardlow’s work in Hela Province in the southern highlands that examines changes in extramarital sexuality resulting from increased labour mobility and new understandings of development.

As Reid (2011) notes, people’s ability to understand and act in response to the HIV epidemic stems from their cultural understandings and practices, which in turn contribute to people’s ability to act. Reid added that “personhood and agency follow cultural logics and values and social action comes about in a specific socio-cultural context” (2011:9). While there is diversity in how culture is operationalized in the literature, the idea of cultural and epidemiological (mis)translations is raised by Hammar, amongst others, who explore how international NGO initiatives have “promoted a normative AIDS paradigm that misconstrues the

risk of HIV transmission, incites greater fear, increases stigma, and promotes anti-condom rhetoric” (2007:72).

Culture can (and does) change. Indeed, change is one of the hallmarks of the very concept of culture, and can result from various pressures or disruptions: the HIV epidemic itself, for instance. Jenkins suggests the idea of attempting to influence processes of cultural change (or cultural modification) through what she terms “enlightened policy”. To this end, she suggests that the policy development process be open to a wide array of stakeholders, “including those whose very identities have been stigmatized and problematized” (Jenkins 2004:280; See Buckley 2000 for a brief review of a successful policy investment process). This sentiment is echoed by Murray and Bearpark, who note the strong need for “real” participation, as opposed to what they term “tokenistic” participation (2010:33). As is further discussed throughout this thesis, this process is not one that has been widely or successfully undertaken in PNG’s HIV policies. Jenkins strongly advocates for a bottom-up approach, for the true valuing of a grassroots effort, and for governments and international NGOs to be more flexible and willing to work with smaller local groups.

The early medical anthropological work of Jenny Hughes (1991) in PNG’s Tari Basin, a region popularly known for the Huli Wigmen located in the highlands of Hela Province, insightfully foreshadows many concerns over STIs, including HIV, that have come to pass in this area. While much of this interior Highlands area was not considered “pacified” by colonial authorities until the 1950s, the recent expansion of the Highlands Highway, along with further resource exploration and development projects combined with increases in circular migration as a part of modern labour practices, has led to a major increase in STIs in this area. At the time of

Hughes' original research in 1991, HIV entering the area was only a fear – sadly, one that has become fully realized. Her exploration of the beliefs of the Huli people who live in this area is one that can broaden our understanding of the spread of STIs, including sexually-transmitted HIV. Traditional beliefs among the Huli previously emphasized the “polluting effects of sexual contact”, but missionary activity undermining many of their cultural beliefs, as well as the ever-increasing “commercialization of Huli culture, have combined to weaken deterrents to premarital and extramarital sexual experiences” (Hughes 1991:131). Huli ideas of bodily pollution were among the subjects of one of the first medical anthropological works in PNG (Frankel 1986). Traditionally, Huli belief held that bodily pollution came from two primary sources: women and outsiders. In the present temporal setting, Hughes notes that only a few elders still hold onto these beliefs, and that “travel for work or pleasure has greatly increased among Huli men who no longer fear the outside world, but rather wish to be part of its modernity” (1991:131). There is now a general belief that STIs enter the region through outsiders. Although this is no doubt true, it ignores the fact that there is an established pool of infection “which is much greater than people wish to believe” (1991:131). This idea that HIV (often along with other STIs), as an illness of outsiders and an illness associated with development and modernity, is one that is developed and explored in various other ethnographic accounts of different peoples in PNG (for instance: Keck 2007 and McPherson 2008). This conception of modernity, of which many Huli people wish to be a part, combined with Christian missionization efforts, has undermined traditional cultural beliefs that offered some modicum of protection against sexually-transmitted infection. Hughes reports on a belief held by some women that *gumis* (rubbers [condoms] in Tok Pisin) could become “lost inside women and babies were born intertwined in them”. They also

believed that condom distribution would lead to “wild and uninhibited sexual activity by men” (Hughes 1991:135). Her later research also finds that there was some confusion between IUDs (intrauterine contraception devices) and condoms (Hughes 2002:132). These narrative of alternative understandings and civic concerns surrounding both condom usage and distribution is another theme that commonly arises in several other ethnographic accountings explored in this chapter.

The work of Holly Wardlow offers up a contemporary view on extramarital sexuality of Huli men in the Tari region, Hela Province. HIV risk is often ascribed (quite rightfully so) to the extramarital actions of husbands. She notes, however, that men’s labour migration puts them into “social contexts that encourage infidelity”. While many men do not view sexual fidelity as necessary for achieving a happy marriage, they view drinking and ‘looking for women’ as important for male friendships” (2007:1006). Indeed, homosociality is a valued practice. Wardlow’s case study-based research indicates that although HIV infection is a concern, the biggest fear raised by men was violent retribution “for ‘stealing’ another man’s wife” (2007:1006). As such, women who are available and willing to exchange sex for money and other goods are often considered “safe partners” (2007:1006). This particular understanding of safety is one that greatly privileges the husband/man, and leaves wives/women in a more precarious position. We see here a cultural (mis)translation of the mantra of safe sex. While the epidemiological fact surrounding risk from men’s extramarital infidelity is well founded, Wardlow seeks to “delineate the economic, social, and cultural factors that propel and structure men’s extramarital sexuality” (2007:1006). Her findings conclude that recent and rapid increases in men’s mobility related to labour puts them in situations where extramarital sexual activity is

more likely to occur. This also functions to increase extramarital sexuality in Tari, since men were less fearful of violent retaliation from husbands who were absent (Wardlow 2007:1006). Reflecting on the factors labelled in the conceptual framework, an interplay of the position of women in society as safe (or unsafe) partners, combined with a contemporary cultural shift (in this case the increased movement of people and the waning of bodily pollution), has led to greater opportunity for the spread of HIV.

Echoing the work of Hughes (1991) and Frankel (1986), Wardlow offers up a historical ethnographic accounting of the Huli, which pointed out that extramarital activity in the 1970s and 1980s was rare and very discouraged due to the following reasons: fear of gendered pollution, “pronounced fears of female sexual fluids”, and in part because nearly all adult women were married, which rendered extra-marital sexuality as the appropriation of another man’s wife” (2007:1007). However, rapid increases in labour mobility have fundamentally altered these traditional understandings. Messages from the Church have also directly shaped peoples’ understandings about HIV, which many Huli have come to view as “divine punishment or message from God that people must renounce their sinful ways and embrace Christianity” (2007:1007). This reconceptualization of men’s sexuality leads to Wardlow’s well-founded conclusion that any intervention programs targeting marital infidelity are destined to “fail in the absence of a social and economic infrastructure that supports fidelity” (2007:1006). This more accurate understanding of men’s fidelity and sexuality inextricably problematizes the ‘B’ in the ABC<sup>2</sup> approach that is common throughout PNG.

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<sup>2</sup> A refers to sexual Abstinence, B refers to Being faithful with one partner, C refers to Condom usage.

Wardlow's work also contains important insights about condom use. Many of the respondents interviewed by her male assistants noted that the lack of access to condoms was a significant barrier to use. She expands on this by describing a dominant social conservatism in the community, whereby "local stores do not sell condoms, and many men expressed shame about asking for them in the hospital, where the staff were known to be reluctant distributors" (2007:1012). Indeed, many in the community strenuously object to condom distribution and describe condoms as a tool to "evade God's will that they either embrace moral sexual practice (marital sexual relations only), or be punished with disease for failure to do so" (2007:1012). These grave concerns surrounding condoms, based on the politics of social conservatism as opposed to science, arise across PNG, particularly in the work of Hammar, which is explored further in this chapter.

Just as Wardlow problematizes men's extramarital sexuality, so too does she problematize the category of sex work in PNG society. The term "sex work" has gained general adoption and "there is a cross-disciplinary trend to conceptualize monetized sexual exchanges as practices engaged in because of economic need" (2004:1018). Wardlow's article is one that challenges and complicates this trend by analyzing Huli *pasinja meri* (passenger women) who are often described as sex workers. She concedes that while they do exchange sex for money and/or other objects, their motives often have very little to do with necessity and much more to do with what she terms "anger and resistance" (2004:1018). Exploring the contradiction that exists between a supposedly objective label of "sex worker" and the subjective experience of being a passenger woman challenges the very category of commercial sex work. Although they do sell sex and are



often subjected to slurs and harassment by members of the community, they have also, as

Wardlow notes, defined their very identity in terms of:

freedoms that have little to do with sexuality: freedom to use language that other “good” women do not, freedom to move through the local and national landscapes that other women do not exercise, and freedom to buy goods that other women certainly desire but are prevented from buying, primarily because “good” women are expected not to engage in selfish consumption (2004:1019; 2002a).

This categorization of sex work (or commercial sex work) is one that tends to place blame on women, describing them as being promiscuous or rapid acquirers of sexual partners. Drawing from the work of Barbara De Zalduondo (1991), Wardlow also notes the inherent misogyny of deploying a category that “focuses attention and responsibility on sellers of sex, despite universal recognition that the customers of women of prostitution are ‘part of the problem’” (2004:1024). This very real concern about the poor translation or adaptation of broad risk categories being applied to PNG, espoused by global health bodies such as commercial sex work, or men who have sex with men, is also a recurring theme in the ethnographic literature reviewed. Two broad elements in the conceptual framework are evident: the position of women (and men) in society has been shifted in part by economic development, and in part by Christian missionization efforts, which, in turn, have rapidly altered the previously-existing sexual culture and position of women in society.

The focus on sexual culture is further developed with a review of the work of Allison Dundon (2010). She provides a rich and relevant ethnographic account of the Gogodala people living in PNG’s Western Province among a large group of villages spread out between the Fly and Aramia Rivers, with the town of Balimo being the largest settlement and administrative centre in the district. This Gogodala people have a history “of ‘imagining’ themselves as a

community: connected through a common language, a shared system of names and clans substantiated through daily experiences and consumptive practices” (Dundon 2010:182). While HIV is known to be present in this remote area, accurate rates of its prevalence in this region (as with much of the country) are not accurately known, with testing being defined as being “sketchy and unreliable” at best (Dundon 2010:177). This awareness of problematic testing and an incompleteness of data is one that commonly arises in PNG, and is noted in both ethnographic and non-ethnographic literature, and policy documents (see Hammar 2007, amongst others) and is, in part, reflective of the poor status of the country’s health systems.

In this community, a group of Christian women refer to themselves as “warrior women”, and consider themselves to be “prayer warriors.” They openly sing hymns, pray aloud, and “call upon the Holy Spirit to cleanse their bodies and ‘turn their eyes’ so that they are able to see those who threaten the health and well-being of the wider community” (Dundon 2007:29). Before the onset of HIV in this area, warrior women focused on making visible those who practised (or who were thought to practice) a type of covert magic known as *iwai dala*. The recent spread of HIV into this area, as well as what many feel is an increase in more unrestrained versions of male and female sexuality combined with the “waning of Christian practice and principles, has meant that those perceived to bring harm to the community through their sexual behaviour have become recent targets for the warrior women” (2007:29–30). The warrior women claim to have more clarity than others because they have been “touched” by the Holy Spirit, and they seek to make HIV and those who are thought to enable or encourage its spread more visible. Expanding on this, Dundon notes that just like the practitioners of *iwai dala*, those with HIV are believed to be moving about in the night away from the prying eyes and eavesdropping ears of the community.

Perhaps it is not surprising then that the warrior women began patrolling areas of the townsite that are thought to be the grounds of those engaging in illicit relations. Their patrols have come to particularly target other women “as their movements during the night or in the early hours of the morning, by their very nature, are suspicious” (Dundon 2007:30). Those who are thought to partake in these so-called illicit activities are thought to be acting outside of any acceptable moral domain as “they generate and spread sickness through illicit sexual behaviour often conducted in secretive fashion” (Dundon 2007:30). Just as iwai dala magic is characterized as being hidden, so too is HIV. There is no differentiation between HIV and AIDS, and both are referred to as *melesene bininapa gite tila gi* (the illness without cure/medicine). This lack of differentiation or distinction between HIV and AIDS is not one that stems from ignorance or lack of information; rather, it is generated by how the Gogodala collectively conceive of illness and health. They believe that when you are “sick, you are not a normal person. The way you look and things [that you do] are totally different from [a] normal person” (Dundon 2007:34, 30). Such etiological underpinnings may make perfect sense in the case of iwai dala, in terms of contracting malaria or developing other types of illnesses, but they function more problematically in the face of ‘invisible’ illnesses such as HIV.

The Gogodala’s lack of distinction between pathogen and sickness is one that complicates many of the standard health prevention methods and messages that are commonly employed. Despite HIV awareness campaigns led by the town’s health centre and the National Department of Health (NDoH), much of the knowledge about HIV and AIDS remains speculative and based on rumour and innuendo, as opposed to scientific or direct knowledge. Dundon reports that even those with direct access to the town’s health facility are routinely “confused about their role in

preventing the spread of it throughout the community, given that those with HIV are initially physically unchanged by their infection” (2007:35). These cultural understandings of the visibility (or invisibility) of sickness is one that serves as an impediment against standard HIV prevention methods and messages. There exists debate in the community about whether HIV is transmissible through contact with a person’s breath, their saliva, sweat, clothing, cups and plates, and sorcery. As Ravunamu Auka and colleagues point out, unexplained deaths as a result of AIDS-related illnesses are often labelled as acts of sorcery (Auka et al. 2015:250). A great deal of fear that relates to HIV and AIDS in this community stems from its invisibility (Dundon 2007:35–36; also refer to Lemeki 2003). There were also concerns expressed that AIDS could be transmitted via mosquitoes, or by caregivers of those who are infected with AIDS (Lauwo et al. 2012:19). Being informed by health workers that “people could have AIDS but not seem to have it” has only led to greater fear and consternation among the Gogodala (Dundon 2006:36). Among some who knew of sexual transmission of HIV, there was a belief that serial sexual encounters were required for transmission. This may stem, in part, from their belief that repeated acts of sexual intercourse are required in order for conception to occur (Wilde 2007:62; Koczberski 2000:61). The very nature of the illness, and its invisibility, have only added to the complexity of the situation. This cultural understanding of illness, which has worked for the Gogodala people for centuries, is now one that serves as a barrier to the prevention of the spread of HIV. As people are supplied with new information, new facts, and new messages about the illness, they adapt that information to fit into their worldview in order for it to make sense in their cultural understandings, not the other way around. This serves as a great complication to the boilerplate

HIV prevention strategies that are often suggested by international NGOs and adopted by governments.

Contrasts and conflict often arise between “objective” medical truths and subjective local understandings. Reminiscent of socially-constructive theories of sickness, which hold that “the real world, no matter its material basis, is also made over into socially and culturally legitimated ideas, practices, and things” (Kleinman 2010:1518). Sickness, for the Gogodala, is believed to arise when a rule or convention is ignored or broken. Indeed, before the arrival of missionaries in this area, illness was not considered to be communicable in the biological sense, “and did not move from one person to another unless that person had also contravened the rules of the land, water or swamp over which they had moved”, or had broken *babala* (rules) that govern sexual behaviours (Dundon 2007:35–36). Some women stated that AIDS was a punishment from God for having illicit sex, and for breaking *babala* (Dundon 2007:36). This idea of AIDS being some sort of divine punishment was also observed by Haley (2008) and Hammar (2008), who both note that this echoes the refrain of the popular and prominent politician Jacob Sekewa to exclude those with HIV, as they had stepped outside of “normal human boundaries of moral people” and “acted like animals” (Dundon 2010:182–3). In a similar vein, Wardlow reports that certain religious leaders in Tari believed that the epidemic was a good thing, as the threat of sickness and death might finally spur the people to become good Christians, “a goal they fear[ed] was rapidly receding” (2008:137). Wardlow further notes that the arrival of HIV appears to have functioned as a catalyst for both mobilizing and solidifying a Christian identity among the people (2008:188). This dyadic identity of insiders/outside, a “Christian us/heathen them” belief is a key feature in various PNG communities that were discussed in ethnographic literature.

Those who have moved outside the area for work and later returned are also thought to be dangerous. To many, “AIDS is still a disease associated with outsiders, and with those who have lived and worked elsewhere in PNG and abroad” (Dundon 2007:35–36; 2005). Indeed, the first reported case of HIV at the Balimo Health Centre was traced back to a former employee of a logging camp upstream of the Gogodala communities. The majority of subsequent cases recorded at the Health Centre have also been linked to those returning from employment elsewhere (Dundon 2007:179). There is a great deal of circular migration related to employment at the Ok Tedi Mine site and three major logging camps, all located relatively close to Gogodala lands, where circular labour migration is an economic necessity for many people.

This understandings of HIV as an outsider illness is one that is quite commonly noted in ethnographic literature. Dundon and Wilde state that in many rural communities, HIV is perceived to come from the “outside” and is closely associated with “workers in towns or cities, or those employed in mining, logging or other industries in PNG (2007:7). Wilde confirms this as he notes HIV is seen as a foreign or an urban disease (Wilde 2007:66, 68). In a similar sentiment, Keck observes that HIV is also represented as an outsider illness among the Yupno people (a cultural group known for their traditional topographic understanding of time) who are in general agreement that the illness is largely brought back by “men infected by women in town and returning to the village” (2007:48; also refer to Núñez et al. 2012). In her studies of the Duna people and their out-migration to look for wage employment, Haley notes that this was often also a time of “premarital adventures – with the consequences that returning workers and men who have travelled to urban centers make up the bulk of confirmed HIV and AIDS cases...” (Haley 2008:31). Canadian anthropologist, Naomi McPherson, also observes that among the Barai of

New Britain, HIV is understood to be a disease of modernity and development “brought into the country by sexually promiscuous Western people and transmitted by Westernized women and men who reside in towns” (McPherson 2008:232). Bettina Beer also notes that for the Wampur living in PNG’s Markham Valley, despite little direct experience with HIV, there exists a clear perception that it is a disease of outsiders (Beer 2008:111).

In an attempt to prevent the spread of HIV and other STIs, a condom distribution program was implemented at the Balimo Health Centre. Condoms were distributed freely through the Outpatient Department, “bypassing the usual control held by the nursing sisters at the dispensary” (Dundon 2007:40–41). However, after condoms (including used ones) were found on the streets, distribution was placed once again under the ever-watchful eyes of the religious nursing Sisters. Dundon notes that the use of condoms has been linked to conceptions of a wild and unrestrained type of sexuality. One woman interviewed stated that:

‘some men, when they get hold of these condoms, they are just looking for women all around the place not just their own wives’. Another suggested that ‘young men and women were using condoms ‘just for fun’ rather than thinking through the implications of their action’ [2007:41].

This echoes the work of Hughes (2002) in the Southern Highlands Province. She determined that many women were adamant in their opposition to condoms being available. Women noted that “if men could have sex with any women at any time they would go ‘wild’ and all women would be used up” (Hughes 2002:131). This correlation between condom use and local understandings of (im)morality “has only served to demonize condoms, targeting those who use them or wish to promote their use in the fight against the spread of HIV” (Dundon 2007:41). Wilde also researched condom use in Balimo, concluding that there is a high frequency rate of premarital

and extramarital sexual behaviour, combined with no or low condom use (2007:7). Although condoms are proven to significantly lower the risk of HIV transmission and can also protect against several other STIs, they have to be used. In order for them to be used, there must be a refocus on education and understanding of the rationale for condom use. Given the pervasively-negative attitude toward condoms held by many segments of the population, this area will also be very challenging to work in.

Currently, HIV and other STI testing is conducted in the Outpatient Department of the Balimo Health Centre. The once separate and specialist unit for STIs and HIV was disbanded after it became readily apparent that ‘the lack of attendance was the result of the unit’s high visibility and shame associated with attending it’ (Dundon 2010:178). ARV medications are not yet available from the Health Centre. The implementation and rollout of an ARV program may help change the understanding of HIV as *melesene bininapa gite tila gi* (the illness without medicine/cure). For this change to occur, however, detailed planning is required, along with the expansion and proper use of resources. As is noted in Section 1.2, and more thoroughly examined in Section 4.5 of this thesis, PNG’s health system is one that is consistently struggling due to the lack of resources and failing infrastructure making any rollout of ARV therapy challenging, particularly in rural and remote areas.

Dundon’s later research in this area included interviews with women who suggested, in Trumpian-like fashion, to “build a wall” around the Gogodala people’s region to stop or slow down HIV” (2010:171). This stems back to their belief that HIV is predominantly a threat from the outside. A wall, in both the metaphorical and physical sense, creates a boundary between the aforementioned dyad of insiders and outsiders (Dundon 2010:183–184). Her further research



also reports that many of the preventive strategies concerning HIV tend to focus on broadly conservative and evangelical narratives about the preservation of “Christian country, through repudiation of unrestrained sexuality, for example, which is believed to be increasingly prevalent, not only in their own area, but throughout urban Papua New Guinea” (Dundon 2010:171). The residents of this area overwhelmingly describe themselves as Christians, most of whom are members of the Evangelical Church of Papua New Guinea. They also claim that even though nearly all other communities in PNG claim to be Christian, that these other communities have not embraced Christianity with the same intensity and level of commitment as they have, and that others have not rejected past practices like sorcery, polygamy, tobacco smoking, betel nut chewing, and the consumption of intoxicating beverages such as *i sika* and *kava*, as they have (Dundon 2010:172). Reflecting to a Church meeting, where one woman argued that:

The way to avoid this deadly sickness was the maintenance of a Christian life-style: prevention was ‘dependent on the way of living—it depends on the way you live’. Another argued for the value of monogamy in the fight against AIDS. ‘In the beginning God created man and woman so that plan is in order, it’s in place. So it should be followed one man, one woman. Yet another explained that ‘for us, you know, we know the word of God and we trust each other; our husbands and us, we trust each other. And so, when you stay faithful like that, it’s okay’. Others simply reiterated that ‘we are Christian *lumate* — Christian people” [Dundon 2010:183].

There exists, as Dundon notes, an appeal to certain parts of this Christian response among the Gogodala that this renewed vigour in evangelical Christianity presents to them “a commonsense platform from which to meet not only the dangers of HIV/AIDS, but also the disintegration of Christian country through the influx of new ideas and practices” (Dundon 2008:183). What such proclamations of Christian values overlook, perhaps intentionally, is that

many of the “good Christian folk” are not actually following the values of which they speak – certainly not a phenomenon limited to the Gogodala!

Much like the Gogodala, the Yupno people live in a rural and remote area of the country in the Finisterre Mountain Range. They sustain themselves with subsistence-based agriculture, along with small harvests of cash crops like tobacco and coffee, as well as with additional money brought in via circular migration, particularly among young men. Keck examines how biomedical information about HIV is perceived by, and adopted, into local Yupno contexts (2007:44). This type of research is vital in crafting a meaningful response to the HIV epidemic. As Keck notes, there is concern that so much of the understanding and response to the HIV epidemic is based on information and understandings from Port Moresby and other urban areas and, I would argue, from international NGOs. Much like the Among the Gogodala the Yupno generally make no differentiation between HIV and other types of sexually-transmitted illnesses. This theme of understanding illness in one’s own cultural context certainly can complicate biomedically-based prevention messages.

Illustrating the inequitable ideas that surround gender, educational attainment is higher among boys than girls. Families’ often-insufficient financial resources are generally invested into boys. In the context of the HIV epidemic, Keck calls this a tragic situation “as the education of women can be one of the most effective methods of prevention” (2007:45–46). The health situation among the Yupno people is further complicated by a recent increase in TB, which dominates recent health awareness campaigns. There has also been a marked increase in malarial infection, largely in those returning from coastal urban areas. These health issues, along with lack of quality health infrastructure in the region and the sociocultural and economic factors

surrounding mostly male circular migration, poverty, and unequal gender relations, make the Yupno increasingly vulnerable to HIV infection (Keck 2007:46). This is a situation with many parallels across many of PNG's communities.

In Keck's discussion with young people in terms of their knowledge of HIV, she determined that there was little accurate knowledge about how HIV is transmitted. Several young female respondents reported that "this disease comes from all men and women who sleep around with each other" (2007:47). There is widespread agreement that the disease is brought in from both outsiders, and from those returning from urban areas. One person stated, "the disease hardly exists, here but the men [who have been infected by women in town] bring it with them" (2007:48). It seems that much of the information about HIV is imparted, not in a scientifically-accurate fashion, but rather in terms of moralistic imperatives. One female student recounted how a health officer came to the classroom and said:

'You cannot roam around with men. The husbands of other women cannot come and sit down or talk or roam around with you, or sleep with you'. This is what he said. And he said, 'don't roam and fornicate around'. This kind of admonition he gave us. All men have to stay with one woman, and all women have to stay with one man until they die. He taught us this way [Keck 2007:49].

There were discussions of HIV being imposed on those who "roam" around as a punishment for their sin, "sent by God for those who misbehave" (2007:51). Confirming how HIV is not only a medical concern but also a religious and moral one.

In further discussions about their knowledge of condoms, Keck found that while only 57 percent of the young women with whom she spoke knew about them and their use, all the men knew what they were and how to use them. Among men, condoms were reported to be primarily valued, not to protect against HIV or other STIs, but to avoid impregnating a younger, unmarried

girl (i.e., where no bride-price had been paid) which could result in retributive violence against the young man (Keck 2007:49-50). Re-emphasizing this moral narrative surrounding condoms, many young men obtained condoms from older brothers or other male relatives, as it is near impossible for younger men to obtain the supposedly free condoms from the health centre. Keck notes that the health officer, an active churchgoer, would try to deter young men, saying:

‘I can give you [condoms] but you go now and behave in a decent way [decent meaning: not having sex]. If I give them to you, I am at the same time encouraging you [to have sexual relations] and you will roam around,’ and I usually tell them all: ‘I don’t want to give you any... if you look after yourselves, you will be fine and you will save your life’ [Keck 2007:50].

This is demonstrative that many of the health-messaging and condom-promotion programs, which do not have even a modicum of buy-in from those that are responsible for their implementation, are doomed to fail. The moral imperatives against condom use overpower the medical necessities of condom promotion and usage. In discussing the ABC approach that is favoured by many in PNG, the sheer number of young men interviewed by Keck who admitted having sex (even if these numbers are exaggerated by male bravado) is demonstrative that A(bstinence) simply does not work. Indeed, I uncovered no ethnographic or other evidence of the ABC approach working anywhere in PNG (or elsewhere for that matter).

Eves (2003) further explores the cultural dimensions of how HIV is represented and understood with a focus on the Lelet people of New Ireland, PNG’s northernmost island. Similar to many other communities in PNG, the Lelet identify themselves as Christian, and largely evangelical. Eves notes that Christianity, as opposed to the science of public health, operates as the explanatory framework for understanding illness (Eves 2003:252). There is a significant awareness that HIV exists and that it is spread through sex, primarily thought to be promiscuous

(read: immoral) sexual relations. As with other communities discussed, there is no distinction made between HIV and AIDS, both being referred to as *sikAIDS*. Just as previous ethnographic examples portray HIV as a disease of outsiders, this is also common among the Lelet, who reported that *sikAIDS* was an illness of foreigners. One man told a story which had been circulating in the community:

AIDS has its origins in South Africa... I heard it was a sickness that affected monkeys. There was a man who was studying these monkeys and saw them having sex together. He decided to have intercourse with a monkey and became infected with the sickness. When he returned to where he came from, he infected his wife [Eves 2003:253].

There is also a belief that HIV is a disease of white people; this is also believed of other STIs (Eves 2003:253; Clark and Hughes 1995).

A great deal of the information about HIV obtained by the Lelet does not originate from the media, government or health educators; rather, it is passed down from the Church. These religious references are described as being far from impartial and quite disciplinary in nature, in order to “apply pressure to keep good Christians within the bounds of the Church-sanctioned morality and to convert those whose commitment to Christianity is weak” (Eves 2003:254). Eves contends this message is of a “salvationist” nature and one that serves as a forceful moral reminder that sexuality should only exist within the confines of a monogamous Christian marriage. The particular Christian framework applied by the Lelet to understand their world is one that places an emphasis on the coming apocalypse where Eves suggests that “AIDS can serve as a metaphor for the moral corruption and decay, which is a central constituent of their teleological understanding of history as a purposeful unfolding of events with definable causes and a pre-established end,” and that AIDS fits into these narratives of the coming End Times

(2003:255–6). A Church Minister, when asked about AIDS, read from Deuteronomy (chapter 28, verses 59–61):

The Lord will make thy plagues wonderful, and the plagues of thy seed, even great plagues, and of long continuance, and sore sicknesses, and of long continuance. Moreover, he will bring upon thee all the diseases of Egypt, which though was afraid of; and they shall cleave unto thee. Also, every sickness, and every plague, which is not written in the book of this law, them will the Lord bring upon thee, until thou be destroyed [Eves 2003:255].

This is simply more evidence of the End of Times Christian ethos in which many Lelet believe. The signs around them, such as AIDS and escalating crime, along with a recent drought and other natural disasters, are all symbolic of this. Many hold the belief that only God can cure AIDS. It was explained to Eves that the journey away from HIV was to be “born again and join with Jesus. If you pray over the illness, it will finish because the Bible says that such things are small in the eyes of God. God can do anything. If someone has AIDS, Jesus will heal and remove this kind of illness” (Eves 2003:259). Of course, failure to be cured by such divine intervention reflects on one’s lack of faith, as opposed to the lack of God’s ability to heal. Eves comments, echoing the earlier work of Jenkins (2004), on the need to move away from the behavioural research paradigm to one that integrates cultural concerns. It seems clear that scientific facts and messages of public health will not displace local understandings of HIV or cultural notions of health and illness. Rather, as is apparent with the Lelet and many other communities in PNG, these ideas are melded into local understandings in ways that make sense within their worldviews. Eves astutely notes that there is a level of incommensurability between the two views, and that greater emphasis ought to be placed on “safer-sex as opposed to messages of chastity, or messages opposing promiscuity” (2000:61). Eves’ well-intentioned suggestion,

however, is one that forgets ideas surrounding safety in sex, fidelity, and promiscuity, which are also culturally bound and shaped by a prevalent anti-sex discourse that exists in PNG society.

Moving south to the Trobriand Islands, one encounters the work of Katherine Lepani, the most preeminent anthropologist who focuses on HIV in PNG. The Trobriands, a coral archipelago off New Guinea's east coast, has been described by Annette Wiener as "one of the most sacred places in anthropology" and is where Bronislaw Malinowski engaged in his pioneering fieldwork (Lepani 2012:13–14). Introducing us to this region, Lepani states that for over 150 years, "Trobriand society has mediated and absorbed the Western influences of colonization, Christianity, and the cash economy with remarkable resilience" (2012:4). While the background of Trobriand culture is beyond my scope, it is important to note that the Trobriand Islanders are a matrilineal society buttressed by a very complex system of yam exchange that is still vibrant -- a hallmark of their cultural resiliency. Every Trobriander belongs to an exogamous marital clan (*Malsai*, *Lukuba*, *Lukuwaisiga*, and *Lukuabuta*), which consists of lineages (known as *dala*) that are the primary units of both economic exchange and social identity (Lepani 2012:3). Generally speaking, Trobriand Islanders view sex in a far more positive light than other groups in PNG. Lepani attributes this to traditional beliefs which view sex as a pleasurable practice that can help sustain "the flows of reciprocity between clans, maintaining the relations of difference that activate social reproduction" (2007:15). While the Christian religion is regarded as important for Trobrianders, Lepani observes that it is largely syncretic, where "Christian doctrine has not suppressed customary practices or supplanted cultural ideas of sexuality, nor has it generated a repressive attitude to sexuality" (2012:6). Lepani's articles, as well as her vivid ethnographic monograph, focus on how a "sex-positive" culture responds to

HIV and AIDS (2007, 2012, 2017). As a writer, Lepani reflexively situates herself as both an ethnographic researcher and a Trobriand in-law, where she examines the interplay between HIV and sexuality, reminding us that the way HIV manifests itself is dependent on culture (2012:10; 2017:55). Further, she queries how biomedical concepts of illness and disease correspond with traditional Trobriand interpretations by exploring an illness known as *sovasova* (2012:10; 2007:25), an culturally-bounded illness that develops when members of the same clan engage in sexual relations.

Lepani reports that residents of the Trobriand Islands have observed certain similarities between *sovasova* and the symptoms of AIDS-related illnesses, including pallor, lesions, nausea, weight loss, and general malaise (Lepani 2007:12, 19). Colloquially known as the “STI between same clan” there is a linguistic and etiological distinction made between *sovasova* and *pokesa*, “the general term derived from the English word ‘pox’ used to describe STIs that involve genital ulcers or discharge including syphilis, donovanosis, and gonorrhoea” (2007:20). *Pokesa* is an accepted risk of sexual activity, and is not thought of as being “symptomatic of deviant sexual practice” (2007:20). While *pokesa* is treated biomedically, those affected by *sovasova* utilize herbal remedies infused with magic. It is conceived of as resulting from deviations of normative sexual and moral values. *Sovasova* certainly leads to sufferers being subject to gossip, but certainly not to violence. Given the biomedical origin of HIV, Lepani questions why the explanatory model for *pokesa* is not adapted for understanding HIV. She suggests that the answers reside in the distinctions, both physiological and causal, “made between *sovasova* and *pokesa* [that] transect moralistic renderings of AIDS as a novel, deadly disease caused by transgressive behaviour, which has no immediate visible manifestations and no cure” (2007:20).



The difference in understandings of sovasova and HIV, Lepani suggests, stems from their etiological basis. Sovasova is the result of an interaction between sexual bodies, whereas HIV is transmitted from one body to another (2007:25). This understanding of sovasova is demonstrative of what Lepani labels “cultural construction of illness, symbolic of moral issues, social identity, and social relations” (Lepani 2004:24; Pelto and Pelto 1997:150). Drawing from Craddock, she expands on this, stating that “diseases are cultural products given a specific moral lexicon, depending on symptomology and the ideological needs of a society” (Lepani 2004:24). This raises the very important point that HIV exists at the same time as universal biomedical reality while being culturally-interpreted as a local illness.

In discussing the broad concept of *risk*, Lepani raises a compelling point whereby discourses, which surround sexuality and disease, work to influence the very “interpretive process of making sense of HIV and AIDS and gain currency through public health policies and interventions that are put into place to respond to epidemics” (2012:16). Further elaborating on this, she notes that these broad Western assumptions about morality, sexuality and gender infuse language of HIV prevention programming. There is a very real power of language to both “name and classify epidemics based on preconceived notions, and to construct categories for the meaning of prescriptive responses” (Lepani 2012:16). Further fleshing out this trope of risk, Lepani observes that the language used in HIV prevention messaging tends to align sex with labels such as “deviance, disease, and death, while largely ignoring the dimensions of sexual desire, consensus, and pleasure” (2012:16). This messaging, along with these “dystopic representations of sexuality, pervade the standardized HIV awareness and prevention strategies pitched at individual behaviour change” (2012:16). The very fact that sexuality exists beyond

reproductivity is not clearly acknowledged or respected in prevention messages, and the concept whereby sexuality can exist for pleasure is completely ignored. Lepani is concerned, quite rightly, that risk-based discourses that surround HIV can lead to either local resistance or disinterest, as opposed to promoting what she calls “a dialogic exchange of information and reflective evaluation of practice” (2012:39).

Lepani is critical of the “rote” message delivery that possesses little or no deference or reference to local cultural understandings and experiences (2012:20). This rote messaging is perhaps best exemplified by the promotion of ABC strategies. The ABC approach is one that “frames sexuality in terms of risk and promiscuity in an implied moral hierarchy of behaviour change, where ‘abstinence’ and ‘being faithful’ are preferable to condom use” (2012:18).

Promotions of condoms in this way has led to what Lepani calls:

a lethal layering of signification [that] reinforces a negative association between condoms, infidelity, and the spread of disease, so that protected sex is deemed morally bad and risky, while unprotected sex is held to be morally good and safe and is assumed within marriage and other intimate relationships [Lepani 2012:18].

The response to the messages of ABC in the Trobriands tends to be one of amusement and dismissal, “holding the view that such models of disease, risk and death are incompatible with local knowledge and experience”, and that ABC messaging led to embarrassment and disengagement (Lepani 2012:159–60). This is essentially the crux of HIV in PNG. These ill-fitting outside approaches being applied in a top-down manner, which lack both respect of local culture, and integration of local understandings.

The inexpert fit of the ‘A’ in the ABC message is again noted when Lepani states that abstinence from sex is simply not desired or practical in the Trobriand Islands. The Trobrianders

also tend to have a positive view of condoms that contrasts sharply with the broad resistance to condom use in PNG, which is “reflected in the circulating discourses of media, churches, government officials, and health workers, which inscribe condoms with risk and disease and associate their use with promiscuity and infidelity” (2012:166). Moving from the moral implication of condom use to the practical roadblocks, Lepani found that 17,280 male condoms and 100 female condoms were sent to the PAC District Manager’s office in Losuia. She found that nearly all of the cartons remained sealed “with only a few individual packets handed out informally, but discreetly, to government workers and their associates for personal use” (2012:171). Her research further indicates that there is a persistent view, from many of those actively involved with HIV prevention programming, that:

a controlled system of condom distribution will perforce ensure proper usage, whereas random and informal channels of distribution result in careless (meaning promiscuous) use or improper use such as using condoms for fish bait. There are already hundreds if not thousands of sites throughout PNG where condoms are supposed to be available free of charge and easily accessible... but in many places condoms sit in unopened boxes in government offices because officials either refuse to distribute them or have not established the structures for doing so [Lepani 2012:171].

Lepani reaches the conclusion that any national response can best be carried out at the community level, “grounded in local understandings and experiences” (2012:29). This task of finding things that are analogous or culturally-translatable opens up an opportunity for a more individualized national response to HIV in PNG. However, with so many distinct cultural groups and widely-differing attitudes towards relevant conceptualizations of gender and sexuality, along with illness and risk, this may not be a fully-realizable endeavour.

Lawrence Hammar conducted various anthropological works across PNG, including a novel attempt at using a “qualitative perspective and method” on a highly quantitative dataset,

namely the 4275 positive STI tests from Daru's General Hospital STD Clinic (2004a:88). Daru, in PNG's Western Province, is characterized by very high levels of gendered violence, along with low levels of condom use and an established sex industry (Hammar 2004a:89). This research is complicated by the incompleteness and inadequacy of data. Hammar also notes that there is often a focus on specific risk groups. However, as he astutely points out, "ordinary housewives and married women are often at great infective risk" (2004a:89). He further notes:

throughout this terrible epidemic among the Marind-anim [a unique linguistic and cultural group] there wasn't a single commercial sex worker, foreign homosexual or drug abuser involved, much less a CSW, MSM (men who have sex with men) or IDU (intravenous drug user). The Marind-anim were simply people who, in the pretty much normal course of their lives, became infected with a terrifying new disease" (Hammar 2004a:88-89).

This criticism raises important theoretical and practical concerns regarding how HIV and risk are comprehended, and about challenges that are commonly thought to be the predominant risk categories. This becomes ever more relevant in the face of a generalized epidemic. Hammar also introduces the conflict over condoms. Anti-condom messages come from the highest levels of PNG society, including the ecclesiastical where a Bishop stated that "advising people to use condoms means to put them at risk of getting AIDS, and just spreads AIDS" (Hammar 2007:75). Even medical doctors have opposed condom distribution, as discovered when Dr. Thomas Vinit, a senior NdOH physician, stated that

because condoms were not 100% safe (left undefined), he argued that the government was 'improper' in distributing them at all, and he dubbed this a 'medical scandal'. In explanation, he offered that 'the HIV/AIDS cells compared to the sperm cells were much smaller'. [Hammar 2007:75]

In a later editorial, Hammar evocatively states that "it is easy to lose hope in the face of perpetual payback killings, wife-bashing committed by so-called 'intimate' partners, pack rapes of 11-year

old girls, and stigmas attached to those who suffer from STDs and AIDS. (2004b:1). Hammar offers up criticism of reified categories, and the use of a terminology that denies agency, particularly to women and girls. He goes on to note that the use of such terms “has occurred throughout history, but discourse about sex and blame, risk and responsibility [has] greatly intensified since AIDS was first named in 1983” (Hammar 2004b:2). In discussing the power of language as it relates to the epidemic, Hammar echoes what I noted in the previous chapter: “semantics are never trivial. Language also constructs, not just describes reality” (Hammar 2004b:3). A rather diverse monograph follows his previous journal articles and summarizes his diverse research experiences in PNG which focuses on the relationship between HIV and broader structural features of PNG society like gender and religion.

### **3.3 Summary**

Koczberski (2000) delineated several broad factors that directly relate to the HIV epidemic in PNG. These characteristics include sexual culture, which I expanded to include culture more generally, the position of women in society which I extended to include broader discussions of gender, and the status of health services in the country (which becomes more prevalent in the proceeding chapter). These characteristic elements were common across much of the reviewed ethnographic literature, and as will become apparent, were even more prevalent in the non-ethnographic material reviewed. As such, I adopted them to form an overarching conceptual framework in my examinations of the literature.

Anthropology has a long history of engagement with PNG dating back to some of the first scholars that would be identified as anthropologists. Focusing solely on ethnographic work

from the PNG side of New Guinea (which excludes work from Indonesian Papua and West Papua), I examined literature that was broadly organized based on geographic locale. The ethnographic works examined were rich and varied, but similar themes emerged time after time. One key theme was a dyadic understanding of us/them and insiders/outsideers, and how HIV is often regarded as an illness of outsiders, and of those who have left and come back bringing with them this new virus. It is represented as an illness of modernity associated with development. Indeed, rapid economic development has led to increases in migration with individuals, particularly men, leaving and returning to their home communities through the process of circular migration.

Works by Wardlow challenged understandings of marital fidelity and men's extramarital sexuality and introduced us to categorizations of risk and safety which she deconstructed. Ideas of fidelity are culturally-bound, and the rapid increase in labour migration have put men into contexts where infidelity is rampant. While biomedical models ascribe risk to HIV infection itself, a concern raised by many men was not infection, but violent retribution for wife "stealing" (Wardlow 2007:1006). Wardlow (2004, 2006) further problematizes the categorization of sex work in PNG. Indeed, women who made sex available were considered "safe" in this cultural context, despite the fact they would be considered as biomedical risks and viral vectors. Hammar also challenges the ascribing of risk to categories that stem from NGOs, and to the language of global health such as "MSM" and "CSW" (2004a:89).

Haley, Hammar, Wardlow, Dundon, and Eves have all observed moralistic narratives and messages originating from religious quarters that went as far as to portray AIDS as being a divine punishment from God, or symbolic of the end times foretold in Revelations. This moralistic

messaging has led, in part, to a broad societal discourse against condom use and distribution in many parts of the country. Anti-condom messages were heard from prominent religious and civic leaders. Condoms were associated with “wild and unrestrained sexuality” (Dundon 2007:41). Even among the more sex-positive Trobriand Islanders where condoms were wanted and valued, there were serious problems with their distribution and availability. While the C (condoms) in the ABC approach has been explored, so too has the A (abstinence) and the B (be faithful). Lepani’s work in the Trobriands found that A was neither desired nor practical, and that the faithfulness and fidelity of B are culturally constructed.

Vibrant ethnographic work conducted by Lepani in the Trobriand Islands examines the interplay between sexuality and HIV, reminding that the way HIV manifests itself is dependent on culture (2012:10, 2017:55). She queries how western or biomedical concepts of illness correspond with traditional Trobriand interpretations of illness by examining illnesses known as sovasova and pokesa. She is very critical of “rote” health messaging and top-down delivery, and demands greater deference and reference to local culture and how illnesses such as HIV are understood locally. Lepani reaches the sound conclusion that any national response can best be carried out at the community level, “grounded in local understandings and experiences” (2012:29). However, as is further explored in the two proceeding chapters, this directive is not one that has been widely adopted in PNG’s HIV policies.

**CHAPTER FOUR**  
**REPRESENTATIONS OF HIV AND AIDS IN NON-ETHNOGRAPHIC LITERATURE:  
AN ANALYTICAL OVERVIEW**

**4.1 Introduction**

The analysis of non-ethnographic literature is intended to widen the view of HIV scholarship in PNG with particular attention to sexual culture, the position of women in society, and the status of the health services in the country (Koczberski 2000). Having reviewed N=26 pieces of non-ethnographic literature I adopted the themes noted above as the foundation for the conceptual framework for this literature review and analysis and grouped them accordingly. Other emergent, yet related, themes stemming from the literature included the role of the Church and the educational system, conceptualizations of gender beyond the status of women, sexuality, media representations, and anxiety from Australia.

In addition to simply familiarizing readers with the written literature and research conducted in this area, this chapter, along with the preceding one, also function to demonstrate the originality and novelty of this thesis vis-à-vis the existing literature in the field, in addition to exposing research gaps.

**4.2 The Church: Roles and Responses of Religious Bodies**

The current sociopolitical structure of the country, its weak formal state institutions (particularly in more rural areas), combined with a large percentage of religious adherents mean that the Church plays an ever-increasing role in the delivery of services (both physical and



spiritual) to the people of PNG. Dependent on the source somewhere between 96 percent and 99 percent of the population identify as Christians (Gibbs 2004; Stein-Holmes 2003). There are four distinct blocks of Christian churches in PNG. The first, the mainline block is comprised of the long-established and former missionary churches: the Anglican, Lutheran, Roman Catholic, and United denominations. The second group, which forms the Evangelical Alliance, is comprised of churches in the Baptist and Apostolic faith traditions, along with the Salvation Army. The third block is comprised of a rapidly-growing number of newly established Pentecostal churches. The rapid growth of both Evangelical and Pentecostal churches is highlighted by Volker et al., who estimates that there are now at least 150 different “missions, sects, and free churches” following those traditions (2005:V). The fourth block is the Seventh-Day Adventist Church which, despite its relatively small membership, wields considerable political influence in PNG (Gibbs 2004:3–4). It is further noted that these religious groupings are often “quite independent of each other and often opposed on core issues” (Gibbs 2004:4). Together, these blocks exert considerable influence on the provision of health and education services in the country.

Churches in PNG provide nearly half of the country’s health services and, in collaboration with the government, co-manage approximately 40 percent of all primary and secondary educational facilities (Volker et al. 2005:V). Many of the vocational nursing programs in PNG are run by various church-operated or -supported universities (Volker et al. 2005:9–10). As Darling Tobias notes, the Roman Catholic Church is the largest provider of healthcare in the country with some 50 percent of all Church-run health facilities being operated by the Roman Catholic Church and its member orders (2007:8). The importance and breadth of the Church as a

provider of education and health, is explored by the work of Volker et al. (2005), Gibbs (2004), Eves (2002) and Benton (2008).

The Churches offer specific practical and pastoral responses to the HIV epidemic. Kim Benton of the Burnet Institute believes that the Church must play a vital role in the response “through community support, encouragement, and social change” (2008:314). He discusses a series of workshops he conducted for clergy in an attempt to address issues such as HIV-related stigma. Benton contends that strong and courageous religious leaders can play a vital role in creating pastoral environments of safety and care (Benton 2008:315). Benton notes that in his many meetings with various clergy members, there was often heated debate and a lack of consensus regarding the pastoral approach to those infected and affected by HIV (2008:315, 321). Benton is a firm believer in the practical positives that the Church may be able to offer to people in light of the epidemic.

In contrast, Brother Matthew Bouton, seemingly drawing from his experiences as both an ordained Catholic Brother and the former National Catholic Health Secretary for PNG, offers up a different perspective as he discusses the challenges placed on those in the Church community by the HIV epidemic. He categorically rejects those who have “declared AIDS to be a punishment from God”, and notes that “AIDS sufferers should not be avoided. Neither are they to be condemned or rejected, even if their illness seems to be a result of their own fault” (Bouton 1996:200). Drawing from the Christian parable in the Book of John, he reminds that “none of us is without sin or entitled to throw stones” (Bouton 1996:200). This rather inclusive statement is followed by a more traditionalist reflection on modernity, claiming that “our society has too easily accepted, and even encouraged, superficial encounters, and the exercise of sexuality

disassociated from any conjugal and parental commitment or responsibility” (Bouton 1996:221). As Bouton notes, all those who suffer from AIDS “are God’s children and our brothers and sisters”; and drawing upon his theological background, he reflects upon the ideals of Christian service and the call to serve the sick, much as Jesus did (1996:224). It is arguable that in this space of care for the sick, that the most value can be offered with the adherents and officials of religions carrying out their mission without having to violate the tenets of their beliefs.

Richard Eves (2012) interjects gender into the analysis of religion. He argues that the ideal of gender equality has come to have an increased focus for donor agencies and development practitioners. Both AusAID and NZAID (New Zealand Aid Programme) have highlighted the importance of gender equality, which is also highlighted in the UN MDGs, which state that “progress towards gender equality is essential if poverty is to be eradicated and sustainable development achieved” (Eves 2012:1). Violence against women serves as one significant impediment against achieving gender equity. While the problem of violence against women and girls is certainly a global one, and not confined to ‘developing’ countries, it is extremely severe in PNG. Even noting the lack of recent nationwide, generalizable data, Eves states that the research that has been conducted on gendered violence (see for instance: Amnesty International 2006; AusAID 2008; Bradley 2001; Eves 2012; Haley 2005; Human Rights Watch 2005, 2006; Kopi et al. 2010) indicates that violence targeting women and girls in PNG is nothing short of endemic.

Eves also points out that the public discussion surrounding gendered violence frames it quite narrowly as a women’s issue. Falsely reducing gender to women has led many, including development workers, policymakers and politicians, to overlook and dismiss the effects of

gender-based violence more broadly. Eves offers a history as to how this narrow frame developed in PNG. He describes the Church as one of the “most successful and entrenched cultural legacies of European expansion in the Pacific” (2002:3). We must not ascribe some utopian view of gender equity before European contact, yet the role of the Church and its missionaries in creating current understandings of gender cannot be de-emphasized. While missionaries attempted to reform existing gender norms by cultivating new forms of femininity and masculinity, their efforts did not displace traditional understandings of the gendered hierarchy, but merely re-inscribed them into a different form: a Christian form. Although the intent of the missionaries was, in part, to quell masculine violence, they also desired to “domesticate” women, whom they considered unruly and wild (Eves 2003:2; 1996).

This notion of “domestication” of women often involves allusion to the Virgin Mary, the key female figure in Christianity whose virtues of patience, obedience, and submission are extolled, and which women are expected to emulate. Drawing from the work of Hermkens, Eves describes a broad acceptance of a man’s “right to authority [which] is instilled in Catholic women when they resort to devotion of the Virgin Mary in an effort to deal with domestic violence” (Eves 2012:4–5, Hermkens 2008:151). These attempts at empowerment appear to be mostly illusory, though, as the Church often encourages women to simply accept their situation and stay with their husbands regardless of the situation (Bradley 1990:159–160). The role that the Catholic Church (or indeed any church) can play in reforming understandings of gender in PNG is significant, given both its broad reach and respected authority. Recently, the PNG Catholic’s Bishops Conference resolved “that the payment of bride price does not give the

husband the right to beat his wife” (Eves 2012:4). Perhaps, this is a positive, if long overdue and small first step.

Exploring what he terms “alternative ways of being a man”, Eves discusses how certain forms of Christianity are attempting to encourage “more caring, responsible and non-violent forms of masculinity” (Eves 2012:3). In his discussions with men who had been “born again” in the Charismatic and Pentecostal faiths, Eves recounts tales of men who had rejected their past lives, including leaving violence behind. Offering an important clarification, however, Eves notes that many of the Born-Again Churches do not necessarily recognize gendered violence as a distinct category. Rather, they construe it as a family problem with both partners being held responsible and suggest “that the problem can be solved simply by better mutual understanding” (Eves 2012:8). Recalling previous fieldwork that he conducted in New Ireland Province, Eves found that many Evangelical churches considered domestic violence to be a serious concern only if it happened in public. Summarizing his thoughts on the Born-Again Churches, Eves contends they promote a form of morality not based on the discourses that surround concepts like human rights and gender equity, but on a “New Testament ethos of care and compassion, and a desire to maintain harmonious relations within the community” (2012:10). This emphasis on harmony often pushes the violence beneath the surface and does nothing to eliminate gendered violence in society.

The importance of the Church resultant from the current economic, political and social situation has heightened both its breadth and influence. Historical processes of missionization altered traditional gender roles and reified new ones. This impacts greatly upon the status of women and as will be further discussed influences many ideas surrounding gender and sexuality

in PNG. The broad narratives that emerge from the literature that focuses on the Church in PNG illustrate an institution with great power and great reach that appears to have little desire to create any structural change in PNG society. As evidenced here and in the previous chapter the Church plays a powerful role in both understanding and responding to HIV and AIDS in PNG.

### **4.3 On Gender**

At its core, HIV is a gendered epidemic. While the impacts no doubt affect both sexes, women in PNG bear the brunt of the epidemic. Women are subject to endemic violence along with less access to education and healthcare and makeup only 18 percent of the formal labour force, occupying only 12 percent of management positions (Seely and Butcher 2004:107; Asian Development Bank 2002). The structurally diminished status of women is also reflected in the fact that they have a higher workload than men. This is in part attributed to the loss of men from rural areas who leave in search of paid employment in urban areas, or to work on plantations and other resource projects. This “has led to women, who are responsible for the majority of food crop production, taking on ‘male’ agricultural tasks such as clearing bush and cultivation of cash crops” (Seely and Butcher 2004:107; Cf. Gustafsson 2002; Newlin 2000). Women’s roles as informal caregivers of those infected with HIV (along with other illnesses) only adds further to this disparity.

PNG has been described as a “man’s world” particularly in the highlands areas where “the dominance and high status of men are in contrast to the submission and low status of women” (Seely and Butcher 2004:107; Cf. NACS 2006b; Yawa n.d., Denoon 1989). Buchanan-Aruwafu reports that PNG experiences a higher degree of violence against women than all other

PICTs, including other Melanesian PICTs (2007:11). Research conducted for the World Bank found that “the rights of kinsmen to chastise and punish women were pervasive, and the majority of men and women in PNG still uphold many of men’s rights over women” (Brouwer et al. 1998:11; Seely and Butcher 2004:107). It is within this context of extreme male privilege, in a milieu where sex outside of marriage, of infidelity, and of extreme gendered violence that women become at greater risk of contracting HIV. Rates of sexual violence, both in and out of marriage, are among the highest in the world (Gorman 2011:27; Worth and Henderson 2006:294; Zimmer-Tamakoshi 2004). These findings are also borne out by the research of other scholars including: Banks 2000; Caldwell and Isaac Toua 2002:109; Garap 2000; Seely and Butcher 2004, among others. Jenkins found that in one survey of 178 young men in the Highlands, “when asked what they would do if they proposed sex to a woman who refused, 1.1% said they would kill her, 5.6% would beat her up, and 17.4% would rape or force her anyway” (Jenkins 2004:272; 1997). The risks facing women are further enhanced as polygyny and partner-exchange are still common in many areas of PNG, and are considered by many men to be a right attached to their personal power (Garap 1999; Luker 2004; Worth and Henderson 2006; Seely and Butcher 2004:105). Violence against women also stems from the fact many marriages in PNG still involve brideprice, which in the view of the husband and his clan, gives a certain level of authority over women (Koczberski 2000:62). Darling Tobias notes that older men sleeping with younger women and girls is common and that this often casual and commercial sex that men engage in increases the odds of bringing HIV home to their wife(s) (2007:1). Further, research in PNG has shown that young women and girls often have traumatic sexual debuts and are subject to abuse mainly by older men including family members (Worth and Henderson 2006:299;

Wardlow 2002c). Similarly, Gorman reports that for many women in PNG violence is the norm, and infidelity is common (2011:27).

Research also indicates that women are plagued by high rates of maternal mortality and morbidity, along with poor access to reproductive health services (Clarke et al. 2011:90; Mora 2009). They further note that this sense of “vulnerability and dependence increase women’s risk of contracting HIV by constraining their ability to negotiate sexual interactions or the use of a condom, discuss fidelity with their partners or leave high risk relationships” (Clarke et al. 2011:90). Worth and Henderson expand on this by noting that while churches often support the ABC approach to HIV prevention, neither A nor B offer any real strategy to the many women “who are faithful to their husbands but who may have no option to refuse sex or to insist on condom use” (2006:299). In a similar vein, they observe that “women’s lack of social or economic authority is underwritten by the sexual economy and enforced largely by violence” (Worth and Henderson 2006:299). Koczberski (2000:62) indicates that a majority of women in one survey knew or suspected their husbands of having sexual relations with other women, but had little power to do anything about it, including refusing his sexual advances. Highlighting this strong gender power imbalance, Hughes states that “the avoidance of sex with their husbands was not a possibility unless they were able to leave home and attempt to secure a divorce” (2002:130). She expands on this by noting that a number of her female informants had tried to eject their husbands or leave, “but this was usually unrealistic and many had suffered serious violence...” as a result (2002:130).

As previously noted, there is a strong influence of Christianity in the nation, which has led to the dissolution of many traditional customs, which had kept some distance between the



genders for fear of pollution (Worth and Henderson 2006:294; Wardlow 2002c). As Hughes notes, with the breakdown of this traditional gender distance and the disappearance of beliefs surrounding gender pollution, many of her female interlocutors reported that “men behaved ‘like pigs and dogs’, having sex with whomsoever they pleased at any time” (2002:132). This lack of status of women is further confirmed by Sister Tarcisia Hunhoff, Director the National Catholic Aid Office, who notes that girls “are particularly vulnerable because older men prefer to have sex with teenagers, particularly virgins” (Darling Tobias 2007:9).

NACS research notes that the police often treat “wife beating” as a private family matter and that:

male-dominated village courts offer no protection to beaten wives and treat rape as a matter for compensation to the victim’s male relatives; the Health Department has no national policy or procedures on domestic violence, rape or child abuse; there are very few support services for women and children who have been beaten, raped or sexually abused and virtually none in rural areas; “safe houses” or “shelters” where victims and their children are almost non-existent outside Port Moresby; few workplaces have policies on sexual harassment; and VCT counsellors have minimal, if any, skills or referral systems for supporting clients dealing with violence in their lives [NACS 2006a: 40].

Another level of complexity is added to the situation because instead of curbing and preventing violence, the police force is often involved in it — they perpetrate rapes, “including gang rapes. They target those who carry condoms, sex workers and men who have sex with men. They brand sex workers as ‘AIDS carriers’” (Darling Tobias 2007:11; See also: Human Rights Watch 2005, 2006). Nationwide, there is a clear lack of faith in the systems of police and criminal justice.

Moreover, women are often blamed for the spread of HIV. Worth and Henderson note that this view of “dirty and immoral women will increase their stigmatization over time as people seek to find causes [that make sense to them] of the high rates of HIV” (2006:299). Due in part

to the low status of women, in combination with rampant misinformation and other social factors, accusations of sorcery have resulted from HIV and AIDS. Sorcery has a long and varied history in this area (See for instance: Reo Fortune 1932[2013]). Darling Tobias reports on the:

‘mysterious’ deaths of relatively young people, thought to be deaths from HIV/AIDS, are being blamed on women practicing witchcraft. There are reports of women being tortured for days in efforts to extract confessions. Women have been beaten, stabbed, cut with knives, sexually assaulted and burnt with hot irons. One woman had her uterus ripped out with a steel hook. It is estimated that there have been 500 such attacks in the past year. Many accused witches (some men among them) died after or during torture. Such violence has been perpetrated by young men, often high on marijuana and armed with automatic assault rifles. They reportedly threatened some of the elder men who tried to intervene [2007:9; See also: Skehan 2004a, 2004b].

Such levels of extreme violence targeting women and girls show no signs of decreasing, and there have been continued recent reports of violence by Gibbs in Enga Province (personal communication November 17, 2017), and Danny Jorgensen in Madang Province (personal Communication March 29, 2017).

The narratives that emerge from the literature here exemplify women’s diminished status. This, combined with aspects of a sexual culture that value an extreme form of masculinity, the practice of polygyny, and the sexual desire for younger women and girls, particularly virgins functions to significantly increase women’s risk of infection. Women are also negatively impacted by the failures of the police and justice systems to offer protection. As will be further explored, while the health system underserves the entire population, this has unique impacts on women due to the lack of access to reproductive health services. This noxious combination of endemic violence and gender inequality combined with poor health services lack of economic and educational opportunity create an environment which places many women under severe stress, both individually and collectively.

#### 4.4 Rituals and Realities: Men Who Have Sex With Men

While male same-sex behaviour<sup>3</sup> is criminalized in PNG (female same-sex sexuality is overlooked entirely in the penal code) the idea and practice of same-sex sexuality have a long history in the area. Many students of anthropology will have received their first exposure to Melanesia through Gilbert Herdt's *Guardians of the Flutes* [1981](1994), alongside its associated ethnographic film (1996) with its depictions of ritualized male same-sex behaviour as part of an initiation rite of the Sambia people in PNG. These depictions of what were labeled at the time as "homosexual rituals" (now more properly labeled as "boy-insemination" after Herdt questioned the utility of homosexuality as an analytic category) describe the ritualized and cross-generational basis of Melanesian male sex with males (Knauft 2003:138). Beyond the scope of this work, but of topical note, Elliston (1995) offers a critique of Herdt's work claiming that his understanding of "boy-insemination" practices was too reliant on Western understandings of power and sexuality. Knauft, following encouragement from Herdt, conducted fieldwork among the Gebusi people in the Southern Highlands region who also engaged in the practice of ritual fellatio as part of initiation practices (Knauft 2003). He notes that their practices of eroticism offered a:

relatively flexible, open and lighthearted complement to generalizations that indigenous MSM in Melanesia was anxiously secret from women, hedged with powerful proscriptions and taboos, associated with traumatic if not brutal initiation of boys into men, and divided generationally between adult men as dominant semen-givers and initiands as subordinate receivers of male life-force [Knauft 2003:141].

When Knauft returned decades after his original research, the Gebusi had relocated from the remote rainforest to a settlement near an administrative outpost. Further, he found that traditional

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<sup>3</sup> Drawing from the UNAIDS terminology guidelines I avoid the abbreviation MSM as it is regarded as dehumanizing. As always, I defer to cited authors and their terminologies (2015:33).

Gebusi cosmology had been supplanted by a “Christian cosmos of good and evil, sanctity and sin, and heaven and hell” (2003:143; 2002). Despite frequent inquiries, Knauft heard no mention or even allusions to past male same sex practices even though he often heard negative depictions of “heathen” practices including drinking kava, singing to false gods, and holding sorcery divinations all of which were past Gebusi practices (Knauft 2003:143; 2002). In answering his opening rhetorical question of “whatever happened to ritualized homosexuality?” Knauft states that it has largely disappeared and become a vestigial practice (2003:154). Herdt (2012), during a question and answer session following his paper (where I was privileged to be present), indicated that this ritualized same-sex behaviour amongst the Sambia is no longer practiced.

Beyond my anthropological interest, the status of men who have sex with men is of great concern to any discussion related to HIV and AIDS. A complex series of sociocultural, behavioural, biological, and legal factors increase the risk of HIV among this group. Despite what could be described as a strong homophobic sentiment in PNG, many men have engaged in sexual activities with other men. Jenkins’ research among a group of peri-urban men found that 12 percent had engaged in some form of sexual activity with another man (2004:265). Strong caution must be given to the distinctions that exist between sexual identities and sexual practices. It is likely that many of those who engage and have engaged in sexual encounters with other men would strenuously reject labels such as gay, homosexual or queer, and certainly, do not see their behaviours as fitting into such identities or categories. Jenkins, informed by the work of Ross (1989) as well as Stokes and Peterson (1998), points out that the level of homophobia in a society is itself a significant risk factor for HIV (2004:267). Jenkins further notes a significant lack of progress in preventing HIV infection among men who have sex with men in the Asia-

Pacific region (2006:1). Clarke et al. have also documented that the outdated “colonial laws regarding homosexuality and prostitution are still in existence and continue to add to the issue of stigma and interfere with prevention” (2011:92). PNG’s NACS recognizes that “sex between males is forbidden by outdated laws against homosexuality inherited from Australia, and therefore largely hidden, making men who have sex with men hard to reach with interventions” (2006b:19).

Michael Kirby, the now-retired UNDP Global Commissioner on HIV and the Law, recounts his recent attendance at a National Dialogue on HIV, Human Rights and the Law in PNG. He reiterated that not only is male same-sexuality between private individuals still criminalized in PNG, there also exists a strong “punitive and discriminatory legal environment...” (2011:13). Further, he notes that these hostile attitudes towards men who are gay (or perceived to be gay) also extends towards transgender people and sex workers, and appears to be reinforced by strong religious beliefs. When Commissioner Kirby met with leaders from PNG’s Churches Alliance to discuss discrimination against gay men, his reception ranged from unenthusiastic to downright hostile. Kirby reported that participants in this meeting with the Churches Alliance were staunchly opposed to any suggestion for repeal of section 210 of the penal code (that which targets men who have sex with men). He also reported that amongst certain clergymen “disparaging comparisons were made between MSM and animals” (2011:14). He raises the suggestion that a focus on possible decriminalization, as opposed to outright legalization, may be more palatable for many segments of PNG’s leadership, but at this juncture, even that step seems unlikely.

Offering a personal and poignant vignette, Christine Stewart (2010) recounts the story of Victor, a contact who knew that disclosing his sexual orientation “would bring shame on him and his family, and lead to a beating from family elders. Given the enormous stigma surrounding homosexuality... Victor has learned to be very circumspect about his sexual encounters” (Stewart 2010:40). She tells the tragic tale of Victor’s sexual assault and how he eventually gained the means to escape the country. Sadly, “Victor also faces the prospect of revenge. He knows that because HIV infection is attributed to sex workers and gay men, the young men who raped him would blame him for infecting them, not the other way around” (2010:41). This story, and others like it, are common, and illustrate the general sociocultural view of male same-sex sexuality in the country. The widely prevalent and virulently homophobic beliefs and attitudes, often stemming, at least in part, from religious influence, serve as an impediment against a proper response to the HIV epidemic.

#### **4.5 Healthcare (or Lack Thereof)**

A nation’s health depends in large part on its general standard of living, along with factors such as nutrition, housing standards, and access to potable drinking water, together with adequate sanitation. The other driver of a nation’s overall health results from its healthcare system. A research consensus appears to indicate that not only has there been a lack of improvement in PNG’s health system, it has actually declined over recent years (Darling Tobias 2007:6–7). With PNG already experiencing significant struggles in providing its population with an acceptable level of primary healthcare the continued expansion of HIV will place the already

under-resourced health sector under further strain. The HIV epidemic cannot be properly situated without reference to the health system.

In PNG, health services are provided by government, church, and other non-governmental providers. The governmental responsibility for health services operates under the edifices of the National Department of Health (NDoH). The overall economic malaise PNG is experiencing, correlates with the deterioration in public services, including health services, and is also apparent in the latter section on education services. The combination of a growing population, along with relatively weak economic growth, is adding further pressures to an already overburdened and under-resourced healthcare sector (Clarke et al. 2011:88, 90; Morris and Stewart 2005). The funding that does exist for the health system comes from a general pool of government funding collected via provincial and federal taxes. While access to healthcare is nominally free of charge, in reality, there are often various user fees and charges, although “they raise only small amounts of revenue and appear to be poorly managed” (Clark et al. 2011:90). As Hauck et al. note, the NDoH must compete for limited government resources (2005:8). In PNG, “public funds for health services are not quarantined, and in practice, most provinces allocated less to health than suggested by treasury” (Clarke et al. 2011:90). Rural populations (recall that ~85 percent of the country’s population is rural) often have to walk very long distances (sometimes even days) or travel via boat to access health services. In the past, it was estimated that most of the population lived within a four-hour walk of a primary health centre or aid post (not ideal, but certainly better than current standards). This standard has collapsed since the 1980s, with over half of rural aid posts closing due to lack of funding and staff (Darling Tobias 2007:7–8; Koczberski 2000:62; Buchanan-Aruwafu 2007:11).

Research conducted for Transparency International has found that healthcare in PNG has crumbled in part due to mismanagement and corruption. There are even reports of doctors running private clinics where government-supplied medications are being sold for private profit. There are also reports of equipment such as generators being stolen, and the machines that are not stolen are often poorly maintained. Hospitals and clinics continuously run out of necessary supplies and medications (Darling Tobias 2007:6; Curson 2006). As Darling Tobias notes, “in many hospitals in Papua New Guinea, there is not even running water to wash your hands” (2007:7).

Papua New Guinea, when compared to its fellow Pacific neighbours, spends the lowest proportion of GDP on health and has the lowest level of health expenditures per capita (Clarke et al. 2011:90-91; Izard and Dugue 2003). It is estimated that PNG spends approximately 3.5 to 4.3 percent of its annual gross domestic product on healthcare (see Pg. 85 for Table 4.1 of selected comparative health statistics). As Darling Tobias notes, a more reflective figure comes from health expenditure per capita. When using this indicator, it is determined that “Papua New Guinea is lagging far behind Botswana, a comparable African country that is making a serious effort to tackle the high HIV/AIDS infection rates...” (2007:7). While Botswana spends 5.6 percent of its GDP on healthcare, it has a per capita health expenditure of \$232, whereas PNG expends only \$109 per capita per annum (Darling Tobias 2007:7). For comparative purposes, Canada spends between 10.4 and 11.5 percent of its GDP (or approximately \$4641 per capita) on health expenditures (Canadian Institute for Health Information 2017a, WHO 2016b). Darling Tobias estimates that there are only 275 doctors in the entire country, and most of them are clustered in the capital region and other urban areas, leaving the majority of the population,



which is rural, without doctors (2007:7–8). Both nurses and community health workers (both referred to in Tok Pisin as *marasin meri* or medicine women) provide the vast majority of all healthcare in the nation. Clarke et al. report that, just like doctors, this group is in short supply. Recent WHO estimates place the current nurse-to-population ratio at 6.15/100,000. Again, for comparative purposes, Canada has a nurse-to-population ratio of 841/100,000 (Canadian Institute for Health Information 2017b., WHO 2016b, 2016c).

The estimated doctor-to-population ratio is also extremely low in PNG at 5/100,000 (Clarke et al. 2011:90, WHO 2005, 2016b). Indeed, many districts have no doctors at all (Clark et al. 2011:90; Izard and Dugue 2003; Morris and Stewart 2005). The Canadian Medical Association notes that Canada has a doctor-to-population ratio of 228/100,000 (CMA n.d.). Overall, PNG's health system is also plagued by various logistical and supply management issues. As Clarke et al. note, there have been recent efforts to improve the availability of drugs (including ARVs) that involve the “privatization of distribution, kits for aid posts, and more warehouse staff training” (2011:91). There are still significant shortages, which have been complicated by the devaluing of the Kina, which has reduced purchasing power (Clarke et al. 2011:91; Izard and Dugue 2003). Public spending on drugs in PNG is approximately CAN\$6.35 per capita, while Canada for comparison spends CAN\$266.00 per capita (Canadian Institute for Health Information 2016). Drug distribution in PNG is also reported as inequitable, with the highlands regions receiving fewer drugs (per capita) than the national average. Few hospitals have qualified pharmacists, and “prescribing practices are also a cause of concern” (Clark et al. 2011:91; Izard and Dugue 2003)

Table 4.1 Selected Health Comparators Between Countries

	Papua New Guinea	Vanuatu (Melanesian Comparator)	Canada	Australia
Healthcare Expenditures (as percentage of GDP)	3.5%-4.3%	5.0%	10.4%-11.5%	9.4%
Public Health Spending (per capita)	PPP\$109.00	PPP\$150.00	PPP\$4641.00	PPP\$4,357
Public Spending on Medication (per capita)	CAN\$6.35		CAN\$266	
Doctors (per 100,000)	5	10	228	201
Nurses (per 100,000)	61.5	239	881	1195

(Public health spending per capita is shown in adjusted purchasing power parity dollars. Public spending on medication per capita is shown in Canadian currency with a 2017 exchange rate.

Adapted from: Australian Bureau of Statistics 2013; Canadian Institute for Health Information 2016, 2017a, and 2017b; Canadian Medical Association n.d.; Clarke et al. 2011; Izard and Dugue 2003; WHO 2016a, 2016b, 2016c, 2016d).

The facts emerging from the health literature indicate that the nation’s healthcare system is quite poor. Looking at our broader conceptual framework for examining HIV and AIDS in PNG, the status of the health system certainly plays a contributory role in the epidemic, as well as any response to it. The interrelations between the health system and the broader

socioeconomic are also apparent, as the health sector is impacted both by under-resourcing along with mismanagement and corruption, which again directly impact not only peoples' experience with HIV in PNG but also the ability of the nation to to respond adequately.

#### **4.6 Epidemiological Experiences**

As noted, the health situation in PNG is poor, and the nation has the weakest social and health indicators in the PCITs region with low life expectancy, along with high maternal and infant mortality rates (Darling Tobias 2007:5; See Table 4.2). The maternal and infant mortality problems are exacerbated among rural women who have little access to healthcare. It is estimated that nearly one out of every 18 rural women will die during childbirth and one in ten children will die before they reach the age of five. Research from the United Nations Population Fund indicates that over 1300 women die each year during childbirth (UNFPA n.d.) Darling Tobias further notes that “approximately 230 children die each week from malaria, diarrhea and problems arising from malnutrition” (2007:5).

Darling Tobias clarifies that the HIV epidemic is further “complicated by the prevalence of preventable, curable diseases that are air and waterborne. Most people infected by HIV/AIDS are likely to die of malaria, tuberculosis or diarrheal diseases” (2007:5). These diseases tend to receive far less global attention. As Andrea Gerlin writes in Time, “celebrities don’t host concerts to fight diarrhea” (Darling Tobias 2007:5). Tuberculosis (which is often associated with AIDS) is also continuing to grow, and the effects of malaria on the nation are severe. Other health concerns in the country include illnesses such as typhoid, hepatitis, and dysentery. Other vector-

borne illnesses are also present, including dengue, encephalitis, and filariasis, which can result in elephantiasis (Darling Tobias 2006).

TABLE 4.2 Maternal and Infant Mortality Rates and Life Expectancy

	Papua New Guinea	Vanuatu (Melanesian Comparator)	Canada	Australia
Maternal Mortality / 100,000 Live Births	230	110	12	7
Infant Mortality /1000 Live Births	46	15	4.7	4
Life Expectancy at Birth, Female	61	74	84	85
Life Expectancy at Birth, Male	65	70	80	81
Life Expectancy Females as % of Males	107	105.8	105.4	105.6

(Adapted from WHO 2016a, 2016b, 2016c, and 2016d; UNICEF 2013a, 2013b, 2013c, 2013d).

Epidemiological research in PNG confirms very high rates of STI prevalence. Samples taken by Passey et al. (1998) utilizing random clusters of reproductive-age women were used to determine the prevalence of STIs along with their associated risk factors and markers amongst a rural highland population. The results indicated extremely high levels of STIs (with 59 percent of women having a least one STI). Associated with these high infection rates were a high rate of clinically-diagnosed pelvic inflammatory disease in approximately 14 percent of the women.

Passey and colleagues (using multivariate logistic regression) concluded that being married to a man who had no other wives served as one of the most potent protectors against sexually transmitted infection (1998:120). However, given the status of women in PNG's society, along with the commonality of polygyny and extramarital infidelity, that is a protection that many women have no access to.

These discussions surrounding STIs are important, as there is a great deal of clinically-significant research (see: Wasserheit 1992) that implicate STIs as powerful cofactors in HIV transmission. Caldwell and Isaac-Toua (2008) also discuss their epidemiological research findings which further indicate the extremely high prevalence of STIs. One study of rural women in the Eastern Highlands Province found that 46 percent were infected with trichomoniasis, 25 percent with chlamydia, 18 percent with gonorrhoea, 14 percent with pelvic inflammatory disease, and 4 percent with syphilis. A second study among a group of sex workers in the two largest urban areas (Port Moresby and Lae) indicated the following prevalence rates: 36 percent for gonorrhoea, 33 percent for trichomoniasis, 32 percent for syphilis, 31 percent for chlamydia, and most significantly, 10 percent for HIV (Caldwell and Isaac-Toua 2008:108). PNG's NDoH has limited resources (a frequent comment) to devote to STI surveillance and monitoring, which contributes to a limited data set; however, what is known indicates high levels of STIs. Based on a study in Enga Province, the Papua New Guinea Institute of Medical Research (PNGIMR) also found a high overall STI prevalence. Trichomoniasis and chlamydia were the two most common STIs identified with females, having prevalence rates of 37 percent and 10 percent, respectively; in males, the prevalence rates were 16 percent and 10 percent, respectively (PNGIMR 2004; Cf. Gare 2005 ). Given this shockingly high prevalence of STIs, combined with what Clarke et al.

identify as the “epidemiological synergy” that exists between them and HIV, gives a very stark vision to the future of the HIV epidemic (2011:90).

Further epidemiological research from Caldwell and Isaac-Toua notes that from both a behavioural and social perspective, PNG possesses some characteristics similar to other areas (i.e. sub-Saharan African) that have endemic HIV and AIDS:

High levels of other sexually transmitted infections indicate behaviour patterns that would also facilitate transmission of human immunodeficiency virus (HIV) and the presence of cofactors for HIV infection. Low levels of male circumcision parallel the situation in other epidemic areas. Near-parity by sex in cases reported so far in PNG is evidence that primary infection is largely heterosexual. The late start of a major epidemic in PNG [as compared with sub-Saharan African nations] can probably be attributed to: (a) the relatively small aggregation of people in urban centres (even Port Moresby has only one-quarter of a million people); (b) a highway system that does not network across the whole country; (c) limited size of the organized commercial sex sector; and (d) possibly low level of chancroid to act as a cofactor [Caldwell and Isaac-Toua 2002:104].

The limited funding for HIV serosurveillance is also noted by Malau and Crockett, along with Darling Tobias (2000:58; 2007:1). These underfunded and limited surveillance systems make it difficult to obtain truly accurate data of the scope on the epidemic.

At the Kundiawa Hospital (Simbu Province) in the highlands, it has been estimated that 3 percent of the population visiting the hospital were infected with HIV (Darling Tobias 2007:1). Further research conducted at the hospital in Kundiawa revealed the following: that people between 15 and 29 had higher infection rates than other ages groups, that women were infected more than men, and that the number of children aged birth to four who are infected was also increasing (Darling Tobias 2007:4). The fact that half of those who tested positive at Kundiawa were asymptomatic suggests that the hidden numbers could be much higher than 3%. Darling Tobias further observes that HIV reporting in the nation is:

Inherently fraught because HIV takes time to develop into AIDS, when symptoms appear. Information about transmission patterns and levels of infection thus usually refers to infections contracted five to ten years previously. Without a health service structure that reaches into every community and provides diagnostic services, it is impossible to measure the incidence of HIV/AIDS accurately. Without such primary health care, HIV/AIDS is not identified; without data there can be no effective policy, prevention or cure [Darling Tobias 2007:1; Cf. Howe 2002:386].

Working towards the goal of more accurate statistical and epidemiological information is Dr. J. Millan, President of PNG's Sexual Health Society, who worked on targeted behavioural surveillance in order to establish reliable baseline data as well as to monitor trends in sexual behaviours in high-risk settings. Groups targeted by the survey include truck drivers, sugar plantation workers, out-of-school youth, and female sex workers. Many of Millan's findings were quite startling, as approximately 40 percent of truck drivers in the survey admitted to forcing women to have sex without consent (2010:10). Millan's results from the survey among female sex workers were also particularly illuminating, demonstrating that a lack of agency, as opposed to lack of knowledge is often a key factor in the epidemic. Nearly 75 percent of the women engaged in sex work knew that consistent use of condoms was an effective HIV prevention method; however, this knowledge often did not translate into practice. The most common reasons noted by the women included factors such as: partner objection (39 percent), lack of access to condoms (31 percent), they trusted their partner and thought that use of condoms was not necessary (15 percent), and they were not comfortable initiating condom usage (14 percent) (Millan 2010:10-11). Cohort research by Passey et al. also found that condom usage was very low (1998:126). All the knowledge in the world will, as Dr. Ninkama Mioy, points out, will be ineffective if peoples' behaviours and understandings do not change.

Echoing previous concerns regarding lack of resources for the health sector, Passey et al. noted that although clinics are meant to provide curative STI services, often staff are not adequately trained to do so, and appropriate drugs are often unavailable (1998:120). Hughes also reports that the lack of available medications serves as a significant impediment to the proper medical care (2002:130).

An overview of the epidemiological data on HIV in PNG helps to situate the epidemic within a national context. High rates of concurrent STI infection along with other endemic illness results in poor health indicators and outcomes for the people of PNG. A dearth of complete data makes knowing the full picture challenging. The epidemiological data that are available, though, further indicates the severity of HIV in PNG.

#### **4.7 Sex and Schools: The Educational System**

Just as there is a significant lack of resources in the health system, the same problem exists in the country's education system. Gary Smith and colleagues (2000, 2003) have conducted research surrounding HIV and sexual health education in both primary and secondary schools. Research on a global level has noted that schools are an effective environment in which to engage in activities, and to try to promote HIV-related risk reduction amongst young people (Smith et al. 2000:1, 6). Despite the proven efficacy of HIV-prevention and sex education in schools, it is still invariably a contentious issue, as there exists a fear (one not borne out by any research) that discussion of sex will encourage sexual activity among youth. Smith et al. note that this type of fear is tantamount to a "folk belief that to talk about sex is to encourage people to participate in it, and the unstated association between sex and HIV and AIDS" (2000:6). There



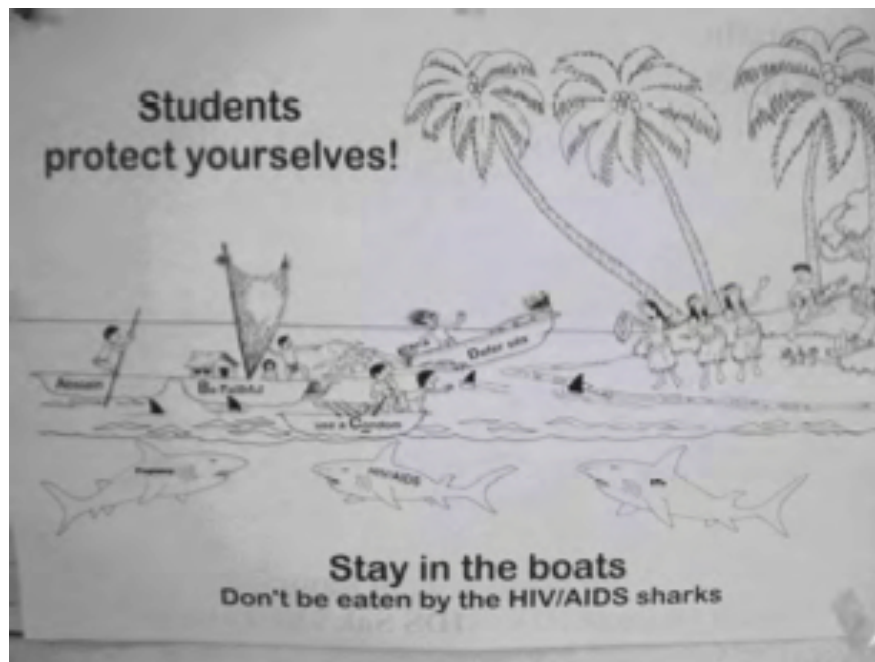
is an ample amount of research that has found no correlation between sexual education and an early sexual debut or an increase in sexual activity rates (Smith et al. 2013:18). This, of course, matters little in the face of community and church opposition. One ought to keep in mind that discussions surrounding HIV-prevention and sexual education can be controversial, even in the ‘developed’ Western nations.

Educational programming regarding family planning (including a sexual education component) as well as a specific HIV and AIDS awareness curriculum, has been developed (see: NDoE 2008). Notably, though,, there exists a sentiment amongst community, church, and government officials that it is much more appropriate at the secondary level. This ensures that a large cohort of youth who never attend secondary school will miss this curricular opportunity. The UN Population Fund (UNFPA) Resident Representative Koffi Kouame, notes that there is a lack of willingness of teachers to teach this material, given their own lack of personal and community comfort (ABC Australia 2017). Former PNG politician Lady Carol Kidu (DBE) also comments on the need to move against conservatism in sexual education in order to ensure that young people can make informed decisions about pregnancy and sex (Radio New Zealand 2012). The UNFPA has recently announced a new local programme to run from 2018–2022 that will focus on actually getting comprehensive sex education into schools. Koffi Kouame observed that there would be significant cultural challenges with many churches and parents opposing such programming (Radio New Zealand 2017). Kouame also observed the importance of young people obtaining accurate information, and of finding ways to reach out beyond the classroom to reach young people who are not in schools (ABC Australia 2017). These efforts will be critical as

any educational programming that is implemented will only capture a segment of the youth population.

Even for those students who are instructed based on Papua New Guinea Department of Education and Department for Community Development's HIV/AIDS Awareness for Elementary and Primary School Communities curriculum (NDoE 2008) will gain only certain knowledge. A review of the document notes that it utilizes the ABC approach. It is stated that to “prevent infection with HIV requires decisions, such as ‘A’ abstaining, ‘B’ being faithful to a faithful, uninfected partner and ‘C’ using condoms” (NdoE 2008). This sentiment is perhaps best expressed in this figure taken from the document.

Figure 4.1: ABC Approach as represented in Educational Curriculum



(Source: National Department of Education 2008:8).

Educational policy, or indeed any policy, does not necessarily seamlessly translate into practice. PNG's educational system is plagued by the same resource and infrastructural shortfalls that affect the health system (Smith et al. 2003:6, 16). Worth and Henderson have also observed that education in PNG (like so many other government services) faces severe challenges due in large part to lack of funding. A large portion of existing funding is "used to cover wages, and the little that remains for goods and services is eroded by administrative costs or mismanagement" (Worth and Henderson 2006:299). Again, paralleling the discussion of high healthcare costs, this serves as a significant impediment to children's completion of education. While nominally free, there are in reality many fees and sundries associated with sending a child to school. While recent educational attainment and completion statistics are incomplete, it has been reported that while over two-thirds of children attend and complete primary school, the numbers who attend and complete secondary schooling are far lower (Worth and Henderson 2006:299). Demonstrative of the gender inequality that exists, student retention is lower for girls than for boys in both primary and secondary schools.

#### **4.8 On Screen and In Print: Media Coverage of HIV in PNG**

Mass media play an essential role in both generating and transmitting particular messages and narratives. Professor of Journalism (also an ordained reverend and department head at PNG's Divine World University), Trevor Cullen, explores the media coverage of HIV and AIDS in the country (2000; 2006). Media can play an essential role in the construction of people's understandings and communication of health messages; it is important for the message to be accurate and accessible (Cullen 2000:34). The comparison to sub-Saharan Africa is abundant in

the press coverage. Cullen also notes that various public officials have linked PNG's HIV epidemic with that of sub-Saharan Africa. He highlights various statements printed in PNG's newspapers, including from the former High Commissioner Gordon-Macleod who told the press:

I have a sense that this country is more predisposed to what has already happened in southern Africa. The reasons include lack of development, tribalism and cultural diversity, the country's difficult geography, the culture of violence towards women, the promiscuity and lack of medical doctors and the dependency on AIDS funding from outside [2004; 2006:154].

In more recent follow-up research, Cullen along with Callaghan (2010a), offer up a longitudinal content analysis from PNG's two national print newspapers, examining not only the amount of coverage but also the tone that it takes. The two newspapers, the Post-Courier and the National, have a combined circulation of approximately 65,000. While these numbers may be relatively modest and, as previously noted, the country also has a low literacy rate, these papers are important as they serve to set the agenda for other forms of media such as radio broadcasts (Cullen 2000:17; 2010b:169). Also, in PNG, the press has an extra layer of importance "because of its ability to reach the decision makers" (Cullen 2000:24; Phinney 1985:46). Cullen and Callaghan conclude that coverage of the HIV epidemic steadily increased over the study period. Their research also determined that featured stories were beginning to share more sensitivity to those living with HIV, and at the same time showed an increasing recognition of the serious challenges of the social stigma associated with HIV (2010b:163). Sadly, although not surprisingly, they also noted there were numerous opinion-editorials against the distribution of condoms (2010b:171). That sentiment echoes the anti-sexual education message expressed by various community and church leaders reflecting current cultural attitudes. While Cullen and Callaghan were generally pleased with the increase in both the number and tone of HIV coverage

found in the media, one editor interviewed complained of an over-emphasis on AIDS, expressing that a sort of “‘HIV fatigue’ had set in, where readers are saturated with narratives of infection, suffering, and death” (2010a:166; Cullen 2000:71).

In order to combat this “fatigue” Cullen and Callaghan (2010b) explore an innovative approach to HIV coverage in PNG in the form of a serialized fiction published in the *Post-Courier*. Vavine, the protagonist of the story, is a young girl infected with HIV “who is forced to leave her village after her parents’ deaths from AIDS. She keeps her infection a secret but because of her circumstances, she is forced to work in a club where sex is freely traded” (Cullen and Callaghan 2010b:33; Lornie 2008). This type of serialized narrative has even received backing from government officials including Minister of Development (at the time), Dame Carol Kidu, who stated all high school students should read it. Cullen and Callaghan contend that this type of writing represents a shift towards a new, and perhaps, more effective means of “explaining the disease in the context of broader social and cultural issues. This use of narrative fiction could signal a new and more effective approach for reporting on HIV in the Pacific” (2010b:33). Drysdale (2011) notes that various Pacific traditional and cultural factors can pose challenges in opening up discussion on issues like HIV. A potential way of overcoming these barriers is through “‘edutainment’ which is the process of designing and implementing messages that both entertain and educate” as seen in the stories of *Vavine’s Curse* (Drysdale 2011:2; Lornie 2008). Narrative messages spread via newspaper and book or edutainment presented on television offer a possibility of spreading information about HIV but are impacted by the lack of reach of television in the country, particularly more rural and remote areas.

#### 4.9 The View and Response From Australia

Thus far, the frame outlined here has focused largely on contemporary culture, the position of women in society which we expand to include broader discussions on gender and sexuality, and the status of the nation's health services and its epidemiological status. A new theme inductively rises from the reviewed literature, that of development. This rather broad concept of 'development' must be dissected with an explanation of the view and response from Australia.

With the country falling into Australia's sphere of interest, as well as being a former colonial master, Australia plays a unique and significant role in response to the epidemic. Some 90 percent of the foreign aid to PNG comes from Australia. This aid has been worth some CAN\$24.6 billion (in adjusted 2017 Canadian dollars) (Darling Tobias 2007:7, 13). Regrettably, much of this aid has not gone to serve the health needs of the population. A significant portion of aid contributions are absorbed by the administration in Port Moresby. The "financial arrangements from central to provincial governments are a labyrinth that almost appears designed to facilitate the 'leakage' of funds. 'Ghosts' on the public payroll make up about 15-20% of the workforce", and accountability and management are almost non-existent (Darling Tobias 2007:8). Windybank and Manning observe that much of the aid that PNG does receive subsidizes "a small political elite at the expense of investment in roads, education and health" (2003:1).

Windybank and Manning go on to highlight that:

both the Australian public and international community expect that Australia—as a developed neighbour, principal source of trade, aid and investment, defence partner, and former administering power—will take prime responsibility for resolving any problems

should something go wrong. Failure to do so would undermine Australia's aspirations to regional leadership [2003:1].

This is particularly noteworthy as other nations (namely China) increase their geopolitical presence in the Pacific region. Despite this, however, there appears to be a growing frustration from both sides regarding aid flows and development progress. At the most recent bilateral ministerial forum, the Government of PNG actually asked the Government of Australia to directly fund its education and health programs after it was forced to make budget cuts resulting from the depression of global resource prices (Tlozek 2017). The economic situation was further complicated as Exxon-Mobil, the largest liquefied natural gas operator in the country, moved to evacuate its non-essential staff as a result of violence and unrest (Fortune 2017). As a result of the fall of global commodity prices (particularly liquefied natural gas), the budget for the NDoH was slashed by almost 40 percent (Sydney Morning Herald 2017). Those on the PNG side, including the Minister of Major Events, Justin Tkatchenko, noted that there was significant concern about the effectiveness of Australia's aid program and the amount of funds that are spent on technical assistance and contractors.

The delegation from Australia was caught off guard by this funding request from PNG, and Australian Minister of Foreign Affairs Julie Bishop stated that "any change to the aid program would need to meet Australia's accountability standards. And of course, we must be accountable to the Australian taxpayer" (ABC 2017a). The Australian Government "fears that those taxpayers are becoming increasingly skeptical about the benefits of foreign aid" (ABC 2017a). Windybank and Manning note that a "hands-off" policy has not worked in the past despite generous aid from Australia. However, the idea of withholding aid or other intrusive

options “may adversely affect Australian interests, and are bound to attract charges of callousness and ‘neocolonialism’ on both sides of the Torres Strait” (2003:1). It is quite apparent that there are no simple practical or political solutions to the issues regarding the flows of development aid between the two nations. Development aid is necessary for PNG to respond to the HIV epidemic yet a not insignificant portion of that aid does not provide realizable benefit. Partially, because it is pilfered and misused, but also because a great deal of aid is directed towards Australian-based consultants and development practitioners. Despite the necessity of continued aid, there is increasing public backlash to aid funding from the Australian public frustrated by reports of corruption and misuse of ‘their’ aid monies.

It seems clear that corruption in PNG is both systemic and systematic. As former PNG Prime Minister, Sir Mekere Morautu, stated:

systemic because it has invaded the whole process of policymaking and decision-making, and systematic because it is organized and often highly sophisticated. Nepotism is entrenched at the highest levels. The arbitrary appointment of clan members or political cronies to public office, regardless of merit, has politicized and destabilized the bureaucracy and state-owned enterprises, most of which are running at a huge loss [Windybank and Manning 2003:4].

While the level of corruption and mismanagement cannot be denied, this sentiment to allocate the blame away from the valiant efforts of noble neighbour Australia are also flawed, but perhaps not surprising, especially in light of the further discourses of development explored in the proceeding section. Despite its own mismanagement and corruption, PNG rightly expresses the concern that development aid meant to benefit its people instead benefits development, contractors, and technicians. For years, PNG has been told that economic growth is the panacea to its problems and that it will allow PNG to ‘develop’. In spite of recent economic downturns,



many years of economic growth did little to benefit the people of PNG and served only to enrich a select few, along with their multinational investors and partners.

#### **4.10 Mind The Gap**

There is a growing body of non-ethnographic literature about HIV in PNG from a wide variety of perspectives and fields, including development studies, journalism, epidemiology, among others. As previously noted, there is also a reasonably developed body of ethnographic work that either focuses on or touches upon HIV and AIDS in PNG. My intent here has been to draw this work together into one conceptual frame. Despite the relative depth and breadth of the existing literature, it is apparent that there are still gaps in the research on this topic. This comprehensive review I undertook determined two substantial areas of weakness. There is a need for further ethnographic research related to queerness and HIV in PNG. This is a topic that is lacking in research coverage. There is also a lack of anthropological policy analysis, particularly one using a sharp analytical and critical lens which builds upon the broader conceptual framework in the reviews of the literature. In this thesis, I address the latter, and hope that future work can address the former.

## CHAPTER FIVE

### DATA ANALYSIS AND DISCUSSION

#### 5.1 Introduction

Drawing on the broader philosophical discussion of critical methodologies discussed earlier, I present an analytical overview of PNG's HIV and AIDS policies, complemented with a discussion of official media statements. I identify three primary themes that have emerged from the analysis. First, there is a percipient recognition that HIV and AIDS are serious problems that have had and will continue to have adverse effects across various sectors of PNG's society. Second, there exists what I identify as a diffusion of responsibility concerning how to respond and react to the epidemic. This is evidenced in both the review of policy as well as the implementation gap that exists, which is further explored in the discussion and summary of this chapter. Various sub-themes fit into this recognition/responsibility dyad, including a particular focus on the topic of stigma, discrimination, and gender. Similar to the epidemic itself, there is a widespread recognition that such a phenomenon exists and that it has negative impacts; however, redirections, and diffusions outweigh real responses. Third, an interesting use of language becomes apparent, which I refer to as technocratic rhetoric. It is a combination of both development jargon and medico-scientific language.

Prior to the policy review, a brief examination of the selected institutional authors, PNG's National AIDS Council Secretariat along with AusAID, and UNAIDS should be offered, as well as an introduction to the broad structural and grammatical features of policy documents. The chapter concludes with a summary and discussion.

## **5.2 Background Information on the Role and History of Papua New Guinea's National AIDS Council Secretariat**

Papua New Guinea's National AIDS Council and its controlling Secretariat (NACS) have been charged with leading the response to the HIV epidemic in PNG. Through an act of law, the National Parliament "set up the National AIDS Council and its Secretariat to facilitate a comprehensive multi-sector response to HIV and AIDS in the country" (NACS n.d.). The Secretariat is composed of members from various government departments including the National Department of Health and the Department of Justice along with representatives from the private sector (as represented through the Chamber of Commerce), NGOs, and Churches. NACS describes itself as an advocate for "national action on HIV and AIDS... responsible for the formulation, review and revision of national policy for the prevention, control and management of HIV and AIDS and for the monitoring and coordinating the implementation of the National Strategic Plan" (NACS n.d.). In addition, the Council is charged with being the primary body behind the implementation of the national response to the epidemic. The Council functions as:

The principal coordinating agency of the many actors involved with HIV and AIDS in PNG. At the national level, NAC and its secretariat are responsible for the formulation, review and revision of the national policy for the prevention, control and management of HIV and AIDS and for monitoring and coordinating the implementation of the NHS. NAC provides sectoral coordination and leadership, promotes the NHS strategy, and provides high level approval of the annual HIV implementation plans and budgets of all partners [NACS n.d.].

The simple mission statement 'Get it Right, Get it Done and Get Results' belies the enormous complexity of NACS tasks and functions.

Despite the centrality and importance of the works that NACS carries out, it has unfortunately been beset by several serious problems. The US Centers for Disease Control's (CDC) National Prevention Information Network reported that "more than half a dozen senior officials there including [then] acting Director Romaus Pakure, have misappropriated hundreds of thousands of dollars intended to help the country fight HIV/AIDS" (CDC 2008). This report certainly meshes with information regarding nepotism, corruption, and general mismanagement noted in the previous review chapters. The CDC further relays that according to various press reports, the allegations of misuse include the falsification of purchase orders and cheques, the use of program money for unrelated overseas travel, and the use of work time and computers to view explicit pornographic materials. Follow up reporting by the Australian Broadcasting Corporation (ABC) indicated that Director Pakure and several senior managers were eventually suspended over the allegations (ABC 2008). Perhaps not surprisingly, further reporting from Radio New Zealand has detailed that "new claims of administrative process abuse and misappropriation have been levelled against the Papua New Guinea National AIDS Council which has already been accused of rife mismanagement and massive corruption" (Radio New Zealand 2009). These assorted allegations led to a "Joint Statement on Zero Tolerance to Fraud in Australia's Aid Program to PNG" (Department of Foreign Affairs and Trade 2011).

Despite this 'zero tolerance' statement, these problems have not dissipated and appear to be getting worse. This is leading to grave concerns over continued (and absolutely vital) international funding that NACS receives. Geoff Clarke, AusAID's Health and HIV Program Country Director, was forced to take to the airwaves to defend the work being done by NACS against calls to suspend all Australian funding to NACS. Clarke told Radio Australia that "there

have been some extreme difficulties with getting the organization to function effectively and to that end Australia has certainly ceased our support to the corporate functions” (Radio Australia 2012). Clarke continued by stating that “a complete withdrawal from NACS, which is the nationally-appointed body for coordinating the response, would be counterproductive...” (Radio Australia 2012). It was reported that AusAID spent at least \$AUS170 million on direct funding to NACS. Equally concerning are reports that link the possible physical assaults of Australian aid advisers to NACS with ongoing attempts at ending the corruption (Radio Australia 2012). Ian Kemish, the Australian High Commissioner to Papua New Guinea has noted he is gravely concerned by such events (Radio Australia 2011).

Despite these serious problems, the current acting director of the Secretariat, Wep Kanawi, has gone on record defending the organization by stating that while it was dysfunctional in the past it has moved on from that and is now “probably one of the better organisations in PNG...” although this is perhaps not the highest praise (Radio Australia 2012). Despite these significant organizational problems, it remains critically important to discuss and analyze documents from NACS as it plays such a central role in responding to HIV and AIDS in PNG.

### **5.3 Background Information on the Role and History of Other Governmental and Non-Governmental Organizations**

In addition to NACS, many other governmental and non-governmental organizations play roles in response to PNG’s HIV epidemic. The two most significant of all are UNAIDS (the United National Joint Global Programme on HIV/AIDS) and AusAID (Australia’s Agency for International Development).

The United Nations' global response to HIV and AIDS was originally under the auspices of the WHO with UNAIDS created in 1996 and as Knight notes, this was a full 15 years after the first reports of AIDS cases, "15 years during which most of the world's leaders, in all sectors of society, had displayed a staggering indifference to the growing challenge of this new epidemic" (2008:7). Knight offers an in-depth history of the creation and first decade of UNAIDS including vital Canadian diplomatic involvement in the creation of the organization and the struggles for primacy between the nascent UNAIDS and the WHO. Moodie also discusses how UNAIDS has issues with what he terms institutional rivalry and organizational separation. He states that:

It has to work with a coalition of partners who differ significantly in size, mandate, operational capacity, and organisational culture. The most glaring example is the difference between UNESCO, which is small and poorly funded and has little credibility, and the World Bank, which is well funded, institutionally arrogant and politically powerful and has a much greater capacity [Moodie 2000:7-8].

Unlike many other global bodies, UNAIDS was not created by convention or conference. Instead, it was driven by bilateral donors and activist support (Knight 2008:45). The structure of UNAIDS is as a joint program drawing from other UN organizations, specifically, the: (United Nations Development Programme [UNDP], UN Drug Control Programme [UNDCP], UNESCO, UN Fund for Population Activities [UNFPA], United Nations High Commissioner for Refugees [UNHCR], UN Women, UNICEF, ILO [International Labour Organization], WHO, WFP [World Food Programme], and the World Bank) which serve as cosponsors (Moodie 2000:7; UNAIDS 2010). As Moodie further notes, "its collaborative nature was taken a step further by having, for the first time in the UN, non government organizations (NGOs) and people living with AIDS represented on the board" (2000:7).

In addition to tracking the epidemic, UNAIDS is “a major source of globally relevant policy on AIDS and... promote[s] a range of multi-sectoral approaches and interventions, which are strategically, ethically and technically sound, aimed at HIV/AIDS-specific prevention, care and support” (Knight 2008:61). The inclusion of documents originating from UNAIDS offers up a chance to examine a global angle on the HIV epidemic in PNG.

Australian development aid to other nations has existed in some form or another since the 1950s. It was not until the 1970s that the entity that became the Australian Agency for International Development (AusAID) was created by Labour leader and Prime Minister Gough Whitlam (Westad 2017). AusAID, for most of its existence, functioned as an independent government agency. In 2010, it was placed under the authority of the Department of Foreign Affairs and Trade; nonetheless, it still maintained some independence in the areas of accountability, staffing, and reporting (Westad 2017). Prime Minister Tony Abbot, leader of the Liberal Party of Australia (a centre-right party), integrated AusAID fully into the Department of Foreign Affairs and Trade so that it was no longer an independent agency and is now identified as “Australian Aid” (Westad 2017). This move is reminiscent of Canadian Conservative Prime Minister Stephen Harper who placed CIDA (Canada’s International Development Agency) under the Department of Foreign Affairs, a move which sparked criticism from many development experts (CBC 2013, Globe and Mail 2013).

This changing in name and organizational structure also lead to a change in philosophy announced by Foreign Minister Julie Bishop who stated that the government’s new approach “will focus on ways to drive economic growth in developing nations and create pathways out of poverty. Strict performance benchmarks will ensure aid spending is accountable to tax payers

and achieve results” (Bishop 2014). Perhaps reflecting its new home under the Department of Foreign Affairs and Trade Bishop states that “new aid investments will consider ways to engage the private sector and promote private sector growth. Aid for trade investments will be increased by 20 per cent of the aid budget by 2020” (Bishop 2014).

An overview of the development aid provided to PNG via AusAid and its successor Australian Aid exemplifies the important relationship that these nations have. It is noted that in this fiscal year, the Government of Australia “will provide an estimated \$572.2 million in ODA [Official development assistance] to PNG in 2018-19. This will include an estimated \$519.5 million in bilateral funding to PNG managed by DFAT” (Department of Foreign Affairs and Trade N.d.; All figures expressed in \$AUS). The priorities of Australian Aid investments are very clear as we note the three priority objectives: 1) Promoting effective governance, 2) Enabling economic growth, 3) Enhancing human development. This is to be accomplished via increasing initiatives which focus on “private sector-led growth” (Department of Foreign Affairs and Trade N.d.). Given the close bilateral relationship between Australia and PNG, including a formal Development Cooperation Treaty as well as the extremely high proportion of aid flows from Australia to PNG, it is important to introduce and briefly review selected AusAID policy.

#### **5.4 The Structure of a Policy Document**

The policy documents that I reviewed from NACS and AusAID tend to follow a common structure. The documents begin with a foreword or address, written by a politician or an official or dignitary. The relative rank of the person writing the foreword tends to be dependent on the importance of the document. For instance, the key National Strategic Plans have forewords



written by Grand Chiefs and Prime Ministers whereas ancillary documents have forewords written by Cabinet Ministers, Members of Parliament, or other non-elected government officials.

Following the foreword, there is often a section of acknowledgements and abbreviations along with a glossary from which certain key information can be gleaned. Many of the abbreviations function to introduce two specific types of language that are commonly found in the policies analyzed. The first which is medico-scientific language, and the second that is development jargon, together comprise what I call technocratic rhetoric. Examples of medico-scientific terminology range from the common and the well-known such as “STIs” (sexually transmitted infections) to the more specific including “PMTCT” (prevention of mother to child transmission) or the antibody test “ELISA” (enzyme-linked immunosorbent assay) examples of development jargon include terms such as “MDGs” (millennium development goals) and “UNGASS” fast track targets (United Nations General Assembly Special Session). In addition, there are often tables of content and brief executive summaries or forewords that are not longer than three pages in length. In nearly all of the policy documents that I reviewed, there was also an executive summary often following the foreword, abbreviations, and acknowledgements. The executive summary tends to be one to two pages in length, providing a very brief overview that condenses the report. While many academics and development workers will likely read policy documents in great detail, the executive summary provides greater accessibility to those who want to understand the policies in a more superficial manner.

The acknowledgements are also, in many cases, revealing in that they often state from where the financial and/or technical support comes. For instance, Papua New Guinea’s NACS’ policy on the education system was, in some part, crafted by members of Australia’s Agency for

International Development. This matters as it raises the important question and one which I explore of whether the policies being developed are always suitable for Papua New Guinea. Only because a strategy worked well in Australia, or in any other context, would not mean that it will work well in PNG where the characteristics of the epidemic are different. A focus on “high risk groups” such as sex workers and men who have sex with men may potentially make more sense in Australia than in Papua New Guinea where the epidemic is generalized and largely driven by heterosexual contact. Time after time though in NACS policy documents there is as much a focus on “high risk” groups as there is on general heterosexual transmission.

After this fore matter, the main corpus of the document is presented, usually divided into several sections. The use of topical headings and sub-headings within specific sections or chapters is also frequent. Following the main body sections, there are often appendices or annexes that contain lists of working groups, terms of reference, excerpts from other governmental and civil society organizations such as the UN’s MDGs. Occasionally, a small bibliographic or references section is provided.

The National HIV Prevention Strategy (NHPS) documents are unique in that they include a relatively comprehensive section of references and endnotes. While there is some structural, organizational, and constituent variance between policy documents, I contend that they do constitute a discursive genre and one that is certainly worthy of analysis and vital to combat the devastating effects of HIV and AIDS. The importance of this lays in the fact that the policy document is one which requires an individual approach and privileging of certain types of knowledge which may not necessarily resonate with people’s daily lives; for instance, the biomedical or the legal. Policy theorists including Jones and McBeth (2010) as well as Shanahan,

Jones and McBeth (2011) offer the contention that the narrative frame which is often thought of as a literary device which can constrain, direct, and determine content exists in policy. Indeed, Kaplan's work on the narrative powers of policy identifies the explanatory power of stories, "of narratives that describe change" (1986:768). Yanow who remarks that language must be taken seriously also reflects on the importance of the 'frame' in this discussion of policy. She further comments on the importance of language in policy and the potentials for interpretation in this policy language (2007:405, 412). Indeed, as both Wagenaar (2007) and Yanow (2000) point out, this interpretive type of approach "is one that focuses on the meanings of policy, on the values, feelings, or beliefs they express, and on the processes by which those meanings are communicated to and 'read' by various audiences" (Wagenaar 2007:429).

## **5.5 Policy Analysis**

I begin with an analysis of the HIV/AIDS Management and Protection (HAMP) Act. This document forms a significant part of the legislative framework for the response to and management of HIV and AIDS in PNG. From there, my focus moves on to the two main strategic plans on HIV and AIDS. The National Strategic Plan (2004-2008) and the National HIV and AIDS Prevention Strategy (2011-2015) with their ancillary and related documents which form the focal point of this chapter. Also, a discussion of two subsequent educational policy documents is offered. The small grouping of documents that do not stem from or directly relate to the NSP or NHPS follows. Finally, a brief review of selected AusAID and UNAIDS policies along with selected press statements is offered for comparative value.

The HAMP Act became law in 2003 and was amended in 2011. The title itself raises the provocative question: who is to be protected and from whom? And from what? People from the virus? People from other people with the virus? People with the virus from stigmatization and discrimination? This broad query allows for the introduction of an important topic, one that will continually be raised in this chapter, that of stigma and discrimination. Section Six, Subsection One states: “that it is unlawful to discriminate against a person to the detriment of that person on the grounds that the person is infected or affected by HIV/AIDS” (2003:5). A specific list of situations of discrimination is then provided. The list is organized by domain of discrimination such as education, employment, housing and public services. As Brine (2008) notes the absence of words, concepts or ideas can be as important as their presence. The clear absence of a broader anti-discrimination statutes reveals the limits to the protections against discrimination. For instance, discrimination will not be ruled to be unlawful as it relates to “insurance and other risk assessment” (2003:8). Despite a framework meant to prevent discrimination, the law allows discrimination where ‘risk’ is present. Indeed, the categories of discrimination prevention serve to identify avenues where discrimination is not prohibited.

An almost identical exception is made in HAMPs treatment of stigmatization. Similar to its framing of discrimination, the Act provides a strict definition and interpretation of stigma. To stigmatize means “to vilify or incite hatred, ridicule or contempt against a person or group on the ground of an attribute of the person or group” (2003:3). While this strict legal definition of stigma does provide a clear definition in opposition to stigmatization, Section Ten outlines exceptions that allow stigmatization to occur. Specifically, the Act does not apply to “a public act, done reasonably, in good faith and not actuated by ill-will to the person stigmatized, or for

academic, artistic, scientific, research or religious discussion...” (2003:10). This echoes the above categorization of discrimination. Reviewing this broad discourse of stigma and discrimination it seems as though the laws and policies intended to prevent, limit, and provide relief against it serve to reify the very categories of its existence.

There are available avenues for injunctive or substantive relief against violation of the HAMP Act. They require, however, an application to either a district-level or national court, which for many, is an undoubtedly challenging proposition (2003:17). Stewart (2004) notes that the entire court system is overburdened and lacks efficacy. Howse, in her discussion of the HAMP Act, discusses that these legal paths are not readily accessible to much of the population (2008:1). She further indicates that while the passing of legislation such as the HAMP Act is consequential, it is also vital that the “ordinary people in PNG who are affected by or infected with HIV/AIDS...are aware of their rights and able to pursue a remedy should they be subject to an unlawful act or discrimination or stigmatization” (2008:5). Howse’s research uncovered only four claims that had been filed under the auspices of the HAMP Act. Even if the HAMP Act was the golden standard of HIV legislation, it is so far removed from so much of the population that it almost lacks meaning. As Howse argues, the reality is that many people in PNG do not even know the HAMP Act exists, let alone knowing how to file a claim or have the ability to file a claim (Howse 2008). Howse’s suspicions are confirmed by a report from APHEDA (Australian People for Health, Education and Development Abroad) also known as Union Aid Abroad which noted workers being dismissed for their HIV status without available legal recourse (2004:14). PNG’s National Gender Policy and Plan along with the National HIV Prevention Strategy (both further explored in this section) call for the inclusion of information about the HAMP Act along

with human rights, in general, to be included in community education programming (2006b:36). Thus far, this goal has not been fully achieved.

The subject of much of the HAMP Act is the individual. It is evident that the Act places emphasis on individual responsibility while minimizing the responsibility of the state. In the discursive relationship between individual and state, the onus is legally placed upon the individual to take reasonable measures and precautions to prevent the transmission of HIV. However, the ability to access and attain those means of not only protection but information is not always available, despite a legal requirement that it should. Section 11 states:

It is unlawful to deny a person access, without reasonable excuse, to means of protection (including HIV/AIDS awareness materials; and condoms, condom lubricant and any other means of prevention of HIV transmission; and exclusive use of skin penetrative instruments including razors, needles and syringes and means of disinfecting skin penetrative instruments) from infection of himself or another by HIV [2003:8].

This section of the law seems minimally in existence and certainly lacks any widespread enforcement. This legislation, therefore, creates a recurring paradox. There is a strong emphasis on individual responsibility without the requisite means to attain knowledge and provide materials necessary for attempts at HIV prevention. Concerns raised in the review chapters note various problems around violations of confidentiality and gossip from health workers (Gorman 2011:27; Clarke et al. 2011:90), stigma resulting from VCT (Lauwo et al. 2012:27), complications resultant from criminalizing male same-sex sexuality (Clarke et al. 2011:92; Kirby 2011), lack of access to condoms and male partner objection to use of condoms (Millan 2010:10–11; Keck 2007:50; Dundon 2007:41). This diffusion of responsibility from the state and broader community onto the individual is a recurring theme as further policy is examined. As Brine, drawing from Ball notes, a careful reading of policy (or law in this case) can highlight

incoherencies and contradictions that exist (Brine 2008:13), including the contradiction between state and individual responsibility.

Despite the many valid criticisms of the HAMP Act, Stewart highlights that its existence is advantageous as it has dampened calls to “‘lock them up and throw away the key’, or ‘ship them off to an isolated island’” (2004). Undoubtedly, as Worth and Henderson remind us, the rights and personal security of “people stigmatized by HIV infection or association with HIV infection, or blamed for HIV (such as sex workers, alleged sex workers, those accused of sorcery, and women abandoned by their husbands) cannot be guaranteed by legislation alone” (2006:300).

The HAMP Act provides the overall legislative framework regarding HIV and AIDS, yet many of the specific directives and strategies are provided in PNG’s two main strategic plans on HIV and AIDS. PNG’s National Strategic Plan (NSP) on HIV/AIDS 2004-2008 is a central document to this work as it plays a key and generative role in the development of subsequent planning and policy documents. The NSP takes influence from the Medium Term Development Plan which was a broader national development plan, and while noting HIV, it failed to include a particular focus on it.

Initial impressions of the NSP commence with an examination of the visual image, a representation of tribal masks on the cover of the document. The foreword is written by Sir Michael Somare, then Prime Minister of the country. Somare opens by recognizing the severity of the epidemic. This theme of recognition is one that seems prevalent even at the paramount levels of government in PNG. He begins by stating that “with concern that the worldwide HIV/AIDS epidemic is fast becoming a threat to the lives of people and the economy of our nation...

In Papua New Guinea HIV/AIDS has been declared a generalized epidemic” (2006a:i). He also recognizes that the “socio-economic impacts and cultural determinants that drive the spread of HIV must be addressed with vigour” (2006a:i). There is a keen emphasis on the economic impacts of the epidemic, as measured by specific key economic and development indicators. Prime Minister Somare further notes the “spiraling [sic] impact on the national economy.” He goes on to state that “our labour force will be reduced, and every basic health and other social indicators we have invested so much into will be severely affected” (2006a:i). He does add a more humanistic caveat when he asserts that “doing things together in times of human threat is very ‘Papua New Guinean’” (2006a:i). This is an important call for unity and an increase in the sense of nationalism and national identity from a figure who, as the first Prime Minister of the Independent State of PNG, was vital in the crafting of the nation.

This lack of a coherent national identity with primacy on tribe or clan identity is a significant challenge to overcome. This familial sentiment is echoed when Somare declared, “we need to care, treat, and protect people infected and affected by HIV/AIDS. Papua New Guineans living with HIV/AIDS could be our brothers, sisters, son, daughters, and wantoks [the literal translation is one talk; i.e. those who speak the same language]. Let us give our support and care” (2006a:i). These directives take on both a slightly moralistic and paternal/familial tone. This is not surprising given that Somare also served as the first post-independence Prime Minister and is considered one of the founding fathers of the independent state. We see that recognition of the severity of the HIV epidemic is somewhat diffused as it is segmented across different sectors of the country by a focus on economic indicators and development rankings with the generalized suffering of the people noted last. Despite the previous call by Somare for a more nationalist



response, there has been “considerable support from our donor partners and the need to further strengthen these partnerships become[s] more imminent” (2006a:i). The response demanding more nationalism, then, requires international funding. The NSP acknowledges both the technical and financial support of both AusAID and UNAIDS. Following brief abbreviations and glossary sections, we find the Executive Summary. The basis of all policy development in PNG stems, in part, from the National Constitution, specifically, the directive principles of equality and participation, integral human development, and “Papua New Guinea ways” (2006a:1). Based on the National Constitution, four broad guiding principles are further developed and emphasized in the NSP:

1. The rights of all PNG citizens, as enshrined in the National Constitution, must be the basis for the delivery of all services relating to HIV and AIDS.
2. Decisions on all aspects of the national response must be based on evidence.
3. Transparency and accountability must be the basis for all aspects of the national response to HIV and AIDS.
4. Respect must be given to the culture of PNG in the implementation of HIV/AIDS-related projects and programmes [2006a:3]

These four guiding principles are further sub-divided into focal areas which form the core of the NSP responses to the epidemic. These focal areas include:

1. Treatment, counselling, care and support;
2. Education and Prevention;
3. Epidemiology and surveillance;
4. Social and behavioural change research;
5. Leadership, partnership and coordination;
6. Family and community support,
7. Monitoring and evaluation [2006a:3].

As previously mentioned, NACS, by statute, is the body responsible for the response to the epidemic. Despite this statutory authority, the NSP is quite clear that despite its legislative power, in reality, it has minimal resources “and depend[s] largely on other partners” (2006a:28).

Formerly independent but now housed under the auspices of the Ministry of Health does “not properly reflect the multi-sectoral nature of the epidemic and need for a wider response” (2006a: 28). The lack of a multi-sectoral response along with general confusion about who does what and how serves as a significant impediment in the fight against HIV in PNG. However, within NACS there is still a broad focus on pushing for a multi-sectoral response as it has had noted successes in nations including Uganda, Senegal, and Thailand amongst other countries (2006a:17).

Regarding this trope of recognition, there is a clear awareness of the broad impacts of HIV in PNG, but much of this focus appears to revolve around economic effects or potential economic effects and challenges in meeting specific parts of the MDGs as opposed to the broader human impacts and challenges resultant from the epidemic. This is demonstrative of how policy presents a discursive relationship between people and economy as opposed to a more natural, symbiotic focus. Also apparent is an accepted awareness that an important aspect of HIV prevention is to change or modify “sexual and harm inducing behaviour that put people at risk of infection” (2006a:25). The drafters of the NSP highlight that there is a strong body of anthropological research in PNG, but “they give little guidance for effective HIV interventions because these studies usually lack the required quality and types of data” (2006a:25). This is undoubtedly a prescient example of another type of discursive relationship—the valuing of certain types of knowledge and data over others. What the crafters of this policy argue is problematic in existing anthropological research, and I suggest that it is also problematic in existing policy. There is an almost all-consuming focus on particular sets of data; for instance, privileging of the ‘scientific’ knowledge over ‘cultural’ knowledge and human experience.

Further review of the NSP notes there is also an awareness of the serious problems of stigma and discrimination, particularly in rural areas, compounded by a shortage of education and a lack of informed and engaged health workers (2006a:44–45). A laudable goal of introducing community education and enforcing laws against discrimination “in order to encourage a more supportive environment and reduce stigmatisation or violence against people living with HIV and their families, including children are not discriminated against because of sero-status of their parents or other family members” is suggested (2006a:45). While implementation and strategy guidelines are often separate from policy documents (although there are none in existence stemming from this NSP) there is no discussion even about the general implementation of such a strategy nor how it could be specifically funded. As has been noted, there is already almost a total reliance on external funding. “Long-term donor assistance to the national HIV response will continue to be required in PNG if it is to address the unique challenges of the epidemic and bring about the social change needed to minimise its impact” (2006a:13). Many valid concerns exist about the continued sustainability along with the lack of predictability in such an approach. Also, in discussing implementation challenges, there is no clear mechanism of forcing other governmental or privative entities to adopt any or all of the NSP even though it is conceived of and is written as an umbrella plan.

A great deal of the information presented in the NSP fits into the information gleaned in the previous review chapters. While the NSP recognizes the need for schools to integrate education about STIs and HIV into their curricula, the schools often “lack resources, teachers are untrained and parental attitudes are often negative” (2006a:19). This certainly echoes the work of Smith (2000, 2003) along with the recent reports from the UNFPA representative Koffi Kouame

(Radio New Zealand 2017) examined in greater detail in the previous chapter. These deficits in the educational sector are also noted by the NSP in the health sector which serves as a major impediment to meeting any health-based objectives including the scaling up of ARV treatment programs. Infrastructural and capacity deficits also complicate the NSP's suggestion to introduce rapid testing across the country and increase support of labs for confirmatory testing via ELISA as Western Blot is not routinely available in PNG due to high costs (2006a:22). It is further stated that "most testing kits are procured and distributed by donors and sustainability is a concern" (2006a:22). Correlating with the findings of McBride (2005) and Darling Tobias (2007), it is declared that testing turnaround times are often in multiples of days and that for the information to get from a central laboratory facility to the physician and on to the patient can be weeks or even months (2006a:22).

The NSP seems to take the position that lack of information is the main barrier to be behavioural change and has implemented various social marketing campaigns to remedy this. Accessible and accurate information distributed via posters, pamphlets, and billboards has been utilized by NACS in an attempt to rectify this apparent lack of accurate information. Of note, these social marketing campaigns tended to be based on the ABC approach. This serves as another exemplar of the diffusion of responsibility. Basic information is made somewhat available for the population, and the responsibility is applied to them to acquire and act upon such information. While no one can argue that improved access to accurate information is not important I, similar to Lepani (2010) and Milan (2010), would contend that lack of agency is perhaps an equally significant problem as lack of information.

The NSP tends to rely on a mixture of medico-scientific language along with development jargon that I refer to as technocratic rhetoric. Importantly though, care is taken in this plan to qualify certain key concepts and add more nuance to language. For instance, the term “high-risk groups/groups with high risk behaviour” is qualified with a caution that the use of such terminology can “lull people who don’t identify with such groups into a false sense of security. ‘High-risk groups’ also implies that the risk is contained within the group where in fact, all social groups are interrelated” and I would emphasize, at risk (2006a:vi). Medico-scientific language is represented by terms such as PMCT, Western Blots, and ELISA and is complemented by a development jargon rife with VCTs, MDGs, and M&E. The purposeful linguistic selection is one that likely stems, in part, from the authorship. A review of the reference drafting committee reveals a plethora of medical doctors, development practitioners, and NGO officials (2006a:49–53). This technocratic rhetoric is also likely resultant from the anticipated readership of documents such as this. It seems as though the authors are, in essence, writing for themselves to themselves. This is not problematic in and of itself; after all, that is what almost all academic work is. It, however, becomes problematic in the context of this particular epidemic where semi- or untrained community health workers, pastoral officials, and community leaders are expected to play a significant role in responding to the epidemic.

PNG’s National Gender Policy and Plan on HIV/AIDS 2006-2010 (NGPP) follows similar formatting and style to the first NSP complete with tribal masks adorning the cover (2006b). Similar to the NSP, there is also a clear note about the lack of endogenous resources in the preparation of this document. The NGPP acknowledges both technical and financial support from AusAID and the UNDP. The recurrent theme of recognition emerges in the foreword

written by Dr. Nicholas Mann, CMS and the former Secretary of the NDoH. He states, “we are fast approaching the stage where each one of us will be affected by some degree or other, whether through the illness or death of loved ones, or the reduction in economy and services as a result” (2006b:i). Reminiscent of the NSP the recognition of the severity and potential severity is couched in economic and development costs as opposed to solely in human values.

The NGPP is considered as a companion to the NSP and as Mann states, NACS “will be guided by their work by these two Plans together. Other stakeholders and partners are urged to do the same to mainstream gender” (2006b:i). Again, this inability of NACS to operationalize its mandate as opposed to simply asking and urging is a weakness that must be addressed. The impetus for the NGPP came following a UNDP and UNIFEM sponsored “gender audit of the NSP” (2006b:vi).

The NGPP is comprised of five sections with the most relevant for our purposes being the Policy Framework. This framework identifies eight key policy areas including: Addressing Gender Inequality, Gender Mainstreaming, Gender-based Violence, Poverty, Involving Men, Stigma, Discrimination and Risk, Burden of Care, and Young People (2006b:vi, 4–10). Moving on to offer specific contextual information, the NGPP does well to highlight the gendered nature of the HIV epidemic. Underscoring that women who become infected with HIV risk being beaten or abandoned by their husbands, mistreated by families and communities, since women may marry into clans in some regions. Most PNG societies are patrilineal; thus, children are considered to belong to the patriclan and “women usually tolerate bad treatment in marriage rather than leaving, and losing their children” (2006b:17). Women who become sick are often “neglected at home, or abandoned in the hospital. As one insightful Highlands health worker

said: ‘Women don’t count for much in this culture, so if a woman gets AIDS, they just throw her away’” (2006b:13). In PNG, AIDS widows do not always have the right to stay on patrilineal land yet because of exogamous marriage their maternal family may be a great distance away (2006b:13). There is also a double burden that women experience where if someone in their family is sick, with AIDS or any other illness, she will have the additional labour of caring for that person. Adding more to this trope of recognition, we can observe that the NGPP “recognizes the direct links between gender-based violence and the spread of HIV/AIDS epidemic” (2006b: 7). Certain acknowledged biological factors of HIV combined with this rampant gender inequity and endemic violence against women in PNG place women at a higher risk of infection.

The policy document moves on to discuss its direct ties with the NSP, linking up the objectives and focal areas of the two documents. The NGPP certainly offers up more specifics than the NSP, and in a valiant effort to avoid the implementation gap suggested arrangements along with the responsible organizations and associated performance indicators to be monitored are included. These goals, in addition to being related to the NSP’s focal areas, are also tied in with MDGs and UNGASS goals (2006b:54).

While some work on gender focuses almost entirely on women, which can be a weakness, the NGPP does have a meaningful discussion on the factors that affect boys’ and men’s vulnerability to HIV. Indeed, for a gendered approach to succeed, it needs to recognize “that an understanding of men’s needs and perspectives, and of the power relations between men and women, is equally important” (2006b:3). Avoiding any platitudes, the NGPP offers surprisingly critical information when it acknowledges that the relevance of gender to HIV is “generally not understood by the country’s leaders. The common view is that gender is a matter

just for women. Since most leaders are male and benefit from male privilege, there is also some resistance to the concept of gender equality” (2006b:39). A synthesis of gender and economic development is explored as continued economic growth in PNG is dependent upon resource development, and work opportunities for men often require them to leave their wives and families and on occasion “they turn to paid or coerced sex to meet their sexual needs” (2006b: 18). An initial critical reading would suggest that this sounds dangerously close to an excuse for unacceptable behaviour as opposed to an explanation. The use of alcohol and drugs are identified as “male pastimes” which can “make them forget safe sex messages and may be used as an excuse for irresponsible behaviour” (2006b:18). With specific regard to alcohol and drug use, the policy document thankfully recognizes this as an excuse instead of a justification.

Under the broad heading of gender, a new strategy is raised here for the first time in any of the review NACS documents. This strategy suggests that to help minimize stigma which women face by recognizing that both parents usually play a role in the transmission of HIV to babies and such transmission ought to be identified as parent-to-child transmission (PTCT) as opposed to mother-to-child transmission (MTCT) (2006b:26). While indeed, a switch to more accurate terminology is good, even if it falls under the auspices of technocratic rhetoric, it likely does little to change the broad balance of gender-based understandings of HIV in PNG. The NGPP also offers the suggestion to “identify and support male leaders to advocate for gender equality and the elimination of gender based violence” (2006b:33). While certainly a positive idea, there is a decided lack of focus on means to empower women directly. However, a common problem arises that despite the recognition of the severity, even the most well-thought-out policies and plans require available resources and infrastructures to implement.



The analysis of HIV and AIDS policies as they relate to specific sectors of governance, such as the educational system is demonstrative of a more applied usage of policy. The HIV/AIDS Policy for the Education System of Papua New Guinea (2005) offers a chance for such an examination. The brief policy document (only six pages) was crafted by a working group that included members of the NDoE, NACS, and AusAID. Additionally, AusAID provided technical assistance in the development of this policy while direct funding from the Government of Australia through its Education Capacity Building Program was also provided (2005:1). The national educational system is one of PNG's bodies with the broadest reach; therefore, it is an institution that can undoubtedly offer significant benefit to the populace.

The foreword of this particular policy document is written by the Honourable Michael Laimo, CBE, who was the Minister of Education at the time. The minister opens by stating that “we in Papua New Guinea face one of our greatest challenges in the form of the HIV/AIDS epidemic” (2005:ii). The continued recognition of the severity of the epidemic is apparent. While recognition is certainly required, it is only a small step in crafting an effective response. The Minister's brief foreword reemphasizes this discursive concept of responsibility and where it lays in light of the epidemic. Minister Laimo states that “each person must make it their individual responsibility to protect themselves, their families, their communities, and their workplaces from HIV infection” (2005:ii). This sentiment is one that places a great deal of responsibility upon the individual and avoids mentioning many of the broader socioeconomic and sociocultural factors that are complicit in the spread of HIV. Not only is the individual responsible for themselves, but they also bear the moral responsibility for protecting their family, their community, and even their workplace—a grave responsibility indeed.

Furthering this discussion on the broad ideal of responsibility, some of the guiding principles put forth in this document must be remarked on. Principle Six, entitled “Personal Responsibility” places on people not only a “moral responsibility to protect themselves and a moral and legal responsibility to protect others from HIV infection” (2005:4). This sharp focus on personal and moral responsibility along with legal culpability neglects the fact that some have more power to avoid HIV infection than others, mainly on account of their socio-economic status and gender. Despite the aforementioned broad reach of the education system, this policy document neglects to mention that many of the schools in PNG operate outside the auspices of the NDoE under parochial authority. This document should also be viewed in light of the research conducted on education in PNG which noted community opposition to HIV-prevention instruction along with significant resource and infrastructural shortfalls (Smith et al. 2003:6, 16; Radio New Zealand 2012).

PNG’s second national plan, the National HIV Prevention Strategy 2011-2015 (NHPS) offers substantial growth over the first plan and comprises four documents: The NHPS (2010a) itself, along with an Implementation Framework (2010b), a Monitoring and Evaluation Framework (2010c), and a User’s Guide in both English (2010d) and Tok Pisin (2010e). The Executive Summary notes that this new strategy is one that seeks to address shortcomings as well as to build upon past achievements. This document is meant to be the cornerstone in response to the epidemic, and it is stated that “the National HIV and AIDS Strategy is the overarching framework for everyone at all levels to guide and drive the expanded response to HIV, AIDS and STIs in PNG” (2010a:25). While NACS has statutory and legislative power over HIV policy, the NHPS also draws from PNG’s Vision 2050 (2009) which aims to have PNG rank among the top fifty countries in the UN’s Human Development Index by “creating opportunities

for personal and national advancement through economic growth, smart innovative ideas, quality service and ensuring a fair and equitable distribution of benefits in a safe and secure environment for all citizens” (2009:1; 2010a:12).

An initial evaluation reveals a higher quality design and layout with all documents having a more ‘glossy’ and ‘professional’ feel than the predecessor NSP. Following a similar format to the first NSP and the generally identified structure of policy documents, the NHPS contains a foreword from the Prime Minister. Prime Minister Somare, who is identified as “The Right Honourable Grand Chief Sir Michael T. Somare GCL, GCMG, CH, CF, K StJ” again uses a familial language when he highlights the importance of working “together and commit[ing] ourselves to preventing new infections and care for our brothers and sisters who are infected or affected by HIV” (2010a:vii). Somare also emphasizes the foundations “of our Christian faith and the Melanesian way of life” (2010a:vii). What is precisely meant by Melanesian way of life or “Papua New Guinea ways” lingers in obscurity, however. A review of the acknowledgements section also reveals the financial and technical support from bilateral and multilateral partners AusAID and UNAIDS along with several other international NGO bodies.

Again, an acknowledgement of the severity of the problem is clear, and it is also highlighted that the first NSP did not stop the epidemic from “outpacing the national response” (2010a:1). A clear difference emerges between the two strategic plans as the NHPS focuses more on specific, listed interventions as opposed to broad policy principles. The NHPS offers three priority areas: 1) Prevention, 2) Counselling, Testing, Treatment, Care and Support, 3) Systems Strengthening. Each of these priority areas has associated goals and strategic

priorities. The targets for each of the strategic objectives are defined as being S.M.A.R.T (specific, measurable, achievable, realistic, and time-bound. (2010a:9).

Providing a general introduction to the epidemic in PNG, it is discussed that there has been a continued “upward trend in national prevalence, but at a less rapid rate” than many had predicted (2010a:16). Interestingly, the epidemic has not followed the same pattern in PNG’s four main regions with increases occurring in the Momase and New Guinea Islands while apparent plateaus have been reached in other regions (2010a:16). The NHPS also makes a note of the aforementioned recurring problem regarding the lack of availability of quality data. There is a call for continued improvements in epidemiological and behavioural data to better “guide the planning of the national response, particularly prevention programming” (2010a:19). Part of this includes building the capacity of PNG’s own national academic and research institutions to conduct research (2010a:48). Nonetheless, there is no specific suggestion for the incorporation of anthropological research data. Following a brief introduction to the epidemiological situation including age, gender, and regional breakdowns of HIV prevalence, the NHPS moves on to discuss key achievements and challenges in response to the epidemic.

This trope of recognition and acknowledgement is observable in the discussion on stigma and discrimination. It is asserted that:

Stigma and discrimination continue to be a major barrier to an effective response. Stigma against people living with HIV, their families and particular groups, (for example, sex workers and men who have sex with men), deters people from accessing HIV prevention, testing, counselling, and care and treatment services, including antenatal services. This is exacerbated by persistent misconceptions and myths about how HIV is transmitted and by moral judgements about people living with HIV. Severe manifestations of stigma and discrimination have resulted in human rights violations, rejection, violence and death [2010a:22].

Similar to the epidemic itself, the stigma takes on a more generalized presence than the NHPS suggests. The ‘high risk’ groups definitely suffer from stigmatization and discrimination, yet it is not limited to them. It is also apparent in the introductory discussion on gender that it remains a significant barrier in the response and that despite improvements, the integration of “gender into implementation programs has been slow. There needs to be a renewed emphasis in this area, with a focus on practical application of gender policies and frameworks across all HIV interventions” (2010a:23).

The NHPS expands on each of the aforementioned strategic priorities by listing clusters with specific objectives and guiding principles. While still broad, they begin to offer a much higher level of specificity than reflected in the preceding NSP. The Guiding Principles indicate the need for gender to be integrated into the national response to HIV along with the need for greater involvement of people living with HIV and AIDS. The suggestion to have greater involvement of people living with HIV and AIDS is an improvement over the first NSP although it is not fully realized. In order to achieve this greater involvement of people living with HIV and AIDS, a position statement is reportedly under development for approval by NACS. In a similar vein, the greater involvement of people living with HIV and AIDS needs, as the NHPS emphasizes, to be further integrated into all priority areas (2010a:13).

A rather generic guiding principle is that of “Cultural practices.” Culture, writ large, is essential in understanding the HIV epidemic in PNG. The NHPS state that:

Cultural traditions and beliefs will be respected and promoted by programs, except where these increase the risk and vulnerability of HIV infection, interfere with HIV prevention and treatment efforts, or cause additional hardship and harm to people infected or affected by HIV [2010a:28].

What types of cultural risks are not expounded upon? This certainly leaves an opening for engaged medical anthropology to offer suggestions. In the Guiding Principles, there is also a statement on the importance of religion. Christian values of “unconditional love, care, compassion and tolerance” are suggested to form the foundation of the response to HIV (2010a: 28). As mentioned in both the review chapters, these stated Christian values are often not practiced by many Christians. With much of the funding and technical support still coming from bilateral and multilateral partners, the goal of “sustainability and self-reliance” seems logical. The Government of PNG “will promote self-reliance, efficiency, and sustainability of the HIV and AIDS response. The Government of PNG will steadily increase its financial commitment in meeting the cost of the national HIV response” (2010a:29). Despite this goal, regarding future funding, there is an acceptance and awareness that “for the foreseeable future, the national response will rely on a significant financial contribution from development partners” (2010a:24).

There is a much more pronounced focus on gender and gender-related vulnerability to HIV infection in the NHPS when compared to the earlier NSP. There is the acknowledgment of “gender vulnerability as a fundamental part of HIV prevention” (2010a:34). Just as there is a broad awareness that HIV is a significant gendered problem there is also that awareness surrounding gender-based violence. It is noted that “gender-based violence and sexual violence are endemic in PNG and are a major factor in HIV vulnerability” (2010a:34). The strategic objectives under the Gender-related Vulnerability Cluster include the involvement of men and boys “in programs that address gender inequality and gender-based violence” (2010a:34). This harkens back to the advice of Eves (2012) in ensuring that gender is not simply a euphemism for women. Even at the highest levels of government, there is, reportedly, a rising awareness of the

importance of gender in the HIV epidemic. Utilizing familial language again, Prime Minister Somare rightly argues that the “impact on the vulnerability of our mothers, wives and daughters is severe and unacceptable” (2010:vii). Incorporating men into this discussion, he emphasizes the role men must play “to become faithful, protective, and responsible husbands and partners” (2010:vii). This conceptualization of gender that Somare espouses is not one of feminist equity but is reflective of the general attitude which exists in PNG.

While the overall goals are still broad, there is a far greater degree of specificity than the previous NSP along with associated monitoring and evaluation protocols. The NHPS states that work at the Provincial level is still variable, and given the previous discussion on governance and service delivery in PNG, overcoming these barriers will be key. Attempts at overcoming the implementation gap will require greater coordination and integration of both planning and service delivery (2010a:56). The need for better and more responsive management is also emphasized. Overall, there is greater use of plain language and a move away from what I have identified as technocratic rhetoric. Although there is still heavy use of development jargon throughout this eighty-page document, there is less use of medico-scientific terminology.

Reviewing AusAID’s “Responding to HIV/AIDS in Papua New Guinea: Australia’s Strategy to Support Papua New Guinea 2006-2010” (2006a) allows us to expand the policy picture with a focus on PNG’s most important neighbour and largest aid provider, Australia. Possessing a very professional and polished feel, this document roughly follows the established structure and grammar established by the previously reviewed NACS documents despite having different institutional authors. It does contain specific development terminology but not to the same degree as NACS documents and uses minimal medico-scientific language. This document

directly relates to previously examined NSP (2006b). The Executive Summary notes that the Government of Australia has made “an explicit commitment to the National Strategic Plan by using it as the foundation document for this strategy, Responding to HIV/AIDS in Papua New Guinea: Australia’s Strategy to Support Papua New Guinea 2006–10” (AusAID 2006). We can also observe an echoing of this theme of recognition and acknowledgement as it is stated that the “human, social and economic impacts of HIV/AIDS pose a significant development challenge for PNG” (AusAID 2006:4). Again, we see the recognition of the HIV epidemic couched in different, discrete segments, the economic, the social, and the human.

The Executive Summary reports a great deal of information that matches not only the information from NACS documents but also the information gathered in the review chapters.

This document encompasses the compounding determinants that include factors such as:

High rates of sexually transmitted infections, pervasive multiple partnering, widespread engagement in transactional sex and extensive sexual violence against women. Underlying social and institutional factors that are hampering the national response to the epidemic include insufficient leadership, a lack of coordination and surveillance capacity, gender inequality and deteriorating health services [AusAID 2006:4].

The document, in a similar vein to the NSP, provides important background information about the country and the epidemic. This percipient recognition is again demonstrated as it is noted that “Australia recognises the threat posed by the HIV epidemic to PNG’s development and economic growth prospects” (AusAID 2006:6). What is left unsaid is the threat that the HIV epidemic in PNG poses to Australia’s economic, security and development interests.

PNG’s NSP was designed as an integrated approach to the epidemic that had seven strategic priorities. The Government of Australia has chosen to emphasize specific priorities and focus on specific objectives and goals within these priorities. These objectives “were selected,



based on an assessment of Australia's comparative advantage and the kind of resources we can provide. Australia's strategy aligns those objectives with the focus areas of the PNG National Strategic Plan" (AusAID 2006:9). Perhaps drawing more from the NGPP as opposed to the NSP, there is a keen awareness that "gender inequality is a major driver of the HIV epidemic in PNG... Australian support of the National Strategic Plan will highlight the significance of gender and seek to ensure that there is a very strong focus on gender across all areas" (AusAID 2006:9). The document moves onto list the seven focus areas of the NSP, commencing with an accurate situation analysis followed by highlights of Australian support and objectives as they relate to each of the focus areas.

In an attempt to overcome concerns relating to rollout and implementation, the document contains a section on "Delivering an Effective Response" (AusAID 2006:20). Lack of infrastructure and resources has been repeatedly highlighted as a significant concern. This is echoed by AusAID with the further concern of fund displacement. Australian funds, which are by far the largest single source of funding for PNG's HIV and AIDS response, risk leading to under-resourcing by the Government of Papua New Guinea (AusAID 2006:21). Differing from the NACS documents AusAID does not diffuse responsibility, rather, responsibility is applied in very precise areas to the Government of Australia which information on previous lessons learned and directives to manage risk and ensure the achievement of objectives.

Seeking to analyze a more specific policy we can examine the PNG – Australia Transport Sector Support Program (TSSP): HIV and AIDS Strategy and Plan (AusAID 2008b). The Government of Australia provides support for PNG's transportation sector through its aid and development programming to the amount of \$AUD 50 million per year. The TSSP itself is

designed to “improve governance, capacity and service delivery” within the transport sector and to encourage PNG’s Government “to take increasing responsibility for infrastructure maintenance funding and thereby becoming less dependent on donor support” (AusAID 2008b: 5). The TSSP HIV and AIDS Strategy notes the “triple impact” on the transport sector. First, it affects workers along with their families and communities. Second, it affects enterprises related to this specific sector of the economy. Third, it affects “the economy as a whole” (AusAID 2008b:1). We can see the recognition of the HIV epidemic exists and is placed into discrete areas, the personal and the economic. Given its specificity on the transport sector, it is not surprising to see that many of the noted impacts focus solely on the economic and include higher costs of “training and hiring replacement for workers lost to the disease” along with “reduced productivity due to AIDS-related illness” (AusAID 2008b:7). There is also a keen awareness that transport sector activities have the potential to act both “as a vector in the transmission of AIDS and HIV and/or provide opportunities to promote awareness, prevention and support” (AusAID 2008b:1).

The TSSP HIV and AIDS Strategy follows the established structure and includes an abbreviations section and executive summary which precedes a demographic and epidemiological background section. Much like AusAID’s main strategy “Responding to HIV/AIDS in Papua New Guinea: Australia’s Strategy to Support Papua New Guinea 2006-2010” (2006a) this policy document also notes the focal areas of the NSP and is designed specifically around four areas. These are Leadership, Partnership, and Coordination; Education and Prevention; Social and Behavioural Change Research; Monitoring and Evaluation (AusAID 2008b:1). The TSSP strategy expands on the four focal areas by listing specific objectives along

with associated outputs and activities. For instance, under the focal area Leadership, Partnership, and Coordination a specific strategic objective is “to build capacity of line agencies to integrate HIV into sector policies, strategies and plans” with example activities including “review[ing] existing annual planning and budgeting processes to identify appropriate entry points for HIV and AIDS responses” (AusAID 2008b:10). The utilization of specific objectives combined with outputs and activities differs from many other policies reviewed.

Policy documents reviewed from UNAIDS tended to focus on either broad geographic regions such as the Pacific—Turning the Tide: An OPEN Strategy for a Response to AIDS in the Pacific (UNAIDS 2009) or on cross-cutting themes such as commercial sex work—Female Sex Worker HIV Prevention Projects: Lessons Learnt from Papua New Guinea, India and Bangladesh (UNAIDS 2000). Materials from UNAIDS that focuses specifically on PNG includes press releases, public media statements, and medical/epidemiological information. Given the lack of country-specific policy, I chose to include a brief discussion of the various press releases and media statements from UNAIDS as my initial reading of them seemed to be generally concordant with previously identified themes stemming from the policy review.

Searching by keyword, I located nine press releases and seven copies of speeches or other public statements. Working chronologically, we can observe that there is not only a recognition of the severity and potential severity of the HIV epidemic but also the need for a more significant response to it. All caps bolded headlines call out: “**PACIFIC FACES EXPANDING THREAT**” (UNAIDS 2005a), “**PACIFIC ON BRINK OF SERIOUS HIV EPIDEMIC**” (UNAIDS 2005b), “**PACIFIC ISLANDS FACE RAPIDLY EXPANDING HIV EPIDEMIC, SAYS UNAIDS EXECUTIVE DIRECTOR**” (UNAIDS 2004). These press

releases, often shorter than a page, lack any great depth but they do recognize and emphasize the gravity of the HIV epidemic. For instance, Dr. Peter Piot, former UNAIDS Executive Director called PNG “The new frontline of the epidemic,” further adding that “we have not seen such alarming rates of infection before in the Pacific” (2005d). Gender and gender-based violence is also a topic found in the available press releases as we note the headline: “UNAIDS and OHCHR [United Nations Office of the High Commissioner for Human Rights] express concern at reports of violence against people living with HIV in Papua New Guinea and supports the Government’s call to investigate” (UNAIDS 2007). In addition to the first trope of recognition, we can observe instances of diffusion or redirection of responsibility. In one release, Dr. Prasada Rao, the Asia Pacific Regional Director of UNAIDS warns that fighting AIDS on the political stage –where struggles over power and resources are fought –is crucial to winning the battle. We need governments throughout the Pacific to make substantial commitments by investing now” (UNAIDS 2005b). This discourse over power, resources, and responsibility related to the HIV epidemic is a central concern.

## **5.6 Discussion and Summary**

My analysis of selected policy documents and press statements from NACS, AusAID, and UNAIDS indicates the centrality of tropes of recognition, of direction, and/or diffusion of responsibility. Also emerging from this analysis are observations on the use of language. As a genre, the policy documents reviewed were comprised of technocratic rhetoric, that is a combination medico-scientific terminology and development jargon.

Technocratic rhetoric in the reviewed documents exists as more than a simple, observable argot. While its usage may be somewhat necessary for accuracy and specificity, its usage reflects a certain power and privilege. Technocratic language gives precedence and power to certain epistemic worldviews. The biomedical/medico-scientific, the legalese, the development jargon are demonstrative of the privileging of these types of language and the epistemes they represent over the realities of those subject to these policies. The underlying ‘truth’ and ideology of policy, its assumptions, and the extent to which there it relies on ‘outside’ or external medico-scientific knowledge as opposed to the lived experiences of people are one aspect of the implementation gap that exists.

Expanding on this implementation gap, Hauck et al. as well as May and Turner make the point that there is a history of “good policies” in PNG, but implementation falls far short of expectations. They contend that “policy implementation in PNG tends not to be a linear, logical, or ‘neutral’ process, but rather is characterized by intensely competing interests (political, bureaucratic, institutional) which often undermine ‘sound policies’” (Hauck et al. 2005:21). In an attempt to ascribe a ‘cultural’ factor for policy failures, Hauck et al. reflect on an interview with a PNG official who stated that:

All Papua New Guineans work when they need to sustain themselves. Few villagers for example, will go fishing for leisure or as a sporting activity and none will go to a birds’ nesting places for bird watching. Similarly, capacity building or development without first knowing and understanding why or why not is like building a canoe for displaying under one's house. Not many Papua New Guineans will participate in such activities unless they are forced to do so. And if this is the case, the activity will come to an abrupt halt once the source of pressure and force or coercion ceases. For many Papua New Guineans, ‘wok I mas I gat kaikai’ (work must produce food) is the one concept which influences their thinking and affects whether their participation is long or short term. Papua New Guineans must not be forced into creating or manufacturing capacity needs in order to comply with requirements or to qualify to participate. Rather, they must get

involved because they understand why and because they feel the need to participate and gain new skills and ways of doing things' [Hauck et al. 2005:24].

To ascribe the existing policy implementation gap to culture is reductionist, but we need to acknowledge that just as HIV exists in particular cultural milieus, so does the policy. Culture, the lived experiences, the local worlds of people cannot be ignored. This remains true whether we are discussing HIV or policy. While Moodie addresses that, culture has proven itself to be both a “complicated, and at times convenient, barrier to the efficient implementation of measures to prevent and control HIV/AIDS, as well as other areas such as reproductive health and girls’ and women’s health” (2000:6). It is simply too powerful a force to be ignored or spotted only peripherally. The strength of a great deal of ethnographic research exists in its ability to examine, explore, and explain culture. This ought to be of great utility in future policy development.

A second emergent theme is that of recognition or awareness. There is an apparent, acknowledged awareness at all the highest levels of the severity of the HIV epidemic. Reflecting back on the ethnographic literature reviewed, we can see that this level of awareness and recognition is not particularly present on the ground, in the lived experiences of many people in PNG. This awareness of the impact is often divided into specific categories: the damaging economic impacts, the inability to meet development goals, and the specific costs of human suffering. This acute awareness and recognition also exists and is widely represented in the press statements from UNAIDS. A separate but related theme also emerges here, which is responsibility. There is a widespread use of diffusion or redirection of responsibility for the response to the epidemic. NACS policy acknowledges the threat but takes on very little actual responsibility; instead, the responsibility is diffused to the population via the process of

providing more information. While part of this is certainly due to a lack of resources, it represents the viewpoint that lack of information is one of the most significant factors in the response to HIV. NACS policy further diminishes its own responsibility by highlighting its lack of resources alongside its lack of real power to implement policy. This contrasts with AusAID policy which tends to accept responsibility, not necessarily for the broad policy or response itself, but for specific goals or objectives that the policy seeks to attain. These concepts of recognition and responsibility are in part dialectical. There is an acknowledgement of the problem, HIV in this case. Responsibility, however, is often shirked, shared, or redirected. This phenomenon also exists when taking note of various sub-themes including gender, discrimination, and stigmatization.

## **CHAPTER SIX**

### **CONCLUSIONS AND FUTURE DIRECTIONS**

#### **6.1 Conclusions**

This thesis conducts an in-depth anthropological analysis of HIV and AIDS in the Melanesian nation of Papua New Guinea, focusing on ethnographic and non-ethnographic literature along with an examination of HIV and AIDS policy present in that country. This thesis contributes to, and expands upon, the existing body of knowledge through several distinct, yet interrelated research methods backed by innovative research and methodology.

Pertinent background and contextual information is provided about HIV in PNG, which focused on complicating factors like endemic gender-based violence, challenging economic circumstances and poor overall healthcare system and infrastructure along with a complicated epidemiological profile. HIV is spread as a biological process, but one that is shaped and affected by sociocultural and socioeconomic realities. It is these factors, amongst others, which have powerfully shaped the course of HIV and AIDS in PNG.

This thesis seeks to determine and delimit the constituent discourses and themes that were found in PNG's HIV policy documents, and understand how they were shaped by various sociocultural and sociopolitical forces. It is through a linked, thematic reading of ethnographic and non-ethnographic literature, combined with a critical-interpretive policy-based discussion, that a more comprehensive view of the complexities of HIV and AIDS in PNG is offered.

Methodologically, I rely on a discursive theory that contends that texts (of all varieties) are made meaningful through the process of creating and consuming them (Phillips and Hardy 2002:3). Further, Phillips and Hardy contend that discourse is what shapes the social reality of



our lived experiences (2002:2). Anthropological engagement with policy, which is the application of policy documents as a textual field-site, is still a relatively novel approach in the discipline of anthropology. With definitions delineated and methodological framing in place, specific methods had to be introduced.

I utilize a pragmatic framework that allowed for an interpretive and discursive analysis of the text, both literature and policy. Drawing from Bernard, I apply a largely inductive and iterative process to identify the themes that emerged from the assessed policy documents. The data compilation procedures established the protocols that were required for inclusion and exclusion of the data. The review and analysis of literature necessitated a more deductive approach as the tropes that manifested themselves naturally tended to fit into an expanding conceptual framework that reflected the linkages existing in the literature. Koczberski (2000) identifies several broad components, which I adapted for the review and analysis of the literature: contemporary cultural behaviour, the position of women in society, and the status of health services in the country. The interplay and interactions between factors were also noted by Lepani, who reminds that there must be recognition of social, cultural, and economic elements (2010:22). I then provided a detailed and quite comprehensive review of both the ethnographic and non-ethnographic literature relating to HIV in PNG. As Baker notes, this accomplishes several significant goals. Firstly, it helps to expand on the theoretical framework for the topic under study. Secondly, it provides a “synthesized overview” of the current (and, in this case, some historical) literature relevant to the topic (Baker 2016:265). While there are some systemic literature reviews that focus on the epidemiology of HIV and other STIs in PNG, this thesis is unique in that it overcomes the disconnect between the ethnographic and non-ethnographic

materials under an overarching conceptual framework. While some ethnographic materials do draw from disparate disciplinary sources, they tend to do so from only very specific areas in order to supplement or support their work. Again, this thesis differs in that literature and materials from various sources and fields are reviewed under the established conceptual frame.

Drawing from discursive methodologies and critical methods, I present an analytical overview of many of PNG's HIV policies, complemented by an overview of official media releases. Prior to the policy review, a concise consideration of the three institutional sources (PNG's NACS, AusAID, and UNAIDS) is offered. Additionally, an introduction to the broad grammatical and structural features of policy documents is provided. Documents from both AusAID and NACS tended to follow a similar structure. Three primary themes emerged from the policy analysis. Firstly, I identify perspicacious recognition that HIV and AIDS had experienced a series of adverse effects across PNG's society. These adverse effects are often segmented across various sectors of society, as represented by economic effects and development indicators. The direct human costs are often noted as being secondary to these economic and developmental impacts. Secondly, I expose the existence of what I label as a "diffusion of responsibility" regarding the manner in which to react and respond to the epidemic. Subordinate to the primary tropes, but fitting within this dyadic conceptualization, are factors such as stigma, discrimination and gender. Finally, I identify an interesting use of language. Labelled as technocratic rhetoric, it combines medico-scientific terminology and development jargon. The widespread use of technocratic rhetoric imparts a certain power and prestige to choose who communicate using development jargon and medico-scientific language.

In policy, the ideas that surround responsibility are discursive in nature. Responsibility for HIV prevention is generally allocated to the individual, while the state's responsibility is diminished, obscured or redirected towards other parties. This focus on the responsibility of the individual is one that avoids a focus on the many sociocultural and socioeconomic contributors to HIV, which are thoroughly examined in the review chapters. Therefore, when Government Minister Laimo stated that all individuals must make it their "responsibility to protect themselves, their families, their communities, and their workplaces from HIV infection", or when Principle Six of a national policy assigns to people "a moral responsibility to protect themselves and a moral and legal responsibility to protect others from HIV infection" (NACS 2005:ii, 4), obvious ignorance is highlighted about how factors such as gender presents certain individuals with more power and more agency to follow these mandates.

PNG's second cornerstone HIV policy (the NHPS) builds on the first document (the NSP) in that it demonstrates a sharper focus on gender-related susceptibility to HIV, along with the roles played by stigmatization and discrimination. A lack of quality data has been mentioned by several authors, and was also noted in the NHPS. There are continued appeals to improve data quality. While some of these requests relate specifically to bio-surveillance numbers and epidemiological data, NACS notes that improved behavioural data will surely help guide prevention programming. Despite these pleas, there is very little incorporation of medical anthropological research and data into NACS policy. Anthropological data is not adequately considered, as it does not meet the hegemonic notes of double-blind, replicable studies that are demanded by the crafters of policy.

In reviewing press releases issued by UNAIDS, the themes seemed to directly correspond with the broad narratives identified in NACS and AusAID policies. Particularly concerning was the recognition of the severity of the HIV epidemic. As a specific theme, gender and gender-based violence were also noted in UNAIDS statements. Differing from NACS and UNAIDS documents, AusAID tended to not diffuse or redirect responsibility onto other parties, at least not to the same degree.

It is clear that there is an implementation gap in relation to HIV policy in PNG. Scholars like Hauck, Mandie-Filer and Bolger argue that this is a common element in PNG, and that there is a long history of what they term as “good policies” that do not succeed (Hauck et al. 2005:21). They attempt to ascribe it some cultural features specific to PNG. To attribute the policy implementation gap to specific factors such as ‘culture’, or a lack of resourcing as is often the case is far too reductionist an approach to be of much utility. That being said from my point of view as an anthropologist, it would be extremely unwise to not pay full attention to the power of culture. As Moodie notes, culture has served as a “complicated, and at times convenient barrier” to the implementation of HIV policies (2000:6). Therein lies anthropology’s aptitude and utility, which is the ability to conduct ethnographic and non-ethnographic research that focuses on culture. A deft interweaving of culture into policy ought to be of great benefit to future policy development in response to the HIV epidemic in PNG.

While the term “praxis” is often used as shorthand for “practice”, a deeper meaning must be offered as we come full circle back to the topic of policy. Donald Nonini points out that praxis is often a term more associated with the Marxist philosophy of Gramsci (2011)[1971] than anthropology (2016:241). Critical sociologists from the Frankfurt School like Horkheimer and

Adorno would apply a revolutionary character to praxis, one that is “capable of overturning the status quo” (2002:33). August Cieszkowski, a Hegelian-inspired Polish philosopher and influencer of Marx offers a more general definition, action directed towards a change (Stepelevich 1987: 265, 267). Policy then possesses the ability to serve as a foundation for praxis.

Despite the thoroughness of this project, as it was framed, certain research limitations arise. Of course, limitations ought not to be perceived as shortcomings; instead, they exist as boundaries of a project. Unarchived grey literature that may only exist in hospitals and government agencies in PNG was not accessed. Studying policy based on a documentary research method as opposed to more immersive fieldwork may also limit exposure to the personal styles and personalities of policymakers which pioneering Canadian anthropologist Sally Weaver noted were, on occasion, influential factors in the policy development process (1981:x).

## **6.2 Future Direction**

While this Master’s thesis stands solidly on its own, it also sets the perfect stage for more traditional and long-term anthropological fieldwork on this topic as part of a doctorate. It also offers the potential to complement the work of NGOs and civil society organizations that are involved with the HIV and AIDS epidemic in Papua New Guinea.

Given the totality of the circumstances, it is challenging to be optimistic about the future of the HIV epidemic in PNG. Although many of the worst-case scenarios and catastrophic predictions have not materialized (yet), the situation on the ground is still profoundly

problematic, and unacceptable from a public health, human rights, and any other humanitarian lens. The examination of policy and literature indicates the presence of an implementation gap (differences between policies that exist on paper), and how they were actually conceived and implemented (or not) in affected communities. There exists room for growth in both design and implementation, along with policy monitoring and evaluation. As Bowtell notes, “Policy-making should not be based on false hope, faith or charity (2007:9). Rather, it must be based on the realities of peoples’ lives”.

While the media occasionally herald breakthrough ‘cures’ for HIV, these advances may, in reality, be decades away and may not be as effective as hoped. Important research is being undertaken on vaccines, pre- and post-exposure prophylaxis, CRISPR gene editing, and other potentially more effective ARV treatments. This ongoing research is crucial for public health and must continue to be properly funded and supported. Of course, there are several issues surrounding this hope for some cure or vaccinological breakthrough, including its potential availability and cost prohibitiveness, as well as the lack of health infrastructure and services that would make the delivery of such a breakthrough to the wider population very challenging. As Jenkins notes with appropriate caution, “There is a real danger that ‘vaccine optimism’ could set in, increasing exposures and overriding vaccine effects” (2004:262). If, in the future, an effective cure or vaccine were to be developed, it would likely have to be provided to countries like PNG at highly-subsidized costs, and would require continued significant investments in both overall transport and health infrastructure, along with health services.

Again asking the questions of why does this matter? Or why should readers care? At the most basic human level, people are sick. People are suffering and dying from AIDS-related

illnesses, some which are preventable. One person changing the world is no small effort, and any single anthropologist (or scholar) making a dent in the HIV and AIDS pandemic is undoubtedly not an easy proposition, but it can be done through activism, and through the creation and sharing of knowledge. This synthesized body of research adds to the existing corpus of knowledge on the topic of HIV in PNG, along with a critical anthropological analysis of text. This surely contributes to the broader discourses on the subject, from where advances will likely stem; that critical mass of knowledge that academics, activists, policymakers, development practitioners, and people living with HIV and AIDS are continually building. I must strongly echo Baldwin's (2010) call for an increase in the role played by people living with HIV in response to the epidemic in PNG. These lived experiences and personal knowledge of HIV, along with the associated stigma, discrimination and violence, can only broaden understanding of the realities of life and HIV in PNG.

## Works Cited:

### ABC News Australia

- 2008 Suspended PNG AIDS Council Boss Welcomes Investigation. [http://www.abc.net.au/australianetwork/news/stories\\_to/2151452.htm](http://www.abc.net.au/australianetwork/news/stories_to/2151452.htm), accessed on January 14, 2014.
- 2017a Papua New Guinea asks Australia to Fund Health, Education During Ministerial Forum. <https://www.abc.net.au/news/2017-03-09/png-asks-australia-to-fund-health-education-after-downturn/8338486>, accessed on September 1, 2018.
- 2017b “Husband Schools” to bring sex to the community in PNG. <http://www.abc.net.au/news/programs/pacific-beat/2017-07-13/husband-schools-to-bring-sex-ed-to-the-community/8706194>, accessed August 14, 2017.

### Aia, Paul, Lungten Wangchuk, Fukushi Morishita, Jacob Kisomb, Robin Yasi, Margaret Kal, and Tauhid Islam

- 2018 Epidemiology of Tuberculosis in Papua New Guinea: Analysis of Case Notification and Treatment-outcome data, 2008-2016. *Western Pacific Surveillance and Response Journal* 9(2):1–11.

### Amnesty International

- 2006 Papua New Guinea Violence Against Women: Not Inevitable, Not Acceptable!. London: Amnesty International. <http://amnesty.org/en/library/ASA34/002/2006/en/3de5fd-d422-8743-d305bea2bc7/asa340022006en.pdf>, accessed January 24, 2016.

### Angelelli, Claudia, and Patricia Geist-Martin

- 2005 Enhancing Culturally Competent Health Communication: Constructing Understanding Between Providers and Culturally Diverse Patients. *In Health Communication and Practice: A Case Study Approach*. Eileen Berlin Ray, ed. Pp. 271–284. Mahwah, NJ: Lawrence Erlbaum Associates.

### APHEDA - Union Aid Abroad

- 2004 Waiting for Something to Happen: Trade Union responses to HIV/AIDS in the South Pacific. Report of a Needs Analysis Survey for ILO and SPOCTU. <http://www.hivpolicy.org/bib/HPP000925.htm>, accessed December 1, 2017.

### Army of Australia

- N.d. Fuzzy Wuzzy Angels. <https://www.army.gov.au/our-history/history-in-focus/fuzzy-wuzzy-angels>, accessed December 3, 2017.



#### Asian Development Bank

- 2002 Priorities of the Poor in Papua New Guinea. Manilla: Asian Development Bank.
- 2006 Appendix No.3, Social Marketing of Condoms for Papua New Guinea. Sydney: Asian Development Bank.

#### Association for the Anthropology of Public Policy (ASAP)

- 2012 ASAP Mission Statement Detail. <http://asap.americananthro.org/goals/>, accessed November 3, 2018.

#### Auka, Ravunamu, Barbara Gore, and Pealiwan Rebecca Koralyo

- 2015 Sorcery- and Witchcraft-Related Killings in Papua New Guinea: The Criminal Justice System Response. *In* Talking It Through: Responses to Sorcery and Witchcraft Beliefs and Practices in Melanesia. Miranda Forsyth and Richard Eves, eds. Pp. 241-255. Canberra: Australian National University Press.

#### AusAID

- 2006 Responding to HIV/AIDS in Papua New Guinea: Australia's Strategy to Support Papua New Guinea 2006-2010. <http://www.hivpolicy.org/Library/HPP001504.pdf>, accessed on November 23, 2018.
- 2008 Violence Against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches. <http://dfat.gov.au/aid/how-we-measure-performance/ode/documents/violence-against-women-melanesia-east-timor-building-on-global-and-regional-promising-approaches-2008.pdf>, accessed on November 27, 2017.
- 2008b Papua New Guinea - Australia Transport Sector Support Program. HIV and AIDS Strategy and Plan. Canberra: AusAID.

#### Australian National University College of Asia and the Pacific

- N.d. Base Map of Papua New Guinea. <http://asiapacific.anu.edu.au/mapsonline/base-maps/papua-new-guinea-base>, accessed November 30, 2017.

#### Bagnara, Alexandra

- 2012 Effective Aid is Good Foreign Policy. [http://aciar.gov.au/files/node/14388/effective\\_aid\\_is\\_good\\_foreign\\_policy\\_13020.pdf](http://aciar.gov.au/files/node/14388/effective_aid_is_good_foreign_policy_13020.pdf), accessed on January 24, 2017.

#### Bakhtin, Mikhail

- 1981 The Dialogic Imagination. Austin: University of Texas Press.
- 1986 Speech Genres and Other Late Essays. Austin: University of Austin Press.

- Baker, Joy Dawn  
 2006 The Purpose, Process, and Methods of Writing a Literature Review. *AORN Journal* 103:265–269.
- Banks, Cydni  
 2000 Contextualizing Sexual Violence: Rape and Carnal Knowledge in Papua New Guinea. *In Reflection on Violence in Melanesia*. Sinclair Dinnen and Allison Ley, eds. Pp. 314–325. Sydney: Hawkins and Asia Pacific Press.
- Barthes, Roland and Lionel Duisit  
 1975 An Introduction to the Structural Analysis of Narrative. *New Literary History* 6(2):238–272.
- Beer, Bettina  
 2007 Buying Betel and Selling sex: Contested Boundaries, Risk Milieus, and Discourses about HIV/AIDS in the Markham Valley, Papua New Guinea. *In Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Leslie Butt and Richard Eves, eds. Pp. 97–115. Honolulu: University of Hawai'i Press.
- Benton, Kerry William (Kim)  
 2008 Saints and Sinners: Training Papua New Guinean (PNG) Christian Clergy to Respond to HIV and AIDS Using a Model of Care. *Journal of Religion and Health* 47:314–325.
- Bernard, Russell H.  
 2000 *Social Research Methods: Qualitative and Quantitative Methods*. Thousand Oaks, CA: Sage.
- Bishop, Julie  
 2014 Press Statement on Overseas Development Assistance. [https://foreignminister.gov.au/releases/Pages/2014/jb\\_mr\\_140618.aspx](https://foreignminister.gov.au/releases/Pages/2014/jb_mr_140618.aspx), accessed on November 28, 2018.
- Bouton, Matthew  
 1996 Sharing the Pain: Response of the Churches in Papua New Guinea to the AIDS Pandemic. *Papua New Guinea Medical Journal* 39(3):220–224.
- Bowtell, Brian  
 2007 *HIV/AIDS: The Looming Asia Pacific Pandemic*. Sydney: The Lowy Institute for International Policy. <https://www.lowyinstitute.org/publications/hiv-aids-looming-asia-pacific-pandemic>, accessed November 10, 2017.

Bradley, Charles

- 1990 Violence in Marriage in Urban Papua New Guinea and the Role of the Churches. *Catalyst* 20(2):137–166.
- 2001 Family and Sexual Violence in Papua New Guinea: An Integrated Long-Term Strategy. Report to the Family Violence Action Committee of the Consultative Implementation and Monitoring Council (CIMC). Discussion Paper No. 84. Port Moresby: Institute of National Affairs.

Brine, Jacky

- 2008 Analyzing the Policy Text - Ten Steps. UWE Research Repository. [http://eprints.uwe.ac.uk/14002/1/Ten\\_steps\\_policy\\_text\\_analysis.doc](http://eprints.uwe.ac.uk/14002/1/Ten_steps_policy_text_analysis.doc), accessed on November 26, 2017.

British Broadcasting Corporation (BBC)

- 2017 Papua New Guinea Country Profile. <http://www.bbc.com/news/world-asia-pacific-15436981>, accessed December 1, 2017.

Brouwer, Elizabeth, Bruce Harris, and Sonomi Tanaka

- 1998 Gender Analysis in Papua New Guinea. Washington DC: The World Bank. <http://documents.worldbank.org/curated/en/110421468775503559/Gender-analysis-in-Papua-New-Guinea>, accessed November 3, 2017.

Buchanan-Aruwafu, Holly

- 2007 An Integrated Picture: HIV Risk and Vulnerability in the Pacific – Research Gaps, Priorities and Approaches. Secretariat of the Pacific Community: Nouméa, New Caledonia.

Buckley, Stephen

- 2000 Brazil Becomes Model in Fight Against AIDS: Government, Activists Team to Defy Epidemic. *Washington Post*, September 17. A22.

Butt, Leslie

- 2005 “Lipstick Girls” and “Fallen Women”: AIDS and Conspiratorial Thinking in Papua, Indonesia. *Cultural Anthropology* 20(3):412–442.
- 2013 Local Biologies of HIV/AIDS in Highlands Papua, Indonesia. *Culture, Medicine, and Psychiatry* (37):179–195.

Butt, Leslie, Jenny Munro, and Gerdha Numbery

- 2017 Adding Insult to Injury: Experiences of Mobile HIV-positive Women who Return Home for Treatment in Tanah Papua, Indonesia. *In* *Mobilities of Return: Pacific Perspectives*. John Taylor and Helen Lee, eds. Pp. 147–170. Canberra: Australian National University Press.

Caldwell, John and Geetha Isaac-Toua

- 2002 AIDS in Papua New Guinea: Situation in the Pacific. *Journal of Health, Population and Nutrition* 20(2):104–111.

Canadian Broadcasting Corporation (CBC)

- 2013 Federal Budget Folds CIDA into Foreign Affairs. Federal budget folds CIDA into Foreign Affairs. <https://www.cbc.ca/news/politics/federal-budget-folds-cida-into-foreign-affairs-1.1412948>, accessed on November 28, 2018.

Canadian Institute for Health Information

- 2016 Prescribed Drugs Spending in Canada, 2016. [https://secure.cihi.ca/free\\_products/Prescribed%20Drug%20Spending%20in%20Canada\\_2016\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/Prescribed%20Drug%20Spending%20in%20Canada_2016_EN_web.pdf), accessed November 5, 2017.

- 2017a Health Spending. <https://www.cihi.ca/en/health-spending>, accessed November 4, 2017.

- 2017b Regulated Nurses, 2016. <https://www.cihi.ca/sites/default/files/document/regulated-nurses-2016-report-en-web.pdf>, accessed November 4, 2017.

Canadian Medical Association

- N.d. Physicians per 100,000 Population by Province/Territory, 1986-2015. [https://www.cma.ca/Assets/assets-library/document/en/advocacy/12-Phys\\_per\\_pop.pdf](https://www.cma.ca/Assets/assets-library/document/en/advocacy/12-Phys_per_pop.pdf), accessed November 5, 2017.

Campbell, Dave

- 2010 Anthropology's Contribution to Public Health Policy Development. *McGill Journal of Medicine*. 13(1):76–83.

CDC National Prevention Information Network

- 2008 Papua New Guinea Officials Accused of Misusing AIDS Funding. <http://www.thebody.com/content/art44981.html> (accessed on January, 14, 2014).

Central Intelligence Agency

- N.d. The World Factbook: Country Comparison: Distribution of Family Income - GINI Index. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2172rank.html>, accessed December 6, 2017.

- Chambers, Erve  
1977 Policy Research at the Local Level. *Human Organization* 36(3):418-421.
- Chant, Sylvia and Matthew Gutmann, eds.  
2000 Men: A Missing Factor in Gender and Development Policy? *In Mainstreaming Men into Gender and Development: Debates, Reactions and Experiences*. Pp. 6–16. Oxford: Oxfam.
- Clarke, Geoffrey, Ysanne Chapman, and Karen Francis  
2011 Understanding the Context of Providing HIV Prevention and Treatment in Papua New Guinea. *Journal of Transcultural Nursing* 22(1):88–94.
- Clark, Jeffery and Jenny Hughes  
1995 A History of Sexuality and Gender in Tari. *In Papua Borderlands: Huli, Duna, and Ipili Perspectives on the Papua New Guinea Highlands*, Aletta Biersack, ed., Pp. 315–340. Ann Arbor, MI: University of Michigan Press.
- Code, Lorraine  
1995 *Rhetorical Spaces: Essays on Gendered Location*. New York: Routledge.  
2012 Taking Subjectivity into Account. *In Education, Culture and Epistemological Diversity: Mapping a Disputed Terrain*. Claudia W. Ruitenberg and D.C. Phillips, eds. Pp. 85–100. New York: Springer.
- Craddock, Susan  
2004 Introduction. Beyond Epidemiology: Locating AIDS in Africa. *In HIV and AIDS in Africa*, Ezekiel Kalipeni, Susan Craddock, Joseph Oppong, and Jayati Ghosh eds. Pp. 1–10. Madlen, MA: Blackwell.
- Cullen, Trevor  
2000 Repeating Mistakes: Press Coverage of HIV/AIDS in Papua New Guinea and the South Pacific. Ph.D. Thesis. Department of Journalism, University of Queensland.  
2006 HIV/AIDS in Papua New Guinea: A Reality Check. *Pacific Journalism Review* 12(1):153–165.
- Cullen, Trevor and Ruth Callaghan  
2010a The Use of Narrative Fiction to Spread HIV Information in Papua New Guinea. *eJournalist* 10(2):32–44.  
2010b Reporting HIV in Papua New Guinea: Trends and Omissions from 2000 to 2010. *Pacific Journalism Review* 16(2):163–177.

- Curry, George and Gina Koczberski  
 1998 Migration and Circulation as a Way of Life for the Wosera Abelam of Papua New Guinea. *Asia Pacific Viewpoint* 39(1):29–52.
- Curry, Chris, Paul Bunungau, Carolyn Annerud, and Diro Babona  
 2005 HIV Antibody Seroprevalence in the Emergency Department at Port Moresby General Hospital, Papua New Guinea. *Emergency Medicine Australasia*. 17: 360–363.
- Curson, Peter  
 2006 A Time Bomb on Our Doorstep. Online Opinion. <http://www.onlineopinion.com.au/view.asp?article=4865>, accessed, November 4, 2017.
- Darling Tobias, Miranda  
 2007 The HIV/AIDS Crisis in Papua New Guinea. Issue Analysis No. 81. Centre for Independent Studies: New South Wales, Australia.
- Deer, Ian and M.R.D. Foot  
 2011 The Oxford Companion to World War II. Oxford: Oxford University Press.
- Denoon, Donald  
 1985 Capitalism in Papua New Guinea: Development or Underdevelopment. *The Journal of Pacific History* 20(3):119–134.
- 1989 Public Health in Papua New Guinea: Medical Possibility and Social Constraint 1884–1984. Cambridge: Cambridge University Press.
- 2005 A Trial Separation: Australia and the Decolonization of Papua New Guinea. Canberra: Australian National University Press.
- Department of Foreign Affairs and Trade  
 N.d. Development Assistance in Papua New Guinea. <https://dfat.gov.au/geo/papua-new-guinea/development-assistance/Pages/papua-new-guinea.aspx>, accessed on November 15, 2018.
- 2011 Joint Statement on Zero Tolerance to Fraud in Australia’s Aid Program to PNG. <http://www.pngtssp.com/images/misc/Joint-statement.pdf>, accessed on November 15, 2018.
- De Zalduondo, Barbara  
 1991 “Prostitution Viewed Cross-Culturally: Toward Recontextualizing Sex Work in AIDS Intervention Research.” *Journal of Sex Research* 28(2):223–48.

- Dickson-Gomez, Julia, Weeks, Margaret R., Convey, Mark and Jianghong Li  
 2001 Social Psychological Dynamics of Enhanced HIV Risk Reduction Among Peer Interventionists. *Journal of Community Psychology* 39(4):369–389.
- Drysdale, Robyn  
 2011 LOVE PATROL: Bringing the Taboo into Pacific Living Rooms. *PASA Pacific AIDS Alert Bulletin* 37:2–4. Secretariat of the Pacific Community. Noumea, New Caledonia.
- Dundon, Allison  
 2007 Warrior Women, the Holy Spirit and HIV/AIDS in Rural Papua New Guinea. Theme Issue, *HIV/AIDS in Rural Papua New Guinea*, *Oceania* 77(1):29–42.  
 2010 AIDS and ‘building a wall’ around Christian Country in Rural Papua New Guinea. *The Australian Journal of Anthropology* 21:171–187.
- Dundon, Allison and Charles Wilde  
 2007 Introduction: HIV and AIDS in Rural PNG. Theme Issue, *HIV/AIDS in Rural Papua New Guinea*, *Oceania* 77(1):1–11.
- Elliston, Deborah  
 1995 “Ritualized Homosexuality” in Melanesia and Beyond. *American Ethnologist* 22(4):848–867.
- Embassy of Papua New Guinea to the Americas  
 2004 Development Profile. <http://www.pngembassy.org/devprofile.html> (accessed January 24, 2016).
- Emerson, Robert, Rachel Fretz, and Linda Shaw  
 1995 *Writing Ethnographic Fieldnotes*. Chicago: University of Chicago Press.
- Eves, Richard  
 1996 Colonialism, Corporeality and Character: Methodist Missions and the Refashioning of Bodies in the Pacific. *History and Anthropology* 10(1):8–138.  
 2003 AIDS and Apocalypticism: Interpretations of the Epidemic from Papua New Guinea. *Culture, Health and Sexuality* 5(3):249–264.  
 2012 Christianity, Masculinity and Gender Violence in Papua New Guinea. *State, Society and Governance in Melanesia Program (SSGM) Discussion Paper No.2*. Australian National University: Canberra.

- Filer, Colin and Pierre-Yves Le Meur, eds.  
 2017 Large Scale Mines and Local Level Politics: Between New Caledonia and Papua New Guinea. Canberra: Australian National University Press.
- Fischer, Frank  
 2003 Reframing Public Policy: Discursive Politics and Deliberative Practices. Oxford: Oxford University Press.
- Firth, Stewart  
 1985 German New Guinea: The Archival Perspective. *The Journal of Pacific History* 20(2):94–103.
- Flitton, Daniel  
 2017 PNG Wants Australia to Fund schools, Hospitals and Infrastructure. *Sydney Morning Herald*, March 9. <http://www.smh.com.au/federal-politics/political-news/png-wants-australia-to-fund-schools-hospitals-and-infrastructure-20170309-guujhu.html>, accessed December 6, 2017.
- Flood, Michael  
 2007 Involving Men in Gender Policy and Practice. *Critical Half* 5(1):9–13.
- Fortune Magazine  
 2017 ExxonMobil Evacuates Non-Essential Staff in Papua New Guinea Highlands Due to Unrest. <http://fortune.com/2017/11/22/exxonmobil-stops-lng-project-png>, Accessed November, 22, 2017.
- Fortune, Reo  
 2013 [1932] *The Sorcerers of Dobu: The Social Anthropology of the Dobu Islanders of the Western Pacific*. London: Routledge.
- Fox, Nick J.  
 2012 Postpositivism. *In The SAGE Encyclopedia of Qualitative Research Methods*. Pp. 660-664. Thousand Oaks, CA: Sage.
- Fox-Keller, Evelyn  
 1985 *Reflections on Gender and Science*. New Haven, CT: Yale University Press.
- Frankel, Stephen  
 1986 *The Huli Reponse to Illness*. Cambridge: Cambridge University Press.
- Garap, Sarah  
 1999 The Struggles of Women and Girls in Simbu Province. *Development Bulletin* 50:47–50.



- 2000 Struggles of Women and Girls in Simbo Province, Papua New Guinea. *In* Reflections on Violence in Melanesia. Sinclair Dinnen and Allison Ley, eds. Pp. 159–171. Sydney: Hawkins and Asia Pacific Press.
- Gare, T., D. Luipwa, M. Paniu, A. Wahsoka, H. Nivia, J. Kono, W. Yeka, J. Reeder, and Charles Mgone  
 2005 High Prevalence of Sexually Transmitted Infections among Female Sex Workers in the Eastern Highlands Province of Papua New Guinea: Correlates and Recommendations. *Sexually Transmitted Diseases* 32(8):466–473.
- Gay, Kathlyn and Christine Whittington  
 2002 *Body Marks: Tattoos, Piecing, and Scarification*. Brookfield, CT: Millbrook Press.
- Geertz, Clifford  
 1973 *The Interpretation of Cultures*. New York: Basic Books.  
 1983 *Local Knowledge: Further Essays in Interpretive Anthropology*. New York: Basic Books.
- Gelihufe, Nancy  
 1979 Anthropology and Policy Analysis. *Current Anthropology* 20(3):577–579.
- Gibbs, Phillip  
 2004 *Politics, Religion, and the Churches: The 2002 Election in Papua New Guinea. State, Society and Governance in Melanesia Program (SSGM) Working Paper No. 2*. Gorokra, Papua New Guinea: The Melanesian Institute.
- Globe and Mail, The  
 2013 Ottawa’s Elimination of CIDA Brand Signals End of a Foreign-aid Era. <https://www.theglobeandmail.com/news/politics/ottawas-elimination-of-cida-brand-signals-end-of-a-foreign-aid-era/article12878309/>, accessed November 28, 2018.
- Goldschmidt, Walter, Ed.  
 1979 *The Uses of Anthropology*. Washington DC: The American Anthropological Association.
- Gooch, Nicole  
 2012 Taking Gonorrhoea in the Pacific. *PASA Pacific AIDS Alert Bulletin*. 39: 3-4. Secretariat of the Pacific Community. Noumea, New Caledonia.

Gorman, Hillary

- 2011 Experiences and Perspectives of Women with HIV in Fiji and Papua New Guinea. PASA Pacific AIDS Alert Bulletin 37:26–27. Secretariat of the Pacific Community: Noumea, New Caledonia.

Government of Papua New Guinea

- 2003 HIV and AIDS Management Protection Act.
- 2005 Papua New Guinea 2000 Census. Port Moresby: National Statistics Office of Papua New Guinea.
- 2009 Papua New Guinea Vision 2050. Port Moresby, Papua New Guinea. <http://actnowpng.org/sites/default/files/png%20version%202050.pdf> (accessed Nov. 23, 2018).

Gramsci, Anthony

- 2011 Prison Notebooks. Joseph Buttigieg and Antonio Callari, eds. and trans. New York: Columbia University Press.

Griffin, James, Hank Nelson, and Stewart Firth

- 1979 Papua New Guinea: A Political History. Victoria, Australia: Heinmann Educational Books.

Guardian, The

- 2018 Papua New Guinea Security Forces Attack Parliament In Row over Apec Pay. <https://www.theguardian.com/world/2018/nov/20/papua-new-guinea-parliament-in-lockdown-after-soldiers-attack-building>, accessed November 15, 2018.

Guardians of the Flutes

- 1996 Paul Reddish, producer. 50 min. New York: Filmmakers Library.

Gustafsson, Berit

- 2002 Rural Household and Resource Management in Papua New Guinea. Resource Management in the Asia-Pacific Program (RMAP) Working Paper No. 32. Canberra: Australian National University.

Haley, Nicole

- 2005 Papua New Guinea Armed Violence Assessment. Port Moresby: United Nations Development Programme.

- 2008 When There is no Accessing Basic Health Care: Local Politics and Response to HIV/AIDS at Lake Kopyago, Papua New Guinea. *In Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Leslie Butt and Richard Eves, eds. Pp. 24–40. Honolulu: University of Hawai'i Press.
- Halvaksz, Jamon and David Lipset
- 2006 Another Kind of Gold: An Introduction to Marijuana in Papua New Guinea. *Oceania* 76(3):209–219.
- Hajer, Maarten A. and Hendrik Wagenaar, eds.
- 2003 *Deliberative Policy Analysis: Understanding Governance in the Network Society*. Cambridge: Cambridge University Press.
- Hammar, Lawrence
- 2004a 4275 and Counting: Telling Stories about STDs on Daru. *Papua New Guinea Medical Journal* 47(1–2):88–113.
- 2004b Editorial: Sexual Health, Sexual Networking and AIDS in Papua New Guinea and West Papua. *Papua New Guinea Medical Journal* 47(1–2):1–13.
- 2007 Epilogue: Homegrown in PNG - Rural Responses to HIV and AIDS. Theme Issue, HIV/AIDS in Rural Papua New Guinea, *Oceania* 77(1):72–94.
- 2008 Fear and Loathing in Papua New Guinea: Sexual Health in a Nation Under Siege. *In Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Leslie Butt and Richard Eves, eds. Pp. 60–80. Honolulu: University of Hawai'i Press.
- 2010 *Sin, Sex and Stigma: A Pacific Response to HIV and AIDS*. *Anthropology Matters*, Vol. 4. Herefordshire, UK: Sean Kingston Publishing.
- Harding, Sandra, Ed.
- 1987 Introduction: Is There a Feminist Method? *In Feminism and Methodology: Social Science Issues*. Pp. 1-14. Bloomington: Indiana University Press.
- Hauck, Volker, Angela Mandie-Filer, and Joe Bolger
- 2005 *Ringling the Church Bell: The Role of Churches in Governance and Public Performance in Papua New Guinea*. Discussion Paper Number 57E. European Centre for Development Policy Management. Maastricht, Netherlands.

Hawksley, Charles

- 2006 Papua New Guinea at Thirty: Late Decolonisation and the Political Economy of Nation-Building. *Third World Quarterly* 27(1):161–173.

Herd, Gilbert

- 1994 *Guardians of the Flutes: Idioms of Masculinity*. Chicago: University of Chicago Press.
- 2012 Intimate Consumption and Sexual Stigma: Embodiment, HIV Rights, and Cultural Transformation Across Time Among the Sambia of Papua New Guinea. Paper presented at the Annual Meeting of the American Anthropological Society, San Francisco, November 13–November 18.

Hermkins, Anna-Karina

- 2008 Josephine's Journey: Gender-Based Violence and Marian Devotion in Urban Papua New Guinea. *Oceania* 78(2):151–167.

Hollingsworth, Sandra and Mary Dybdahl

- 2007 Talking to Learn: The Critical Role of Conversation in Narrative Inquiry. *In* *The Handbook of Narrative Inquiry: Mapping a Methodology*. D. Jean Clandinin, ed. Pp. 146–176. Thousand Oaks, CA: Sage Publications.

Horkheimer, Max and Theodor Adorno

- 2002 *Dialectic of Enlightenment: Philosophical Fragments*. Gunzelin Noerr, ed. Edmund Jephcott, trans. Stanford: Stanford University Press.

Horton, Sarah and Louise Lamphere

- 2006 A Call to an Anthropology of Health Policy. *Anthropology News* 47(1):33–36.

Howe, Megan

- 2002 Papua New Guinea Faces HIV Epidemic. *The Lancet Infectious Diseases* 2(7): 386.

Howse, Genevieve

- 2008 Accessing Rights and Protections Under the *HIV/AIDS Management and Prevention Act* in Papua New Guinea: Making a Case for Granting a Limited Jurisdiction to the Village Courts. *Journal of South Pacific Law* 12(1):1–16.

Hughes, Jenny

- 1991 Impurity and Danger: The Need for new Barriers and Bridges in the Prevention of Sexually-transmitted Disease in the Tari Basin, Papua New Guinea. *Health Transition Review* 1(2):131–140.

- 2002 Sexually Transmitted Infections: A Medical Anthropological Study from the Tari Research Unit 1990-1991. *Papua New Guinea Medical Journal* 45(1-2):128-133

Human Rights Watch

- 2005 *Making Their Own Rules: Police Beatings, Rape and Torture of Children in Papua New Guinea*. New York: Human Rights Watch.
- 2006 *Still Making Their Own Rules: Ongoing Impunity for Police Beatings, Rape, and Torture in Papua New Guinea*. New York: Human Rights Watch.
- 2007 *Protest and Punishment: Political Prisoners in Papua*. <https://www.hrw.org/sites/default/files/reports/papua0207webwcover.pdf>, accessed December 3, 2017.

Izard, John and Mayse Dugue

- 2003 *Moving Toward a Sector-Wide Approach. Papua New Guinea – The Health Sector Development Program Experience*. Manila: Asian Development Bank. <https://www.adb.org/sites/default/files/publication/29756/health-sector-development-program-png.pdf>, accessed November 4, 2017.

Jansen, Sue Curry

- 1990 *Is Science a Man? New Feminist Epistemologies and Reconstructions of Knowledge*. *Theory and Society* 19(2):235-246.

Jenkins, Carol

- 1997 *Youth, sexuality, and STD/HIV Risk in the Pacific: Results of Studies in Four Island Nations*. Paper presented at the 4th International Congress on AIDS in Asia and the Pacific, Manila.
- 2004 *HIV/AIDS and Culture: Implications for Policy*. In *Culture and Public Action*, VJ Rao and Michael Walton, eds. Pp. 260-281. Stanford: Stanford University Press.

Jessop, Owen

- 2010 *Customary and Family Law and Gender Discrimination in Papua New Guinea*. In *Passage of Change: Law, Society and Governance in the Pacific*. Anita Jowitt and Tess Newton Cain, eds. Pp. 215-230. Canberra: Australian National University Press.

Johnson, R. Burke

- 2012 *Dialectical Pluralism and Mixed Research*. *American Behavioral Scientist* 56(6): 751-754.

- Jones, Michael and Mark McBeth  
2010 A Narrative Policy Framework: Clear Enough to be Wrong. *Policy Studies* 38(2): 329–353.
- Kaplan, Thomas  
1986 The Narrative Structure of Policy Analysis. *Journal of Policy Analysis and Management* 5(4):761–778.
- Kaufmann, Walter, ed. trans.  
1977 The Portable Nietzsche. London: Penguin Classics.
- Keck, Verena  
2007 Knowledge, Morality and ‘Kastom’: ‘SikAIDS Among Young Yupno People, Finisterre Range, Papua New Guinea. Theme Issue, HIV and AIDS in Rural Papua New Guinea, *Oceania* 77(1):43–57
- Kempf, Wolfgang  
2002 The Politics of Incorporation: Masculinity, Spatiality and Modernity among the Ngaing of Papua New Guinea. *Oceania* 73(1):57–78.
- Kirby, Michael  
2011 Highlights from the Papua New Guinea National Dialogue on HIV, Human Rights and the law. *PASA Pacific AIDS Alert Bulletin* 37:13–16. Secretariat of the Pacific Community: Noumea, New Caledonia.
- Kirby Sandra L., Lorraine Greaves, and Coleen Reid  
2006 Experience Research Social Change: Methods Beyond the Mainstream. 2nd Edition. Peterborough, On: Broadview Press.
- Kleinman, Arthur  
2010 The Art of Medicine: Four Social Theories for Global Health. *The Lancet* 375: 1518–1519.
- Knauff, Bruce M.  
2002 Exchanging the Past: A Rainforest World of Before and After. Chicago: University of Chicago Press.  
  
2003 What Ever Happened to Ritualized Homosexuality? *Annual Review of Sex Research* 14:137–159.
- Knight, Lindsay  
2008 UNAIDS: The First 10 Years. Geneva: UNAIDS.

Koczberski, Gina

- 2000 The Sociocultural and Economic Context of HIV/AIDS in Papua New Guinea. *Development Bulletin* 52:61–63.

Kopi, Michelle, Hinton, Rachael, and Sarah Robinson

- 2010 Violence and Insecurity in the Souther Highlands of Papua New Guinea. Auckland: Oxfam. [http://www.oxfam.org/nz/sites/default/reports/Tari-report-final 2011.pdf](http://www.oxfam.org/nz/sites/default/reports/Tari-report-final%202011.pdf), accessed on November 19, 2017.

Kuehling, Susanne

- 2005 *Doibu: Ethics of Exchange on a Massim Island, Papua New Guinea*. Honolulu: University of Hawai'i Press.

Labaree, Robert

- 2009 Organizing Your Social Sciences Research Paper: The Literature Review. <http://libguides.usc.edu/writingguide/literaturereview>, accessed November 13, 2017.

Lauwo, Jackson AK., Isi Kevau, Florence Muga and Megan Gaure

- 2012 HIV/AIDS Stigma: Main Barrier to VCT and Other Health Services in Four Suburban Villages in National Capital District, Papua New Guinea. *Pacific Journal of Medical Sciences* 9(2):17–29.

Lemeki, Madeline

- 2003 Sexually Transmitted Diseases and HIV/AIDS Knowledge and Sexual Behaviour among Eastern Highlands Youth, Papua New Guinea. MA Thesis, Australian National University, Canberra.

Lepani, Katherine

- 2007 *Sovasova and the Problem of Sameness: Converging Interpretive Frameworks for Making Sense of HIV and AIDS in the Trobriand Islands*. Theme Issue, HIV and AIDS in Rural Papua New Guinea, *Oceania* 77(1):12–28.
- 2010 Moving Towards Sexual Citizenship in the Response to HIV. *HIV Australia* 8(2): 21–23.
- 2012 *Islands of Love, Islands or Risk: Culture and HIV in the Trobriands*. Nashville: Vanderbilt University Press.
- 2017 Ephemeral Durability: The Enduring Value of Women's Work in the Trobriand Regenerative Economy. *In Sinuous Objects: Revaluing Women's Wealth in the Contemporary Pacific*. Anna-Karina Hermkens and Katherine Lepani, eds. Pp. 37–60. Canberra: Australian National University Press.

- Lornie, David  
 2008 *Vavine's Curse*. Darnum, Australia: Dwyers Pacific Press.
- Luker, Vicki  
 2004 *Civil Society, Social Capital and the Churches: HIV/AIDS in Papua New Guinea. State, Society and Governance in Melanesia (SSGM) Discussion Paper 2004/1*. Canberra: Australian National University.
- Lyons, Nona  
 2007 *Narrative Inquiry: What Possible Influence on Policy or Practice? In The Handbook of Narrative Inquiry: Mapping a Methodology*. D. Jean Clandinin, ed. Pp. 600–631. Thousand Oaks, CA: Sage Publications.
- Maclay, R. W. de M.  
 1974 *Maclay, Mikulho-Maklai, Nicholai Nicholaievich (1846–1888)*. Australian Dictionary of Biography, National Centre of Biography, Australian National University: Canberra. <http://adb.anu.edu.au/biography/mikluho-maklai-nicholai-nichlaievich-4198/text6755>, accessed November 19, 2017.
- Macleod-Gordon, Douglas  
 2004 *AIDS a major threat—Envoy*. Post-Courier, January 16.
- Madden, Raymond  
 2010 *Being Ethnographic: A Guide to the Theory and Practice of Ethnography*. Los Angeles: Sage.
- Malau, Clement and Sue Crockett  
 2000 *HIV and Development the Papua New Guinea Way*. Development Bulletin 52: 58–60.
- Malinowski, Bronislaw  
 2014 [1922] *Argonauts of the Western Pacific: An Account of Native Enterprises and Adventure in the Archipelagoes of Melanesian New Guinea*. New York: Routledge.
- McBride, William J.  
 2005 *HIV/AIDS in Papua New Guinea: An Unfolding Disaster? Emergency Medicine in Australasia* 17:304–306.



- McPherson, Naomi  
2008 SikAIDS: Deconstructing the Awareness Campaign in Rural West New Britain, Papua New Guinea. *In Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Leslie Butt and Richard Eves, eds. Pp. 224–244. Honolulu: University of Hawai'i Press.
- Mead, Margaret  
2001[1935] *Sex and Temperament in Three Primitive Societies*. New York: Harper Perennial.
- Milan, John  
2010 Assessing the Risks: The First Behavioural Surveillance Survey in PNG. *HIV Australia* 8(2):9–12.
- Moodie, Rob  
2000 Should HIV be on the Development Agenda. *Development Bulletin* 52:6–9.
- Mora, Glen  
2009 Maternal Mortality in Papua New Guinea. *Obstetrics and Gynaecology Magazine* 11(1):34–36.
- Morris Alan and R. Stewart  
2005 Papua New Guinea: Analytical Report for the White Paper on Australia's Aid Program. Canberra: Department of Communications, Information Technology and the Arts.
- Munro, Jenny  
2017 Gender Struggles of Educated Highlands Papuan Men. *In Gender Transformations in Melanesia*. Martha Macintyre and Ceridwen Spark, Eds. Pp. 45–67. Canberra: Australian National University Press.
- Munro, Jenny, ed.  
2015 “Now we Know Shame”: Malu and Stigma among Highlanders in the Papuan Diaspora. *In From ‘Stone-Age’ to ‘Real-Time’: Exploring Papuan Temporalities, Mobilities, and Religiosities*. Jenny Munro and Martin Slama, eds. Pp. 171–195. Canberra: Australian National University Press.
- Murray, Aly and Ruth Bearpark  
2010 On Shifting Sand? Building Capacity in Remote PNG. *HIV Australia* 8(2):32–34.

National Department of Education (NDoE)

- 2005 HIV/AIDS Policy for the National Education System of Papua New Guinea. <https://www.education.gov.pg/TISER/documents/resources/hivaids/hiv-policy.pdf>, accessed December 3, 2017.
- 2007 HIV/AIDS Awareness for Elementary and Primary School Communities: Ideas for School-based Capacity Building Activities. Port Moresby: National Department of Education.

Newlin, Andy.

- 2000 The Effects of Economic Growth on Gender Roles in Papua New Guinea and the Tolai People. <http://www.calibercreations.com/pisin/PNGstudy.htm>, accessed November 3, 2017.

Nonini, Donald

- 2016 Praxis. *Dialectical Anthropology* 40:241–249.

Núñez, Rafael, Kensy Cooper, D. Doan, and Jürg Wassmann

- 2012 Contours of Time: Topographic Construals of Past, Present, and Future in the Yupno Valley of Papua New Guinea. *Cognition* 124(1):25–35.

O’Conner, Janet, Axel Wiegandt, and Kerri Viney

- 2011 Tuberculosis in Pacific Islands Countries and Territories. PASA Pacific AIDS Alert Bulletin. 37: 9-12. Secretariat of the Pacific Community. Noumea, New Caledonia.

Okongwu, Anne F. and Joan P. Mencher

- 2000 The Anthropology of Public Policy: Shifting Terrains. *Annual Review of Anthropology* 29:107–124.

Papua New Guinea Institute of Medical Research (PNGIMR)

- 2004 HIV, AIDS, STDs and Sexual Health in Papua New Guinea: Multi-method, Multi-sited Study. Goroka: Papua New Guinea Institute of Medical Research

Papua New Guinea National AIDS Council Secretariat

- N.d. National AIDS Council Secretariat Establishment. [http://nacs.org.pg/index.php?id=46&itemid=125&option=com\\_content&view=article](http://nacs.org.pg/index.php?id=46&itemid=125&option=com_content&view=article), accessed on March 11, 2016.

- 2006a Papua New Guinea National Strategic Plan on HIV/AIDS 2004-2008. Port Moresby: Papua New Guinea National AIDS Council Secretariat.

- 2006b Papua New Guinea National Gender Policy and Plan on HIV/AIDS 2006-2010. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- 2010a Papua New Guinea National HIV and AIDS Strategy 2011-2015. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- 2010b Papua New Guinea National HIV and AIDS Strategy 2011-2015: Implementation Framework. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- 2010c Papua New Guinea National HIV and AIDS Strategy 2011-2015: Monitoring and Evaluation Framework. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- 2010d Papua New Guinea National HIV and AIDS Strategy 2011-2015: A User's Guide. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- 2010e Papua Niugini Nesional HIV na AIDS Plen 2011-2015: Wei Bilong Yusim. Port Moresby: Papua New Guinea National AIDS Council Secretariat.
- Parker, Ian  
1992 Discourse Dynamics. London: Routledge.
- Passey, Megan, C.S. Mgone, S. Lupiwa, N. Suve, S. Tiwara, T Lupiwa, A Clegg, and M.P. Alpers  
1998 Community Based Study of Sexually Transmitted Diseases in Rural Women in the Highlands of Papua New Guinea: Prevalence and Risk Factors. *Sexually Transmitted Infections* 74:120–127.
- Peacock, James L.  
1997 The Future of Anthropology. *American Anthropologist* 99(1):9–17.
- Pelto, Pertti J. and Gretel H. Pelto  
1997 Studying Knowledge, Culture, and Behaviour in Applied Medical Anthropology. *Medical Anthropology Quarterly* 11(2):147–163.
- Phillips, Nelson and Cynthia Hardy  
2002 Discourse Analysis: Investigating Processes of Social Construction. *Qualitative Research Methods Series*, 50. Thousand Oaks, CA: Sage.
- Phinney, Rod  
1985 A Profile of Journalists in Papua New Guinea. *Australian Journalism Review* 7(1): 41–48.

Rabinow, Paul and William Sullivan, eds.

1979 *Interpretive Social Science*. Berkley: University of California Press.

#### Radio Australia

2011 Aid Worker's Bashing Linked to PNG Corruption Probe. <http://www.radioaustralia.net.au/international/radio/onairhighlights/aid-workers-bashing-linked-to-png-corruption-probe>, accessed January 14, 2014.

2012 The Head of PNG's National Aids Council Secretariat defends its work. <http://www.radioaustralia.net.au/international/radio/program/pacific-beat/the-head-of-pngs-national-aids-council-secretariat-defends-its-work/1030826>, accessed January 14, 2014.

#### Radio New Zealand

2009 New Claims of Misappropriation Against PNG National AIDS Council. <http://www.radionz.co.nz/international/pacific-news/182580/new-claims-of-misappropriation-against-png-national-aids-council>, accessed January 12, 2014.

2012 Call in PNG for Swift Action Against Religious Conservatism in Sex Education. <https://www.radionz.co.nz/international/pacific-news/205148/call-in-png-for-swift-action-against-religious-conservatism-in-sex-education>, accessed November 30, 2017.

2017 New Push for Sex Education in PNG. <https://www.radionz.co.nz/international/pacific-news/334901/new-push-for-sex-education-in-png>, accessed August 18, 2017.

#### Reagan, Anthony J.

2008 Causes and Courses of the Bougainville Conflict. *The Journal of Pacific History* 33(3):269–285.

#### Reid, Elizabeth

2011 Reading Generalized HIV Epidemics as a Women. *State, Society and Governance in Melanesia (SSGM) Discussion Paper 2011/4*. Canberra: Australian National University.

#### Richards, Sarah

2004 God's Curse and Hysteria: Women's Narratives of AIDS in Manokwari, West Papua. *Papua New Guinea Medical Journal* 47(1–2):77–87)

- Ricoeur, Paul
- 1981 *Hermeneutics and the Human Sciences: Essays on Language, Action and Interpretation*. John Brookshire Thompson, Trans. Cambridge: Cambridge University Press.
  - 1984 *Time and Narrative*. Chicago: University of Chicago Press.
- Ridgell, Reilly
- 1995 *Pacific Nations and Territories: The Islands of Melanesia, Micronesia, and Polynesia*. 3rd ed. Honolulu: Bess Press.
- Riessman, Catherine Kohler
- 1993 *Narrative Analysis*. Qualitative Research Methods Series, 39. Thousand Oaks, CA: Sage.
  - 2008 *Narrative Methods for the Human Sciences*. Thousand Oaks, CA: Sage.
- Robbins, Richard, Maggie Cummings, Karen McGarry, and Sherrie Larkin
- 2014 *Cultural Anthropology: A Problem-based Approach*. 2nd Canadian Edition. Toronto: Nelson.
- Rogers, Annie G.
- 2007 *The Unsayable, Lacanian Psychoanalysis, and the Art of Narrative Interviewing*. In *The Handbook of Narrative Inquiry: Mapping a Methodology*. D. Jean Clandinin, ed. Pp. 99–119. Thousand Oaks, CA: Sage Publications.
- Romilly, H.H.
- 1973 *Blackbirding and its Effects*. In *Readings in New Guinea History*. Brian Jinks, Peter Biskup, and Hank Nelson, eds. Pp. 16–19. London: Angus and Robertson.
- Ross, Michael
- 1989 *Gay Youth in Four Cultures: A Comparative Study*. *Journal of Homosexuality* 17(3-4):299–314.
- Ryan, Anne B.
- 2006 *Post-Positivist Approaches to Research*. In *Researching and Writing your Thesis: A Guide for Postgraduate Students*. Mary Antonesa, ed. Pp. 12–26. Maynooth, Ireland: MACE: Maynooth Adult and Community Education, National University of Ireland.
- Sanday, Peggy, Ed.
- 1976 *Anthropology and the Public Interest: Fieldwork and Theory*. New York: Academic Press.

- Seely, Janet and Kate Butcher  
 2004 'Mainstreaming' HIV in Papua New Guinea: Putting Gender Equity First. *Gender and Development* 14(1):105–114.
- Seidel, Gill and Laurent Vidal  
 1997 The Implications of 'Medical', 'Gender in Development' and 'Culturalist' Discourses for HIV/AIDS Policy in Africa. *In Anthropology of Policy: Critical Perspectives on Governance and Power*. Cris Shore and Susan Wright, eds. Pp. 59–87. New York: Routledge.
- Shanahan, Elizabeth, Michael Jones and Mark McBeth  
 2011 Policy Narratives and Policy Processes. *Policy Studies* 39(3):535–561.
- Shore, Cris and Susan Wright  
 2011 Conceptualizing Policy: Technologies of Governance and the Politics of Visibility. *In Policy Worlds: Anthropology and the Analysis of Contemporary Power*. Cris Shore, Susan Wright and Davide Però, eds. Pp. 1–26. New York: Berghahn Books.
- Shore, Cris and Susan Wright, Eds.  
 1997 *Anthropology of Policy: Critical Perspectives on Governance and Power*. New York: Routledge.
- Singer, Merrill  
 2012 Medical Anthropology and Public Policy: Using Research to Change the World from What it is to What We Believe it Should Be. *In Medical Anthropology at the Intersections: Histories, Activisms, and Futures*. Marcia Inhorn and Emily Wentzell, eds. Pp. 183–205. Durham, NC: Duke University Press.
- Singh, Bilveer  
 2008 *Papua: Geopolitics and Quest for Nationhood*. New Brunswick, New Jersey: Transaction Publishers.
- Skehan, Craig  
 2004a Tortures Linked to AIDS "Witchcraft". *Sydney Morning Herald*, September 2.  
 2004b Hysteria in the Highlands. *Sydney Morning Herald*, October 19.
- Smith, Gary, Kippax, Susan and Peter Aggleton  
 2000 HIV and Sexual Health Education in Primary and Secondary Schools: Findings from Selected Asia-Pacific Countries, Monograph 10. National Centre in HIV Social Research, University of New South Wales.

- Smith, Gary, Susan Kippax, Peter Aggleton and Paul Tyrer  
 2003 HIV/AIDS School-based Education in Selected Asia-Pacific Countries. *Sex Education* 3(1):3–22.
- Stein-Holmes, R.  
 2003 *The Role of Churches in Development in Papua New Guinea*. Canberra: AusAID.
- Stepelevich, Lawrence  
 1987 Making Hegel into a Better Hegelian: August von Cieszkowski. *Journal of the History of Philosophy* 25(2):263–273.
- Stewart, Christine  
 2004 Towards a Climate of Tolerance and Respect: Legislating for HIV/AIDS and Human Rights in Papua New Guinea. *Journal of South Pacific Law* 8(1). <http://www.paclii.org/journals/fJSPL/vol08no1/2.shtml>, accessed, November 18, 2017.  
 2010 The Tale of an Activist. *HIV Australia* 8(2):40–41
- Stewart, Pamela and Andrew Strathern  
 1998 Money, Politics, and Persons in Papua New Guinea. *Social Analysis: The International Journal of Social and Cultural Practice* 42(2):132–149.
- Stokes, J.P. and J. Peterson  
 1998 Homophobia, Self-Esteem, and Risk for HIV Among African American Men Who Have Sex With Men. *AIDS Education and Prevention* 10:278–292.
- Tlozek, Eric  
 2017 Papua New Guinea asks Australia to Fund Health, Education During Ministerial Forum. ABC News Australia, March 8. <http://www.abc.net.au/news/2017-03-09/png-asks-australia-to-fund-health-education-after-downturn/8338486>, accessed December 6, 2017.
- UNAIDS  
 N.d. UNAIDS Language. <http://www.unaids.org/en/brandbuilder/language>, accessed January 24, 2017.  
 2000 Female Sex Worker HIV Prevention Projects: Lessons Learnt from Papua New Guinea, India and Bangladesh. Geneva: UNAIDS. [http://www.unaids.org/sites/default/files/media\\_asset/jc438-femsexwork\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/jc438-femsexwork_en_0.pdf), accessed on November 22, 2018.  
 2004 Press Release: Pacific Faces Rapidly Expanding HIV Epidemic, Says UNAIDS Executive Director. [http://www.unaids.org/sites/default/files/web\\_story/pr\\_pislands\\_22mar04\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/web_story/pr_pislands_22mar04_en_0.pdf), accessed on November 23, 2018.

- 2005a Press Release: Pacific Faces Expanding HIV Threat. [http://www.unaids.org/sites/default/files/web\\_story/pr\\_pacificconf\\_19oct05\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/web_story/pr_pacificconf_19oct05_en_0.pdf), accessed on November 23, 2018.
- 2005b Press Release: Pacific on Brink of Serious HIV Epidemic. <http://data.unaids.org/media/press-releases03/index.xml>, accessed on September 1, 2018.
- 2006 Papua New Guinea: Country Situation Analysis. [www.unaids.org/en/Regions\\_Countries/Countries/papua\\_new\\_guinea.asp](http://www.unaids.org/en/Regions_Countries/Countries/papua_new_guinea.asp), accessed October 4, 2015.
- 2007 Press Release: UNAIDS and OHCHR Express Concern at Reports of Violence Against People Living with HIV in Papua New Guinea and Supports the Government's Call to Investigate. [http://www.unaids.org/sites/default/files/web\\_story/20070830\\_ps\\_png\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/web_story/20070830_ps_png_en_0.pdf), accessed on November 23, 2018.
- 2009 Turning the Tide: An OPEN Strategy for a Response to AIDS in the Pacific. Suva, Fiji: UNAIDS Pacific Region. [http://data.unaids.org/pub/report/2009/20091202\\_pacificcommission\\_en.pdf](http://data.unaids.org/pub/report/2009/20091202_pacificcommission_en.pdf), accessed on November 28, 2018.
- 2015 UNAIDS Terminology Guidelines. [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf), accessed on November 17, 2017.
- 2017 UNAIDS Data 2017. [http://www.unaids.org/sites/default/files/media\\_asset/20170720\\_Data\\_book\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf), accessed on November 17, 2017

#### United Nations Development Programme (UNDP)

- N.d. Human Development Index (HDI). <http://hdr.undp.org/en/content/human-development-index-hdi>, accessed December 3, 2017.
- 2010 UNAIDS Vision and Mission. [http://www.unaids.org/en/resources/documents/2010/20101013\\_unaidsmission](http://www.unaids.org/en/resources/documents/2010/20101013_unaidsmission), accessed January 24, 2017.
- 2016 Human Development Index and its Components. <http://hdr.undp.org/en/composite/HDI>, accessed December 3, 2017.

#### UNESCO

- 2006 UNESCO Guidelines on Language and Content in HIV- and AIDS- Related Materials. <http://unesdoc.unesco.org/images/0014/001447/144725e.pdf>, accessed on November 17, 2017.



United Nations Population Fund (UNFPA)

- N.d. Papua New Guinea. Sexual and Reproductive Health. <http://png.unfpa.org/en/topics/sexual-reproductive-health-11>, accessed December 6, 2017.

UNICEF

- 2013a At a Glance Statistics: Australia. [https://www.unicef.org/infobycountry/papuang\\_statistics.html](https://www.unicef.org/infobycountry/papuang_statistics.html), accessed December 5, 2017.
- 2013b At a Glance Statistics: Canada. [https://www.unicef.org/infobycountry/canada\\_statistics.html](https://www.unicef.org/infobycountry/canada_statistics.html), accessed December 5, 2017.
- 2013c At a Glance Statistics: Papua New Guinea. [https://www.unicef.org/infobycountry/papuang\\_statistics.html](https://www.unicef.org/infobycountry/papuang_statistics.html), accessed, December 5, 2017.
- 2013d At a Glance Statistics: Vanuatu. [https://www.unicef.org/infobycountry/vanuatu\\_statistics.html](https://www.unicef.org/infobycountry/vanuatu_statistics.html), accessed December 5, 2017.

Usdin, Shereen

- 2003 The No-Nonsense Guide to HIV/AIDS. Oxford: New Internationalist Publications.

Wagenaar, Henk

- 2007 Interpretation and Intention in Policy Analysis. *In Handbook of Public Policy Analysis: Theory, Politics, and Methods*. Frank Fischer, Gerald Miller, and Mara Sidney, eds. Pp. 429–422. Boca Raton, FL: CRC Press.

Wagenaar, Hendrik and S.D. Noam Cook

- 2003 Understanding Policy Practices: Action, Dialectic and Deliberation in Policy Analysis. *In Deliberative Policy Analysis: Understanding Governance in the Network Society*. Maarten A. Hajer and Hendrik Wagenaar, eds. Pp. 139–171. Cambridge: Cambridge University Press.

Waiko, John Dademo

- 2003 Papua New Guinea: A History of Our Times. Oxford: Oxford University Press.

Wallerstein, Immanuel

- 1996 Open the Social Sciences: Report of the Gulbenkian Commission on the Restructuring of the Social Sciences. Stanford: Stanford University Press.

Wardlow, Holly

- 2002a Passenger-Women: Changing Gender Relations in the Tari Basin. *Papua New Guinea Medical Journal* 45(1–2):142–146.

- 2002b Giving Birth to Gonolia: “Culture” and Sexually Transmitted Disease Among the Huli people of Papua New Guinea. *Medical Anthropology Quarterly* 16(2): 151–175.
- 2004 Anger, Economy, and Female Agency: Problematizing “Prostitution” and “Sex Work” among the Huli of Papua New Guinea. *Signs: Journal of Women in Culture and Society* 29(4):1017–1040.
- 2006 *Wayward Women: Sexuality and Agency in a New Guinea Society*. Berkeley: University of California Press.
- 2007 Framing Health Matters: Men’s Extramarital Sexuality in Rural Papua New Guinea. *American Journal of Public Health* 97(6):1006–1014.
- 2008 You have to Understand: Some of Us are Glad AIDS has Arrived: Christianity and Condoms among the Huli, Papua New Guinea. *In Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*. Leslie Butt and Richard Eves, eds. Pp. 187–205. Honolulu: University of Hawai’i Press.

Wasserheit, Judith N.

- 1992 Epidemiological Synergy. Interrelationships between Human Immunodeficiency Virus Infection and other Sexually Transmitted Diseases. *Sexually Transmitted Infections* 19:61–77.

Weaver, Sally

- 1981 *Making Canadian Indian Policy: The Hidden Agenda 1968–70*. Toronto: University of Toronto Press.

Wedel, Janine R. and Gregory Feldman

- 2005 Why an Anthropology of Public Policy? *Anthropology Today* 21(1):1–2.

Wedel Janine R., Shore, Chris, Feldman, Gregory and Stacey Lathrop

- 2005 Toward an Anthropology of Public Policy. Theme Issue: The Use and Usefulness of the Social Science: Achievements, Disappointments, and Promise, *The Annals of the American Academy of Political and Social Science*. 600:30–51.

Weiner, Annette

- 1976 *Women of Value, Men of Renown: New Perspectives in Trobriand Exchange*. Austin: University of Austin Press.

Wertsch, James V.

- 1991 *Voices of the Mind: A Sociocultural Approach to Mediated Action*. Cambridge, MA: Harvard University Press.

Westad, Kristen

2017 A History of Australia's Foreign Aid Program. <https://borgenproject.org/australias-foreign-aid-program/>, accessed, November 28, 2018.

Wilde, Charles

2007 'Turning Sex into a Game': Gogodala Men's Response to the AIDS Epidemic and Condom Promotion in Rural Papua New Guinea. Theme Issue, HIV and AIDS in Rural Papua New Guinea, *Oceania* 77(1):58–71.

Windybank, Susan and Mike Manning

2003 Papua New Guinea on the Brink. *Independent Studies* 30:1–16.

Woolf, Virginia

1938 *Three Guineas*. New York: Harcourt Brace.

World Bank

N.d. GDP Per Capita (Current US\$). <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>, accessed December 7, 2017.

World Health Organization (WHO)

N.d. What is Health Policy. [http://www.who.int/topics/health\\_policy/en/](http://www.who.int/topics/health_policy/en/), accessed January 23, 2016.

2005 Papua New Guinea Summary Country Profile for HIV Treatment Scale-Up. [http://www.who.int/hiv/HIVCP\\_PNG.pdf](http://www.who.int/hiv/HIVCP_PNG.pdf), accessed, December 7, 2017.

2015 Papua New Guinea: WHO Statistical Profile. <http://www.who.int/gho/countries/png.pdf?ua=1>, accessed December 4, 2017.

2016a Countries: Australia. <http://www.who.int/countries/aus/en/>, accessed, December 6, 2017.

2016b Countries: Canada. <http://www.who.int/countries/can/en/>, accessed, December 6, 2017.

2016c Countries: Papua New Guinea. <http://www.who.int/countries/png/en/>, accessed, December 6, 2017.

2016d Countries: Vanuatu. <http://www.who.int/countries/vut/en/>, accessed, December 6, 2017.

Worth, Heather and Klara Henderson

- 2006 AIDS is a Tear in the Social Fabric: HIV and its Impact: 2005-2025. *Health Sociology Review* 15(3): 293—304.

Wright, Susan

- 2009 Anthropology of Policy. *Anthropology News* 47(8):22.

Yanow, Dvora

- 2000 Conducting Interpretive Policy Analysis. *Qualitative Research Methods Series*, 47. Thousand Oaks, CA: Sage.
- 2003 Accessing Local Knowledge. *In Deliberative Policy Analysis: Understanding Governance in the Network Society*. Maarten A. Hajer and Hendrik Wagenaar, eds. Pp. 228–246. Cambridge: Cambridge University.
- 2007 Qualitative-Interpretive Methods in Policy Research. *In Handbook of Public Policy Analysis: Theory, Politics, and Methods*. Frank Fischer, Gerald Miller, and Mara Sidney, eds. Pp. 405–416. Boca Raton, FL: CRC Press.

Yawa, Miriam

- N.d. Gender and Violence. [http://www.aic.gov.au/media\\_library/conferences/policewomen3/yawa.pdf](http://www.aic.gov.au/media_library/conferences/policewomen3/yawa.pdf), accessed December 4, 2017.

Zammito, John H.

- 2004 A Nice Derangement of Epistemes: Post-Positivism in the Study of Science from Quine to Latour. Chicago: University of Chicago Press.

Zimmer-Tamakoshi, Laura

- 2004 Rape and Other Sexual Aggression. *In The Encyclopedia of Sex and Gender: Men and Women in the World's Cultures*. Carol Ember and Melvin Ember, eds. Pp. 230–243. New York: Kluwer Academic/Plenum Publishers.