PAPUA NEW GUINEA

New Condom Campaign to Combat HIV/AIDS
By Ian Gill

A well-researched $10 million program to distribute millions of subsidized condoms in "hot spots" of sexual activity around the country aims to control an HIV/AIDS epidemic. Meanwhile, in the rural areas, an incongruous alliance of big business, government, and religious groups is breaking down prejudice against the disease through awareness programs and safe-sex instruction.

UPHILL BATTLE: HIV/AIDS positive cases are on the rise, says Dr. Kipas Binga
Photo by Ian Gill

MOUNT HAGEN, WESTERN HIGHLANDS - The young woman with HIV/AIDS quietly asked a favor of the American nun. Would Sister Rose Bernard accompany her home and explain to her family how difficult it is to transmit the virus to another person except through sexual contact? Since she had been tested positive, the woman explained, her family had relegated her to sleep in the piggery, avoided touching her, and forbade her to wash in the same river as others.

This tale, related by Sister Bernard at her missionary station in Banz, Western Highlands, reflects the widespread ignorance—and prejudice—surrounding HIV/AIDS in Papua New Guinea, which is a major obstacle to combating a disease that experts say has reached epidemic proportions.

"Many people feel that HIV/AIDS is God's punishment for sinful behavior," says one woman involved in promoting awareness about the disease. Moreover, it is difficult to change such beliefs in a culture where it is considered taboo to discuss sex, especially in public.

Sister Bernard, an energetic nun in her 70s who has worked in Western Highlands for over 40 years, is participating in a $25 million HIV Prevention and Control in Rural Development Enclaves Project that is trying to replace this fearful attitude toward HIV/AIDS with one of acceptance. "We are trying to get people to understand this is a sickness like any other, that it can be treated, and that those who have it can lead normal lives," she says.
Shared Endeavor

The project, supported by a $15 million grant from the Asian Development Bank (ADB), is, innovatively, bringing together big business, government, and religious groups in a shared endeavor to change public perceptions of the illness, as well as provide testing and counseling services and reestablish primary health care in the rural areas.

The big companies that dominate Papua New Guinea’s rural-based enterprises in mining, petroleum, and agriculture already provide health care for their workers; they fear an epidemic might shrink their labor pool and threaten business. Building on this base, ADB is extending the reach of health services to the community as well as their scope to include treatment for general ailments, including malaria and tuberculosis.

"We are using a public–private sector partnership approach and, although the companies are managing the project, the aim is for provincial governments to assume more of a leadership role to ensure sustainability," says ADB social Development Specialist Sakiko Tanaka.

So far, the project is focusing on so-called enclaves in six provinces—Western Highlands, Southern Highlands, Eastern Highlands, Enger, Oro, and Morobe—through large companies.

In the Western Highlands, for example, project activities are managed by W.R. Carpenter Estates, which operates tea and coffee estates that employ 5,500 workers at peak season. In the driving seat is Mike Jackson, a hard-nosed general manager who has seen HIV/AIDS devastate plantations in Africa and wants to prevent that happening in Papua New Guinea.

"We’re providing HIV/AIDS counseling and testing, as well as primary health care to about 60% of the province," estimates Jackson. "We are training dozens of health workers and renovating and reequipping 23 health centers—nine are ours and the rest are run by churches or the Government." Altogether, in its six enclaves, the project is rehabilitating some 80 health centers—10% of the national total—that have seriously deteriorated in recent decades.

ALL-OUT EFFORT: (from left) health workers are being trained; HIV/AIDS counseling is being provided; and run-down health centers are being renovated and reequipped
Photos by Ian Gill
Into the Hot Spots

The ADB project has taken the battle nationwide—and to the front lines. Around the end of June, it launched a socially marketed campaign to distribute condoms around the country, targeting locations that are "hot spots" of sexual activity, such as night clubs, truck stops, hotels, and betel-nut markets.

The latest campaign—which will include promotion by well-known local personalities—is backed by extensive research, and the condoms will be priced to suit the local market and will be distributed through well-established channels.

"We did extensive research to develop the brand and to find out what kind of condom the Papua New Guinea population wants," says Liesbeth Steuten, operations director for Population Services International (PSI), the social marketing nongovernment organization that is running the condom program. Focus group discussions were held in four regions of the country and the results were widely tested.

The result is a new brand called Seif Raida (pidgin for Safe Rider), which is wrapped in a packet that shows a couple embracing against a setting sun.

To improve targeting, PSI will also conduct research to assess types of risky sexual behavior among Papua New Guineans.

As to pricing, which was also based on research, the condoms will be sold at 2 kina ($0.80) for a pack of four condoms, subsidized under a $10 million program funded by the Government, ADB, the Australian Agency for International Development, and the New Zealand Agency for International Development. "We are pricing the condoms to be affordable," says Steuten, noting the price is between commercial brands that sell for 2 kina each and free government-issued condoms.

As a result of greater market research, it is hoped the new brand will sell much better than an earlier low-priced socially marketed product that had good initial sales but failed to maintain the momentum when its price was raised. So far, PSI has ordered 3.5 million of the new brand and expects to provide 10 million over the life of the project until 2011.

Distribution will also be improved. One big company has agreed to distribute the condom along with its sugar, and other companies may also support the campaign with their distribution networks. PSI says unmet demand for condoms is huge: many condom dispensers are frequently empty.
African-Style Epidemic

Unlike countries where the injection of drugs with shared needles is a major cause of HIV/AIDS, in Papua New Guinea infection is transmitted overwhelmingly through sex.

"Men often have multiple partners, but the HIV/AIDS situation here has the makings of an Africa-style epidemic mainly because of the risk behavior of the women," says Neil Brenden, the Port Moresby–based coordinator of the ADB project. He cites a study that says African women tend to have more concurrent sexual partners than Asian women, and that Papua New Guinea is more similar to the African model.

Brenden notes that Papua New Guinea already has the highest prevalence of HIV/AIDS in the Pacific. The official figure is 1.28% of the adult population "but unofficial estimates are much higher," he says.

Although Papua New Guineans are nominally Christian, many retain customs that existed long before the first missionaries appeared. The practice of buying brides, for example, is common, as is that of men acquiring more than one wife.

"The problem arises because men think that, because they have paid for their wife, she is their property and they can do what they like with her," says Betty Kaime, manager of the ADB project for W.R. Carpenter and a former women's officer for the provincial government. "A lot of men do not treat their wives properly and abandon them—and their children—when they move on to the next wife."

As a result, many women provide "survival sex" to estate workers to feed themselves and their children. Some go on to become regular sex workers, waiting outside workers' compounds or commuting between estates.
Mobility Issue

The mobility of estate employees and sex workers is one cause of the sharp rise in HIV/AIDS infection rates in Western Highlands. At Mount Hagen General Hospital, the queues of people waiting to be tested for the virus are getting longer, says Dr. Kipas Binga, who was until recently in charge of the hospital's HIV/AIDS unit. The number of positive cases has risen in a year from 12 or 15 a month to 25 to 30, he says. "It's an uphill battle and I am guessing we are only about a third of the way up the mountain."

In the field, however, there is optimism that the prevention campaigns are beginning to have an impact. "We started off counseling people one on one, as they wanted to maintain confidentiality because of the stigma," says Kaime. "Now, after all the training sessions, people are more open and are coming in groups of 30 to 60 people and asking to be counseled together."

Over in Banz, Sister Rose Bernard says her counselling and safe-sex advice are also yielding results, both among her religious colleagues and the community. "As a Catholic, I do not promote condoms for birth control, but the Church recognizes the right of an individual to protect himself or herself from life-threatening danger," she says. "As counselors, we used to have difficulty teaching pastors and priests, who wholly disapproved of condoms, but many are now beginning to recognize them as a means of preventing the disease."

Even more effective is Sister Bernard's practice of inviting small groups of HIV-positive men and women to spend a week at the mission station where they can bond with her and each other. "We try to take away their fear and teach them how to live a normal life with the virus," she says. Each Christmas, the nuns also host a large party for HIV-positives "to celebrate life." It is so popular they have to keep out gate-crashers.

Such tales of inspiration spread quickly among the community, as do examples of personal action. For example, Sister Bernard did accompany that ostracized young woman to her village and talk to her clan, with a favorable result. "Once they realized they were not going to catch the virus through her, they accepted her back into the home and allowed her to wash in the same river again."

© 2008 Asian Development Bank