

PNG FORUM ON REPRODUCTIVE HEALTH AND HIV/AIDS
13 October, National Botanical Gardens, Canberra

The links between gender violence and HIV
Presenter: Katherine Lepani

Voicing the unspeakable:
How to articulate the realities of violence in HIV awareness and prevention

The intersection of gender, sexuality, and violence holds serious implications for HIV transmission and its effects. Halfway through the third decade of responding to the unprecedented global epidemic, the international health community now recognizes the causal relationship between violence and HIV and the challenges it holds for effective responses to localized epidemics (UNAIDS 2004). There is growing consensus that, for prevention programs to be ethical as well as effective, the issue of gender violence must be seriously addressed and integrated into frameworks of response (Jenkins 2001). The momentum in large part comes from the increasing feminization of HIV and the recognition that women are physiologically and socially more susceptible to infection than men. It also reflects a growing recognition that gender ideologies which subordinate and control women's sexuality and fertility also increase their vulnerability to HIV infection. Recent research shows that sexual abuse in childhood leads to a younger age at first sex, an increase in numbers of partners, and the inability to take preventive measures against unwanted pregnancies, STIs, and HIV. Violence, and the fear of violence and abandonment, make it difficult for women to insist on condom use or to discuss fidelity with their partners, to protect themselves from HIV and other STIs and unwanted pregnancies, and to access reproductive health services, including testing and treatment. Women whose HIV infection status becomes known to others, and women who are perceived to be HIV positive, are often violently brutalized by their male partners, family, or community (Gupta 2000; Heise 1995; Maman *et al.* 2000; Mane and Aggleton 2001; Zierler and Krieger 1997).

In its 30th year as an independent country, PNG faces a serious HIV epidemic, the effects of which threaten to undermine social and economic development for generations to come. The high prevalence of STIs throughout the population indicates the extent of unprotected sex and sexual networking and the likely patterns of HIV transmission. The available data on confirmed HIV cases show a nearly equal distribution of infection between males and females, which indicates the importance of heterosexual activity in viral transmission. Of particular importance, however, is the increasing gender asymmetry in younger age groups, where cumulative infection rates among girls (aged 10-19 years) and young women (aged 20-24 years) are three and two times higher respectively than that among boys and young men in the same age groups (NACS 2005). This trend indicates the vulnerability of adolescent girls and young women in cross-generational sexual partnerships with older men who are likely to have increased risk exposure due to longer sexual histories. These asymmetries are underpinned by equations of power and economics that expose girls and women to abuse, exploitation, violence, and, consequently, STI and HIV infection. Studies suggest that first vaginal intercourse

for many young girls often precedes first menstruation and is often a traumatic event, increasing the likelihood of reproductive health complications as well as the risk of HIV transmission (Hammar 2005). Patterns of male sexual behaviour involving sexual coercion, interpersonal violence, and gang rapes are highly conducive to the spread of HIV and other STIs and compound an already challenging social environment for mediating behaviour change (NSRRT and Jenkins 1994).

With that brief but grim overview of the topic of this presentation, I want to make an admission that serves as a kind of disclaimer. When I accepted the invitation from ARHA to speak today on the links between gender violence and HIV, and then gave myself a title from which to work with, I did not anticipate how fraught with difficulty “voicing the unspeakable” was going to be for me. I did, however, intuit that it would be best to frame my presentation within the area where my own research is situated—that is, the discursive dimension of the epidemic: how HIV and AIDS are talked about and understood on the prevention end of the continuum, and the importance of dialogical engagement with local understandings and experiences to enable behaviour change.

HIV is far greater than a micro-organism. It looms in the social body and is configured by discourses of sexuality, morality, and risk and the meanings people bring to bear on the information they receive. Making sense of HIV and the various vulnerabilities for infection requires us to look closely at cultural meanings and the social dynamics of sexuality, reproduction, and gender relations. Just as the multiple routes of HIV transmission take shape through social processes, the project of spreading awareness about HIV is also inherently social and interactive. Whether by mass media campaigns, social marketing of condoms, or interpersonal dialogue, effective communication on HIV prevention requires an engagement of the imagination across a vast field of meanings and social relations.

So my first inclination was to begin this presentation with a story that would humanize the issue and poignantly portray the ramifications of gender violence in the PNG context. Narratives and testimonies offer a compelling way to vividly articulate the realities of violence and lay bare the social complexities of people’s circumstances. We have all heard and read harrowing stories of violence in PNG and many of us have firsthand accounts of our own to tell. Recent qualitative research in PNG that addresses violence in the context of the HIV epidemic, particularly research that has employed participatory methods to elicit statements and facilitate the reflective articulation of experience, has produced an abundance of personal stories that attest to the extent of interpersonal and institutional violence that confronts people on a daily basis. Here I refer in particular to various reports and discussion papers by the research team conducting the PNG Institute of Medical Research nationwide behavioural surveillance study on HIV and STIs (Hammar 2005); the Human Rights Watch report on police brutality of children (2005); the situational analysis of child abuse and exploitation of children prepared by HELP Resources with the support of UNICEF (2005); and the UNICEF situational analysis of families and children affected by HIV/AIDS (2005). This research is extremely valuable and collectively offers important recommendations for policy direction and immediate action.

I resisted the inclination to open with a story, however, primarily because I am troubled by the issues of representation and how the reiterative effects of story-telling can easily sensationalize and pathologize the situation in PNG, and devalue and diminish the act of bearing witness and speaking out. I am not here today to convince you that the problem of violence in PNG is profound and complex. Violence has deep cultural and historical underpinnings, and while the prevalence and severity of violence is variable throughout the country, by most accounts, the situation appears to be getting worse. It is also abundantly clear that asymmetrical gender relations and seriously high levels of sexual violence have facilitated the spread of HIV in PNG.

Now for my disclaimer. A key reason why I find it difficult to broach the subject of gender violence has to do with my own ethnographic research, which explores how people in the Trobriand Islands of PNG are making sense of HIV and AIDS in relation to cultural understandings and lived experience of sexuality, reproduction, illness, and death. My research has not encountered gender violence as a major factor influencing the way the localized HIV epidemic is manifesting in the Trobriands, and consequently, I have limited focused evidence with which to address the topic constructively. This does not mean that violence is not an issue in the Trobriands. I acknowledge that to some extent the thematic absence may be a factor of methods and the kinds of questions and flows of discussion that the research process stimulated. On the whole, however, the stories I can tell from the Trobriands present an encouraging picture of gender relations, sexual practice and experience, and social cohesion, which by comparison significantly counters the persistent negative generalizations about culture and behaviour in PNG that pervade representations of the HIV situation as well as programmatic responses (Lepani 2004). The Trobriand context underscores the diversity of cultural contexts in PNG, and the importance of cultural specificity in approaches to HIV prevention. For me, the Trobriand context also calls attention to the tone of communication about HIV vulnerabilities, and how a focus on gender violence that takes a moralistic stance is likely to ensnare discursive representations of sexuality in a negative grip, aligning sex with disease and deviance while ignoring the dimensions of desire, consensus, and pleasure.

Tone is one concern. Terminology is another. Qualifying different types and degrees of violence is an initial analytical step toward addressing the spectrum of violence in diverse settings. But terminology can also get in the way of voicing the unspeakable. Preoccupation with finely-drawn definitions can detract from and diminish the embodied realities of violence. It can also recast realities into hardened categories which in turn might distort perceptions about whom and what violence entails. Against my best academic inclinations, I am not going to belabour this presentation with a rehearsal of definitions. Instead I want to raise some conceptual issues that underscore the critical importance of cultural meanings and context in reaching a deeper understanding of the links between gender violence and HIV in the PNG context.

Although undeniably present and immediate on an experiential level, violence as a social construct is an inherently complex and difficult phenomenon to broach. Parametres of violence are blurred and variable as are the distinctions between perpetrators and victims and the larger social structures that shape the diverse contexts within which multiple

forms of violence are expressed and experienced. There is the problem of meanings, and the tensions between representations and realities (Dinnen and Ley 2000). What constitutes gender violence when acts of abuse, coercion, and force are viewed as socially acceptable and normal, and when the damaging consequences go unnoticed or disregarded, subsumed by the intricacies of daily social life? Acts of violence may compel a social response in terms of the spectacle of the moment, or in terms of retribution and compensation, but most often the physical and emotional harm does not receive attention. The meanings given to violence influence the value or significance of specific incidents, as well as the capacity of people to recognize acts of violence as damaging and in violation of basic human rights, and the willingness of people to transform patterns of behaviour.

There are also contradictions and confusions surrounding violence. Culture and custom are used to excuse, exonerate, and perpetuate forms of family and sexual violence; so-called traditional responses are used to punish untraditional behaviour. The breakdown in culture and the erosion of traditional forms of social control are also cited as major causes of social problems and key determinants of contemporary patterns of violent behavior. The appeal to culture and custom can also provide a convenient rhetorical foil to negate responsibility for action and the imperative for change. And at what point does the call for cultural sensitivity in HIV program initiatives collude with ideologies of gender subordination and sexual coercion? We know that gender violence is primarily an expression of masculine power and control but how might violence also define the experience and expression of male sexuality and sexual desire?

Considerations of gender violence in relation to HIV also must take into account the connections between different spheres of violence, and how structural factors create and perpetuate conditions of gender inequality and, hence, increase HIV vulnerability (Farmer 1999). Structural violence, or the restriction of human potential due to the social, economic, and political structures that create inequalities in the control and distribution of resources, has a tremendous bearing on the environments in which HIV thrives. Conditions of poverty and lack of access to education, health care, legal services, employment opportunities, and political decision making are forms of structural violence. Structural violence frequently leads to direct violence, where acts of interpersonal violence are expressions of disempowerment in the face of broader social inequities. Direct violence also leads to the reinforcement of power structures and institutional controls, including the use of direct violence to exert authority by those in power. The misuse of institutional power reproduces patterns of violence in the interpersonal sphere.

In PNG, police harassment and brutalization of women and men engaged in sexual transactions, as evidenced in the continued practice of raiding venues where people negotiate for sex, constitute a major factor of HIV vulnerability, and is an ongoing issue despite repeated HIV awareness training within the PNG Royal Constabulary. Anecdotal evidence also reveals that young men and women have been physically harassed by police if condoms are found in their possession. These incidents show how the immediate risk for many people is not viral infection but social stigmatization, discrimination, and bodily violence.

The security industry in PNG represents a particular aspect of structural violence that feeds on perceptions of threats and risks, and is unduly influenced by expatriate strategies for protection and the heightened alert for potential criminal attacks. There is no doubt that the preoccupation with security has influenced contemporary expressions of masculinity and male violence, while reinforcing existing social divisions in power structures and creating new structural inequalities that induce acts of violence.

It is also worth pointing out here another more subtle and abstract dimension of violence. Many of the metaphors used in biomedical models to explain disease build on images of warfare and violent confrontation. The language of public health is replete with “targeted interventions.” The rhetorical use of militaristic metaphors has been a staple discursive response to the global AIDS phenomena and has found popular expression in PNG as well, including awareness posters that depict traditionally-clad warriors wielding condom shields and exclaiming “Mi no poret, mi gat banis istap” (I’m not afraid, I’ve got a condom). Media reports and editorials continually refer to the “AIDS war” and graphic images of disease symptoms and deathbeds are deployed to intensify fear as the motivation for behaviour change. My point here is to highlight the broader discursive context within which HIV is being mediated in PNG and how talk sets the tone for people’s understanding of and engagement with the many social issues the epidemic uncovers.

Despite my caveat about terminology, it is clear that while trying to unravel some of these conceptual issues, I am generalizing violence within a gender framework. Gender has become a major conceptual tool for understanding the social and sexual dynamics that facilitate the spread of HIV, and how uneven power relations and the rules governing sexual relationships between men and women shape HIV epidemics. However, a central criticism of how the concept is applied is that gender is simply a euphemism for women. Not only does this obviate the importance of men and masculinities, but it lumps all women together under universal assumptions, diminishing the tremendous diversity of identities and lived experience within categories of difference and overlooking the commonalities between them.

The tendency for HIV interventions to use a reductionist equation in the analysis of HIV risk and vulnerability has been highlighted by Vicki Luker (2001) in a discussion paper about HIV/AIDS in the Pacific region. The equation goes like this: “Gender equals women equals mothers.” Women are essentialized to their reproductive biology, and women and children are regarded as an inseparable category of vulnerability. Yet, as Luker observes, maternity is a “reality still so socially pivotal, and so significant, vital, and fraught for most women of the world” (2001: 11). This is certainly true for Papua New Guinea women. The value of bearing and nurturing children is accorded great social value everywhere in PNG, and largely defines women’s social identity and status. Early and extended childbearing holds direct implications for women’s vulnerability to HIV. Because of the cultural imperative to bear children, the promotion of condom use for protection against HIV transmission presents a major contradiction for many women.

While the concept of gender has become common parlance in government and development work in PNG, the reductionist equation holds sway and the popular tendency when referring to women as a collective gender category is to call them “mothers.” This is not surprising in a society where people are identified and valued for their relational ties. Gender as a term is not very useful when it comes to describing the complexity of social relations that define personhood by age, rank, kinship, and reproductive status. It is telling that the Family Violence Action Committee, which has developed and oversees an integrated long term strategy on family and sexual violence in PNG, made the deliberate choice not to use the term gender violence, in part because it does not have immediate resonance with the context of social relations in PNG (Bradley 2001).

That said, however, the reductionist equation holds important consequences for how HIV is talked about. Gender equals women equals mothers conveys a moralistic evaluation of those women perceived as deviating from the norm—women who do not marry or bear children, women who have multiple partners, women who engage in transactional sex. This results in the division of women into either victims (the “mothers”) or vectors in relation to HIV risk, a division that runs deep in the language of HIV prevention and feeds into the widespread misconception throughout PNG that “women” are responsible for the spread of the virus. It also undercuts recognition that for the majority of women, the likelihood of becoming infected with HIV is related to the sexual activity of their husband or intimate partner.

The following statement made at the 2004 National Consensus Workshop on HIV/AIDS in a presentation that summarized findings of a knowledge-attitude-practice study of secondary students, is revealing for how gender bias becomes embedded in analysis: “If village girls are right into multiple sex practices, this will increase the exposure of rural communities to HIV/AIDS.” It appears from this statement that as HIV spreads to rural areas, the new category of risk has become “village girls”.¹ That men do not generally perceive themselves as agents of infection reflects the strong sexual double standard at work in PNG.

I want to turn now to a further reason why I find myself resisting the issue of gender violence, and that is my hesitancy to slip into interventionist mode. On many grounds, violence demands swift intervention and it is the very incapacity of people to constructively intervene that allows the cycle of violence to continue. My concern, however, has to do with being overly prescriptive about what needs to be done. Too often programmatic responses to HIV are reactive rather than proactive, designed to fix problems rather than support holistic approaches to prevention. Interventionist approaches set up a dichotomy between us and them: the people outside with the solutions and the people inside who need fixing. This, of course, holds serious consequences for gender power relations as HIV becomes more of an industry in PNG and people vie for positions of authority and control in program activities. It also creates an illusion that the fixers are somehow immune to the conditions of HIV transmission

¹ As quoted from the powerpoint presentation of findings of the UPNG Public Health KAP study of secondary students in four provinces, National Consensus Workshop, Port Moresby, 17 November 2004.

and exempt from responsibility for their own sexual behaviour. I'm thinking here of some of the examples provided in recent research: the project manager who hoards condom supplies for selective distribution but doesn't use them for the casual sexual encounters he engages in during HIV awareness trips; the peer educator who gives condoms to security guards so they can rape a lone drunken woman out on the street at night.

Intervention approaches are largely informed by the epidemiological categories of vulnerability and risk, which set the tone for communicating about HIV prevention, the effects of which can be disempowering. Interventions cast in terms of "high risk," whether the risk refers to behaviours, groups, or settings, are likely to reinforce existing stigma, discrimination, and abuse of the people associated with targeted groups and settings, and result in the continued blame of HIV infection on certain sectors of the population, particularly sex workers, men who have sex with men, settlement dwellers, and unemployed youth, but above all, women who are perceived to be challenging the boundaries of subordination.

Analyses of vulnerability and risk and the ways they are represented need to be balanced with a more critical understanding of capacity and resilience, especially if the rhetoric of empowerment is to be taken seriously. HIV prevention programs are best developed from a critical appreciation of the way people are making sense of and responding to the epidemic (Reid 1994). Facilitating people's individual and collective understanding of HIV in relation to their lived experience continues to be the most viable approach to prevention in PNG. In creating spaces for dialogue and reflection, it is important to move away from the language of intervention and recognise that responses to HIV are social processes, processes that have transformative potential if they proceed on the basis of flexibility and mutuality. Strategies that emerge from and reinforce social connectedness, mutual trust and respect, and collective action have greater potential for effecting change.

To articulate the realities of gender violence and its bearing on HIV, the circumstances that give rise to violent acts need to be brought into focus and contextualized, as well as people's perceptions of justification and appropriate responses, in order for transformation to take place. Gender violence is not intractable but because it is so deeply entrenched in social structures and processes, it requires more than interventions to bring about a paradigm shift. Perhaps it is hopeful to imagine how responding to HIV through dialogical engagement provides a unique opportunity for arriving at new understandings and mitigations of deep-seated social problems. Perhaps in the big story we will someday be able to tell, HIV will be understood as a positive catalyst for change.

References

Bradley, Christine. 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. Discussion Paper. No. 84. Institute of National Affairs (INA). Port Moresby: INA.

- Dinnen, Sinclair, and Allison Ley. 2000. *Reflections on Violence in Melanesia*. Annandale, NSW: Hawkins Press. Canberra: Asia Pacific Press.
- Farmer, Paul. 1999. *Infections and Inequalities: the Modern Plagues*. Berkeley, Los Angeles, London: University of California Press.
- Gupta, Geeta Rao. 2000. "Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How." Plenary Address, XIIIth International AIDS Conference, Durban, South Africa. Washington, DC: International Centre for Research on Women.
- Hammar, Lawrence. 2005. "Fear and loathing in Papua New Guinea: sexual behaviour and sexual health amidst AIDS anxiety." Unpublished paper presented at the Annual Meeting of the Association for Social Anthropology in Oceania, Kaua'i, Hawai'i, 2-5 February 2005.
- Heise, Lori L. 1995. "Violence, Sexuality and Women's Lives." In *Conceiving Sexuality: Approaches to Sex Research in a Post-Modern World*, pp. 109-143. Edited by Richard G. Parker and John H. Gagnon. London: Routledge.
- HELP Resources. 2005. A Situational Analysis of Child Sexual Abuse and the Commercial Exploitation of Children in Papua New Guinea. Port Moresby: UNICEF.
- Human Rights Watch. 2005. "Making their Own Rules": Police Beatings, Rape, and Torture of Children in PNG. New York: Human Rights Watch.
- Jenkins, Carol. 2001. "Half the sky: investing in HIV prevention and care." *Culture, Health & Sexuality* 3(4):483-489.
- Lepani, Katherine. 2004. "'Still in the process of knowing': talking and imagining prevention in the Trobriands." Unpublished paper presented at HIV/AIDS in PNG: Priorities for Policy and Social Research Workshop, Session C: Pitching a message for change, Australian National University, 31 August – 1 September.
- Luker, Vicki. 2002. "Gender, women and mothers: HIV/AIDS in the Pacific." State, Society and Governance in Melanesia Project, Working Paper No. 7, Research School of Pacific and Asian Studies, The Australian National University.
- Maman, Suzanne, Jacquelyn Campbell, Michael D. Sweat, and Andrea C. Gielen. 2000. "The intersections of HIV and violence: directions for future research and interventions." *Social Science and Medicine* 50:459-478.
- Mane, Purnima, and Peter Aggleton. 2001. "Gender and HIV/AIDS: What do men have to do with it?" *Current Sociology* 49(6):23-37.
- National AIDS Council Secretariat (NACS) and National Department of Health (NDOH). 2005. HIV/AIDS Quarterly Report, December 2004.

National Sex and Reproduction Research Team (NSRRT) and Carol Jenkins. 1994. National Study of Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea. Goroka: Papua New Guinea Institute of Medical Research.

Reid, Elizabeth. 1994. "Approaching the epidemic." *AIDS Care* 6(5).

UNAIDS. 2004. Report on the Global HIV/AIDS Epidemic. New York: UNAIDS.

UNICEF. 2005. Families and Children Affected by HIV/AIDS and Other Vulnerable Children in Papua New Guinea: A National Situation Analysis. Draft Report March 2005.

Zierler, Sally, and Nancy Krieger. 1997. "Reframing women's risk: social inequalities and HIV infection." *Annual Review of Public Health* 18:401-36.