

Mareng Language HIV/AIDS Awareness Material Production and Distribution

(Jimi Valley, Western Highlands Province, PNG)

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Abstract

This article examines the creation process and distribution impact of HIV and AIDS awareness material in Mareng, a language from the Western Highlands Province. VSO Tokaut AIDS, funded by the Big Lottery Fund (UK) has been carrying out an extensive HIV/AIDS awareness program in the Lower Jimi valley since 2005. The initial baseline research had identified the need for information in the local language in order to be able to reach the part of the local population that does not speak English or Tokpisin. The article reviews the choices made in the development of the material in local language, in order to maximize community involvement and interest. Community members selected on the basis of their HIV and AIDS background and of their position within the community gathered for a week to outline the content of the information needed and discuss the appropriate translations in Mareng. The final result was a 12-page pamphlet about basic facts about HIV and AIDS and persons living with HIV and 5 posters featuring photos of local community members and text in Mareng also. The group then discussed the physical distribution of the material in the 28 Mareng-speaking villages. Finally they were able to report on the reactions among the community to the posters and the pamphlets.

Keywords: baseline research, HIV and AIDS awareness, community involvement, translation project, linguistic diversity

Project context

The VSO Tokaut AIDS Project funded by the Big Lottery Fund (UK) aims to improve the quality of life in communities in rural areas of Western Highlands Province (Lower Jimi valley) and Madang Province (Raikos area). The project utilizes Community Theatre, training and support at the community and school level to increase awareness of HIV and AIDS, and to promote positive attitude and behavior change. A baseline research was carried out in March 2005, prior to the beginning of the activities, and an evaluation research in June 2006 and again in June 2007.

In Jimi, the Bismarck Range Tieta presents their plays in the local Mareng language. Both the baseline research in 2005 and the evaluation in 2006 identified that part of the population in Lower Jimi does not speak Tok Pisin, or not enough to correctly integrate information as new as the HIV/AIDS awareness. Women particularly have little or no access to formal education, and extremely limited contact with the world outside their villages. This led to

the decision to create reference material in Mareng language, which would be made available to community members and community groups. The Mareng language counts about 7000 speakers and has been documented by the Summer Institute of Linguistics.

The objectives of the project were to create and produce a written version of the basic facts of HIV/AIDS and about Sexually Transmitted Infections (STI), and basic information about care for a person living with HIV or AIDS, to be distributed in 28 Mareng-speaking villages. The material was to be made available to the general community, especially the literate members, to community and church leaders, to women's groups and peer educators, as critical literacy material for group and family discussions and as a general reference in local language in each village.

Besides a booklet, five posters were created in A3 format, designed as visual eye-catchers to support the brochures circulating in the village and further encourage the community to mobilize in the response against the epidemic. Another objective of the project was to get the community members to display the posters in open areas as a reference to and a reminder of the booklet. Readers are encouraged to contact the Koinambe hospital, peer educators or the Bismarck Range Tieta troupe members for additional questions and information if interested.

The whole project was subdivided into three main steps: the creation of the material (June 2006, final proofreading August 2006), the launching and distribution of the material (March 2007) and the impact evaluation (June 2007).

Main Results

Step 1: Creation of the material – June 2007

A one-week workshop in June 2006 gathered eight participants and one facilitator/linguist. All participants had been selected on the basis that they were Mareng first-language speakers, were literate and had had some exposure either to HIV/AIDS and/or to translation into the local language. More specifically, there were two assistant Bible translators, one nurse, one Anglican Mothers' Union HIV/AIDS Peer Educators' trainer, and four Anglicare-trained peer educators. The participants saw themselves as strongly motivated and committed community members, and as benefiting from strong support of traditional and Anglican leaders.

After a review of the existing Mareng alphabet, four days were spent on translating the brochure, one day on creating the posters, the posters' slogan and baselines, and the final day was spent proof-reading the whole material. For the brochure, the participants discussed a basic text written in English for questions of scientific accuracy. The discussion was done in Tok Pisin with the facilitator, and in Mareng among themselves, until all participants were clear and agreed on the content of the text.

For the posters, all participants worked on the creation of a headline slogan 'HIV/AIDS Jimi *reema mia. Deebe kebon*' (HIV/AIDS is in the Jimi Valley; talk about it to learn about it') and of five baseline texts mobilizing various community subgroups (the community as a whole, the parents, the young people, the men and one poster advocating condom as protection).

The practical method used was a translation sentence by sentence, with all participants discussing until they all agreed on a translation. The facilitator then wrote the sentence on butcher paper for a communal reading and spelling check. Later, the text was typed and printed for proofreading (a generator and printer were available for this purpose at night). The final communal proofreading and discussions were done until consensus took place on the last workshop day, together with the proofreading of the posters' headline and baselines.

Pictures were taken for the five posters, featuring local villagers who had been briefed as to the purpose of the project, namely that their picture would appear on posters about the response to the HIV/AIDS epidemic in the Jimi valley, to be distributed in the whole Mareng-speaking area. A final proofreading took place in Madang in August 2006 with the help of one of the translators.

The workshop had a 'slow' start, as participant men and women, even though they knew each other, had to learn to work together on a sensitive topic. Despite their previous exposure to HIV/AIDS, it was clear that they were not familiar with the topic. To this was added the fact that it was their first time to thoroughly discuss this type of information in Mareng and they quickly expressed how they were developing a distinct feeling of responsibility towards the community who was going to read the text later on.

The group had to go over some 'hurdles', in particular the initial encounters with sexual references in the text. The participants identified these instances as challenges to '*tok stret*' (straight or direct talk), as had been made clear during the introduction to the workshop. Body language made this 'jump' particularly obvious, when they got to the mention of body parts: they looked at each other and nodded their head, as if to say: '*We go, he?*' (This is where we are going) and they went.

Participants displayed growing feelings of confidence with practice over the few days, which evolved into enthusiasm and a genuine community feeling for working together in 'unknown territory'. In this regard, the day of proofreading sessions proved particularly fruitful as participants spontaneously corrected parts of the translation, choosing a more direct and clearer translation (opting for 'sexual contact' rather than 'going around the bush', or 'penis' and 'vagina', rather 'body parts of man and woman').

At the end of the workshop, the participants were able to express their feelings of achievement by saying they felt they now had a better grasp of the content. Peer educators particularly expressed greater self-confidence in their own

knowledge about HIV/AIDS and in their own capacity to transfer the information. They expressed their satisfaction at the tangible results which they perceived as tools for reaching out to the whole Lower Jimi Valley through the powerful medium of the common familiar language.

One thousand booklets and 100 copies of each poster were printed, for a total of about 25 posters (five copies of each one) and about 300 booklets per village.

Step 2: Launching and distribution of materials in 28 Mareng-speaking villages

The next workshop of four days took place in March 2007, gathering fifteen participants (seven women and eight men). Some of the participants had taken part in the translation workshop. All had been selected as literate, committed community members, willing to walk to the villages to distribute the posters and pamphlets. Participants were going to travel in pairs, a man and a woman, to reach both genders in the community during their visits.

The participants were introduced to (or reminded of) the objectives of the project. Then all participants familiarized themselves with the finished products, the twelve page A5 booklet and the five A3 colour posters. The first day was spent in collegial reading of the posters and the booklets, and practice reading aloud, asking and answering questions. In particular, all participants spontaneously took to practice the 'difficult parts', with words traditionally not used in public (namely, body parts and sexual activity). A discussion took place as to which distribution strategy would be used to optimize the results. The participants, divided into seven teams, 'shared' the 28 villages among themselves, according to their places of residence, their place of origin, and their various family and clan ties across the valley.

The final agreement was that the teams would follow the following sequence:

- send an announcement of their village visit, taking into account such local events as market and community work days, church activities and garden activities
- in the village, gather the community, making sure to include the leaders, and explain the purpose of their visit
- separate the community into male and female, to allow each gender group to take part 'comfortably' in the presentation and discussion.

The presentations would consist of the distribution and discussion of the posters, followed by a reading of parts or of the totality of the pamphlet. The facilitators were to read aloud, slowly and several times, then to ask questions to check the audience's understanding. This would be followed by a question time, where community members would be invited to handle the material and ask questions until they felt satisfied that they could read them and use them once the facilitator had left the village. In particular, literate community members would be called to take charge of further disseminating the

information contained in the posters and booklets, during further meetings and activities within the community. This was addressed to Anglican Mother's Union members, youth groups, church and community leaders, aid post staff and teachers, when applicable.

After each village visit, the facilitators would write a short report relating the main reactions, likes and dislikes, topics and discussion and possible disagreements, and questions and comments of their audience. All participants conducted one or two pilot sessions with community members inside the Koinambe community area on day three of the workshop. The participants then gathered again on day four to discuss their experiences.

Some points were highlighted.

- The villagers need to hear that most of the people on the posters were *not* HIV positive but that, by agreeing to appear on the picture, they were taking a stand to fight the spread of the epidemic.
- The condom poster is identified as the one more likely to provoke discussions and disagreements. It is decided to present it last of the five, so as to optimize the audience's receptivity to the other ones.
- One picture on the posters about the young people featured a young Hagen woman called Margaret among a group of young Jimi men and women. Margaret was a young HIV positive woman who had come to Jimi as an HIV/AIDS activist, upon invitation of VSO Tokaut AIDS. Her presence on the picture solicited discussions about behaviour towards people living with HIV, aside from the message about young people using prevention methods against transmission.
- When possible, the audience would be separated in age groups, to give the younger ones an opportunity to ask questions outside the presence of their parents.

Synthesis of facilitators' reports of village visits

After each village visit, the participants wrote a short report in a notebook that was later forwarded to Madang for analysis. The reports, however succinct, recaptured well the participants' main experiences during their visits. The facilitators' visit created a major stir in all villages visited, with the exception of one where the sudden and recent death of one community member diverted the community's interest. Facilitators appear to have spent on average half a day in each village and each time basically followed the proposed sequence. Once they sat down with their respective groups of men on the one hand, and of women on the other hand, they first presented the five posters and thoroughly discussed them with the audience before moving on to the booklet.

According to the time available and the groups' momentum, the facilitators read some chosen chapters, or used the text to answer questions. In some instances they read the whole booklet. While doing so, they made sure that the content of the booklet would be made accessible to the community members

for further reference. Literate villagers were invited to handle the booklet, open it, leaf through it, identify the headlines and read and comment on the text.

The villagers appreciated sitting in their respective groups, per sex, for freer expression. In one instance, however, the male facilitator went to Kema village on his own, without his female counterpart. There the women insisted on being part of the discussion as they feared not having another chance to have access to the information. The facilitator warned them about the 'sensitive' topic, and the direct language, but they sat through the discussion and participated actively throughout 'despite' the presence of the men.

The overwhelming majority of the audiences were in awe of seeing and holding HIV/AIDS awareness material *in their own language*. During the first moments they expressed surprise, even incredulity, then they in one voice saluted the initiative which they felt anchored the information within the broader Mareng-speaking community.

'Samting bilong mipela yet, I no samting bilong waitman, o bilong gavman.' (Something that really belongs to us, not something from the white man or from the government)

The written Mareng document is felt to enhance the status of the language and of its speakers. It allows for the first time, it is said, direct and free access to a reliable reference. The material is explicit, clear, leaves no room for misinterpretation and does not require translation.

Bipo ol manmeri skulim mipela long Inglis na Tok Pisin, na planti long mipela I paul tru. Nau mipela harim long tokples, na mipela klia tru. (Before they schooled us in English or Tok Pisin, and lots of us do not understand (these languages). Now we hear it in our language and we understand very well.)

The information is perceived as straightforward, clear and complete. The fact that it is written in local language appears to 'deepen' the understanding of the content. The direct language is also a mark of modernity, and seen as the 'weapon' or the 'medicine' to fight the disease. Some groups of women in particular, welcome the change in tone (compared with the more traditional shyness or indirectness concerning the topic) and see it as a sign of the change in society and possibly in women's status towards assertiveness:

Olgeta mama tok pasin tambu em I pinis nau, nau mipela mas fil fri long tok stret na banisim ol pikinini na komuniti long birua bilong sikאים. (All the women said the custom of taboo is finished now. Now we must feel free to speak out, so as to protect the community and the children from the dangers of AIDS.)

The written document is described as 'School', a term that had already designated the VSO Tokaut AIDS actions in the area. The awareness actions in

the area are perceived as a way to improve the very low literacy level and the women's general lack of access to information. To now actually have the information in a permanent form, in writing, enhances further the status of the awareness program. It is interpreted as a program actively pursuing Jimi people's needs, and not an agenda drafted in a (geographically and psychologically) distant location.

The posters represent community members' known faces, which delights the audience and expresses the fact that Jimi people take an active stand against the epidemic. The illustrations also highlight 'traditional' ways of communication, for instance the community as a whole, or parents to children, which need to be reactivated to mobilize people in the fight against HIV. It is said to be of particular importance for young people who are felt to be less under parents' control, and so more at risk. The presence on the young people's poster of a HIV positive activist is perceived as sending a (welcomed) strong anti-discrimination message.

The poster addressing the men ('Men, take care of your family') is perceived as necessary and timely, as men are said to need to be reminded of their responsibilities (by the majority of women, and by some men). It is however perceived (by women and some men) as representing a 'wishful' situation, rather than the reality of marital relationships. In traditional Jimi, men are said to not hold their wife's hand, to not care about her well being, to not hold their children. Such comments are followed by questions, mostly from women: 'The men 'go around' too much and misbehave with impunity. What can be done, what can women do?'

'Nau mi klia, mi kisim gutpela awanes. Nau bai mi wokim wanem taim man bilong mi raun?' (Now I know. I received good information. But what will I do when my husband goes to see other women and then comes back to me?)

Such questions are important as they address the general impact and maybe point to limitations of the awareness program as a whole. The poster featuring the community is appreciated as showing the right path in the response to HIV, based on traditional community strength. By being on the picture, and with the central example of the leader, the community 'acts', rather than just merely stands back and listens.

Not surprisingly, the condom poster was the one that caused the most stir and negative reactions. While the evaluation research had shown that condoms appeared to be gradually accepted by the community, they are still perceived as controversial: good as a protection, bad, as they are strongly associated with extra-marital sexual relations. Some parents mentioned that, while they recognized that their children need protection, they worry that such a poster may be 'pushing' them towards 'misbehaviour'. The picture elicits questions about male/female condoms: what is represented on the picture, male and/or female condoms? What does a male condom do in a woman's hand? One

woman had never seen a condom previously so had no idea what the poster was about.

The booklet adds to the previous awareness efforts in the area and is perceived as the reference that will stay inside the household, as a tool permanently available in the fight against HIV/AIDS. For some respondents, in a first instance, and because of the lack of practice, the Mareng booklet appears as hard to read, with long text and no pictures to guide the reading. Further work guided by the facilitator weakens this initial perception. However, the booklet remains a tool to be used by those community members who are literate enough to pass on the content to others.

Lots of questions were asked about STI's and about the service offered by the hospital: What is STI? Is that a new disease yet? What happens when you go to the hospital? Will the staff really look after you or just prescribe 'any' medicine? Some comments underline the patient's feeling of shame when going to the hospital for symptoms affecting sexual body parts. Some among the audience doubted the quality of support or follow-up provided by hospital staff in matters as severe as HIV and even as STIs. According to them, the hospital in Koinambe cannot be trusted for good treatment, especially STI, or simply cannot cater for the needs (blood test). There are still questions and doubts as to where the HIV test can be carried out and whether it is free of charge. Also the point is raised about the difficulties to reach Hagen and Kudjip Hospital.

The HIV disease is acknowledged as being *inside* the community. Aside from direct references to this fact, it becomes clearly perceptible in two types of reactions: some tending towards the exclusion of the persons living with HIV, and others tending towards their inclusion. The latter is expressed through questions about how to care for a person with HIV and requests for more information about the care possibly given at home.

On the side of stigma and exclusion, particularly in villages further away from Koinambe, the audience had questions and requests about the HIV blood test and a care centre to accommodate the person with HIV. These questions and comments were accompanied by a number of stories about persons suspected of being HIV+, and the actual or expected behavior of the entourage.

The questions that look at adapting to changing circumstances – the introduction of a new disease, the awareness about transmission – are further enhanced by such comments as: how do you start using condoms in an established relationship? To bring that change and start using that condom is for a man to openly recognize his infidelities, and knowing how to have the wife accept this with equanimity? This question relates to the one mentioned earlier, of the woman wondering what to do practically with her newly acquired knowledge when faced with a promiscuous husband. Such comments express a need of further community support in terms of communication and of behaviour.

The question of 'polygamy' is raised by women in relation to men's behaviour as further discussions underline the fact that polygamy is not traditional in Jimi, and what is called polygamy today is in reality men taking 'concubines' in other villages, while '*meri tru*' (the 'true' wife) remains in her position in the home village. On a more general level there are voices that regret the changes as they are felt in the local society, the changes brought about by the market economy, and the weakening of the old traditions

Step 3: Evaluation of the impact of material distribution

Tokaut AIDS carried out their yearly external evaluation in June 2007, which was three months after the distribution of the posters and pamphlets. A number of questions aimed at further evaluating the impact of the material distribution. The following information is taken from the main evaluation report.

The five posters and twelve page booklet in Mareng language are mentioned spontaneously by a large number of respondents as being a source of information about the disease. The material created quite a sensation in all villages, mainly because it was written in the local language and because the pictures feature local community members. The impact of these two features has been to 'anchor' the ownership' of the Tokaut AIDS intervention in Jimi more deeply, further engaging the communities after the slogan '*HIV/AIDS is in the Jimi valley: talk about it to learn about it*'. In this view, the material is considered a tangible trace of the troupe's impact after they have left the village.

The effect appears to be as initially desired: the posters were displayed outside the houses, in full view of the passers-by, as a constant reminder. The booklet, while it is less well known than the posters, has been used for communal reading by various groups (Mother's Union, community and family reunions), as a reference to answer specific questions and generally as a basis for discussion. Literate children are said to read it to their (illiterate and/or exclusively Mareng-speaking) parents. Women particularly comment on the fact that for the first time they have access to information that does not require translation, and so would not lead to confusion or misunderstandings. One teacher (non-Mareng speaker) of Koinambe primary school uses the booklet as teaching material. He tries to read the local language, much to his students' hilarity, and uses the opportunity to ask them questions and verify or correct their knowledge.

Overall, the concept appears to have contributed to further boost Jimi's morale, whereby those who were formerly referring to themselves as 'the back page of Western Highlands Province', are now worth written literature in their own language.

There are demands for more posters – no household would like to miss out on them – and more written information on testing and counselling, and on home-based care of people living with HIV or AIDS.

Conclusions

The creation and diffusion of awareness material in the Mareng language, as part of the Tokaut AIDS awareness program, appears to be a good practical reconfirmation of the importance of language sensitivity in PNG context. One of the conditions for the success of an awareness program is to identify the 'weakest' group, and take it as the measure for content integration. In this case, the group most likely not to integrate the content of the awareness program was those people with language-related difficulties.

The process of creating an information booklet and five posters has underlined the need to take into account not only linguistic, but also cultural, traditional and religious parameters. The success of an HIV/AIDS awareness program lies in finding a compromise between traditional and religious sensitivities, and the realities dictated by the epidemic.

The discussion in *Tok Pisin* and local Mareng language for the best translation into Mareng gives an insight into the choice of peer education techniques. Group translation, particularly the discussion that goes with it, appears as an excellent method to integrate and 'anchor' the information. The result is perceived as an efficient complement to the other Tokaut AIDS initiatives, in line with its philosophy of direct and clear talk and its access to the remotest areas.

The reception of the material was very positive and personal, as community members unanimously expressed the feeling that its essentially 'local' character (in the choice of language and the pictures featuring local people) was a direct response to local needs and expectations. The exercise sets an example, in the mind of community members, who are able to identify further information needs, namely on the level of HIV blood testing, counseling, and caring for a person living with HIV or AIDS.

The impact of this initiative is confirm the Tokaut AIDS program as an awareness program that does not follow some (geographically and psychologically) distant agenda, but as having at heart the direct benefit of the Jimi people, listening to them and answering their needs within their capabilities. This small translation project might be seen as a pilot for further similar initiatives in the PNG context of high linguistic diversity and geographically remote areas.

Author

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