

Stigmatisation of and discrimination against people with HIV/AIDS in Papua New Guinea

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Abstract

Sex with multiple partners before and outside of marriage and a lack of knowledge about HIV/AIDS are significant factors that contribute to the rapid spread of the virus in Papua New Guinea. The more HIV/AIDS goes out of control, the more people are scared of being infected. The more they are scared, the more they stigmatise and discriminate against people living with HIV/AIDS. This article takes up and discusses some forms of stigmatisation and discrimination present in PNG, their impact on the infected people, and the change of attitude required as the most effective method of diminishing the spread of the virus. At the end, it suggests some appropriate responses of the family and society which promote a fair treatment of people living with HIV/AIDS and which are likely to benefit both sides.

Introduction

Cases of the Human Immunodeficiency Virus (HIV) and the consequent Acquired Immune Deficiency Syndrome (AIDS) are drastically increasing in Papua New Guinea. About 220 new HIV/AIDS cases are being reported in the country every month. This makes a ten-fold increase from the previous year 2004.¹ The PNG AIDS Council has estimated that at least 69,000 have been infected in PNG since 1987 when the first case was reported. At present, according to many experts, more than 30,000 people may have HIV.² With the quick increase mostly among young and middle aged people, HIV/AIDS ceased being a health issue alone; It has become a new socio-economic problem.

Stigmatisation of and discrimination against people affected by or infected with HIV/AIDS contributes to the above difficulties. People who are already suffering physical, psychological and social trauma are additionally burdened with social prejudice and rejection by their families and communities. What is more some employers do not hesitate to refuse employment to or to terminate the HIV positive employees.³ As a result, the people feel rejected, unwanted and left to die. Is it the way we as individuals, family, community and society should treat people living with HIV/AIDS?

In this article, I will first discuss the forms of stigmatisation of and discrimination against HIV positive people. Then the impact of stigmatisation

¹ Fiona Harepa, 'HIV/AIDS is up 10-fold', *National*, 5 August 2005, 5.

² Freddy Gigmai, 'AIDS warning: highlands leaders call for condom, nightclub ban,' *National*, 21 November 2005, 1.

³ Florence Muga, 'Helping people living with HIV/AIDS,' *National (Weekender)*, 22 July 2005, 5.

and discrimination on the infected people will be explored. Further, the article will take up and discuss a change of attitude as the most effective method of controlling the spread of the HIV virus. Finally, I will highlight some appropriate responses of the family and society to promote a fair treatment of people with HIV/AIDS and the mutual benefits that these responses may bring about.

Stigmatisation and its sources

Stigmatisation refers to placing a stain of disgrace, reproach or condemnation on a person or a group. As a consequence, these people are being disqualified from full social acceptance.

Due to the culture of stigmatisation, HIV positive persons are being totally or partially rejected from their families and communities. This rejection is usually expressed both in denying them housing and care, and in giving them a feeling of being unloved, useless and unwanted. Fear of exclusion prevents many infected people from telling anybody about their status or seeking the support and care they require.⁴

On the other hand, the HIV/AIDS patients who might be accepted and taken care of may contribute themselves to their stigmatisation. For instance, those who, instead of accepting the illness, try to blame others or the circumstances for contracting the infection may become bitter and unkind to everybody around them. Others find it difficult to take care of them or visit them. When the number of visits drops, the patient's feeling of stigmatisation deepens.

Finally, stigmatisation does not apply only to people with HIV but also to those who associate with and look after them: relatives, friends, nurses and people regarded to be at risk of HIV infection.⁵ It is an equally serious matter and contributes to stigmatisation of the infected. Discrimination against those who provide services and care for the HIV/AIDS patients will additionally discourage many of them and others from undertaking this already demanding work.⁶ Inevitably, the neglect of the patients will increase.

Stigmatisation mostly stems from ignorance of how the HIV virus is transmitted. Ignorance, on the one extreme, makes people fear that any contact with an infected person may spread the infection. On the other extreme, it assures them that every case of contamination is associated with sexual promiscuity. Thus, the infected people pay the price for their immoral behaviour. Yet, we know that sexually responsible people also may get infected, for example, by an unfaithful spouse, through rape or blood transfusion with infected blood. Therefore, the person who stigmatises those

⁴ Pele Melepia, 'HIV & AIDS: discrimination and stigma kill,' *National*, 18 August 2005, 21.

⁵ In this article, I will focus on stigmatisation of people living with HIV/AIDS, not on their families or caretakers.

⁶ See Maureen Gerawa, 'AIDS scares off 'nurses',' *Post Courier*, 18 August 2005, 3.

with HIV/AIDS may do it on the basis of ungrounded fear and/or moral prejudice.

Social stigmatisation is the most common form of discrimination of the HIV/AIDS people. Already some of the people in PNG have been rejected by their families or husbands when they have tested positive for the HIV virus.⁷ Others were too scared to tell their families about it because of their fear of being neglected or rejected. As soon as people learn that a person is HIV positive, many of them quickly separate themselves from him or her.

Another form of discrimination is the denial of social opportunities. This takes place when employers sack employees with HIV or deny them employment, promotion or other benefits.⁸

Some communities in PNG have expressed the willingness to have their own local HIV test centres and local care centres. They would wish to identify those members who are HIV positive in order to place them in the care centres. This would not be a bad idea if the communities wanted to take better care of their HIV positive people. But unfortunately, the real reason behind the centres is just separation of the sick from the healthy. The communities would expect that 'government staff – not their own family or fellow community members – would look after the sick.'⁹

Effects of stigmatisation and discrimination

Some people may argue that stigmatisation creates fear in healthy people and encourages them to adopt positive behaviour to avoid HIV infection and what comes with it – stigma. But in practice if fear influences people's behaviour, it is rather fear from being contaminated with the deadly virus and disease than from being stigmatised. The increasing number of HIV/AIDS cases all over the world indicates that even the former fear does not much scare people away from irresponsible sexual behaviour.

Stigmatisation, surely, cannot have a positive impact on those with HIV/AIDS for several reasons. First, the infected people cannot learn a lesson from their experience because there is no cure for AIDS as yet.

Second, their social isolation (either chosen or imposed) fills them with feelings of rejection, self-hatred and even with an unwillingness to live. If this happens, they will most probably neglect a healthy lifestyle and medical treatment (when required) and die a miserable early death from AIDS.¹⁰

⁷ Melepia, 21.

⁸ See Muga, 5; Kevin Pamba, 'Health-Papua New Guinea: friends for people living with HIV/AIDS,' 1999. Available at <<http://www.aegis.com/news/ips/1999/IP990909.html>>. 25/10/05.

⁹ Catherine Levy, 'Attitudes and behaviours towards HIV and AIDS and persons living with AIDS,' *Contemporary PNG Studies* 3 (2005): 21.

¹⁰ Melepia, 21.

Third, some people who have learned about their positive HIV status will try to hide this even from their spouses or sexual partners because of rejection. (There are other reasons for the secrecy as well, but surely stigmatisation is one of them.) As a result, they will spread the HIV virus.

Fourth, many people will refuse to know their HIV status and continue behaving as they have behaved in the past, leading either sexually responsible lives or sexually promiscuous lives. This is not sufficient to stop the killer-virus from spreading.

The only effective way to lower the number of victims seems to be through a change of attitude.

Change of attitude

In the absence of a cure, change of attitude, which calls for sexual abstinence before marriage and faithfulness in marriage, is proposed as an effective method of controlling the spread of the HIV virus. Further, the ones who are not infected need to remain negative, and those who are already contaminated need to take all due care not to spread the virus.

As a solution to the ignorance about one's HIV status, the promoters of the ABC message (A stands for Abstinence, B means Be faithful and C refers to Condoms) encourage those who neglect abstinence before marriage or faithfulness to the spouse, to use condoms while having sex.

In its advertisements in *The National*, the National AIDS Council in PNG, for instance, states: 'Remember, you don't have to have sex just because condoms are around, but if you decide to take the risk and have sex, now you've got no more excuses to not have safe sex.'¹¹ Is it fair to call sex with the use of a condom 'safe sex'? How safe is it?

In order to know the reliability of condoms as preventives from the HIV virus, it is necessary to check some statistics about condoms. Above all it is worth noting that no preventive technology provides 100% protection against HIV. A UNAIDS report of 2004 stated that even when people use condoms correctly and consistently, condoms fail to protect approximately 10% of the time.¹² Some other agencies promoting condoms set the average 'actual failure rates' of condoms at 14%.¹³ Dr William E. Cayley (Jr.)¹⁴ and the American Foundation for AIDS Research estimate the risk of infection in some cases

¹¹ 'No Condom, No Sex!' *National*, 8 August 2005, 11.

¹² UNAIDS, 'Making condoms work for HIV prevention.' (June 2004). Available at <<http://www.champnetwork.org/media/unaid.pdf>>. 4/01/06.

¹³ South Coast Midwifery and Woman's Health Care, 'Contraception.' Available at <<http://southcoastmidwifery.com/gynecology/contraception.html>>. 15/11/05.

¹⁴ William E. Cayley (Jr.) is assistant professor at the University of Wisconsin Eau Claire Family Practice Residency Program.

even up to 20%.¹⁵ Condoms fail because of many factors, such as human error, slippage or breakage.

Therefore, although the condom is the only technology currently available to prevent HIV transmission during sexual intercourse with an infected partner, it is unable to fully protect from being contaminated with the virus. Thus, a term 'safer sex' in this context would be more precise and appropriate than 'safe sex.' I presume many of those who already use or think about using condoms as preventive from HIV would rather appreciate to know precisely the infection risk they are undertaking than just to hear slogans like condoms are 'highly effective' or condoms make sex safe.

An additional difficulty that PNG government clinics are likely to experience is a shortage of supply of condoms. According to UNFPA, 'the current supply of condoms in low and middle-income countries falls 40% short of the number required (the condom 'gap'). Despite the gap, international funding for condom procurement has declined in recent years.'¹⁶ If supplied through commercial outlets, such as shops and social marketing programmes, how much would condoms cost? Who could afford to buy them? Would people having sex with multiple partners be ready to abstain from having sex because of unavailability of condoms? If they did not then what would the result be? These are just some of the concerns which look for answers when we try to approach the problem with the spread of HIV/AIDS seriously.

The problem of condoms providing only a partial protection for promiscuous sex is obviously one side of the coin. The other side is that this solution while aiming at prevention, emphasises mainly pleasure in and a hedonistic attitude towards sex.¹⁷ It does not look at sex as an important element but only one of the elements of intimacy.

Sexual intercourse is best understood as a relationship rather than as something that two people do. The Bible often uses the term 'to know' for the legitimate sexual relationship (Gen 4:1; 1 Sam 1:19). To know someone is to be involved with that person at the deepest possible level. A man and a woman who know each other sexually enter into a communion that is much deeper than the physical. From a Christian perspective, this mutuality of the relationship and the commitment are of major significance.

¹⁵ William E (Jr.) Cayley, 'Effectiveness of condoms in reducing heterosexual transmission of HIV,' *American Family Physician*, 1 October 2004. Available at <http://www.findarticles.com/p/articles/mi_m3225/is_7_70/ai_n8570292>. 26/10/05; American Foundation for AIDS Research, 'The Effectiveness of Condoms in Preventing HIV Transmission,' 2005. Available at <http://www.amfar.org/binary-data/AMFAR_PUBLICATION/download_file/34.pdf>. 26/10/05. See also Markus Steiner and Pamela DeCarlo, 'What is the role of male condoms in HIV prevention?,' 2005. Available at <<http://www.caps.ucsf.edu/publications/condomsrev.html>>. 26/10/05.

¹⁶ UNAIDS, UNFPA, WHO, 'Position statement on condoms and HIV prevention.' (July 2004). Available at <<http://www.unaids.org/EN/other/functionalities/search.asp>>. 4/01/06.

¹⁷ Seluini 'Akau'ola, 'HIV/AIDS seminar for SPATS member schools: ethical and theological issues involved,' *Pacific Journal of Theology* 29 (2003): 71.

Sex is but one facet, and not the most important, in creating and expressing love. Fidelity, commitment and caring are by far more significant. Without these elements, sex weakens and ultimately destroys real love.

Love needs to be distinguished from lust. Lust is the tendency to satisfy our sexual impulse without the other complementing elements of love. This is a perversion of love, not an expression of it.

Some people draw a distinction between recreational sex and committed sex. They see recreational sex as satisfying desire without any further responsibility to the other – merely two people having an enjoyable time together with no strings attached.

Premarital and extramarital sex between consenting adults is not love but a lie. 'Recreational sex' is just a euphemism for fornication (sexual intercourse between an unmarried man and unmarried woman), or adultery (sex between a married person and somebody who is not that person's wife or husband).

What makes things worse in Papua New Guinea is the unequal power structure between men and women. This applies to both the relationship and status structure as well as to the economic power structure. In the former structure, on the one hand, women are expected to obey and please men in all their needs. On the other hand, many men regard sex with a number of women as lifting up their social status.¹⁸ In the economic power structure, older men with money encourage mothers and young girls from poor families to have sex with them in exchange for some gift for her or her family.¹⁹ (As a solution to the problem of women selling their bodies because of poverty, Dr Banare Bun has suggested the abolition of the 30% salary tax for low and average income earners.)²⁰ These structures clearly promote and lead not only to the spread of HIV/AIDS but also to the sexual exploitation of women.

Councillors from the Dei District of Western Highlands Province have also noted that many people in their area see 'the promotion of condoms by government agencies as a licence to engage in prostitution and adultery'.²¹ Such a conclusion is not unreasonable. Imagine, for example, a situation where your wife or husband encourages you to use a condom all the time if you are having sex with somebody else. Would not it be an indirect encouragement for you to see sex outside of marriage as something your spouse approves of? Similarly, the agencies that promote condoms for sex with many partners, if they intend it or not, may be seen to be sending a message that prostitution and adultery are an acceptable part of social life.

¹⁸ See Marietta Gross and Manning Selwyn, 'Scoop investigation: time runs out on South Pacific HIV/AIDS Crisis,' 2005. Available at <<http://www.scoop.co.nz/stories/HL0506/S00001.htm>>. 2/11/05.

¹⁹ Peter Niesi, 'Dame Carol Kidu: There must be a shift on HIV/AIDS fight to: focus on men,' *Post Courier*, 24 October 2005, 1.

²⁰ Bonney Bonsella, 'Government funding to combat AIDS scarce,' *National*, 14 November 2005, 6.

²¹ Gigmai, 2.

The more and more common practice of having sex with a number of partners before and outside marriage has had a profound impact on the man-woman relationship. Some of the consequences are the difficulty to commit themselves to a long-lasting relationship, the lack of trust between spouses, violence between women and the high rate of divorce. Is fidelity to the spouse in a marriage relationship still required and treasured? Does the ideal marriage in the contemporary world (in which both spouses enjoy equal rights and obligations, and children have the best possible environment for their upbringing) still demand monogamy, unity and indissolubility (permanence)?

Because of a different understanding of the meaning and role of sex, the 'C' (use Condom) in the ABC message of the HIV/AIDS awareness has been changed by the Catholic Church to 'Christian values.'²² The Christian values include the conviction that human sexuality is good, it can be handled and controlled, and it is most authentic when it is an expression of committed love in marriage. There is evidence that in some countries (e.g., Uganda, Senegal and Jamaica) where, with the help of Faith-Based Organisations (FBOs), fidelity and abstinence were encouraged over the use of condoms, HIV prevalence has declined.²³

The Church is convinced that the best way to solve the problem of HIV/AIDS and, at the same time, to strengthen the value of a sound family and healthy society is by promoting the true meaning of human sexuality and marriage rather than by encouraging 'safer sex' with the use of condoms.

Sexual violence

Sexual violence is another factor that contributes to the spread of HIV/AIDS in Papua New Guinea. It includes rape, sodomy and incest. Directress of Women and Children's Support Centre in Lae, Sr Anastasia Wakon highlighted the prevalence of this violence within family and community circles. What is more, the offenders, she stressed, are often not strangers but people who are trusted by the victims.²⁴

The Centre alone has treated 358 sexual assault cases since 2003. The age group of the victims ranged from seven months to over 30 years. The youngest victim of sexual assault (incest) was a seven-month-old baby girl and of sodomy was a four-year-old boy. Other nine cases of sodomy involved seven boys under the age of 10 and two over this age.²⁵

²² Maureen Gerawa, 'C' stands for christian values,' *Post Courier*, 28 June 2005, 11.

²³ See Edward C. Green, 'How faith-based organisations have contributed to AIDS prevention,' in *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis*, ed. Tetsunao Yamamori et al (Waynesboro, Georgia: Authentic Media, 2003), 70-75; Anne E. Peterson, 'Fighting AIDS: the faith-based solution,' *Washington Times*, 6 April 2003. Available at <<http://www.usaid.gov/press/releases/2003/wt030406.html>>. 28/10/05.

²⁴ Nancy Kalimda, 'On the increase: family, sexual violence,' *Post Courier*, 21 April 2005, 16.

²⁵ Another serious problem with child abuse takes place when schoolboys between the age of 12 and 16 visit prostitutes and have sex with them; see Mackhenly Kaiok, 'Sex trade shock: 12-year-olds buying sex, says prostitute,' *Post Courier*, 30 November 2005, 1.

The total number of cases of rape of school age girls reported by this Centre stands at 61. Two of these girls were mentally retarded and one of them was disabled. Further, marital rape is also increasing with 30 cases reported to the Centre. In addition, two people have tested positive to HIV/AIDS as a result of family violence and extra-marital affairs.²⁶

In November 2005 several armed men abducted twelve Grade 8 girls from their Onerungka High School dormitory (Kainantu District) and raped them. Two years ago, six men broke into the dormitory of Asaroka High School (Goroka) and raped three Grade 9 female students.²⁷

Acting Mamose Police Assistant Commissioner Giossi Labi noted that Lae city alone registers at least one rape every second day. This places the city first on the list with the number of rape incidents in the Mamose region. Madang is second, behind Lae, in sexual offences being reported.²⁸

Many cases are not being reported because sexual violence within the family is usually looked upon by the community as a family problem. Tribal fighting often involves rape, but many men treat it as a game and more and more young men are participating in it.²⁹ 'Witch hunting' is another occasion for raping the accused women before killing them.

Sarah Garap from the Simbu Women's Resource Centre observes an additional difficulty regarding handling sexual assaults and violence in the Simbu Province.³⁰ Sexual assaults are often dealt with by the village courts where they are resolved by compensation payments. Even when rape is reported to the police, the accusers are frequently granted bail. Women are often blamed for rape or marital problems because of traditional patterns of domination of men over women.

What further complicates the matter with rape is that in some places, for instance Ambunti or Raikos, people do not consider as 'rape' when a man forces a young woman to have sex with him. Rape is commonly understood as 'pack rape.'³¹ For reasons of preventing shame, humiliation and retaliation, most cases of rape, sodomy or incest are never reported by victims. Secrecy, however, protects offenders and may even encourage them to continue such vicious actions. Apart from the trauma, pain and brokenness coming from these cruel actions, fear of being infected with the HIV virus adds an additional portion of ordeal and is more real now than ever before.

²⁶ Ibid.

²⁷ Zachery Per and James Kila, 'Schoolgirls raped: 12 grade 8 students taken from their dormitory by armed men,' *National*, 11-13 November 2005, 1.

²⁸ Peter Miva, 'Sex cases climb in Mamose, Says Labi,' *National*, 8 August 2005, 6.

²⁹ Sarah Garap, 'The struggles of women and girls in Simbu Province,' 2001. Available at <<http://www.pngbd.com/forum/showthread.php?t=6634>>. 4/11/05.

³⁰ Ibid.

³¹ Levy: 24.

Disclosure and notification

HIV positive people are reluctant to disclose their status both to their partners and to the authorities for the fear of stigmatisation and discrimination. Many people do not like to have the test at all and prefer continuing their lives in ignorance. HIV testing is voluntary in Papua New Guinea.³²

Some health workers (e.g., in South Africa) are convinced that HIV testing needs to be undertaken on a large scale and infected people should be easily identifiable.³³ The law which prohibits an obligatory test and notification raises a few problems. First, the knowledge of HIV status would help to protect, to a certain extent, the HIV patient's sexual partner. Next, the information could be used for more effective psychological and medical treatment of the patient. Last, it would be in the interest of health workers and those who take care of the patient. At present, the HIV patient has no legal obligation to inform anybody about his or her status.

In contrast, the Wellington District Court (New Zealand) has recently dismissed two charges of criminal nuisance against Justin Dalley, who being HIV positive had 'protected' sexual intercourse with a woman without letting her know about his HIV status. Judge Susan Thomas ruled that HIV positive people do not have to tell their sexual partners of their condition if they use condoms.³⁴ Would Thomas' decision be the same if the woman concerned became infected with HIV? (And we know that no matter what the court says, no preventive technology provides 100% protection against HIV!) The decision was obviously wrong on both moral and practical grounds. Sexual intercourse involves both people and makes them accountable for their action. Putting a partner at risk of their life without disclosure because, otherwise, the partner may refuse to have sex, is unacceptable.

The issues regarding disclosure and notification lead to the ethical dilemma whether the rights of the individual are more important or the health of the community. From an ethical point of view, on the one hand, the HIV patient must be protected against any kind of stigmatisation and discrimination. On the other hand, the community must be safeguarded from the spread of the deadly virus. This ethical dilemma could be solved if the community, instead of social stigmatisation and discrimination, was ready to provide something valuable for the HIV patient for his or her willingness to make public one's status.

There would be several benefits offered to the HIV positive person. First of all, the medical staff could provide not only accurate information about the disease but also on-going counselling both to the patient and to the family to help them deal with the situation. Many HIV patients suffer from depression when they

³² This does not include, for instance, testing of donated blood before it is given to patients. The test is done for the sake of the patients not the donors. Thus, the donors can be informed whether they are HIV-positive or negative only if they make a direct request for it.

³³ J. M. Vorster, 'HIV/AIDS and human rights,' *Ecumenical Review* 55 (2003): 351.

³⁴ Helen Tunnah, 'Condom clears man with HIV,' *New Zealand Herald*, 6 October 2005. Available at <http://www.nzherald.co.nz/section/story.cfm?c_id=1&objectid=10348893>. 4/11/05.

notice the signs indicating AIDS. Then they will need more intensive counselling and support.

Some patients will need anti-depressant medication. Further, if the patient suffers from pneumonia or TB, the medical staff can treat the sickness with the appropriate antibiotics. When a pregnant woman is diagnosed with HIV, the doctor can prescribe medicines which will reduce the risk of contaminating the baby with the virus at delivery.³⁵

Second, people who are willing to work with HIV positive persons need to gain personal experience of how to accept the patients and relate to them. In order to break the barrier, they must meet some HIV patients who publicly disclose their status. Sexual Health Trainer with HELP Resources, Clara Poma, observes, 'Most participants in the mass training had not met a HIV person and were scared of going near them. After hearing their [the HIV positive women's] stories, the participants knew they could talk, touch and hug'.³⁶

Third, at some later stage of the sickness, the HIV people may grow tired of taking medicine, tired of people rejecting them or having pity on them, and tired of waiting for death. They will need others to encourage them, help them be cheerful and steer them to focus on the positive things still present in their lives. Dr Florence Muga underlines the truth about every HIV patient: 'The important thing when someone is HIV positive is not how many years he or she has left, but how he or she spends those remaining years.'³⁷ This truth applies not only to HIV people but also to each one of us. It does not really matter how many years of life we have left, but it does matter how we will spend those remaining years. Will we persist in being judgemental towards these patients (and others) and in condemning them? Or will we accept them as they are and help them live their lives to the full?

Conclusion

Stigmatising HIV people and discriminating against them neither stops nor even decreases the spread of HIV/AIDS. Just the opposite is true. When we accept and support these people, they will help us to fight HIV/AIDS.

Some HIV patients, who feel accepted by their families and communities, have already acknowledged publicly their illness, shared their experience regarding living with the virus, and made powerful campaigns against HIV/AIDS.³⁸ Personal contact with known HIV positive people lowers fear and gives confidence to HIV (presumably) negative people to socialise with them. Such

³⁵ Muga, 4.

³⁶ 'Fighting the stigma of HIV/AIDS,' *Oxfam News*, May 2004. Available at <http://www.oxfam.org.au/oxfamnews/may_2004/stigma.html>. 25/10/05. See also Levy, 20.

³⁷ Muga, 5.

³⁸ See Zoe Bake-Paterson, 'HIV-infected trio expecting babies,' *Post Courier*, 18 August 2005, 7; Gracia Violeta Ross, 'I have AIDS': A testimony of a pastor's daughter,' in *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis*, ed. Tetsunao Yamamori et al (Waynesboro, Georgia: Authentic Media, 2003), 34-35.

communities set a proper example for others and are more convincing in educating their own members about HIV/AIDS.

Awareness campaigns, education about HIV/AIDS and acceptance of people living with HIV/AIDS are still only a part of the struggle against the spread of HIV/AIDS. Papua New Guinea must make every effort to reduce law and order problems regarding sexual violence on the family, community and country levels. Also it needs to diminish the social domination of men that increases both risky sexual behaviours and the sexual exploitation of women.

Many awareness campaigns promote condoms as the most powerful means in fighting HIV/AIDS. In fact, condoms are not as powerful as many would wish. Where society, for instance, is unable to protect children and women from rape, sodomy and incest, condoms are of no help. Where women, coming from the position of inferiors, cannot insist on abstinence and fidelity, it is unlikely that they will have sufficient power to insist on men using condoms. If abstinence is not taken as an option, what happens when condoms are temporary unavailable? Besides, even consistent use of condoms does not take away fully the risk of contamination with HIV; they may fail up to 20% of the time. Therefore, a behaviour change only from not using condoms to using condoms consistently and correctly is insufficient in the struggle against the spread of HIV/AIDS. The change of attitude from seeing sex with many partners as a form of recreation or as social status vindication, to understanding it as a part of a committed relationship in marriage is needed.

The strength of current awareness campaigns is that they inform the public of what HIV/AIDS is all about and how one can be infected with the HIV virus. (This knowledge undoubtedly helps to diminish the discrimination against HIV positive people.) But, in order to be successful in the struggle against HIV/AIDS, the campaigns must also focus on discouraging promiscuous sex not only because it increases the risk of being contaminated with the virus, but above all because it renounces the real purpose and the deeper meaning of sex as an expression of love in a marriage relationship. At present, many HIV/AIDS awareness campaigns do mention abstinence and fidelity but without developing them any further. Although the change of attitude from promiscuous sex to abstinence and faithfulness to the spouse is difficult, it is not impossible. It does already bear fruit in Uganda and a few other countries.

References

- American Foundation for AIDS Research 2005, 'The effectiveness of condoms in preventing HIV transmission', <[http://www.amfar.org/binary data/AMFAR_PUBLICATION/download_file/34.pdf](http://www.amfar.org/binary_data/AMFAR_PUBLICATION/download_file/34.pdf)> 26/10/05.
- 'Akau'ola, Seluini 2003, 'HIV/AIDS seminar for SPATS member schools: ethical and theological issues involved', *Pacific Journal of Theology* 29 (2003): 62-74.
- Bake-Paterson, Zoe 2005, 'HIV-infected trio expecting babies', *Post Courier*, 18 August 2005, 7.

- Bonsella, Bonney 2005, 'Government funding to combat AIDS scare', *National*, 14 November 2005, 6.
- Cayley, William E. (Jr.) 2004, 'Effectiveness of condoms in reducing heterosexual transmission of HIV', *American Family Physician*, 1 October 2004
<http://www.findarticles.com/p/articles/mi_m3225/is_7_70/ai_n8570292>. 26/10/05.
- Oxfam News, 'Fighting the stigma of HIV/AIDS', May 2004.
<http://www.oxfam.org.au/oxfamnews/may_2004/stigma.html> 25/10/05.
- Garap, Sarah 2001, 'The struggles of women and girls in Simbu Province', <<http://www.pngbd.com/forum/showthread.php?t=6634>> 4/11/05.
- Gerawa, Maureen 2005, 'AIDS scares off 'nurses'' *Post Courier*, 18 August 2005, 3.
- _____. 'C' stands for Christian values', *Post Courier*, 28 June 2005, 11.
- Gigmai, Freddy 2005, 'AIDS warning: highlands leaders call for condom, nightclub ban', *National*, 21 November 2005, 1-2.
- Green, Edward C. 2003, 'How faith-based organisations have contributed to AIDS prevention', in *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis*, ed. Tetsunao Yamamori et al., 66-79. Waynesboro, Georgia: Authentic Media.
- Gross, Marietta & Manning, Selwyn 2005, 'Scoop investigation: time runs out on South Pacific HIV/AIDS Crisis', <<http://www.scoop.co.nz/stories/HL0506/S00001.htm>> 2/11/05.
- Harepa, Fiona 2005, 'HIV/AIDS is up 10-fold', *National*, 5 August 2005, 5.
- Kaiok, Mackhenly 2005, 'Sex trade shock: 12-year-olds buying sex, says prostitute', *Post Courier*, 30 November 2005, 1.
- Kalimda, Nancy 2005, 'On the increase: family, sexual violence', *Post Courier*, 21 April 2005, 16.
- Levy, Catherine 2005, 'Attitudes and behaviours towards HIV and AIDS and persons living with AIDS', *Contemporary PNG Studies* 3, 13-30.
- Melepie, Pele 2005, 'HIV & AIDS: discrimination and stigma kill', *National*, 18 August 2005, 21.
- Miva, Peter 2005, 'Sex cases climb in Mamose, says Labi', *National*, 8 August 2005, 6.
- Muga, Florence 2005, 'Helping people living with HIV/AIDS', *National (Weekender)*, 22 July 2005, 4-5.
- Niesi, Peter 2005, 'Dame Carol Kidu: There must be a shift on HIV/AIDS fight to focus on men', *Post Courier*, 24 October 2005, 1.
- Pamba, Kevin 1999, 'Health-Papua New Guinea: Friends for people living with HIV/AIDS', <<http://www.aegis.com/news/ips/1999/IP990909.html>>. 25/10/05.
- Per, Zachery, and James Kila 2005, 'Schoolgirls raped: 12 grade 8 students taken from their dormitory by armed men', *National*, 11-13 November 2005, 1.
- Peterson, Anne E. 2003, 'Fighting AIDS: The faith-based solution.' *Washington Times*, 6 April 2003.
<<http://www.usaid.gov/press/releases/2003/wt030406.html>>.28/10/05.

- Ross, Gracia Violeta 2003, 'I have AIDS': A testimony of a pastor's daughter', in *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis*, ed. Tetsunao Yamamori et al., 29-36. Waynesboro, Georgia: Authentic Media, 2003.
- South Coast Midwifery and Woman's Health Care 2005, 'Contraception', <<http://southcoastmidwifery.com/gynecology/contraception.html>> 15/11/05.
- Steiner, Markus & Pamela DeCarlo 2005, 'What is the role of male condoms in HIV prevention?' <<http://www.caps.ucsf.edu/publications/condomsrev.html>> 26/10/05.
- Tunnah, Helen 2005, 'Condom clears man with HIV', *New Zealand Herald*, 6 October 2005. <http://www.nzherald.co.nz/section/story.cfm?c_id=1&objectid=10348893>. 4/11/05.
- UNAIDS, 2004, 'Making condoms work for HIV prevention', <<http://www.champnetwork.org/media/un aids.pdf>>. 4/01/06.
- UNAIDS, UNFPA, WHO, 2004, 'Position statement on condoms and HIV prevention', <<http://www.unaids.org/EN/other/functionalities/search.asp>> 4/01/06.
- Vorster, J. M. 2003, 'HIV/AIDS and human rights', *Ecumenical Review* 55: 345-61.

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