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Proclivity and Prevalence: Accounting for the Dynamics of Sexual Violence in the Response to HIV in Papua New Guinea

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The unexpected turns of daily life encountered during ethnographic research offer unique entry points for closer consideration of how social issues are conceptually and morally framed. This chapter begins by recounting one such moment that occurred during my research on culture, sexuality and HIV in the Trobriand Islands.¹ In retrospect, the event offers a local narrative about how people perceive rights in contemporary Papua New Guinea and, in particular, how strong identification with place provides a moral basis for ensuring protection against violence. My intention is to illustrate how the variables of risk and vulnerability associated with sexual violence and HIV are enmeshed in daily life but often in ways that do not assume prominence, or even become visible, in people's relational and moral responses, or in official interventions. Similarly, the principles of human rights promoted through global discourse and policy frameworks do not

1 Katherine Lepani, 2012, *Islands of Love, Islands of Risk: Culture and HIV in the Trobriands*, Nashville: Vanderbilt University Press.

necessarily make tangible connections to people's lived experience, or to the circumstances of their deaths. The ethnographic focus on the Trobriands serves to illustrate the diverse textures of gender relations and gender violence in Papua New Guinea.

On a late Saturday afternoon in December 2003, after a day of interviews and group discussions, two of my research collaborators and I were relaxing on the veranda of a village aid post in the Trobriand Islands, a group of coral atolls in the Milne Bay Province of Papua New Guinea. As we sat talking with several local women who were hosting our visit, the shortwave radio housed inside the small clinic building suddenly started crackling. The frequency signal cut sharply into our casual conversation, a tone of urgency clearly detected in the static. The community health worker received the message, transmitted in English from the provincial health office in Alotau, the capital of Milne Bay. The remote voice of the health official relayed news of a Trobriand woman's death in the provincial hospital; news that had not yet reached her relatives in the village despite her body having been in the morgue for a week. Such news of death away from home typically travels quickly to the islands through informal channels, but in this case word found its way to the Trobriands only belatedly by official notice via the aid post radio. The health official was anxious to arrange the release of the body to the deceased's immediate relatives in the village since no one in Alotau had come forward to claim the body. Apparently, no member of the woman's clan in the urban migrant community was prepared to *tolu tomota*, or take responsibility for looking after the deceased and organising *libu*, the mourning rituals. The official instructed the community health worker to tell the woman's relatives that a decision was required as soon as possible to determine if the burial should take place in town or if arrangements would be made to transport the body back to the village. The health worker acknowledged the order, signed off, and quickly left the aid post to go and notify the ward counsellor and break the news to next of kin.

The women on the veranda responded to the unsettling news with shock, disbelief and sorrow; two of them abruptly took leave from the group and followed the health worker into the village. After a few minutes of murmurs and silent tears, vocal expressions of inevitability and resignation washed over the grief. As I listened to the remaining women discuss the situation, it became apparent that the reluctance

of the Trobriand community in Alotau to take responsibility for the deceased related to the circumstances of the woman's demise and the social exigencies of her domestic situation. As we spoke of the death and the dilemma it presented to the community, a moral narrative was woven around the life of the woman, a young mother of two in her early 30s. Various explanations were given for her death and various evaluations were made of her unfortunate fate. The rendering of the narrative revealed how cultural boundaries are imagined, evoking a strong sense of Trobriand identity and the importance of relational networks in defining one's connection and belonging to place.

The first explanation offered was that the woman died of complications arising from chronic gynecological problems. This was asserted by a nurse whose authority in naming the medical facts of illness and death was widely respected in the Trobriands. She elaborated on her forensic claim with a multiple diagnosis—the woman had cervical cancer, pelvic inflammatory disease, a long history of sexually transmitted infections. *Aiseki?* (Who knows?) was the conjecture; maybe the woman had succumbed to the deadly AIDS virus. This possibility entered into the conversation almost as a matter of fact, but with the ever present proviso—'Who knows?' Such speculations about HIV are often 'in the back of the mind'² when contemplating the causes of death, particularly the deaths of young and middle-age people who suffered prolonged or debilitating illness after travelling or residing outside of the islands.³ This commonplace conjecture, not unique to the Trobriands, reveals how HIV has been absorbed into people's perceptions and evaluations of illness and death, and although the association with HIV might precipitate gossip and moral judgements, it does not necessarily result in exclusion, overt stigma, or violence, at least not in the Trobriands.⁴ I did not want to stir the speculation further but I did ask the nurse how she knew about the woman's medical history; she replied matter-of-factly that she became aware of the woman's malady through her professional work, that health workers and clinical staff sometimes share case information during workshops and meetings. What was known for certain, the nurse

2 Staff consultation, Losuia District Health Centre, 16 June 2003.

3 Lepani, *Islands of Love, Islands of Risk*, pp. 31–32.

4 Cf. Nicole Haley, 2010, 'Witchcraft, torture and HIV', in *Civic Insecurity: Law, Order and HIV in Papua New Guinea*, ed. Vicki Luker and Sinclair Dinnen, pp. 219–35, State, Society and Governance in Melanesia Program, Studies in State and Society in the Pacific, No. 6. Canberra: ANU E Press.

emphasised, was that the woman often suffered physical abuse at the hands of her husband, a man from the Highlands of Papua New Guinea whom she had met in Alotau.

Another woman confirmed that on a number of occasions the deceased was admitted to Alotau hospital for medical treatment of assault injuries inflicted by her husband. She said she knew this because she had spent several months in Alotau a year earlier, awaiting the birth of her fourth child, where she stayed with a relative who lived in staff housing on the hospital grounds. She said they had talked about the deceased's situation, how the woman was in a violent marital relationship and often ended up in the emergency ward with injuries. She then told how the woman attempted to escape the violence by leaving her husband and taking her two children to Misima Island in Milne Bay, which at the time was the site of a large open pit gold mining project. It seems that the deceased's livelihood in the bustling mining town became dependent on sex work; it was explained that the woman had no choice but to 'take what she can get' and 'walk around looking for money'.

Apparently the woman did not remain for long in Misima but returned to her husband in Alotau when he threatened to take her to court over custody of the children, a prospect that would expose her situation to male judges, likely to be unsympathetic and rule in favour of the father's rights. At this point in the narrative someone added that the husband worked as a security guard in Alotau, an observation that prompted a derisive reaction among the group of women. The job of 'security' in urban centres is often recast by popular estimation as the generic catch-all for unskilled itinerate labourers, a position with which many Trobriand men are reluctant to associate. I was momentarily reminded of the circumstances of a young man from another village, a husband and father of a small baby who had been absent for over eight months, having gone to Alotau to purchase cloth material for his wife's contribution to her deceased mother's *sagali*, or mortuary feast. Word had travelled back to his village in the Trobriands that he was working as 'security' in a Chinese trade store. When people shared this news they scoffed in speculation, implying that he was just hanging out, not gainfully employed. The evaluation was definitive: Why be a security guard in Alotau when he could be gardening yams at home in the village?

Piecing together the details of the deceased's circumstances, and contemplating the plight of being married to a violent man, evinced a solemn expression of empathy among the women on the veranda. *Kapisila* (sorry), how could she live with him? Poor one, how did she cope? Empathy then spilled into a torrent of rhetorical questions and evaluations about her judgment, voiced by the women in conversation. Why did she choose him for a husband? What did she expect anyway, marrying someone from the Highlands? She should have known better, that he would be abusive; it's the Highlands' way with women. And why did she put up with it? Why didn't she just come home? For that matter, why did she leave the village in the first place? *Mokwita* (True)! What did she expect, going to Alotau for no reason!

Someone then mentioned that the woman had not been home to the village for almost 10 years. Her children were born in Alotau and the woman had never brought them back home to the village to be with their relatives on their matrilineal land. A further indictment was voiced—not only had the woman failed to maintain ties with her kinfolk at home, she did not have active ties with other Trobrianders residing in Alotau. Someone suggested that the act of marrying out and living away for so long had made her forget who she was. Someone else offered that perhaps it was shame that kept her away, shame for being in a violent relationship, shame for the uncertain fate of marrying an outsider. Why did she go to Alotau in the first place, if for no reason? I asked. For a spin, of course, was the answer; for youthful adventure. To see for herself what town life was like and maybe look for work, not knowing she would end up staying, not knowing she would not find passage back home, that the return boat fare would not be forthcoming from relatives; not knowing that her fate would be estrangement from her place of belonging.

Local narratives, global discourses

Conversational story-telling, such as that recounted here, is not only an important way for people to re-enact lived experience but is intimately reflective of shared values and the larger social structures and processes that shape life pathways. While this particular narrative unfolded in response to the unexpected news of death, and as such was more contemplative than explicitly performative (especially in the

sense that it was not directed toward a receptive audience, apart from the questioning researcher), the reflective space created by the women's conversation revealed the everyday performance of social identities and cultural values.⁵ I acknowledge that the event also confronted me with the ethical challenges of ethnographic research, when participant observation becomes subsumed by unsettling social events as they occur. How such events are then retold through ethnographic analysis represents another layer of interpretation and representation.⁶

I suggest that this local narrative from the Trobriands offers an important entry point for thinking about the place of violence in daily life, particularly in marriage and intimate relationships, and its significance as a defining feature of social and sexual practice. The narrative also exposes the social structuring of violence—how mobility, labour migration, and income opportunities, or the lack thereof, configure the circumstances and consequences of violence. It further reveals how the institutional systems of health and law are also implicated in the structuring of violence—and the production of moral subjects—even as they are designed to provide protective interventions.

By extension, the narrative offers productive links for considering the place of violence in relation to sexual health and the HIV epidemic, how violence shapes the gendered dimensions of HIV risk and vulnerability, and how it is accounted for as an epidemiological variable. The narrative, situated thus, provokes consideration about how the global discourse on human rights represents gender violence and HIV in a conjoined relationship, and sets the agenda for mobilising HIV prevention, treatment and care strategies. Globally, gender violence and HIV are recognised as 'twin epidemics',⁷ inextricably linked by the social structures and processes that perpetuate gender and sexual inequalities.⁸ The causal pathways between the physiology

5 Kate Winskell et al., 2013, 'Making sense of HIV in Southeastern Nigeria', *Medical Anthropology Quarterly* 27(2): 193–214, p. 196.

6 For a discussion of the ethics of ethnographic co-presence in times of social disruption and distress, see Shelley Mallett, 2003, *Conceiving Cultures: Reproducing People and Places on Nuakata, Papua New Guinea*, Ann Arbor, Michigan: University of Michigan Press, pp. 222–23.

7 Global Coalition on Women and AIDS, 2005, 'Concerted action required to address the twin epidemics of violence against women and AIDS', Press statement, 25 November, Geneva: UNAIDS.

8 Kristin L. Dunkle and Michele R. Decker, 2013, 'Gender-based violence and HIV: Reviewing the evidence for links and causal pathways in the general population and high-risk groups',

of sexual trauma, HIV transmission and pathogenesis, and host immunology are not well documented or understood medically, yet there is substantial and consistent evidence indicating ‘a significant and reciprocal relationship between sexual violence and HIV transmission risk’ in terms of the contextual factors that contribute to vulnerability.⁹ The coupling of gender violence and HIV also contributes to and reinforces the destructive effects of fear and stigma, which persistently define the epidemic in Papua New Guinea and affect the experience of living with HIV for many people, especially women who bear the burden of blame for transmitting the virus.¹⁰

Since the mid-1990s, the national program for responding to HIV in Papua New Guinea has followed global best practice by taking a human rights approach, milestones of which include the drafting and passage of protective legislation for upholding the rights of individuals infected and affected by the virus, and the HIV/AIDS Management and Prevention Act 2003. The National HIV program has paved the way for integrating human rights principles into development policies and programs more broadly.¹¹ Moreover, the response to HIV in Papua New Guinea has been the main policy arena for addressing gender violence as a human rights issue. Yet the standard models for HIV interventions, including strategies for addressing gender violence in the context of the epidemic, tend to isolate the individual person, and the rights of the individual, from the social contexts of lived experience.¹² The conjoining of gender violence

American Journal of Reproductive Immunology 69(1): 20–26.

9 Jennifer F. Klot, Judith D. Auerbach and Miranda R. Berry, 2013, ‘Sexual violence and HIV transmission: Summary proceedings of a scientific research planning meeting’, *American Journal of Reproductive Immunology* 69(1): 5–19, p. 5; see also World Health Organization, 2012, *Violence Against Women: Intimate Partner and Sexual Violence Against Women*, WHO Fact Sheet No. 239, November.

10 Lawrence Hammar, 2010, *Sin, Sex and Stigma: A Pacific Response to HIV and AIDS*, Anthropology Matters, Volume 4, Wantage, UK: Sean Kingston Publishing; Katherine Lepani, 2008, ‘Mobility, violence, and the gendering of HIV in Papua New Guinea’, *Changing Pacific Masculinities*, ed. John P. Taylor, special issue 20, *The Australian Journal of Anthropology* 19(2): 150–64; Vicki Luker and Sinclair Dinnen (eds), 2010, *Civic Insecurity: Law, Order and HIV in Papua New Guinea*, Canberra: ANU E Press.

11 Katherine Lepani, 2011, *Historical Analysis of the Australian Aid Program’s Contribution to the National HIV Response in Papua New Guinea*, Annex 12, Evaluation of the Australian Aid Program’s Contribution to the National HIV Response in Papua New Guinea, Canberra: AusAID Office of Development Effectiveness.

12 Susan Kippax and Niamh Stephenson, 2012, ‘Beyond the distinction between biomedical and social dimensions of HIV prevention through the lens of a social public health’, *American Journal of Public Health* 102(5): 789–99.

and HIV as twin epidemics positions human rights within a deficit paradigm, wherein women and children—also conjoined as a single category of vulnerability—are represented as passive victims in need of protection through the enforcement of ‘negative rights’,¹³ or rights defined in terms of redressing harmful and abusive behaviour, but not in terms of challenging the hierarchies of power that structure sexual inequalities and delimit the expression of sexual agency and identity.¹⁴ In significant ways, the conceptual application of such models, dissociated from lived experience, contribute to further stigmatisation, the othering of risk, and the silencing of the perils of gender violence in marital and sexual relationships.

Although the women’s conversation on the aid post veranda did not incorporate the language of human rights, the woven narrative brought contextual nuance to the fore, thus inviting consideration of the ‘social life of rights’, including how cultural ideas of personhood, the body, and kinship obligations, for instance, inform notions of justice.¹⁵ Such narratives of sociality are suggestive of potential avenues for ‘vernacularization’, to use Sally Engle Merry’s term,¹⁶ bringing the global human rights discourse into direct articulation with local knowledge. They invite closer consideration of how universal precepts and instruments of rights might be translated and activated in Papua New Guinea in ways relevant to local communities as well as national development, whether through replicated terminology made salient through distinct local content, or more interactive, hybrid forms that merge imported and local values and structures.¹⁷

13 Richard Parker, 2010, ‘Reinventing sexual scripts: Sexuality and social change in the twenty-first century’ (the 2008 John H. Gagnon Distinguished Lecture on Sexuality, Modernity and Change), *Sexuality Research and Social Policy* 7: 58–66, p. 62.

14 See also Alice M. Miller and Carole S. Vance, 2004, ‘Sexuality, human rights, and health’, *Health and Human Rights* 7(2): 5–15.

15 Richard A. Wilson, 2006, ‘Afterword to “Anthropology and Human Rights in a New Key”: The social life of human rights’, *American Anthropologist* 108(1): 77–83, p. 78.

16 Sally Engle Merry, 2006, ‘Transnational human rights and local activism: Mapping the middle’, *American Anthropologist* 108(1): 38–51, p. 44.

17 Merry, ‘Transnational human rights and local activism’; see also Margaret Jolly, 2012, ‘Introduction—engendering violence in Papua New Guinea: Persons, power and previous transformations’, in *Engendering Violence in Papua New Guinea*, ed. Margaret Jolly, Christine Stewart and Carolyn Brewer, pp. 1–45, Canberra: ANU E Press. See also Aletta Biersack and Martha Macintyre, ‘Introduction: Gender violence and human rights in the western Pacific’, this volume; and Jean Zorn, ‘Translating and internalising international human rights law: The courts of Melanesia confront gendered violence’, this volume.

Papua New Guinean contemporary artist, Jeffrey Feeger, has produced a powerful visual statement about global discourse and textual representations of gender violence, and how these articulate with local perspectives, in a small A4 drawing superimposed on a page from a summary report on gender violence in PNG (see Figure 6). Feeger calls the piece *Physical Integrity* and he posted the following comment with the image on Facebook in February 2014: ‘Felt frustrated the other day reading a report about violence against women. Decided to sketch over some of the text.’



Figure 6. Jeffrey Feeger, *Physical Integrity*, ink and pencil on A4 paper, 2014

Source. Used with permission of the artist

Paying attention to the articulation of local narratives, global discourses, and the translational processes of meaning-making raises pertinent questions about terminology and the epistemological and ethical challenges of defining gender violence across a wide spectrum of values, beliefs, practices and linguistic contexts.¹⁸ The conversation by my Trobriand interlocutors, which flowed between the vernacular and English, used the colloquial term ‘wife-bashing’ to describe the type of gender violence inflicted by the husband on the deceased

18 Margaret Jolly, ‘Introduction—engendering violence in Papua New Guinea’, p. 1.

woman. While standard definitions allow for some degree of consistency in meaning, and facilitate the instrumentalist objective of applying measurement tools for collecting prevalence and case data and assessing progress on implementation of preventive strategies,¹⁹ the questions of applicability and relevance remain. An undated fact sheet produced by UN Women Australia, which makes specific reference to Papua New Guinea, identifies six different types of violence against women, including the category of HIV/AIDS and violence, which cover a range of acts and practices at different levels, from intimate to structural.²⁰ The definitions reveal the difficulty of specifying distinctions between various forms of violence, particularly in terms of domain and relationality. For example, sexual violence is defined as acts of assault perpetrated by non-partners, as distinct from domestic and intimate partner violence.²¹ In this article, I focus primarily on sexual violence as a form of gender violence that has direct physiological links to HIV transmission, but I am mindful that individual acts of sexual violence emanate from complex and dynamic historical, social and cultural precedents regarding the meanings and values of sexuality and gender, and the relational inequalities of agency and power. Coerced sex, forced sex, genital trauma and rape, whether perpetrated by strangers or by marital or other intimate partners, are all acts of sexual violence; however, they are experienced differentially and register meaning in diverse ways, with different implications for defining and promoting human rights.

In what follows, I engage the concept of culture through a critical analytical lens to challenge the preponderance of negative representations of sexual practice and to highlight how such

19 See Sally Engle Merry, 2011, 'Measuring the world: Indicators, human rights, and global governance', *Current Anthropology* 52(S3): S83–93.

20 UN Women Australia, n.d., *Fact Sheet: Violence Against Women*, Canberra: UN Women Australia.

21 The World Health Organization (2012) makes the following distinction between intimate partner violence and sexual violence:

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

See World Health Organization, *Violence Against Women*, n.p.

perspectives delimit the contextual understanding of rights,²² as well as to consider how different cultural codes are mediated by popular imaginaries in the dynamic national context. I make the general argument that approaches to human rights and HIV framed in the negative undermine the potential for transforming harmful practice and engendering positive change, particularly where heightened levels of movement and intimate exchanges between people from different cultural groups are generating new regional and national subjectivities in Papua New Guinea's contemporary social landscape.

Proclivity, prevalence and place

The social structures of male dominant gender relations and, specifically, men's proclivity for violence against women—indeed the 'pervasive *legitimacy* of violence' more broadly—are persistently emphasised in representations of Papua New Guinea, and have been the subject of considerable social research.²³ Sexual violence is recognised as a significant contributing factor to HIV transmission risk in the Papua New Guinea context, and increasingly is taking programmatic precedence in addressing the gender dimensions of the epidemic under the rubric of human rights, with greater efforts focused on generating evidence to account for sexual violence as a driver of the epidemic.²⁴ Sexual violence, including acts perpetrated by police and other state officials, is acknowledged as an important dimension of risk and vulnerability for sexual minorities and people involved in sex work.²⁵ Accounts of sexual violence tend to emphasise

22 See Jane K. Cowan, 2006, 'Culture and rights after *Culture and Rights*', *American Anthropologist* 108(1): 9–24.

23 Margaret Jolly, 'Introduction—engendering violence in Papua New Guinea', p. 3.

24 I. Lewis, B. Maruia, D. Mills and S. Walker, 2007, *Final Report on Links between Violence against Women and Transmission of HIV in 4 Provinces of Papua New Guinea*, Canberra: University of Canberra; Holly Buchanan et al., 2010, *Behavioural Surveillance Research in Rural Development Enclaves in Papua New Guinea 2010*, National Research Institute Special Publication No. 59, Waigani: Papua New Guinea National Research Institute; Holly Buchanan et al., 2011, *Behavioural Surveillance Research in Rural Development Enclaves in Papua New Guinea: A Study with the Oil Search Limited Workforce*, National Research Institute Special Publication No. 61, Waigani: Papua New Guinea National Research Institute; Angela Kelly et al., 2012, *Emerging HIV Risk in Papua New Guinea*, Goroka and Sydney: Papua New Guinea Institute of Medical Research and University of New South Wales.

25 Angela Kelly et al., 2011, *Askim na Save (Ask and Understand): People Who Sell and Exchange Sex in Port Moresby*, Goroka and Sydney: Papua New Guinea Institute of Medical Research and University of New South Wales; Kelly et al., *Emerging HIV Risk in Papua New Guinea*; Christine

the pervasiveness of acts of rape, including *lainap* (Tok Pisin for group rape or serial intercourse involving groups of men lining up to sexually penetrate a woman),²⁶ which produce highly conducive conditions for HIV transmission, not only between perpetrator and victim but among the participating men.²⁷ Yet there is strident evidence that the greatest risk of sexual violence and HIV transmission for many women is found within marriage and regular partnerships.²⁸ This evidence is reinforced by the general observation that bride price payments confer men's proprietary ownership of women, and hence give men the right to use violence as a means of asserting their control. Refusal of sex is reported as one of the main reasons for violence within marriage, with fear of HIV transmission an aspect of refusal in some instances.²⁹ The potential for HIV transmission through sexual partnering outside

Stewart, 2012, "'Crime to be a woman?'" Engendering violence against female sex workers in Port Moresby, Papua New Guinea', in *Engendering Violence in Papua New Guinea*, ed. Margaret Jolly, Christine Stewart and Carolyn Brewer, pp. 213–38, Canberra: ANU E Press.

26 See Anou Borrey, 2000, 'Sexual violence in perspective: The case of Papua New Guinea', in *Reflections on Violence in Melanesia*, ed. Sinclair Dinnen and Alison Ley, pp. 105–18, Sydney: Hawkins Press and Asia Pacific Press; Fiona Hukula, 2012, 'Conversations with convicted rapists', in *Engendering Violence in Papua New Guinea*, ed. Margaret Jolly, Christine Stewart and Carolyn Brewer, pp. 197–212, Canberra: ANU E Press; *Human Rights Watch*, 2005, 'Making their own rules: Police beatings, rape, and torture of children in Papua New Guinea', *Human Rights Watch*, 31 August.

27 Carol Jenkins, 2007, 'HIV/AIDS, culture, and sexuality in Papua New Guinea', in *Cultures and Contexts Matter: Understanding and Preventing HIV in the Pacific*, ed. Carol Jenkins and Holly Buchanan-Aruwafu, pp. 5–69, Manila: Asia Development Bank, p. 45.

28 Philip Gibbs and Marie Mondu, 2010, *Sik Nogut o Nomol Sik. A Study into the Socio-cultural Factors Contributing to Sexual Health in the Southern Highlands and Simbu Provinces, Papua New Guinea*, Sydney: Caritas Australia; Hammar, *Sin, Sex and Stigma*; Lepani, 'Mobility, violence, and the gendering of HIV in Papua New Guinea'; Lewis et al., *Final Report on Links between Violence against Women and Transmission of HIV in 4 Provinces of Papua New Guinea*; Pacific Islands AIDS Foundation (PIAF), 2011, *Experiences and Perspectives of Women Living with HIV in Fiji and Papua New Guinea: A Qualitative Study*, Cook Islands: PIAF; Michell L. Redman-MacLaren et al., 2013, 'Women and HIV in a moderate prevalence setting: An integrative review', *BioMed Central Public Health* 13: 552–65; Holly Wardlow, 2007, 'Men's extramarital sexuality in rural Papua New Guinea', *American Journal of Public Health* 97(6): 1006–14; Holly Wardlow, 2009, "'Whip him in the head with a stick!'" Marriage, male infidelity, and female confrontation among the Huli', in *The Secret: Love, Marriage, and HIV*, ed. Jennifer S. Hirsch et al., pp. 136–67, Nashville: Vanderbilt University Press. It is important to acknowledge the fluidity of marital status and household composition in Papua New Guinea, and that in many parts of the country marriage includes forms of polygamy. The issue of whether polygamous marriages heighten or lessen women's vulnerability to HIV is the source of considerable debate among practitioners involved in the response to HIV.

29 Gibbs and Mondu, *Sik Nogut o Nomol Sik*; Lewis et al., *Final Report on Links between Violence against Women and Transmission of HIV in 4 Provinces of Papua New Guinea*. Rape within marriage is now criminalised in Papua New Guinea with the amendments to the Criminal Code under the Sexual Offences and Crimes against Children Act 2002.

of marriage is also the rationale used by some HIV counsellors to encourage women to be sexually receptive to their husband to ensure fidelity.

At its core, the moral narrative about the deceased Trobriand woman illuminates the connection between gender violence, marriage and women's vulnerability to HIV transmission by appealing to the notion of 'place' as the embodied site of cultural identity, genealogical belonging, and moral location—a powerful construct in Melanesian personhood and sociality. The narrative also accentuates notions of cultural difference in the figure of the abusive Highlands husband, reinforcing the regional stereotypes of violent masculinity and oppressive patriarchal power that pervade popular imaginaries among Papua New Guineans and outsiders alike, and similarly are drawn in the representations of numerous ethnographic accounts, social mapping exercises and quantitative surveys. The importance of place and cultural difference are of particular concern for attending to generalised perceptions of gender violence in Papua New Guinea and how these perceptions influence the way sexuality is represented in relation to HIV risk. As the voices of my interlocutors suggest, the Trobriand context counters negative representations of violence as the defining feature of sexual practice in Papua New Guinea, underscoring the importance of comparative mapping of local diversities to inform HIV prevention strategies, as well as the need to resist stereotypical framing of difference.

Engaging the concept of culture through a critical analytical lens shifts the instrumentalist framing of human rights from a focus on the isolated individual toward the significance of relational personhood, where the person is 'the plural and composite site of the relationships that produced them'.³⁰ This refocusing offers sharper understanding of the way rights are realised or denied in the realm of social relations, of how 'vernacularization' succeeds or fails, often in contexts with marked incommensurability between the rhetoric of rights and the capacity of the state to ensure the protection and wellbeing of its citizens.³¹ A vocabulary of rights was not employed in the deliberation

30 Marilyn Strathern, 1988, *Gender of the Gift: Problems with Women and Problems with Society in Melanesia*, Berkeley: University of California Press, p. 13.

31 Cowan, 'Culture and rights after *Culture and Rights*'; Mary Crewe, 2009, 'Cultures of response: Introductory essay', in *The Fourth Wave: Violence, Gender, Culture, and HIV in the 21st Century*, ed. Jennifer F. Klot and Vinh-Kim Nguyen, pp. 271–78, Paris: UNESCO.

of the circumstances of the Trobriand woman's death; however, strong sentiments about relationality and connectedness to place *were* articulated by the women on the veranda, and, by inference, the assertion of women's rights in Trobriand matrilineal society. Paradoxically, perhaps, by exercising individual agency and sexual autonomy beyond familiar cultural surrounds, the deceased found herself in a violent relationship, estranged from her place of belonging and unsupported by the institutional and social systems that provide protection from harm. Even though, by the women's accounts, the deceased had an extensive medical record of hospital admissions, it appears that the system failed to adequately uphold her rights through the sustained provision of ongoing case management and links to available support services. Social support was eroded not only because the deceased failed to maintain her matrilineal ties, but her husband as an outsider did not activate a productive exchange relationship with his male affines. Perhaps if he had, the violent abuse would not have been tolerated.³² However, what was patently clear in the eventual resolution of the plight of the deceased was her inalienable right to be buried on clan land.

It was not clear, however, whether the women's assessment of the deceased's predicament was based primarily on a critique of moral individualism or on a collective sensibility about relational personhood. What does resonate in the narrative are the dialectical tensions between the two positions, the way culture grounded in 'place' sets parameters for individual agency—and the proclivity for violence—and how culture provides a conceptual and moral framework for mediating new social phenomena, including HIV, and evaluating 'incipient individualism'.³³ Hence, the importance of understanding the influence of culture on the deliberation of rights and how cultural values might be engaged strategically to transform the contexts and circumstances of sexual violence.³⁴

32 It is interesting to note that the man's abusive behaviour does not uphold the common explanation in Papua New Guinea that male violence against women is perpetuated through bride price payments, which confer to the husband a sense of entitlement and ownership over his wife, since in this case bride price was not made because it is not a Trobriand marriage custom.

33 Holly Wardlow, 2006, *Wayward Women: Sexuality and Agency in a New Guinea Society*, Berkeley: University of California Press, pp. 3, 11–13.

34 Cf. Mirriam A. Dogimab, 2009, 'An examination of culture as a protective mechanism against gender based violence: A case study in Mt Bosavi, Papua New Guinea', M.Phil. (Development Studies), Palmerston North: Massey University.

Trobriand culture is exemplified by a resilient collective identity attached to place, both geographically and relationally, expressed through the constellation of beliefs and practices that define personhood and gender relations.³⁵ The sex-positive culture of the Trobriands offers a solid basis for HIV prevention and the mitigation of gender violence. Distinct from many places in Papua New Guinea,³⁶ Trobriand sexual culture does not privilege male sexual aggression and coercion, nor does it easily countenance intimate partner violence. Young people enjoy sexual freedom before marriage based on the values of mutual consent and pleasure. Sexual activity is not viewed as promiscuous or risky but as valued social practice. Becoming sexually active as a young person is an emergent and active process, a transition to a new stage of embodied sociality and relational personhood that connects individuals to broader social networks. Women have sexual autonomy and choose their sexual and marital partners. The Trobriand matrilineal kinship system venerates women's reproductive power, made visible by their social and economic agency as exemplified in *sagali*, the elaborate distribution of exchange valuables in mortuary feasts, which women organise and control; and women retain rights over matrilineal land and residence in their natal villages.³⁷ The Trobriands does not have a system of bride price that confers rights to the husband over a woman's sexuality, fertility, labour and offspring.

Domestic violence in marriage is uncommon and precipitates direct intervention and recourse. The respective clans of perpetrators and victims are obligated to assume responsibility for resolving grievances and particular acts of violence with the exchange of *lula*, or atonement gifts. Marriage is mutable and divorce not uncommon; if a couple is in a discordant relationship, the social expectation is that they will choose to separate or dissolve the marriage with no violent repercussions or protracted conflict. Rape is also a rare occurrence in the Trobriands,

35 Lepani, *Islands of Risk, Islands of Love*.

36 Borrey, 'Sexual violence in perspective'; Haley, 'Witchcraft, torture and HIV'; Martha Macintyre, 2012, 'Gender violence in Papua New Guinea and the problem of Millennium Development Goal No. 3', in *Engendering Violence in Papua New Guinea*, ed. Margaret Jolly, Christine Stewart and Carolyn Brewer, pp. 239–66, Canberra: ANU E Press; Wardlow, *Wayward Women*; Laura J. Zimmer-Tamakoshi, 1997, "'Wild pigs and dog men": Rape and domestic violence as "women's issues" in Papua New Guinea', in *Gender in Cross-Cultural Perspective*, ed. Caroline B. Brettel and Carolyn F. Sargent, pp. 538–53, Englewood Cliffs, NJ: Prentice-Hall.

37 Annette B. Weiner, 1976, *Women of Value, Men of Renown: New Perspectives in Trobriand Exchange*, Austin: University of Texas Press.

in contrast to other areas in Papua New Guinea where high levels of sexual violence are not only associated with rapid social change and urbanisation but with customary precedent.³⁸ Young women have the right to reject the advances of suitors they find undesirable and young men say they would feel shame to physically coerce, or 'pull', a sexual partner against their will. The prospect of shame associated with potential rejection mitigates coercion; it also holds gendered implications for sexual decision-making. Because the responsibility for averting shame is largely carried by the female as the recipient of solicitations, a young girl's response to a boy who is 'trying luck' may be diminished to passive submission rather than polite rejection. Her vulnerability to unwanted sexual advances is further increased by the possibility that he might retaliate with the use of love magic to *kivili nanola*, or 'turn her mind', so that she loses her sexual autonomy and becomes sick with desire for him.³⁹

Sexual jealousy, commonly regarded as the cause and justification for intimate partner violence and rape in Papua New Guinea,⁴⁰ is considered an inappropriate expression of desire for young Trobrianders. Perceived as the antithesis of sexual autonomy and mobility, jealousy is the emotional preserve of couples in a steady relationship or those who are married.⁴¹ Nonetheless, young people demonstrate strong group loyalty and are quick to criticise members of their cohort who are seen to deviate from established patterns of sexual networking between village groups. The protocol of youth sexuality has gendered implications for sexual autonomy, with boys generally more territorial and possessive about the movement of their female peers while privileging greater expansiveness for themselves. These gendered dimensions of sexual mobility can be the source of resentful tension between males and females of the same village regarding spatial boundaries and the frequency and distance of planned outings with sexual partners from other villages. Unendorsed group outings or

38 Jenkins, 'HIV/AIDS, culture, and sexuality in Papua New Guinea'; Luker and Dinnen (eds), *Civic Insecurity: Law, Order and HIV in Papua New Guinea*; Hukula, 'Conversations with convicted rapists'; Margaret Jolly, 'Introduction—engendering violence in Papua New Guinea'.

39 Katherine Lepani, 2015, "'I am still a young girl if I want": Relational personhood and individual autonomy in the Trobriand Islands', in *Gender and Person in Oceania*, ed. Anna-Karina Hermkens, Rachel Morgain and John P. Taylor, special issue of *Oceania* 85(1): 51–62.

40 Jolly, Stewart and Brewer (eds), *Engendering Violence in Papua New Guinea*.

41 Cf. Naomi McPherson, 2012, 'Black and blue: Shades of violence in West New Britain, PNG', in *Engendering Violence in Papua New Guinea*, ed. Margaret Jolly, Christine Stewart and Carolyn Brewer, pp. 47–72. Canberra: ANU E Press.

a secret rendezvous may precipitate a fight: either a planned ambush targeted at the party from another village or a confrontation when the party held accountable returns to their home village after an outing. Fights involving youths from different villages are typically restricted to the same sex, more often boys fighting boys as an expression of territorial pride. Physical confrontations over alleged waywardness and excessiveness are regarded generally as an acceptable punitive measure to restore respect for the village name. However, the potential for disruptive conduct is mitigated by the desire among young people to preserve amicable inter-village exchange relations.⁴²

Fighting might also erupt if a steady relationship is perceived to be threatened by concurrent partnering. Usually in such cases, boys will fight each other to appeal to the girl's fidelity, and girls will fight each other to assert their claim over the attentions of the boy. It is considered unacceptable for a girl to fight her boyfriend if she discovers him with another partner; her retaliation is to fight the other girl or reject him outright. In some instances, a boy might 'punish' his steady girlfriend for having a concurrent partner by striking her legs with a stick or metal chain. Such an assault is generally viewed as justifiable in a long-term relationship, symbolising the cessation of female sexual mobility in marriage. A young girl has customary recourse against such treatment and may seek retaliatory support from her kinspeople or reassert her autonomy by ending the relationship.

The Trobriands have long been known as the 'Islands of Love', an eroticised geographical trope that can be traced to the work of anthropologist Bronislaw Malinowski, whose ethnography of Trobriand sexual culture influenced European fantasies of exotic and primal cultures in the Pacific, as well as the colonial and missionary agendas of reform and salvation.⁴³ 'Islands of Love' continues to play

42 A recent case of violent inter-village conflict related to sexual networking made national headline news in the *Post Courier*. Apart from its considerable scale and volatility, the significance of this event compared to many situations of group violence in Papua New Guinea was that the rule of law was swiftly and successfully enforced to resolve the conflict; over 70 arrests were made and all cases were heard in the district court within a matter of days. See 'Trobriand courtship ritual turns violent', 2013, *Post Courier*, 29 May. 'Village, food destroyed over girls', 2013, *Post Courier*, 30 May. See also Personal communication, Clerk of Court, Losuia District Court, 18 June 2013.

43 Bronislaw Malinowski, 1932 [1929], *The Sexual Lives of Savages in North-Western Melanesia: An Ethnographic Account of Courtship, Marriage and Family Life among the Natives of the Trobriand Islands*, *British New Guinea* (3rd edition), London: Routledge & Kegan Paul.

in the contemporary imagination and now features in Papua New Guinea's national HIV narrative, which marks the Trobriands as a 'high risk setting' and a 'hot spot' of transmission risk. The hot spot metaphor, introduced uncritically into the official language of the response, reflects the dominance of epidemiological constructs in HIV interventions. Like other metaphors of distancing, 'hot spot' externalises risk by mapping stigmatising boundaries around different places, settings, and groups of people in an attempt to target HIV risk behaviours. The hot spot delineation of the Trobriands is based on the Papua New Guinea National AIDS Council Secretariat's perception that 'cultural norms are spreading AIDS in the Trobriands unlike other parts of the country'.⁴⁴

This delineation is telling of how epidemiology, and the global discourse on HIV, gender violence, and human rights more broadly, essentialise culture in terms of risk—a static variable in a linear cause and effect relationship.⁴⁵ Culture thus perceived is regarded as an impediment to the realisation of rights; indeed, culture represents the absence of rights in local contexts, if not the outright opposition to universal principles.⁴⁶ The delineation is also telling of the conceptual unease with which sexuality and sexual practice are positioned in Papua New Guinea's response to the epidemic. The hot spot metaphor of perceived sexual promiscuity aligns with the generalised narrative that presents violence as a defining feature of sexual practice. The emphasis on sexual violence in the discourse on gender and human rights, although important, tends to reinforce a moralistic and pathological framing of sexuality in relation to HIV. The application of such a deficit paradigm, where negative assumptions and dystopian representations of social practice determine interventions, precludes positive ways of speaking about sexuality and HIV prevention in terms of mutual dignity, respect, and pleasure, and shared rights.⁴⁷ Furthermore, it fails to recognise the plurality of meanings regarding

44 Maureen Gerawa, 2010, 'Cultural norms spreading HIV/AIDS', *Post Courier* (Port Moresby), 19 April.

45 Eileen Stillwaggon, 2003, 'Racial metaphors: Interpreting sex and AIDS in Africa', *Development and Change* 34(5): 809–32.

46 Cowan, 'Culture and rights after *Culture and Rights*'; Margaret Jolly, 'Introduction—engendering violence in Papua New Guinea'; Merry, 'Transnational human rights and local activism'.

47 Susie Jolly, 2007, 'Why the development industry should get over its obsession with bad sex and start to think about pleasure', IDS Working Paper 283, Brighton: University of Sussex.

sexual practice within diverse cultural contexts, including the relational dimensions of sexual control, force and coercion; and how sexual coercion and ‘the complexity of its connections to gender-related norms, identities and aspirations’⁴⁸ is mediated differentially in relation to notions of rights.

Papua New Guinea policy response

The twin epidemics of gender violence and HIV dominate images of the development landscape in Papua New Guinea, epitomising the turbulent processes of social change and modernity, and together they provide the thematic focus for projects on human rights, gender equality and good governance.⁴⁹ Unequal gender relations are officially recognised as the key contributing factor to the environment of HIV risk and vulnerability. The three successive national strategy frameworks for responding to HIV over the last 15 years all articulate guiding principles on gender equity and human rights and acknowledge the particular significance of sexual violence for HIV transmission. Papua New Guinea is one of only a few countries to have put in place a specific *National Gender Policy and Plan for HIV and AIDS*, which identifies a comprehensive course of action for integrating a gender perspective into the national response and addressing gender inequalities that contribute to HIV transmission.⁵⁰ Awareness campaigns have combined Violence against Women messages with HIV prevention messages in ways that have thematically emphasised the importance of gender equality and rights, but which have also conjoined the issues to the extent that much of what is communicated is mere slogan and meets resistance and disengagement from intended audiences.⁵¹

48 Kate Wood, Helen Lambert and Rachel Jewkes, 2007, ‘“Showing roughness in a beautiful way”: Talk about love, coercion, and rape in South African youth sexual culture’, *Medical Anthropology Quarterly* 21(3): 277–300, p. 280.

49 Luker and Dinnen (eds), *Civic Insecurity: Law, Order and HIV in Papua New Guinea*.

50 National AIDS Council, 2006, *National Gender Policy and Plan on HIV and AIDS 2006–2010*, Waigani: National AIDS Council.

51 Katherine Lepani, 2008, ‘Review of HIV messaging promoted during PM’s XIII visits in Papua New Guinea’, unpublished report for the PNG–Australia HIV and AIDS Program.

Increasingly, gender violence is taking programmatic precedence in HIV prevention strategies. The current *National HIV and AIDS Strategy 2011–2015*⁵² prioritises gender violence as a key issue for strategic action, particularly in terms of the legal, judicial and medical services required to mitigate its impact. One of the top 10 interventions is: *Develop specific interventions to reduce HIV vulnerability associated with gender-based violence and sexual violence against women and girls.*⁵³ While this includes strategies for working with men to address the social and cultural factors that contribute to gender violence, the key focus is on the provision of services for survivors of violence, including post-exposure prophylaxis for all sexual assault cases. The ambitious target set for 2015 was to establish and operationalise 80 Family and Sexual Violence Action Committees throughout the country, roughly one per district, and Family Support Centres in all provincial hospitals.⁵⁴

The global precedent for national governments to develop HIV programs within the framework of gender equity and human rights is related to the parallel push for ‘evidence-based practice’, which now dominates the fields of biomedicine and public health, and the mandate to intensify HIV prevention efforts based on evidence of transmission dynamics. The UNAIDS global catchcry, ‘Know your epidemic, know your response’, advocates improved efforts at generating evidence from bio-behavioural surveillance to map risk factors, including patterns of sexual violence, so that national programs of response are better ‘targeted’ to achieve desired outcomes.⁵⁵ Underlying this call is the push for better systems of program monitoring and evaluation based on performance indicators, largely in the interest of promoting greater ‘ownership’ of the epidemic—a concept that has taken centre stage in the global response in efforts to balance massive flows of donor funding and technical support with national leadership and commitment.⁵⁶

52 National AIDS Council, 2010, *National HIV Prevention Strategy 2011–2015*, Waigani: National AIDS Council.

53 Ibid., p. 6.

54 Ibid., p. 7.

55 UNAIDS, 2007, *Practical Guidelines for Intensifying HIV Prevention*, Geneva: UNAIDS; David Wilson and Daniel T. Halperin, 2008, “‘Know your epidemic, know your response’: A useful approach, if we get it right”, *The Lancet* 372(9637): 423–26.

56 See Macintyre, ‘Gender violence in Papua New Guinea and the problem of Millennium Development Goal No. 3’, pp. 258–62; see also Merry, ‘Measuring the world’.

From the early years of the national response to HIV in Papua New Guinea, the trends in available data presented an increasingly serious, if uneven and limited, picture of the country's estimated HIV prevalence. Between 1997 and 2004, available data showed a rapid escalation of the number of confirmed HIV cases at the national level, which increased annually by 30 per cent,⁵⁷ prompting warnings by donors of an 'African-style' epidemic—a comparison rife with racialised connotations about sexuality, sexual violence, and risk.⁵⁸ In 2002, UNAIDS classified Papua New Guinea as the fourth country in the Asia Pacific region to have a 'generalised' HIV epidemic with prevalence estimated at 1 per cent of the adult population, based on surveillance testing of antenatal clinic attendees at Port Moresby General Hospital.⁵⁹ Then in 2010, official HIV prevalence estimates were adjusted to suggest that the epidemic was 'levelling off' at less than 1 per cent of the adult population—0.92 per cent to be exact, if such claims of accuracy can be taken seriously.⁶⁰ This was adjusted to 0.8 per cent in 2012, with regional estimates showing the highest prevalence in the Highlands region (0.91 per cent).⁶¹ The most recent official estimates, released in 2014, further adjusted national prevalence down to 0.65 per cent.⁶² While limitations are acknowledged regarding the quality, reliability, and scope of data used in these modelling exercises, the revised estimations are upheld by government officials and program managers as an indication of significant progress over recent years in improving the national HIV surveillance system and expanding prevention and treatment services.

The push for statistical data to map Papua New Guinea's epidemic and guide the response, and the concomitant effort to 'scale up' services, is apparent throughout the country, most notably signified

57 National AIDS Council and National Department of Health, 2004, *The Report of the 2004 National Consensus Workshop of Papua New Guinea*, Waigani: National AIDS Council Secretariat and National Department of Health, p. 7.

58 Stillwaggon, 'Racial metaphors'; Michael O'Keefe, 2011, 'Contextualising the AIDS epidemic in the South Pacific: Orthodoxies, estimates and evidence', *Australian Journal of International Affairs* 65 (2): 185–202.

59 National AIDS Council and National Department of Health, *The Report of the 2004 National Consensus Workshop of Papua New Guinea*, p. 7.

60 National Department of Health, 2010, *Papua New Guinea HIV Prevalence: 2009 Estimates*, Waigani: National Department of Health, p. 1.

61 National AIDS Council Secretariat, 2012, *HIV @ Glance*, Leaflet, Waigani: National AIDS Council Secretariat.

62 National AIDS Council Secretariat, 2014, *Papua New Guinea Interim Global AIDS Progress and Universal Access Reports*.

by the blue and yellow signs that designate Voluntary Confidential Counselling and Testing (VCCT) facilities. Since 2003, with the advent of Global Fund financing of antiretroviral therapies (ART) in Papua New Guinea, there has been a major 'roll-out' of testing services, to use the jargon of public health and HIV programming—an illusory phrase if ever there was one—smooth deployment, impediment free, as if Papua New Guinea doesn't have any pot holes. By the end of 2010, nearly 300 facilities throughout the country had been accredited for HIV testing, and records show that nearly 140,000 people nationwide had been tested for HIV.⁶³ The expanded provision of testing brings the human rights discourse into direct articulation with public health interventions.⁶⁴ The global theme for World AIDS Day 2010 was Universal Access to treatment. In Papua New Guinea this was translated as '*Testim na tritim—em rait bilong yu!*' (Tok Pisin for 'Get tested and get treated—it's your right!'). Yet this promise of individualised rights poses a serious ethical dilemma in contexts where uneven power relations exist between clients and service providers, and where the limited capacity of the health system does not guarantee the provision of adequate follow-up and ongoing ART services for all who qualify.⁶⁵

It is of note that Papua New Guinea added 'confidential' to the acronym—the standard global term is simply VCT—voluntary counselling and testing. The deliberate addition reflected a concern to uphold the country's HIV/AIDS Management and Prevention Act to protect the rights of people living with HIV. However, the notion of confidentiality, based on individualist modes of service access and provision, coupled with an emphasis on patient responsibility to practise safe sex and adhere to treatment, has been the source of conceptual discomfort from the beginning of the national response in Papua New Guinea; in particular, the dissonance between confidentiality as an individual right and the promotion of community participation in HIV care and support. A further tension is emerging with the introduction of provider-initiated testing, which reclaims the health sector's central role in the national response and is consonant with the global trend toward medicalisation of HIV management

63 Ibid.

64 M.J. Heywood, 2005, 'The routine offer of HIV counseling and testing: A human right', *Health and Human Rights: An International Journal* 8(2): 13–19.

65 Angela Kelly, 2009, 'The role of HIV social research in the response efforts to the HIV epidemic in Papua New Guinea', *Papua New Guinea Medical Journal* 52(1/2): 35–43.

based on an individualist model of treatment and care.⁶⁶ The current national strategy has introduced a subtle semantic shift in all references to testing, dropping the V for voluntary to give more authority to provider-initiated testing, on which available evidence of practice suggests that the provision of counselling is also routinely dropped.⁶⁷

The expanded provision of testing, particularly provider-initiated, raises serious questions about informed consent and disclosure of HIV status, particularly for people who are socially vulnerable and for women whose point of entry into the health system is through antenatal care.⁶⁸ Accessing resources and services, including the provision of post-exposure prophylaxis for rape victims, and drug therapies for the prevention of parent to child transmission, can create new contexts of risk mapped onto existing forms of gender inequality. There is evidence that disclosing test results to partners and family members, and even accessing testing in the first place, can precipitate violence.⁶⁹ The prospect of being subjected to HIV testing also is keeping some women away from antenatal clinics.⁷⁰ As a Catholic health worker observes, 'Telling partners about test results can cause family violence. We help at one end and create problems at the other.'⁷¹

The persistent drive to measure the epidemic numerically, and pin down prevalence to the decimal point, is now being pursued like never before through the planned HIV integrated bio-behavioural survey (IBBS) of 12,000 households nationwide. This is a much touted, hugely expensive undertaking, tendered by the World Bank with funding from a consortium of development partners, initially meant to be conducted

66 Jennifer F. Klot and Vinh-Kim Nguyen, 2009, 'Introduction', in *The Fourth Wave: Violence, Gender, Culture, and HIV in the 21st Century*, ed. Jennifer F. Klot and Vinh-Kim Nguyen, pp. 15–26, Paris: UNESCO.

67 Lewis et al., *Final Report on Links between Violence against Women and Transmission of HIV in 4 Provinces of Papua New Guinea*; Christine Bradley, 2009, 'Notes on gender issues in prevention of parent to child transmission', unpublished report to the Papua New Guinea – Australia HIV and AIDS Program; PIAF, *Experiences and Perspectives of Women Living with HIV in Fiji and Papua New Guinea*.

68 Heywood, 'The routine offer of HIV counseling and testing'; Kelly, 'The role of HIV social research in the response efforts to the HIV epidemic in Papua New Guinea'.

69 Lewis et al., *Final Report on Links between Violence against Women and Transmission of HIV in 4 Provinces of Papua New Guinea*; Kelly, 'The role of HIV social research in the response efforts to the HIV epidemic in Papua New Guinea'.

70 Bradley, 'Notes on gender issues in prevention of parent to child transmission'.

71 Katherine Lepani and Emily Rudland, 2011, Annex 27, Madang Province, *Evaluation of the Australian Aid Program's Contribution to the National HIV Response in Papua New Guinea*, Canberra: AusAID Office of Development Effectiveness, p. 20.

in 2012 by an international agency which has carried out more than 100 such surveys in over 40 different countries. Apparently logistics and ethics proved insurmountable for the contracted agency, and for now the survey is suspended. But the magic of numbers is indeed seductive⁷²—there is a sense that the national response has finally come of age with the planned IBBS and that, at last, it will be mounted from a solid base of evidence. The orthodoxy of statistical evidence will now hold the national response—and people’s sexuality—accountable like never before. I only hope this exercise of biopower, to use Michel Foucault’s term for the ongoing regulation and monitoring of populations,⁷³ does not undermine the important relationships of trust nurtured at the local level with people involved in the national response, nor diminish the importance of lived experience and the contribution of cultural knowledge.

I do not discount the considered thought and consultation that has gone into formulating Papua New Guinea’s national strategies and indicators. However, the discursive framing of evidence-based policy frameworks imposes reductionist logic to the diversity of sexual meanings and practices, effectively silencing the realities of lived experience by configuring people as individuals aggregated into ‘passive target populations’ based on risk categories.⁷⁴ More importantly, it holds serious ethical implications for how the new relational spaces and practices of HIV service provision are operationalised. Strategies and services tend to re-inscribe men as perpetrators of violence and women and children as passive victims, inadvertently upholding existing gender inequalities and male sexual privilege.⁷⁵ The inverse effect of this ‘rescue paradigm of response’ reinforces perceptions that women are not only the sole target of interventions but the cause of HIV infection, while neglecting HIV prevention efforts for men.⁷⁶

72 See Merry, ‘Measuring the world’.

73 Michel Foucault, 1978, *The History of Sexuality: Volume 1. An Introduction*, trans. Robert Hurley, New York: Random House, p. 140.

74 Hakan Seckinelgin, 2009, ‘Colonial silences, gender and sexuality: Unpacking international HIV and AIDS policy culture’, in *The Fourth Wave: Violence, Gender, Culture, and HIV in the 21st Century*, ed. Jennifer F. Klot and Vinh-Kim Nguyen, pp. 279–94, Paris: UNESCO, p. 280.

75 Susie Jolly, ‘Why the development industry should get over its obsession with bad sex and start to think about pleasure’.

76 Klot and Nguyen, ‘Introduction’, pp. 20, 22.

To counter this trend, HIV prevention programs and services must attend more closely to the needs of women and men whose identities and circumstances are not consonant with standardised notions of what constitutes ‘proper’ sexuality. Women who choose casual partnering, or choose to remain single over the prospect of being married to an abusive partner, and to avoid the kind of sexual jealousy that intensifies in a steady relationship or marriage,⁷⁷ are effectively excluded from services defined in terms of maternity and the nuclear family. An ethnographic focus on the social spaces of service provision would enhance understanding of the range of sexual subjectivities, the place of violence in people’s lives, and the ways in which people define and exercise their rights. The assumption that biomedical technologies of surveillance and testing hold the answer to determining the presence of HIV in local populations raises serious ethical questions about the quantitative measurement practices that dominate the global response, setting a dangerous precedent for further dislodging sexual practice—including harmful practice—from cultural meanings, embodied experience, and the social structures and spaces that shape sexual geographies.

New measures for accountability

The moral narrative from the Trobriands points to another dimension of social life that holds significant implications for the dynamics of sexual violence in contemporary Papua New Guinea. This is the growing trend of intercultural marriage and how it is reshaping gender relations, often with serious consequences for displacing traditional social constraints on interpersonal and family violence. On one level, the narrative can be seen as an example of the persistent ‘othering’ of risk—constructing risk in terms of difference and drawing safe boundaries around the familiar. The assessment of the deceased’s marital circumstances imputes safety within Trobriand cultural norms and danger when individual choice is exercised outside of established affiliations. Furthermore, the construction of difference links violent

77 See Martha Macintyre, 2011, ‘Money changes everything: Papua New Guinean women in the modern economy’, in *Managing Modernity in the Western Pacific*, ed. Mary Patterson and Martha Macintyre, pp. 90–120, St Lucia: University of Queensland Press; Ceridwen Spark, 2011, ‘Gender trouble in town: Educated women eluding male domination, gender violence and marriage in PNG’, *The Asia Pacific Journal of Anthropology* 12(2): 164–79.

masculinity directly to the cultural other, the figure of the Highlands husband, and the unattainable prospect of a marriage free of abuse. Herein is a particular challenge for Papua New Guineans, as ethnic constructions impede the formation of shared national identity and create new inequalities and forms of dissonance, even as intermarriage between cultural groups becomes more prevalent and desired⁷⁸—indeed, as ‘ideas of culturally and ethnically distinct places become perhaps even more salient’⁷⁹ in the context of accelerated movement and relocation.

On a broader level, the tale can be understood as a ‘moral narrative of modernity’, to use Webb Keane’s phrase,⁸⁰ where the individual is deemed solely responsible for determining the circumstances of their life, including willed displacement and estrangement.⁸¹ It is debatable whether the scale of modernity is best measured by emergent forms of individualism that outweigh collective agency. Yet, in the deceased’s case, her failure to honour kinship obligations by maintaining her connections to place, and to ensure that her children’s rights to those connections are intact, was the source of an apparent immobilising personal shame. Such shame reveals the modern dilemma of individual agency and dislocation, and thwarts the potential for exercising human rights.

Nonetheless, the narrative relates how the desire for youthful adventure was palpable, made possible for the young woman in part by the relative gender equality and autonomy espoused by Trobriand culture. Modernity has widened the field of imaginable social interaction, and sexuality takes new expressions within this highly charged and exciting landscape. Accounting for sexual violence within the shifting domain of modernity requires closer examination of the relational dynamics that produce and disrupt subjectivities, both personal and collective, and how these are linked to, or disconnected from, established modes of social connection. Likewise, insights on HIV transmission dynamics can be found in the ways sexual networks take shape and operate within the larger social networks of reciprocal

78 See Macintyre, ‘Money changes everything’, pp. 109–10.

79 Akhil Gupta and James Ferguson, 1997, *Culture, Power, Place: Explorations in Critical Anthropology*, Durham, NC: Duke University Press, p. 39.

80 Phrase from Webb Keane, 2007, *Christian Moderns: Freedom and Fetish in the Mission Encounter*, Berkeley, Los Angeles and London: University of California Press, p. 4.

81 See Wardlow, *Wayward Women*.

exchange, which underpin subsistence and informal economies and provide the basis for engendering individual and group identities. Relational personhood continues to hold key significance in how social relations activate agency, both personal and collective, in fields of exchange, be it the exchange of body fluids, traditional wealth items, manufactured goods, or cash. Within these relational networks, sexuality as a valued resource activates the circulation and redistribution of exchange items, underscoring how intimate transactions are embedded in larger fields of exchange. These are the gendered intersections of people's daily lives which hold potential for HIV transmission;⁸² where 'potent masculinity' is performed,⁸³ where female sexual agency is positively expressed as well as restricted and punished, where sexual jealousy is triggered and acts of violence perpetrated.⁸⁴

That sex might be valued and practised as a form of relational personhood disturbs the moral underpinnings of HIV prevention discourse. Recognising gender violence as a dimension of relational personhood, and of sexual practice, creates further disruption to the evidence-based orthodoxy of responding to HIV under the rubric of an individualised notion of human rights. An ethnographic research agenda for understanding how violence becomes engendered and reproduced in Melanesian sexual cultures might seek to articulate the language of human rights in terms of sexual citizenship, or the rights and responsibilities of all people to have control over their sexual and reproductive health and to express sexual identity, desire and pleasure in healthy and safe ways, free of fear, harm and force, as an expected part of membership in a shared community.⁸⁵ While the question of vernacular translation remains, I contend that the concept of sexual citizenship helps to clarify the discourse on HIV and human rights, and brings into sharper focus the structural relations of power and control within intimate relationships and how these relations are situated within larger social fields, including that of service provision,

82 Elizabeth Reid, 2009, *Interrogating a Statistic: HIV Prevalence Rates in PNG*. State, Society and Governance in Melanesia, Discussion Paper 1. Canberra: The Australian National University.

83 Wardlow, "'Whip him in the head with a stick!'" p. 53.

84 Lepani, 'Mobility, violence, and the gendering of HIV in Papua New Guinea'.

85 Diane Richardson, 2000, 'Constructing sexual citizenship: Theorizing sexual rights', *Critical Social Policy* 20(1): 105–35; Ana Luisa Liguori and Marta Lamas, 2003, 'Gender, sexual citizenship and HIV/AIDS', *Culture, Health and Sexuality* 5(1): 87–90; Susie Jolly, 'Why the development industry should get over its obsession with bad sex and start to think about pleasure'.

access and use.⁸⁶ The concept helps to productively focus social research on new subjectivities being shaped by the provisions and services of donors, non-government organisations and the state, and on the emergent forms of national identity being forged in the context of accelerated mobility, intercultural mixing and the desires and pleasures of modernity.⁸⁷ Furthermore, the concept allows us to see the positive potential of the deep-rooted values of Melanesian sociality, relational personhood, and social reproduction for transcending the effects of stigma and fear, and indeed for transforming unequal gender relations, as people become accustomed to new forms of rights and responsibilities in relation to living with HIV.⁸⁸

Papua New Guinea has contributed substantially to anthropological understandings of multiply constituted subjectivities and relational personhood, where gender and sexuality are not singular identities but shaped by dynamic networks of social relations, which increasingly involve moving and mixing between diverse cultural realms made permeable through heightened interaction and translocation. These spheres of connection and relationality might yet prove to be the most productive ground for defining and securing human rights and addressing the proclivity of sexual violence in the context of the HIV epidemic. The tragic paradox in the Trobriand woman's story is that this potential was not realised. Enmeshed in the structures that perpetuate inequalities and vulnerabilities, the woman was disconnected from her place of belonging and the social relations that enable support; her relatives found it difficult to act in her interest, even at the time of death. By extension, the story becomes a parable about the challenges of connecting human rights discourse and policies to the realities of everyday life, with a more direct focus on the mutual relations of care, respect and responsibility as the pivotal terms for engendering change.

86 Sonia Corrêa and Richard Parker, 2004, 'Sexuality, human rights, and demographic thinking: Connections and disjunctions in a changing world', *Sexuality Research & Social Policy* 1(1): 15–38; Andrea Cornwall, Sonia Corrêa and Susie Jolly, 2008, 'Development with a body: Making the connections between sexuality, human rights and development', in *Development with a Body: Sexuality, Human Rights and Development*, ed. Andrea Cornwall, Sonia Corrêa and Susie Jolly, pp. 1–21, London and New York: Zed Books.

87 See Hukula, 'Conversations with convicted rapists', p. 210.

88 See Angela Kelly et al., 2013, *HIV, Pregnancy and Parenthood: A Qualitative Study of the Prevention and Treatment of HIV in Pregnant Women, Parents and their Infants in Papua New Guinea*, Sydney: Papua New Guinea Institute of Medical Research and University of New South Wales.

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