

Komuniti Tok Piksa: Communities making films for HIV awareness in PNG

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Abstract

Having one of the highest HIV prevalence rates in the Asia-Pacific region, PNG has struggled to address issues around awareness and effective communication. Due to a number of factors including cultural barriers and remoteness of communities, it has been challenging to bring across education and prevention messages to people. This article presents selected findings of the *Komuniti Tok Piksa* (KTP) project, a research and production project that investigated the use of visual technologies for HIV awareness with communities in the PNG Highlands. The authors discuss KTP's innovative approach in combining an indigenous research approach with creative action research that involves community members in message creation. As a result, they demonstrate the potential of such an approach for public health awareness in PNG.

Introduction

While recent studies estimate the HIV prevalence in Papua New Guinea at under 1%, the country continues to have one of the highest HIV prevalence rates in the Asia Pacific region. In 2003, PNG was the fourth country in the Asia-Pacific region to be recognized with a generalized HIV epidemic. In 2008, 99% of all HIV infections in the South Pacific were in Papua New Guinea (UNAIDS 2009, p. 2). To date, HIV and AIDS prevention and education initiatives in Papua New Guinea have met a great variety of challenges. Its cultural and linguistic diversity renders large-scale prevention and education solutions unworkable and calls for a more localised approach. Its geographic distances and large mountainous regions present further challenges, including the logistics of reaching its many remote communities, particularly in the Highlands region of the country. Communities are known to have strong culturally engrained taboos, reducing the effectiveness of generic messages about HIV and AIDS especially in regard to vulnerable individuals. Furthermore, high illiteracy rates and low access to public media reduce the impact that media can have in raising awareness about HIV prevention.

Regionally, the Highlands provinces accounted for 60% of all HIV positive cases in PNG in 2009 (NACS 2010, p. 17). Despite the fact that the prevalence in the Highlands is said to be experiencing a downward trend (NACS 2010, p. 16), there remains much uncertainty around these statistics. The region is characterised by people living in remote communities and experiencing a lack of access to health services and testing facilities. This also poses challenges to

prevention initiatives. While people in urban areas might be responsive to mass media campaigns because they are frequently exposed to them and have a higher level of media and English language literacy, rural areas require an approach to media that is more localized, and more specific to their own culture and language to compensate for lower levels of media literacy. People in the highlands region rely more on interpersonal communication for information (Maibani-Michie et al. 2007), and that is often information that is specific to their cultural understandings and habits.

To address these complexities, the KTP project developed an innovative visual approach to involve communities in the PNG Highlands in addressing some of the challenges of communicating about HIV and AIDS. KTP collaborated with communities in the creation of prevention material to address the cultural diversity and the different levels of education of each of these communities. This paper discusses the approach of the KTP project and presents selected findings from the research process and feedback screenings of the KTP films.

HIV and AIDS communication in Papua New Guinea

Communication plays a vital role in the response to HIV and AIDS. In recent years it has been recognised that simply providing information to previously uninformed populations is not sufficient in addressing behaviour change. Learning about HIV and AIDS and understanding one's own risk is dependent on a number of social, cultural and economic factors. In other words, vulnerability to HIV is socially structured and conditioned. The interpretation of risk and people's behaviour is not always informed by rational thinking and interpretation of information about HIV and AIDS is culturally specific (Lie 2009).

In Papua New Guinea, this cultural specificity impacts significantly, largely contributing to the ineffectiveness of most prevention campaigns (Butt and Eves 2008). As Reid has highlighted, the driving forces of the epidemic need to be determined (Reid 2008), and in the case of PNG this is linked to a host of social and cultural issues, across multiple cultural groups. In an attempt to imagine new ways of approaching HIV and AIDS communication, Lie (2009) argues for a shift away from mainstream HIV and AIDS mass media campaigning towards culturally appropriate responses to HIV and AIDS and the use of local community media.

Every country's communicative ecology is unique and culturally specific (Tacchi et al. 2003). Communication strategies must therefore be developed locally to be effective, incorporating a variety of levels to target a variety of audiences (D'Silva et al. 2008). They must also adapt to the changing nature of people's communication patterns. This is particularly evident in Papua New Guinea, which has experienced an unprecedented influx of communication networks in recent years, such as the expanding mobile phone network and the increase of *haus piksas* (village cinemas) in rural communities. These changing communication practices increase the need for evidence-informed and adaptable approaches. In Papua New Guinea, the role of communication in

prevention and education around HIV and AIDS remains significantly underexplored.

The NACS 2011-2015 HIV and AIDS strategy provides the framework for the PNG National HIV response. Despite an improvement in knowledge about the patterns of the pandemic, the NACS notes that there is still a lack of epidemiological and behavioural data to steer the national response, specifically in planning for prevention initiatives (NACS 2010, p. 19). An ineffective prevention response to date is considered the “most significant gap in the national response” (p. 21). Prevention is considered a key priority in the NACS 2011-2015 HIV and AIDS strategy.

Mass media campaigns initiated by the National AIDS Council Secretariat (NACS) such as awareness posters and bill boards are reported to have achieved limited success and have at times reinforced stereotypes due to the limited information given (Butt and Eves 2008; King and Lupiwa 2009). The edutainment model such as in theatre and television however has shown some success in PNG. These media have been able to integrate information that provides scenarios that people can relate to and learn from. At the same time, people appreciate information combined with entertainment, particularly as it reaches a largely illiterate population who might not have regular access to mass media (Corrigan 2006, p. 4).

Moving away from mass media campaigns, some initiatives have sought to use a more creative approach as a means of both awareness raising and research. VSO Tokaut AIDS Awareness Community Theatre Project for example is an action research project that trialed community-led theatre in rural areas (Corrigan 2006; Levy 2008). The visual quality of theatre overcame the language barriers, as messages were played out to reflect the communities and the realities of their day-to-day lives. Similarly, the approach of KTP has been set up as a pilot project to strategically investigate the use of audiovisual and participatory tools within the context of HIV and AIDS, while at the same time offering the potential for wider distribution.

Methodology

The KTP project emerged from the idea that sustainable and meaningful approaches to slowing the spread of HIV and AIDS must be developed by communities themselves in order to be successful (see Gibbs 2008). To facilitate this process, an action research approach was needed to move beyond the collection and analysis of research data, and involve participants directly in the creation of prevention messages that can subsequently be used to inform and educate others in PNG.

KTP’s research approach was designed by combining participative research with video feedback methods (Iedema et al. 2006; Thomas 2011). This unique approach proved able to respond to the specific conditions and challenges of complex situations, such as accessing, communicating, negotiating access with,

gaining trust and involving communities as co-creators in media production across the Highland regions.

The situational characteristic of action research allows for the evaluation of individual and community transformations, revealing how knowledge is processed and constantly (re)formulated within the discourse of culture (see Gegeo 2002). Visual analysis and ethnographic techniques are used to engage community members in interpreting interviews and behaviors. Video ethnography is increasingly recognized as an effective and accessible methodology, particularly in its ability to create dialogical approaches to change (Iedema *et. al.* 2006). In this approach, community interpretations are workshopped with local researchers and participants through reflexive visual analysis. Ethnographic data also serves the translation of the understandings of local narratives into the development of educational material.

The participatory action research process took place firstly, through the participation of student researchers and junior staff who were part of research teams, conducting research in all five Highlands provinces; and secondly, through the participation of community groups within their local setting. Each team had researchers that were community/cultural insiders, enabling the building of relationships on trust, contributing to the creation of 'uncoercive communicative spaces' (Bodorkos and Pataki 2009).

KTP's approach relied on Melanesian indigenous approaches to research by which relationships based on trust with participating communities were crucial in undertaking the project (Thomas 2011). Early consultation with local student researchers and communities identified respect, reciprocity, and relationships as three core values across PNG society, and the KTP method was developed with these values in mind (see Wilson 2008). This was further expanded to the media production process which included the integration of local story-telling approaches through continued feedback from participants.

In this process, KTP student researchers provided direct links to the communities and facilitated the research and production processes. As a research capacity building project at the University of Goroka, the KTP project involved 25 researchers who undertook various individual research projects while contributing to the larger KTP project and the production of the KTP films.

A baseline study was initially conducted in ten Highland communities to capture understandings and knowledge around HIV in the communities. The baseline research was undertaken by conducting qualitative interviews (in *Tok Pisin* and where required in *Tok Ples*). These sought to capture community narratives and the way people make sense of the impact of HIV in their communities and daily lives. A total of 118 people were interviewed across the participating communities. Interview data was entered into Nvivo analysis software and analysed thematically.

The findings from the baseline study informed the process of producing the films in five of these communities. Films were edited in collaboration with community members and once completed were screened in the communities for feedback. Film production adapted to what the communities wanted to do, resulting in the production of four documentaries and one drama film (see table 1). Production processes were audio recorded and analysed thematically. Focus group sessions were held in order to assess the impact of the films in the communities.

Baseline findings

Overall, the baseline study identified that the closer people live to a town centre, the better their knowledge of HIV and AIDS was likely to be. They often commented 'We know of HIV and AIDS, it has been around for some time'. What was found to be frequently lacking however, is practical knowledge that could be characterized through a higher level of experience with HIV. That this practical knowledge was commonly lacking indicates that the awareness programs to which communities are currently exposed may not be having as significant an impact as may be hoped. Basic awareness of HIV is a strong foundation. However without elaboration and adaptation to local practices and risks, such general awareness is unlikely to yield positive outcomes. People who had taken care of someone living with HIV, or communities where people with HIV were living openly, tended to demonstrate a much higher level of practical knowledge. This meant for example knowing that HIV is transmitted through blood, and not being worried about hugging an HIV positive person. The baseline study analysis revealed that general awareness of HIV and AIDS need not reduce misconceptions, and on occasions may even reinforce them.

There were numerous such shared narratives around HIV and AIDS that the baseline study uncovered. From these shared narratives, themes emerged that resonated across communities.

- Respondents associate HIV strongly with death and are fearful, therefore frequently reject those living with HIV.
- PLWHA are often seen as 'sinners'. Churches have a strong impact on experiences and narratives around HIV and AIDS.
- While people are aware of HIV and AIDS, limited knowledge leads to misconceptions. These misconceptions define people's behaviours and attitudes.
- Physical appearance is often mentioned as an important criterion. It is sometime observed that people on medication show no physical signs of the disease (this was sometimes seen as justification to halt or withhold ART).
- Video houses and night clubs are considered by people as most risky places within the community. Alcohol consumption and the increasing influence of a cash economy are also considered as influential.
- Condoms are not widely accepted. They are thought to promote promiscuity.

Despite these challenges people generally expressed a keen interest in learning more about HIV and AIDS. The above baseline findings served as ‘jumping off’ points for the gathering of KTP stories and their conversion into community films.

Table 1: Synopses of the KTP films

Film 1: Wanem Rot Nau (23 mins)



We travel with the KTP research team to Niugue village in Enga Province. The researchers are shown investigating how much knowledge community members have about HIV, and how they believe they should respond to it as a community. We also visit the Porgera mine site and learn about some of the factors that put people at risk of HIV in this setting

Film 2: Mama Betty (16 mins)



Mama Betty has been living with HIV for 8 years in her community following her husband's infection and death. Since then, she has rebuilt a family, adopting a son, Dominic, and his wife and two children. We learn about how treatment helps Mama Betty stay well and lead an active and normal life, with the support of her adopted family.

Film 3: Paul's Big Heart (18 mins)



We meet Paul, founder of the Kui Charity Hope Care Centre in Mt Hagen. People living with HIV who have been rejected by their family and community come to Paul, where he helps them get well again and learn how to live positively. Through providing a safe and welcoming space for his patients to cook, talk and learn about HIV, Paul helps them gain the strength to return to their community.

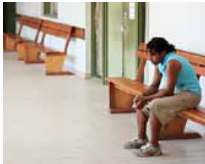
Film 4: One More Chance (33 mins)



Siparo was infected with HIV while on the road with his string band. At first keeping his diagnosis a secret, he passed the disease to his two wives, Marinbes and Yavito. We learn about the impact of Siparo's diagnosis on his wives and children. Marinbes and Yavito share their story of testing positive and how they prevented passing HIV to their babies after they were diagnosed. With the support of the community and SDA church,

Siparo and his family are now living positively, using ART to control their health.

Film 5: Painim Aut (30 mins)



Esther is a teenager living in a village in Simbu Province. She begins to drift apart from her family when her friendship with Jimmy, a boy working at the supermarket, develops into something more. After hearing that another one of his girlfriends is HIV positive she worries that she might also have the virus. Reluctantly at first she seeks the advice of an old school friend, Karina, who has the virus. Karina encourages her to get tested.

But how can she confront Jimmy and convince him to get checked with her?

Once the films were produced they were screened in the communities and feedback was captured. In the process of making the films and while interacting with the communities, researchers identified several 'stages' that a community undergoes before they are likely to change their attitudes or behaviours. These stages included initial community dialogue, visual learning through the films, motivation for individual action, and in some communities expressing willingness for undertaking HIV advocacy work.

The first stage involved the communities' engagement to dialogue and reflection about their own situation. This stage primarily manifests as a means of encouraging community members to think about their own relationship with HIV and PLWHA. Through community discussions, individuals are able to reflect on their experiences with and feelings towards HIV in their community, paving the way for them to seek further knowledge, or alternate modes of engagement they could seek.

After seeing the film we are now beginning to think about ourselves. This program is the first of its kind in this community. (Male participant, Enga)

Can you explain what kind of medicine they are taking? The tablet that you give the couple I saw in the garden scene? (Male participant, Eastern Highlands)

Asking questions and expressing an interest was found crucial in the ability of people expanding their knowledge. Even more important was the visual representation of PLWHA and their everyday lives onscreen, with audiences indicating that they had reconsidered their attitudes and behaviours toward PLWHA as a result of seeing how they were being interacted with.

We were afraid to even sleep near them in case we caught the virus by breathing next to them. But I saw the part where they were sleeping together and that's nice, we can do that too. We can sleep near someone who is infected and not catch the virus. That was a nice scene in the film. (Female participant, Southern Highlands)

The films foster a sense of identification with the characters, with community members recognizing and relating to their actions and experiences, the environment around them, and their way of life. People expressing what they had learned from the films, in particular from the visuals, was considered as a second step after the initial dialogue and reflection. The collective act of viewing the films in the public gathering place generated further discussions.

It's not like reading where you hide your face, we are all looking up at the same thing, learning at the same time, watching the same thing. Groups at the betelnut markets or darts places will recall this film. (Female participant, Simbu)

*Because we've all watched it, we can learn from talking to each other.
(Female participant, Simbu).*

Beyond group discussions expressing ideas around attitudinal and behavioural change directly in reaction to viewing the films was the next stage for individuals. This was shown by an increased willingness to get tested, an intention to reduce numbers of partners and at times expressing willingness to use condoms.

Now that we have seen the film, we can all go and do blood tests and also we must not be scared of those who are living with HIV/AIDS. The film has really encouraged us to be positive. (Young man, Epagla, WHP).

I think that I [might] have HIV/AIDS because on so many occasions that I had sex, I did not use condoms so I am definitely going for blood check. (Young man, Mu, Simbu).

The final stage of engagement found during the study was ownership and advocacy. This is characterised by a community's expression of a desire to not only change their own attitudes or behaviours, but to use the films themselves to change the attitudes and behaviours of others, from family and community members to neighbouring communities to international audiences. This stage also pertains to sustainability and capacity building as a result of the project, looking to the future use and distribution of the films.

We could bring it to school and show it to our peers. They would learn from this and change their behaviour or attitude. (Female participant, Western Highlands)

I have learnt a lot from the film but I think it is not enough and I would like to get more. I want to become a teacher and teach other people who have not heard or have heard little about the disease. (Female participant, Simbu).

Film screening feedback indicated that many people empathised with the characters, thus reducing stigma and discrimination towards PLWHA. The visual element is significant in learning and identifying with situations.

Involving communities in creative media production

By engaging community members in telling stories that may become the basis of media productions, a space is created for such stories that goes beyond once-off story tellings. Communities are fascinated when seeing their stories displayed on screen, and this experience invariably generates much discussion and response (Rodriguez 2001). What further spurs involvement and interest is the process of giving communities opportunities to become involved in determining how to present and portray their stories, who else to include in the visual edit as story-tellers or participants, what to include by way of portrayals

of people's community contexts and situations, and so forth. Community members' involvement in these processes of visual data gathering and editing can be powerful, because it enables community members' practices, insights and knowledge to become explicit, tangible, and changeable (MacDougall 2006).

Critical to the process of KTP is its mobilization of a medium that to date appears to be largely reserved for the portrayal of non-PNG content (Rooney 2004; Thomas 2011). An overwhelming number of participants and audience members remarked that they had never seen Papua New Guineans, and particularly Highlanders, portrayed on 'the big screen', an experience they all found to be enjoyable, important and meaningful. In addition, mass media in PNG has failed to reach rural communities to date (Papoutsaki & Rooney 2006a), and the low level of media literacy in these remote areas means that health messages are often not informative enough to provide an improved level of knowledge. Through KTP, community media and more localised media provided a springboard and platform for dialogue, a space for listening, questioning and discussing issues around HIV.

Given the linguistic diversity in Papua New Guinea and the ineffectiveness of traditional health education and promotion relying on pamphlets and billboards as HIV and AIDS prevention strategies, KTP's integration of local storytelling, creative film making and design, participative editorial decision making and reflexive community-wide feedback and discussion can offer considerable advantages to health promotion and education in PNG. The KTP approach enabled communities to overcome language barriers through visual communication, engaged communities in ways that are appealing and well-suited to existing cultures, and generated excitement by making the films and screening events relevant to local communities. In that regard, KTP's 'arts-based method' aimed at creating relationships and provided an "arena of exchange" for participants (Bourriaud 2002, p. 18). Critical to generating such an 'arena of exchange' are visual portrayals and experiences: "Visual knowledge provides one of our primary means of comprehending the experience of other people" (MacDougall 2006, p. 5). This point takes on extra significance, given that PNG is a particularly visual culture, with a rich history and tradition of visual arts and performance. By capitalising on PNG's visual tradition, KTP was able to open new channels of communication for discussion and dialogue around HIV and AIDS.

Conclusion

Komuniti Tok Piksa sought to break new ground in approaching research and HIV prevention in PNG. The study demonstrates the need to further engage in meaningful communication about the disease, particularly in remote communities. Considering the difficulty of accessing many communities, perhaps the most interesting short-term finding of the project is that communities are willing to be mobilised and trained to undertake awareness themselves, and that the filmic products equip people with the tools to bring HIV prevention messages across to others.

Participatory enquiry is fundamental in enabling community members to articulate concerns and insights around complex health issues. The process of establishing trust must become part of the processes of implementation and be made manifest by prioritising the maintenance of good relationships with communities by awareness teams. The filmic medium and ongoing feedback allowed the KTP team to establish creative collaborations with communities who took ownership of creating their own awareness messages.

KTP produced five films revealing the day-to-day HIV and AIDS management practices and knowledge of local community members. Without the filmic medium, their stories might never have surfaced. The constructive tenor of their stories inspired audiences around PNG, generating discussions about topics hitherto avoided and putting a human face to HIV messages. The character-based stories created sympathy among audiences and the learning that it occasioned was evident from the discussions following the film screenings. As the films are being distributed throughout PNG participating communities continue to experience and discuss the impact of their films on PNG audiences.

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