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‘Mainstreaming’ HIV in Papua New Guinea: putting gender equity first

Janet Seeley and Kate Butcher

Papua New Guinea (PNG) has a rapidly worsening HIV and AIDS epidemic. Gender-based violence is common and is, in part, fuelling the spread of HIV. We argue that the situation in PNG illustrates very clearly why ‘mainstreaming’ HIV into all aspects of development simply cannot happen without serious attention to gender inequities. We describe a scheme in the oil palm industry in PNG that specifically targets women to ensure that they benefit from playing a part in the harvesting of oil palm. This scheme is not only giving women economic independence but is also reducing conflict and gender-based violence and in so doing can begin to contribute to the arresting of the spread of HIV.

The travel guide books (Lonely Planet 2005) talk of Papua New Guinea (PNG) as ‘a raw land, remarkably untamed and as variegated as swamp and jagged limestone’ and warn the traveller about crime, banditry and violence. The warnings to the traveller are not misplaced, yet it is not just the traveller who needs to take care: violence is a reality with which many Papua New Guineans live all the time (Windybank and Manning 2003). Seventy per cent of women have experienced domestic violence, according to a 1998 World Bank study (Brouwer *et al.* 1998). Such levels of violence are unacceptable in themselves, but this violence is also playing a part in fuelling a rapidly growing HIV epidemic in the country. While evidence as to the extent of the epidemic is still limited (World Bank 2004), it is becoming apparent that the same factors that fuel the epidemic elsewhere in the developing world are at play in PNG; namely, poor infrastructure and lack of accessible services, high poverty and social deprivation, and high rates of partner exchange, together with the increasing mobility of people from rural areas to towns. Gender inequality has an important part to play in the epidemic; the status of women is extremely low in many of the 800 culture groups on the islands, and there is a high level of gender violence and abuse (Yawa n.d.).

The Medium Term Development Strategy (MTDS) 2005–2010 of the government of PNG sets out its overarching development strategy as ‘export-driven economic growth, rural development and poverty reduction ... The strategy will

be realised by empowering Papua New Guineans, especially those in rural areas, to mobilise their own resources for higher living standards' (2004, iii). The MTDS identifies the need to develop infrastructure, and improve health and education services.

Included in the MTDS is a list of serious threats to its success. HIV is the first on that list, recognising that the epidemic, which is rapidly worsening in PNG, can undermine all development efforts (*ibid.*). Gender inequality is listed as a constraint that has been recognised since PNG gained independence in 1975. It is stated in the MTDS that gender inequality 'continues to be a key focus of the MTDS 2005–2010' (*ibid.*, 8). The authors refer to 'male gender issues' as well as 'female gender issues', acknowledging that to address gender inequality means looking at issues around men and masculine identities (*ibid.*, 26). A direct link between HIV and gender inequality is not made.

Opportunities to link initiatives aiming to 'mainstream HIV' in development with those intended to 'mainstream gender' are not always seized, partly because the two activities may be undertaken by different people, or because separate programmes and budget lines force a distinction to be made. Indeed, the view that 'mainstreaming' is a separate vertical activity may mean that the idea of mainstreaming more than one concern at a time might just seem too difficult!¹ This is because mainstreaming is frequently perceived as a specific programme of activities. Funds for HIV-related activities continue to grow in PNG; the country has just been awarded almost \$30 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria for the HIV response. In this context, as elsewhere, 'HIV and AIDS' are increasingly being seen as a sector in their own right. In contrast, the philosophy of mainstreaming HIV advocates 'a process of adapting core business to cope with the realities of HIV and AIDS' (Butcher 2003, 4).

In this article, we argue that the situation in PNG illustrates very clearly not only the need to 'mainstream HIV' into the core business of development, but also that mainstreaming HIV cannot happen without mainstreaming gender. Now, more than ever, greater efforts are needed across the development spectrum to identify and document practices that improve women's status in order to ascertain whether or not these improvements change the dynamics of the epidemic. If they do, it is essential to promote the wider adoption of such practices. In addition, it is also important that those advocating HIV mainstreaming learn from and work with what has been, and is still being, done to promote gender mainstreaming.²

This article draws on an example from the oil palm industry in PNG, and suggests that this exemplifies how an initiative developed to address gender inequality has the potential for halting the spread of HIV, and can be adapted further to counter the impact of HIV on families. Before discussing the initiative, however, the next section briefly looks at gender relations and the status of women in PNG.

The HIV and AIDS context in PNG

PNG has an estimated population of five and a half million people. A recent consensus workshop estimated a median of 1.7 per cent prevalence in the adult population (National AIDS Council 2004). PNG has the highest reported rate of HIV infection in the Pacific (UNAIDS/UNICEF/WHO 2004) but the exact number of people infected at this time is unknown. There were 10,184 confirmed cases in September 2004,³ but this figure masks the fact that many people have not been tested, and data, particularly from rural areas, are unreliable. What is clear is that the total number of people infected is very likely to be much higher than the reported and confirmed cases, with the most recent estimates (2005) of the total number of people living with HIV varying from under 50,000 to over 80,000 (Dugue 2004).

Most of those known to be infected are aged 15 to 34 years, with the largest number of reported cases being among women aged 20 to 24 years (World Bank 2004). This generalised epidemic is heterosexual in nature and, as in many countries in Africa, women are coming to be more severely affected than men (UNAIDS 2004). In addition, PNG has the dubious reputation for having the highest rates of sexually transmitted infections in the region (Mgone *et al.* 2002; Passey *et al.* 1998).

Although the cultural diversity of PNG makes generalisations difficult and unwise, the literature consistently records that women throughout PNG have less access to health care and education than men, have relatively heavier workloads, and are, as noted above, vulnerable to sexual violence. Maternal mortality rates are among the highest in the world, and women's participation in local government is between 3 per cent and 9 per cent. Women make up only 18 per cent of the formal labour force, and hold only 12 per cent of management positions (Asian Development Bank 2002). Despite constitutional and legal provisions, women still often face discrimination. Violence against women (including domestic violence and gang – or 'pack' – rape) affects the day-to-day lives of all women in PNG (Yawa n.d.). PNG is, in the words of an Asian Development Bank review, 'a man's world' (4) particularly in the highlands where 'the dominance and high status of men [are] in contrast to the submission and low status of women' (Yawa n.d.). In many places, men exert control over women's fertility, labour and freedom of movement. A World Bank report concluded that 'the rights of kinsmen to chastise and punish women were pervasive, and the majority of men and women in PNG still uphold many of men's rights over women' (Brouwer *et al.* 1998, 11).

The age and gender balance in villages has been affected by two factors. First is the loss of young (and sometimes older) men from the rural areas, who go in search of work in the towns. Second is the temporary migration of men to work on plantations. This has led to women, who are responsible for the majority of food crop production, taking on 'male' agricultural tasks such as clearing bush and the cultivation of cash crops (such as coffee) (Gustafsson 2002; Newlin 2000). Women who were already busy

thus end up with more to do. Yet the absence of men and the taking on of their tasks has positive benefits for women's roles and authority, as it can be seen that they are able to take on such work. Male out-migration has a negative side when returning men object to women's new-found authority in the home. They may also return with sexually transmitted diseases contracted in the towns, where men greatly outnumber women.

In areas such as the highlands of PNG, where patrilineal systems of inheritance prevail, women's lack of direct control over land limits their ability to undertake cash cropping in their own right. This is because local cultural practice was reinforced by colonial attitudes that prevented women from acquiring blocks of land in settlement schemes, or taking over blocks when they became heads of household through death or divorce. In the World Bank report mentioned earlier, the authors observe that, while some change has occurred, 'it is still difficult for women to obtain permanent land management rights, and it is not uncommon to find that commercial land development decisions are made which ignore their gardening rights' (Brouwer *et al.* 1998, 10).

The low status of women and endemic violence against them have enormous implications for women's ability to avoid contracting HIV, for women confronting a positive HIV test result, and for women faced with the task of ensuring family survival while looking after a sick husband. As recently as last year, a case was reported of a group of young men who had attempted to seek compensation from the village court when it transpired that a woman they had raped was HIV positive at the time of the rape.⁴ Health education messages promoting safer sex under these circumstances can ring hollow.

What are needed are models of development that can demonstrate a synergy between improvements in the status of women, and positive programme outcomes in relation to HIV. Without evidence of this nature, advocacy to promote gender equity often falls on deaf ears in PNG. In the following section, we move on to focus on the Mama Lus Frut Scheme, which we argue can show just such a synergy.

The Mama Lus Frut Scheme⁵

The oil palm industry is one of the more successful industries in PNG. The industry leaders are, however, well aware of the importance to the industry of the smallholders who control 45 per cent of the planted area, and account for 25 per cent of the production.⁶ The Oil Palm Industry Corporation (OPIC), part of the private sector in PNG, is constantly looking for ways to improve production by ensuring the maximum return from harvests. Eight years ago the Mama Lus Frut Scheme was introduced. The scheme was set up as part of an effort to improve oil palm production by improving the collection of oil palm fruit. Harvesters were being paid only for fruit harvested by the bunch.⁷ Loose fruit, which fell from the bunches of oil palm before and during harvest, was being wasted.

Before the introduction of the scheme, all the money from harvesting bunches of fruit went to the smallholder, usually a man, who would then pay other, usually male, workers who had helped. Women only helped at harvest time, for payment; this was the case for a very small number of women. Smallholder production was recorded on a primary payment card, which was held by the male head of the smallholding. Wives, the majority of whom were not involved in harvesting, had less claim on the income from oil palm than those (mostly men) who had, so they would have to ask for cash to buy household necessities that they could not afford from the small income they got from selling garden produce and other income-generating enterprises. The process of asking for cash was a constant source of acrimony between couples, leading to arguments and beatings.

The Mama Lus Frut Scheme specifically targeted women to collect the loose fruit that falls to the ground as the fruit bunches ripen. Women put this fruit in a separate pile next to the harvested bunches. This was seen as both improving efficiency by ensuring that the loose fruit was collected, and as enhancing the possibilities of greater economic independence for women. In the beginning, the scheme was seen purely as a way to increase production, and it was hoped by the designers of the scheme that 25 per cent of the income would go to women, which was proved correct as this stabilised quickly at about 26 to 27 per cent. As the scheme became established, OPIC realised that a spin-off of the scheme was the potential to reduce family conflicts among and within smallholder households. Other programmes focusing on economic empowerment for women and reporting similar results include the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in South Africa (Hargreaves *et al.* 2002) and the Shakti Sex Worker Projects in India and Bangladesh (UNAIDS 2000).

Under the scheme, cards continue to be used to register the number of bunches of fruit harvested from the block (the lorry that collects the fruit from the blocks 'clocks' the number collected at the time of pick-up). In addition to the card used to register men's harvesting, the Mama Lus Frut Scheme introduced a red 'Mama' card. The Mama pile is clocked by the collection lorry against the red card and the money transferred to the wife (or one of the women on the block, given that a block often accommodates several nuclear families).

Soon after the scheme was introduced, it was found that the male smallholders had begun to augment the Mama pile with a few bunches of harvested fruit to add to the income from that pile. It seems that the transfer of a few bunches of fruit to the Mama pile is a much more acceptable way for men to contribute to housekeeping funds than handing over cash to women (Koczberski *et al.* 2001, 181). The oil palm milling company was resistant to the transfer of large quantities of whole fruit to the Mama pile, because deductions were made for loan repayments from the Papa card, not the Mama card. This changed when debts began to be recovered firstly from the Papa card and then the Mama card if the agreed amount had not been reached, allowing modest

transfers to once more take place (*ibid.*, 184). The amount earned per harvest varies, but a smallholder can expect to earn something in the region of 5,500 kina (equivalent to £1,043 in August 2005) a year from oil palm. Twenty per cent of this is earned from the loose fruit, and is therefore allocated to the Mama card, with pay going directly to women.

The scheme was not intended as an HIV-focused intervention, but emerging evidence suggests that it may play an important role in the HIV response. This is because of its role in enhancing women's bargaining position within the household, increasing their voice. Evaluations of the scheme show that in the first years of operation the scheme has reduced conflict and domestic violence, as well as increased production overall, while providing a more equitable dispersal of benefits (Koczberski *et al.* 2001; Warner and Bauer 2002). Koczberski *et al.* (175) observe: 'For women, greater access to cash was welcomed, but it was the fact that they had more control over the income and hence less financial reliance on their husbands that was most important.' The benefits of the Mama Lus Frut Scheme mirror those of the IMAGE (Intervention with Micro-finance for AIDS and Gender Equity) project in South Africa. IMAGE emphasises the importance of the environment in which sexual behaviours, gender-based violence and HIV infections are occurring. In supporting disadvantaged women and households to be economically independent through micro-finance schemes, and strengthening community networks through participatory learning and action approaches,⁸ IMAGE seeks to 'strengthen individual client agency and to improve household well-being, communication and power relations ... [and] ... has the potential to influence levels of gender-based violence and vulnerability to HIV/AIDS' (Hargreaves *et al.* 2002, 9).

The Mama Lus Frut Scheme may not have been intended to provide a way of enhancing women's position in the home in order to help prevent the spread of HIV, but with the growing threat that HIV poses to such a labour-intensive industry (International Finance Corporation 2002, 7), a scheme that has become 'core business' for the oil palm industry is already likely to be playing a part in slowing the spread of HIV.

A new scheme has recently been piloted that introduces a third type of card – the 'mobile' card (Page 2004). This card will allow people who are short of labour, perhaps because of sickness, age or simply a lack of people available during a particular harvest time, to engage young people, or members of their own *wantok* (extended family/friends who share the same language) to do the harvesting for them. The mobile card will allow these mobile workers to benefit from a part of the harvest. This scheme can cater not only for the needs of underemployed youth and other workers, but may potentially help people living with HIV and AIDS when sickness or death robs a smallholder of household and family members who would have provided labour. The adoption of this scheme requires changes to the software used for clocking harvests

against payment cards and a higher level of management, so it is yet to be adopted on a large scale.

Thus, the Mama Lus Frut Scheme and the Mobile Card Scheme, which were both intended to increase oil palm production and to address inequality in benefit sharing, may also provide avenues for arresting the spread of HIV and mitigating the impact of the epidemic. Improved social relations in general, and greater economic independence of women in particular, are key elements in a successful response to the HIV and AIDS epidemic in PNG and elsewhere. What is needed now is greater attention to the documentation of such initiatives, and the development of methods to measure the impact that such programmes have had on community perceptions and practices with regard to HIV.

For example, in the case of the Mama Lus Frut Scheme, has this enabled women to take more control of their sexuality? In terms of care, does the scheme enable greater social coherence, so that if someone is sick, others can support them? And are mobile cards likely to be used to assist HIV-affected households? At the moment, there are no answers to these questions. The potential impact of the Mama Lus Frut Scheme and the Mobile Card Scheme on people affected by HIV is unknown. It is hoped that these schemes, which aim to improve law and order, gender and family relations and consequently improve production among oil palm producers, also have potential benefits for reducing HIV transmission, given the intimate link between gender inequities, violence, drunkenness and the spread of HIV. A thorough gender analysis of the impact of the schemes on intra-household relations is needed to ascertain if the hoped-for benefits outlined in this paper are being realised and to assess the potential for arresting the spread of HIV. There is a strong commitment in both OPIC and OPRA (the Oil Palm Research Agency) to addressing HIV and AIDS in the industry. Efforts are already being made to ensure that prevention messages are shared through the extension service.⁹ There is also an awareness of the need for research on the gendered impact of the schemes described above; when this research is undertaken the findings will have the potential to inform interventions, beyond the oil palm industry, and beyond PNG.

Conclusion

Mainstreaming gender equity through a social model of development may have a significant impact on the HIV epidemic, because, even though addressing the epidemic is not the original purpose, schemes like those discussed in this paper focus on the inequitable gender relations that play an important part in the spread of HIV. Ideally, in the near future the Mama Lus Frut and Mobile Card Schemes might be augmented, for example providing information on HIV, voluntary counselling and testing, condoms and antiretroviral therapy (ART). The Mama Lus Frut Scheme provides an example of how mainstreaming HIV could be approached via livelihoods and

economic development planners infusing their work with gender analysis, gender-sensitive research and gender equality goals.

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Notes

- 1 Development workers in more than one country have told us this when we have opened discussion on HIV mainstreaming.
- 2 We take as our definition of gender mainstreaming 'a strategy which aims to bring about gender equality and advance women's rights by infusing gender analysis, gender-sensitive research, women's perspectives and gender equality goals into mainstream policies, projects and institutions' (Association for Women's Rights in Development 2004, 1).
- 3 Report in the *The Nation* (newspaper) on 12 May 2004 on the proceedings of the National Consensus Report Workshop, Port Moresby.
- 4 Personal communication with the Family and Sexual Violence Committee, pngfvac@daltron.com.pg.
- 5 We are very grateful to Frank Lewis (OPIC) for his comments and advice on this section.
- 6 An overview of the socioeconomic aspects of the oil palm industry can be found in a summary of research carried out by the Research Unit for the Study of Societies in Change, Curtin University of Technology, which is available at: www.humanities.curtin.edu.au/cgi-bin/view?area=rus&dir=Research&page=Projects&sub=Oil_Palm_2000_and_2001 (accessed 16 August 2005).
- 7 The oil palm fruits, which are the shape of tiny coconuts, cluster on a bunch shaped like a huge blackberry that hangs from the crown of the palm, with hundreds of individual fruits making up a single bunch.
- 8 More information on IMAGE can be found at: www.sarpn.org.za/mitigation_of_HIV_AIDS/m0025/index.php (accessed 16 October 2005).
- 9 Posters have been designed that show the potential impact of HIV on a smallholder family. These posters will be disseminated through the extension services, which are in very regular contact with all smallholders.

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