"I sat back and looked at my life, thinking of all the abuse and violence I was experiencing, without saying anything about it and without my family saying anything about it. I thought, "I can't make my own decisions and I'm living in fear in my own country". I listened to other women and heard their stories. The Indian and Thai women really impressed me. They had all this energy and when they talked, they went on and on, and I thought. "I want to be like them and go out there and talk strongly. I can be like them. I'm not going to give up."

Maura, woman living with HIV from Papua New Guinea
Excerpt from Maura's story in "DIAMONDS Stories of Women from the Asia Pacific Network of People Living with HIV" (in Press) UNIFEM East Asia Regional Office.

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Thomas Jensen (UNDP)
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Abbreviations

ABC	"Abstinence, Be Faithful, use Condom"
ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IDU	Injected Drug Use
MSM	Men who have Sex with Men
NAC	National AIDS Council
PEP	Post Exposure Prophylaxis
PICTS	Pacific Islands Countries and Territories
PITC	Provider-Initiated Testing and Counselling in Health Facilities
PNG	Papua New Guinea
RRRT	Pacific Regional Rights Resource Team
SPC	Secretariat of the Pacific Community
STD/s	Sexually Transmitted Disease/s
STI/s	Sexually Transmitted Infection/s
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia & the Pacific
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women
WHO	World Health Organization

Contents

Preface

Despite a persistent lack of clarity in the epidemiological picture of HIV transmission in the Pacific Islands region, there are at least three worrisome trends that can be easily observed. The first is that the virus' progression continues unabated and this progression is outpacing the current response. The second is that women tend to be infected at a younger age then men, and the third is that more women than ever before are being infected in the Pacific Islands.

In the third decade of HIV responses, HIV programmes still need to better incorporate the realities and contexts of gender relations and constructions as well as social structures which are fundamental to understanding and therefore halting HIV transmission. This is particularly true for the Pacific Islands where HIV responses have been and remain insufficiently based on empirical evidence that takes context and overarching social structures and realities into account.

As recently learned from Asian epidemics, the prevailing focus on identified 'at risk groups'–not only gives a false sense of security to those who do not identify with these groups, it may also contribute to the ongoing gaps in response that consistently fail to identify and respond to important contextual information, specifically that in many Pacific Islands, transmission could be more frequent where most people do not expect it, for example in marriage. Evidence from Papua New Guinea already supports this conclusion.

Because in the Pacific, HIV is overwhelmingly transmitted sexually, it is critical to understand not only how and why HIV spreads in societies, but also how and why individuals and groups have different abilities to protect themselves from the virus and its consequences than others. It is therefore, indispensable to understand how gendered values, norms and expectations and socio-economic contexts shape or influence sexual behaviours, gender relations and the presence or absence, as well as range of choices available that affect vulnerability to HIV transmission.

How current and future HIV responses address the social determinants of HIV risk are likely to make the difference between success and failure. Continuing misunderstandings and assumptions or avoidance or unwillingness to tackle these determinants because they are often very sensitive, sometimes inscribed in law and always enshrined in culture and practice, will ultimately result in additional HIV infections and the accompanying costs to the individual, community and national economy.

As efforts by countries, donors and development partners are being stepped up in the region, the main objective of this collaborative work undertaken by UNDP, UNIFEM and the Secretariat of the Pacific Community (SPC) was to gather, review and analyze the evidence of the gendered nature and impacts of HIV, as well as the links between gender relations and social constructs in the Pacific Islands region; and produce a set of substantiated policy recommendations to contribute to the work of the Commission on AIDS in the Pacific.

Much of the research data referred to in the document focus on Papua New Guinea and elsewhere in Melanesia. This is because there are fewer studies from Polynesia and Micronesia, to balance the extensive research on gender and sexual behaviour focused on Melanesian countries. However, the study benefited from the collaboration of a range of experts and draws on a range of sources that provide both direct and indirect comparative insights into the issues within and between Pacific Island countries.

We anticipate that this work will complement other reviews being undertaken in the region, that will ultimately contribute by helping policy makers, government institutions, the private sector, NGOs, development partners and communities develop more efficient and targeted HIV interventions for the Pacific that fully take gender issues and relations into account.

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Executive Summary

This study presents evidence linking the spread of Human Immunodeficiency Virus (HIV) with gender inequality in law and in custom in Pacific Island countries and territories. The subject of HIV and Gender is sensitive and cannot be discussed without the use of explicit language and without plainly stating the facts. It suggests recommendations based on the findings in five areas (listed below), proposing policy responses and programme approaches which can and should be fundamental to fighting the spread of HIV in Pacific Island countries and territories. Among the key issues identified through this work:

Gender still does not get adequate attention in HIV programming despite the fact that it has long been recognised as being fundamental to understanding and addressing HIV and AIDS.[1] The spread of HIV is closely associated with the different and unequal circumstances of women and men and the power imbalances between them which result in different forms of gender-based discrimination against women. The Pacific Platform for Action for the Advancement of Women identified HIV as an area of concern to Pacific women in 1994.[2] It was pointed out thirteen years ago (in 1996), in a UN report,[3] that stopping the spread of HIV in the Pacific demands attention to the different social and cultural determinants of HIV infection among men and women. However, even in the new (2009-2014) Pacific Regional Strategy on HIV and other Sexually Transmitted Infections (STIs), gender is still referred to as one of many issues to be addressed to halt and reverse the spread of HIV, rather than as a central, cross cutting consideration. Similarly, few countries have developed gender responsive national HIV strategic plans and policies. One notable exception is Papua New Guinea which provides an example of best practice in formulating a national gender policy for HIV and AIDS, albeit major challenges remain in its implementation.

In all Pacific Island countries, risky sexual behaviour is a major factor in the spread of HIV and other Sexually Transmitted Infections (STIs), especially the sexual behaviour of men who have more social power and sexual license than women. Although the socialization of boys is a cultural variable across Pacific cultures, ideas about masculinity/ies have many common features that relate to vulnerability to HIV and other STIs. Social constructions of masculinity that denigrate women and girls and emphasise physical and sexual prowess, combined with the erosion of some traditional forms of social control and rapid and disruptive social change place men at great vulnerability and risk of HIV. This then places their sexual partners (female and male) at greater risk. More consideration must therefore be given to addressing the very real risks of HIV infection, particularly for women, within marriage.

Even in countries where HIV has a low rate of prevalence, STIs have been shown to be highly prevalent among women and men (across the Pacific). STIs increase the risk of sexual transmission of HIV, as well increasing risks of infertility and cervical cancer in women, and liver disease in both sexes. In countries where health services are inadequate, the risk of HIV infection is increased, as is the likelihood of public ignorance, fear and misunderstanding.

Gender-based violence is a serious problem in all Pacific Island countries and territories. Gender-based violence includes beating of wives and girlfriends, sexual coercion, rape (including rape of wives and girlfriends), violence to sexual minorities, and sexual abuse of girls and boys. There is growing recognition that the different forms of gendered violence are connected with increased risk of HIV infection. The prospect (or reality) or violence from partners, or the threat of violence by a partner makes it even more difficult for many women to refuse sex or negotiate safe sex. Sexual abuse, coercion and lack of control over sexuality can constitute the violation of a range of (women's) human rights. Sexual abuse in childhood can have both short-and long-term psychological effects that seem to contribute to riskier sexual behaviour later in life, which then lead to increased risk of HIV infection.

Sex workers and those who engage in transactional sex are mostly women and many are young. Throughout the Pacific women have less independence than men, less opportunity than men do to meet their needs and aspirations, to earn their own money, to control their sexuality or to own or control property. Women who have their own money and assets

[1] Julie Hamblin and Elizabeth Reid, 1991. Women, the HIV Epidemic and Human Rights: A Tragic Imperative. UNDP Issues Paper No. 8, presented at the International Workshop at the International Court of Justice, The Hague on "AIDS: A Question of Rights and Humanity."
[2] Secretariat of the Pacific Community, 1994. Pacific Platform for Action on the Advancement of Women and, 2004. Revised Pacific Platform for Action on the Advancement of Women http://www.spc.int/women/ppa.html
[3] United Nations Fiji. 1996. Time to Act: The Pacific response to HIV and AIDS.

are less dependent on men, are generally less vulnerable to gender-based violence, are less likely to choose sex work or to resort to sexual transactions and are more empowered to negotiate safe sex.

Although there is a wide range of cultural and economic factors driving the spread of HIV and other Sexually Transmitted Infections across the region in different ways and at different rates, gender and human rights issues are associated with their progression everywhere. These issues include cultural defences (in law and in practice) of gender-based violence and gender inequality.

Many current HIV messages and approaches are less effective because they are not sufficiently gender responsive, they are not grounded in human rights, and if they are culturally inappropriate, they may be misunderstood. Some inadvertently increase the stigmatisation of women, and may even generate violence against them, and reinforce negative images of masculinity. For example, the widely advocated "ABC" (Abstinence, Be faithful, Condom use) approach is not sufficiently gender sensitive for application by most Pacific societies and cultures because it assumes equal decision making power around sex between men and women and because it essentially focuses on the individual rather than addressing the socio-economic context in which gender relations and sexual behaviours are shaped.

Summary of suggested recommendations:

- Mainstream gender equality into national and regional policies, strategies and programmes for HIV prevention and care and make them culturally relevant and human rights based
- Address the prevention of violence against women, children and sexual minorities as an integral part of preventing the spread of HIV
- As an integral part of programmes to prevent the spread of HIV, promote measures to encourage positive models of masculinity among men and boys and increase awareness of and promote the exercise of rights of women and girls
- Improve the legal framework for gender equality and human rights as an integral part of preventing the spread of HIV
- Empower women and girls economically as an integral aspect of HIV prevention programmes

Photo: Naziah Ali (UNIFEM)

Gender-Related HIV Vulnerability and Impact in the Pacific Islands Region

Pacific Island countries and territories are diverse

The Pacific Islands region is among the most culturally diverse regions on earth. There are great differences between and within states and territories of the region in terms of ethnicity, culture, population size, land area and economic characteristics. There are three so-called cultural areas – sub-regions of island groups associated by ethnic, sometimes linguistic, and sometimes historical similarities: Melanesia, Polynesia and Micronesia.

Table 1: Pacific Island Populations by Sub-region and Selected Characteristics

Sub-Region and Country	Land area (km.)	Population (est. 2006)	GDP per capita (US$) 2006
MELANESIA			
Fiji	18,272	0.85 million	3,514
New Caledonia	18,600	0.2 million	-
Papua New Guinea	463,000	5.9 million	661
Solomon Islands	28,530	0.5 million	632
Vanuatu	12,200	0.2 million	1,571
POLYNESIA			
American Samoa	199	57,794	-
Cook Islands	240	12,388	8,567
French Polynesia	4,000	252,900	15,697
Niue	260	2,166	6,088
Samoa	2,944	0.2 million	1,933
Tokelau	10	1,392	-
Tonga	748	112,422	2,249
Tuvalu	26	11,636	1,374
Wallis and Futuna	274	16,025	-
MICRONESIA			
Federated States of Micronesia (FSM)	702	108,004	-
Guam	541.3	171,019	-
Kiribati	811	103,092	673
Marshall Islands	181	59,071	1,925
Nauru	21	13,048	3,555
Northern Mariana Islands	477	82,459	-

Source: Australian Department of Foreign Affairs and Trade (DFAT) Fact Sheets, 2006; CIA Factbook. 2006; SPC Demography and Population Programme, 2004(b), "Pacific Island Populations by sex and 5 year age groups".

As Gerald Haberkorn, demographer at the Secretariat of the Pacific Community (SPC), points out, most Pacific Islanders are Melanesians, two out of every three Pacific Islanders live in Papua New Guinea, while Fiji's current population of 836,000 (where more than half the population are Melanesians) is 25% larger than all 10 Polynesian Island countries and territories combined. The combined total population of the seven smallest Pacific Island countries and territories in the Micronesia and Polynesia sub-regions is only 51,800. Micronesian and Polynesian countries not only have small populations, but also most are characterized by past and ongoing political associations with metropolitan countries and with international migration which has a significant impact on their demographic structure.[4]

Data on HIV and AIDS is limited in most Pacific Island countries and more gender responsiveness should be applied to the collection and analysis of epidemiological data

The human immunodeficiency virus (HIV) can be transmitted by the exchange of blood and semen through sexual contact (vaginal, anal, oral);[5] through direct contact with infected body fluids such as semen, cervical and vaginal secretions; from mothers who are HIV positive to their infants during pregnancy, childbirth and breast feeding or through blood-to-blood transmission: transfusion or direct contact with HIV-infected blood by needle sharing in intravenous drug use, or use of contaminated skin/body piercing instruments.

World-wide, HIV is most commonly transmitted through sex.

What is HIV?
HIV stands for **H**uman **I**mmuno **D**eficiency **V**irus. After a relatively long period (6-7 years on average) of infection without apparent symptoms, HIV attacks and destroys the Immune System and response. As a result the body is not able to defend itself against common infections and certain types of cancers (Opportunistic Infections).

What is AIDS?
AIDS stands for '**A**cquired **I**mmunodeficiency **S**yndrome' and is a surveillance definition based on signs, symptoms, infections, and cancers associated with the deficiency of the immune system caused by the HIV infection.

HIV infection is incurable but lifelong treatment with antiretroviral (ARV) drugs can very significantly keep the HIV virus in check by controlling its replication, delay the onset of AIDS and allow people living with the virus to live long and productive lives.

UNAIDS estimates that at the end of 2007, close to 74,000 people were living with HIV in Oceania (Australia and New Zealand included); 70 % of them in Papua New Guinea. In that year alone, 13,000 were infected.

Testing and awareness programmes in the Pacific have tended to target groups of people considered to have a high risk of becoming infected with HIV (such as sex workers, transgender males, users of intravenous drugs, seafarers and other mobile workers). In the Pacific Island Countries data from testing for HIV has also been disproportionately gathered from people attending clinics for sexually transmitted infection (STI), and from women giving birth so the available data on HIV infection is only partial and may not represent the true picture of the disease burden in the general population.

[4] Current Pacific Population Dynamics and Recent Trends. SPC Demography and Population Programme. July 2004
[5] There are very low probabilities of HIV transmission by oral intercourse (either cunnilingus or fellatio) unless blood is present.

Figure 1. Reported HIV Transmission, Pacific Island countries and Territories excluding Papua New Guinea.[6]

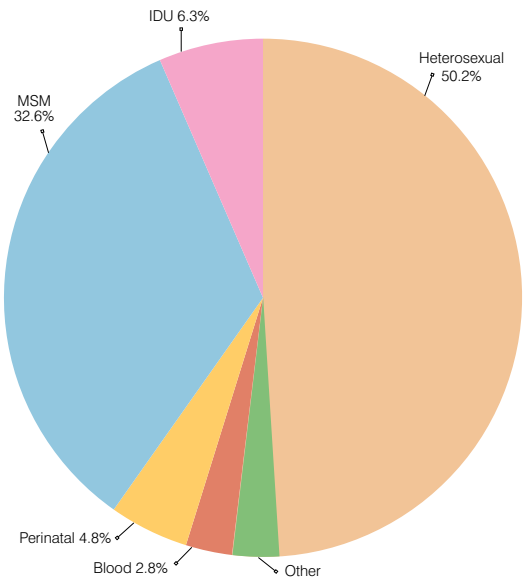


Figure 2. Reported HIV Transmission in Melanesia, excluding Papua New Guinea[6]

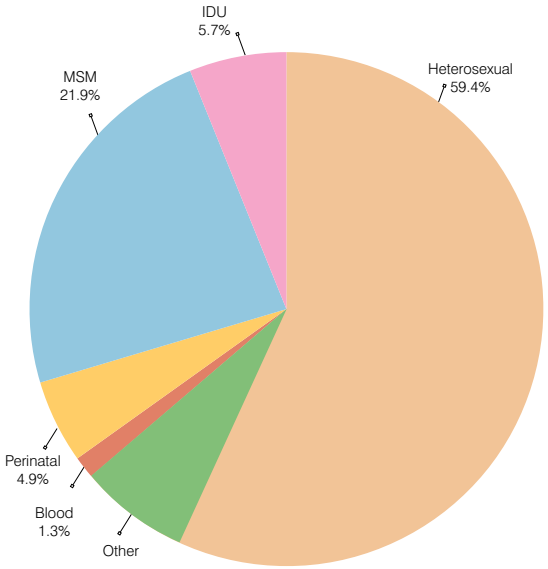


Figure 3: Reported HIV transmission, Micronesia[6]

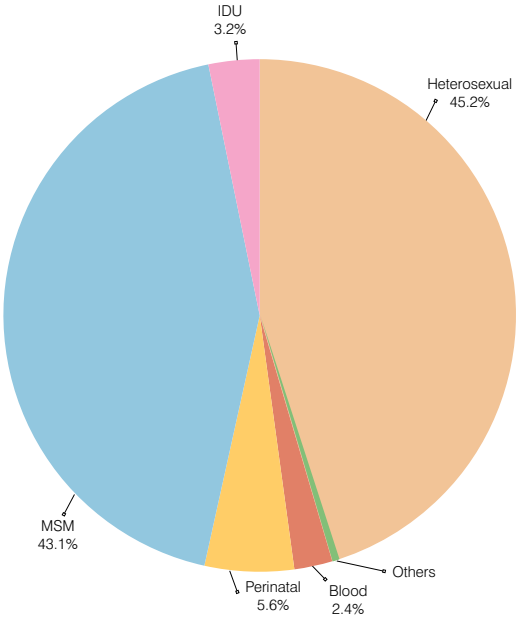
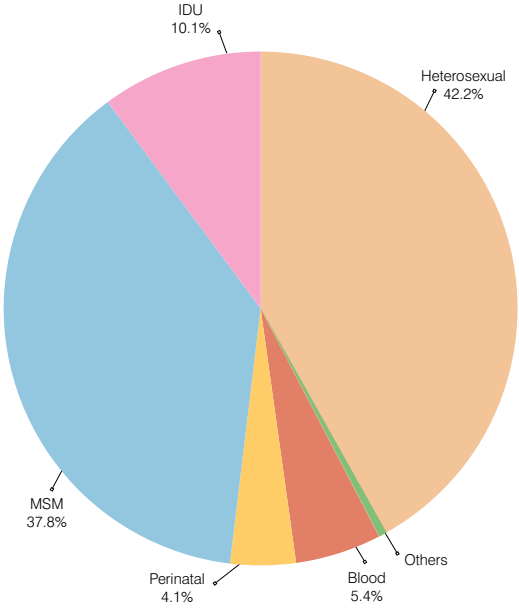


Figure 4: Reported HIV Transmission, Polynesia[6]



[6] Source: Secretariat of the Pacific Community, December, 2007.

The extent of knowledge of the HIV epidemiological situation varies greatly within and between Pacific Island countries and territories. Widespread voluntary and confidential counseling and testing is not accessible, and the availability of blood screening, particularly in rural areas, varies. On one hand, due to inadequate and weak surveillance systems and capacity in most Pacific Island Countries, it is probable that HIV is under-reported and under-estimated.[7] Higher rates of HIV reported for the Pacific territories French Polynesia, and New Caledonia may reflect a more robust and proactive surveillance system, as health services there are linked to the national services of France. On the other hand, selective testing in 'at risk groups' may overestimate the prevalence in the general population. Therefore, all conclusions based on the number of reported cases must be tentative.

At best, the data on reported HIV Transmission on modes of transmission provide a very limited overall picture and needs to be taken with caution.[8] The 'aggregated data' for the Pacific is driven by statistics from Papua New Guinea, where HIV appears to be overwhelmingly transmitted through heterosexual intercourse. The second transmission route (consistent with the first one) appears to be the perinatal transmission. In the region "as a whole", 90.7% of all cases of HIV are reported as resulting from heterosexual transmission.

When the data from Papua New Guinea is excluded (Figure 1), the limited available information on transmission shows that male-to-male sexual transmission (MSM) accounts for close to 33%, but this figure may reflect the selective testing of 'at risk groups', such as transgender males and seafarers. The comparative statistical data for the Pacific Islands region on reported rates of HIV infection shows a slightly higher proportion of confirmed cases among females in Papua New Guinea, Solomon Islands and Vanuatu, although there is a lower proportion in multi-ethnic Fiji and New Caledonia (Table 2). Again, this may reflect the bias of selective testing.

Lower heterosexual transmission is reported in Melanesia[9] when PNG is excluded (Figure 2): with heterosexual transmission accounting for 59% while it represents 45.2% in Micronesia[10] (Figure 3) and 42.2% in Polynesia[11] (Figure 4). It would be ill advised to draw conclusion from these observations as the mode of HIV transmission is not adequately documented in most Pacific Island states and territories for a number of reasons. For example in epidemiological data from Papua New Guinea, 75% of records of reported HIV infections do not indicate the mode of transmission. A significant proportion is referred as 'other' meaning that it is not explained due to the inadequacy of documentation, and these data result from a small number of people tested (except PNG).

The use of closed categories may also pose problems by singling out certain behaviours (i.e. male to male sex, injecting drug use, heterosexual…) rather than highlighting structures of vulnerability. Given the stigma associated with male to male sex and the fact that bisexuality is frequent amongst men who have sex with men in the region, it is possible that many cases reported as heterosexual transmission are not actually resulting from this transmission route.

Epidemiological reports vary in detail and numbers based on confirmed reports versus estimates; for example, according to the Papua New Guinea National AIDS Council and the National Department of Health, 1,152 males and 1,193 females were infected in 2007 in that year alone, as well as 284 people whose sex was not recorded. During 2006, 1,711 males, 1,965 females and 431 people of unrecorded sex became infected with HIV.[12]

The cumulative figure for Papua New Guinea in 2006 was 8,530 males and 8,824 females - the near-parity indicating that primary infection is largely heterosexual - with 1,130 of unrecorded sex. These data show the massive scale of the epidemic in Papua New Guinea compared to the rest of the Pacific, and may give an indication of the likely rate of spread in the culturally similar Melanesian countries in the near future, if an adequate response, addressing gender issues and focusing on gender relations is not implemented.

[7] Source: Commission on AIDS in the Pacific 2008 http://www.aidscommissionpacific.com/about_commission.html
[8] Ibid
[9] 'Melanesia' comprises Papua New Guinea , Solomon Islands, Vanuatu, New Caledonia and Fiji.
[10] 'Micronesia' comprises the Federated States of Micronesia, Commonwealth of the Northern Marianas, Guam, Republic of the Marshall Islands, Palau, Nauru and Kiribati.
[11] 'Polynesia' comprises American Samoa, Cook Islands, French Polynesia, Pitcairn Island, Samoa, Tokelau, Tonga, Tuvalu, Wallis and Futuna.
[12] National AIDS Council and the National Department of Health, 2007, The 2007 Estimation Report on the HIV Epidemic in Papua New Guinea, and on p.7, Table 1 lists the male and female infections for all the years since the first recorded cases in 1987, through to the 2006.

The cumulative incidence per 100,000 is a good indicator of the potential impact of HIV on a population. By comparing the cumulative new cases to a standard population size of 100,000 (Table 2) one realises that the impact of HIV is actually higher in Micronesia and Polynesia (59.0 and 49.72 cases per 100,000 people respectively) than for Melanesia (32.5) if Papua New Guinea is excluded, because the former sub-regions have comparatively smaller populations. Even a few cases can have a potentially major impact - for example only nine people in Tuvalu have been diagnosed with HIV – but with a population of only 9,600, the rate of infection could become devastating.[13]

The data in Table 2 is incomplete, may be biased due to different modes of collection for women and men, and the identification of cases is likely to be overly low for many countries. It provides numbers of males and females infected, however the total prevalence rates in the tables are not disaggregated by sex in the data currently provided by the Secretariat of the Pacific Community. There have been calls for more gender sensitive data for the Pacific since the first Pacific Platform for Action on Gender Equality and the Empowerment of Women in 1994, yet such data is still hard to find, or is collected in ways that make data difficult to compare.

Recognizing the difficulty of data collection in the Pacific region and of making comparison between countries and sub-regions, there is a need for more gender sensitivity in data analysis. Agencies compiling regional data should, as far as possible, encourage collection of data - including the sources of data collection and modes of transmission - in a way that allows disaggregation by sex and age. Further, these data are not meaningful without contextualization in gender sensitive behavioural studies. Without more detailed information it is difficult to draw meaningful comparisons of male and female rates of infection.

[13] These rates are quoted from Asian Development Bank, 2007. Cultures and Contexts Matter: Understanding and Preventing HIV in the Pacific, Asian Development Bank, Manila, p.1-2. This book contains two outstanding case studies, by Carol Jenkins on HIV in Papua New Guinea and by Holly Buchanan-Arawafu on HIV and youth in the Pacific. It cites data from National AIDS Council of Papua New Guinea, 2005. Social Mapping of Nineteen Province in Papua New Guinea: Summary Report. Port Moresby: National HIV AIDS Support Project. Also, from T. Sladden, 2006. Twenty years of HIV surveillance in the Pacific – what do the data tell us and what do we still need to know? Pacific Health Dialog, 12 (2) 2007. Also, UNAIDS and World Health Organization, 2005. AIDS epidemic update: December 2005. Geneva.

Table 2: Cumulative reported numbers and overall rates of HIV among persons whose sex has been identified by Pacific sub-region and country.

MELANESIA	Total Rate	Males Reported cases		Females Reported cases	
Region	Per 100,000 population	Proportion (%)	Number	Proportion (%)	Number
Region Including PAPUA NEW GUINEA	234.1	49.4	8,816	50.6	9,046
Region Excluding PAPUA NEW GUINEA	31.5	56.2	286	43.8	222
Country					
Fiji Islands	31.3	57.3	135	42.7	101
New Caledonia	122.2	52.4	146	43.6	113
Papua New Guinea*	291.9	49.1	8,530	50.9	8,824
Solomon Islands	2.0	37.5	3	62.5	5
Vanuatu	2.2	40.0	2	60.0	3
MICRONESIA	**Total Rate**	**Males Reported cases**		**Females Reported cases**	
Region	Per 100,000 population	Proportion (%)	Number	Proportion (%)	Number
Region	59.0	76.1	242	23.9	76
Country					
Federated States of Micronesia	31.6	65.7	23	34.3	12
Guam	108.5	85.6	160	14.4	27
Kiribati	48.2	65.2	30	34.8	16
Marshall Islands	22.8	50.0	4	50.0	4
Nauru	20.2	100.0	2	0.0	0
Northern Mariana Islands	37.8	56.2	18	43.8	14
Palau	39.6	63.5	5	37.5	3
POLYNESIA	**Total Rate**	**Males Reported cases**		**Females Reported cases**	
Region	Per 100,000 population	Proportion (%)	Number	Proportion (%)	Number
Region	49.72	70.5	228	29.5	95
Country					
American Samoa	4.6	66.6	2	33.4	1
Cook Islands	22.2	33.4	1	66.6	2
French Polynesia	105.2	71.6	197	28.4	78
Niue	0.0	0.0	0	0.0	0
Pitcairn Islands	0.0	0.0	0	0.0	0
Samoa	8.9	68.7	11	31.3	5
Tokelau Islands	0.0	0.0	0	0.0	0
Tonga	14.7	53.3	8	46.7	7
Tuvalu	92.8	88.8	8	11.2	1
Wallis and Futuna	13.0	50.0	1	50.0	1

Source: Secretariat of the Pacific Community, August 2008 Reporting period: to 31 Dec 2007 except for: Kiribati (Dec 2004) and Tuvalu (Dec 2005).

There are differences in HIV susceptibility between men and women, depending on biology and sexual practices

Women are biologically more susceptible to sexual infection through vaginal intercourse; in a single act, the chances that an infected woman will transmit the virus to her male partner are about one in a thousand, but the chances that an infected man will transmit the virus to a woman are perhaps one in 300.[14] Injury to the vagina increases risk to women. The injury may be the result of an STI, especially those that cause ulcers, or from forced sexual penetration (rape), or through the practice of vaginal cleansing to increase dryness and friction to increase male pleasure. Violent penetration in sexual intercourse increases the risk of transmitting infection to the receptive female or male partner. The highest risk of sexual transmission of HIV is among persons who receive anal intercourse from an unprotected infected male, whether the receptive partner is male or female.[15]

It has been widely reported in Melanesia that there are fads among young males for cutting and inserting objects under the foreskin of the penis. Similarly it is reported in Micronesia that young males may incise patterns into their foreskins. For example, the anthropologists Holly Buchanan-Aruwafu and Rose Maebiru describe how young men in Solomon Islands use 'sex aids', such as polished pieces of glass or ceramic inserted under the foreskin, or horse hair and rubber rings 'ticklers' to encircle the penis, or circumcision cuts that leave portions of the foreskin intact. They believe these enhancements attract women by increasing their sexual pleasure. These practices appear to have been introduced to the Pacific Islands by seafarers from Asia. However the practices may increase the risk of acquiring HIV as well as other STI if cuts are not properly healed. These practices also increase the risk of transmitting infection to partners through damage to the vagina or anus.[16]

There is evidence that circumcised men may have a lower risk of becoming infected with HIV through sexual intercourse than uncircumcised men.[17] Subincision of the foreskin of the penis was a traditional practice throughout Polynesia, in the Lau islands of Fiji, and in some areas of Micronesia as a rite of passage for young males in early adolescence. Nowadays in these countries, most boys have full circumcision and a medical practitioner usually performs the procedure.

Carol Jenkins, a respected medical anthropologist who studied sexual behaviour and HIV and other sexually transmitted infections in Papua New Guinea over many years reported that:

"While male circumcision has an impact on the spread of HIV and another viral STI named human papilloma virus (which causes cervical cancer in women), the usual bacterial STIs are not affected. In Papua New Guinea, a wide variety of penile incisions are carried out in initiations. Although often called "circumcision" … these operations are not real circumcisions, because they do not remove all the foreskin and Langerhans cells in it that attract HIV. In the 1990s, numerous reports surfaced of young men obtaining homemade circumcisions in the village, or circumcising themselves in small groups. As this often led to severe infections and was not an effective substitute for condom use as protection against HIV or other STIs, efforts were made to discourage this trend" [18]

[14] Vicki Luker, 2002. Gender, Women and Mothers: HIV/AIDS in the Pacific. Gender Relations Centre, Research School of Pacific and Asian Studies, Working paper No. 7. Australian National University.

[15] According to research by Lawrence Hammar, heterosexual anal intercourse is not uncommon, and distinctions commonly made in discourses about HIV transmission between 'men who have sex with men' and 'heterosexual intercourse' can be misleading (personal communication, December 2008).

[16] Holly Buchanan-Aruwafu and Rose Maebiru, 2008. "Smoke from Fire: Desire and Secrecy in Auki, Solomon Islands. In Leslie Butt and Richard Eves (eds.), 2008. pp. 168-174.

[17] According to WHO 2008, there is strong evidence from three randomised controlled trials undertaken in Kisumu, Kenya, Rakai District, Uganda and Orange Farm, South Africa that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. This evidence supports the findings of numerous observational studies that have also suggested that the geographical correlation long described between lower HIV prevalence and high rates of male circumcision in some countries in Africa, and more recently elsewhere, is, at least in part, a causal association.

[18] Carol Jenkins, 2007. HIV in Papua New Guinea. In Cultures and Contexts. Matter: Understanding and Preventing HIV in the Pacific, Asian Development Bank, Manila. p.40

The evidence is mounting that where women have lowest status and experience the highest prevalence of violence, there is likely to be a higher risk of heterosexual HIV transmission

Although the HIV pandemic has different characteristics in each region of the world, the situation in Southern Africa provides a clear warning for those Pacific Island countries in which women have the lowest status on MDG and other human development indicators, and where discrimination against and violence towards women is widespread.

The 2008 WHO Report on Global HIV/AIDS states that, for Sub-Saharan Africa region as a whole, women are disproportionately affected in comparison with men, and the UN Secretary General's Task Force on Women, Girls and HIV in Southern Africa (2004) shows that African women are at least 1.2 times more likely to be infected with HIV than African men. This ratio is 2.5 among young people aged 15-24. Southern Africa is worst affected, with more than one in five pregnant women infected. A detailed study of gender and HIV in Tanzania examined the hypothesis that multiple dimensions of gender inequality increase women's risk for HIV infection. It found that inequality in heterosexual relationships does contribute to women's higher risk, and drew the conclusion that current HIV interventions should address women's empowerment and promotion of behavioural change among men.[19]

Gender relations are strongly influenced by culture, as discussed in the next chapter. Even allowing for the deficiencies in data, in some Pacific cultures rates of heterosexual HIV transmission appears to be significantly higher than in others, drawing attention to gender issues. For example, data from multi-cultural New Caledonia and Fiji suggest that different culture-based gender relations within different ethnic groups may affect risk of HIV exposure. Ethnicity is not recorded as a reporting factor in the epidemiological statistics on HIV in New Caledonia, but analysis of data from 2001 showed that HIV transmission in New Caledonia appears to be quite strongly related to ethnicity. Male-to-male sex accounted for about 40% of reported cases, mainly Europeans and Polynesians, but 74% of reported cases among indigenous Melanesian Kanaks resulted from heterosexual transmission.[20] A study by the anthropologists Christine Salomon and Christine Hamelin suggests that higher prevalence of heterosexual transmission among Kanaks is associated with the low status of Kanak women and cultural attitudes that sustain a greater propensity for aggressive masculine identity, and for sexual and other forms of violence towards women, including child abuse.[21]

A similar hypothesis may be drawn from the data for Fiji (2007). The majority of the population of Fiji comprises indigenous Fijians, who represented 81% of reported HIV cases. In contrast, Indo-Fijians, a large minority in the population, represented 13% of cases, and other minority ethnic groups were collectively 6%. Even allowing for testing bias; in relation to their share of population, indigenous Fijians are the most significantly affected segment. Prior to 2006 most HIV positive people in Fiji were male (63% males versus 37% females), but since 2006 more women have been reported infected (55% females versus 45% males for the first 9 months of 2006). Although the trend may reflect a bias toward female testing, it is consistent with the predominantly heterosexual transmission route (87.3%).[22]

[19] Zhihong Sa and Ulla Larsen. Gender Inequality and HIV-1 Infection Among Women in Moshe, Tanzania. Paper presented at the annual meeting of the American Sociological Association, Montreal Convention Centre, Montreal , Quebec , Canada , Aug 11, 2006.
[20] Higher MSM transmission rates may reflect two biases in the data, firstly that military personnel (mainly male Europeans) are provided with access to HIV testing, and secondly that MSM are targeted in HIV awareness programs.
[21] J.F. Isch, 2003, cited in Christine Salomon and Christine Hamelin, 2008. 'Why are Kanak women more Vulnerable than others to HIV?' In Leslie Butt and Richard Eves (eds.), p. 83.
[22] Fiji Ministry of Health, January 2008.

As recent research has become more focused on gender relations and sexual behaviour in particular societies, it has been realised that men and women in the 'mainstream' population – not just sub-population groups often labelled 'risk groups' - may be at risk of sexual exposure to HIV. For example, a warning for the Pacific region is indicated in the report of the Commission on AIDS in Asia *Redefining AIDS in Asia: Crafting and Effective Response* (March, 2008) which shows that (unlike the situation reported for southern Africa), three out of four adults living with HIV in Asia are men. The report concluded that men who buy sex (including male-to-male sex) are the single most powerful driving force in Asia's HIV epidemics. Because most men who buy sex either are married or will get married, significant numbers of ostensibly 'low-risk' women who only have sex with their husbands are exposed to HIV. The lesson for the Pacific suggested by these findings is that there is an increased risk of HIV spreading within the general population in circumstances where it is common for people to have unprotected sex with multiple concurrent partners before and after marriage and where the general status of sexual health is low.

High risk groups versus high risk behaviors

It is important to be mindful to differentiate between high risk groups and high risk behaviors. Associating HIV and AIDS with certain groups (i.e. sex workers, drug users, MSM) as opposed to particular behaviours (i.e. unprotected sex, multiple concurrent partners) stigmatizes those groups, gives a false sense of security to those who are not part of these groups and can mislead prevention efforts.

Sex workers operate in most Pacific towns but there is little research on commercial or transactional sex in Pacific Island countries, other than Papua New Guinea. Transactional sex is also prevalent in Pacific urban centres (for example, sex in return for an evening's food, drinks and entertainment). Commercial and or transactional sex is also found in development enclaves (such as sites of mining, logging and large plantations). The link between sex work and oppressive gender relations is demonstrated in a 1996 study by sociologist Ruta Fiti-Sinclair of woman sex workers in Port Moresby. Fiti-Sinclair found that most of her respondents had been married and preferred the freedom of their occupation, despite its hazards, to the subordination of marriage.[23]

In many Pacific countries rural to urban migration encourages an environment for commercial and transactional sex. The anthropologist Holly Wardlow concluded that:

Married women in rural Papua New Guinea are at risk for HIV primarily because of their husbands' extramarital relationships. Labor migration puts these men in social contexts that encourage infidelity. Moreover, many men do not view sexual fidelity as necessary for achieving a happy marriage, but they view drinking and "looking for women" as important for male friendships. Although fear of HIV infection is increasing, the concern that men most often articulated about the consequences of extramarital infidelity was possible violent retaliation for "stealing" another man's wife. Therefore, divorced or separated women who exchange sex for money are considered to be "safe" partners.[24]

[23] Fiti-Sinclair, Ruta, 1996. "Female prostitutes in Port Moresby: STD and HIV/AIDS knowledge, attitudes, beliefs and practices" in M. Spongberg, M. Winn, and J. Larbalestier (eds.): Women, Sexuality, Culture. University of Sydney.

[24] Holly Wardlow, 2007. 'Men's Extramarital Sexuality in Rural Papua New Guinea' American Journal of Public Health, June, Vol 97.

Some small island countries such as Tuvalu and Kiribati have a relatively large number of men employed as seafarers, who travel within and outside the Pacific Islands region. Others, such as Marshall Islands, provide ports for foreign seafarers in the fishing industry. Seafarers have been shown to rarely use condoms and to have multiple sexual partners, both male and female, including sex workers, and those providing other terms for sexual transactions. Studies cited in an analysis of HIV risk among seafarers from Pacific Island countries in the tuna fishing and international shipping industries found, in response to a question regarding the reasons for practicing unsafe sex, that 'drinking too much alcohol' was the answer given by 79% of Tuvaluan seafarers, 79% of I-Kiribati seafarers and 81% of Fijian seafarers. Many Papua New Guinea seafarers 'admitted they were often too drunk to take notice and, even if they had condoms with them, too drunk to remember to use them'. Multiple sex partners and group sex were regarded as part of the 'seafaring lifestyle'.[25]

Alexandra Brewis, an anthropologist, found that the risk of spreading HIV and other STI in a general population in one of the outer islands of Kiribati is high. This is because a few single women who have lost their reputation and therefore eligibility for marriage have a great many consensual sexual relations with married and single male partners.[26]

A warning of the HIV transmission risk to women from MSM is provided by a study conducted in Chuuk State, FSM in 2001. It reported that the first recognized locally acquired cases of HIV were two young men infected by a male partner who had been infected overseas. Both of these young men had multiple male as well as female sex partners. Both had wives.[27]

So far there has been little research attention paid to the HIV impact of male homosexuality, with the exception of studies focused on transgender males in Polynesia and Papua Province, Indonesia.[28] There has been a tendency in some discourses on HIV to conflate 'MSM' with transgender identity and sexual preference in relation to the identification of 'at-risk groups'. However, male-to-male sex is not necessarily associated with gender identity or exclusive sexual preferences in Pacific Island countries. Carol Jenkins cites research on male sexual behaviour in Papua New Guinea showing that men often share their sexual experiences with each other and that group sex involving one woman and many men is common throughout the country. A survey found 50% of men interviewed over age 16 had participated in some form of group sex in which men had both male and female partners. One survey cited enumerates 44 acts of group sex involving 52 women and 445 men.[29] Her findings cast considerable doubt on data indicating low rates of reported HIV transmission via male-to-male sex in Papua New Guinea in comparison with most other Pacific Island countries and territories.[30]

[25] Rachele Oriente, 2006. 'HIV/AIDS And Pacific Island Regional Fishers And Seafarers: Information, Education And Communications Needs And Available Resources at the Secretariat of the Pacific Community' In Anderson, K.L. & C. Thiery (eds.), 2006. Information for Responsible Fisheries: Libraries as Mediators: proceedings of the 31st Annual Conference: Rome, Italy, October 10-14, 2005.

[26] Brewis, Alexandra, 1992. Sexually Transmitted Disease Risk in a Micronesian Atoll Population. Health Transition Review, Vol. 2 No. 2.

[27] Toya.V. Russel et. al., 2007. Sexual Risk Behaviours for HIV/AIDS in Chuuk State, Micronesia: The Case for HIV Prevention in Vulnerable Remote Populations. PLoS ONE, 2007; 2 (12): e1283. Published online 2007 December 12.

[28] For discussion of transgender issues, see Niko Besnier, 1994. Polynesian Gender Liminality Through Time and Space. In Gilbert Herdt (ed.) Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History. Pp. 185-328. 1997 'Sluts and Superwomen: the politics of Gender Liminality in Urban Tonga. In Ethnos, Vo. 62, I-II, pp. 5-31. Douglas Dozdow –St. Christian, 2002. Elusive Fragments: Making Power, Propriety and Health in Samoa, Carolina Academic Press. pp.155-56. Johanna Mary Schmidt, 2005. Migrating Genders : Westernisation, Migration, and Samoan Fa'afafine. PhD thesis, University of Auckland. Carmen M. White, 2005. Fijian Males At The Crossroads of Gender and Ethnicity in a Fiji Secondary School. Ethnology, Vol. 44, No. 4, pp. 313-336. Jack Morin, 2008. " Its mutual attraction": Transvestites and the Risk of HIV Transmission in Urban Papua. In Leslie Butt and Richard Eves (eds.), pp. 41-59.

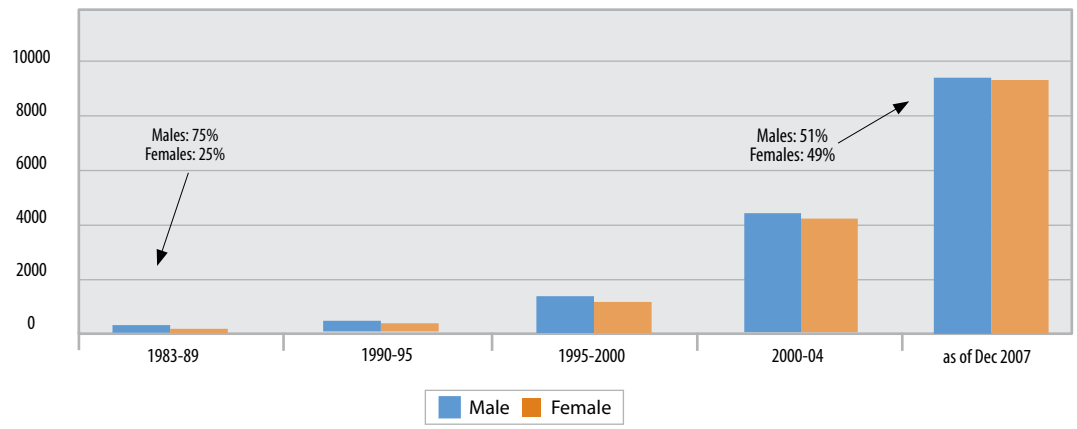
[29] Jenkins C. L. 1996. The homosexual context of heterosexual practice in Papua New Guinea. In Peter Aggleton (ed.), Bisexualities and AIDS: international perspectives, London, England, Taylor and Francis, pp.191-206.

[30] According to the reported rates of infection previously cited, MSM accounts for 22.8% of reported HIV cases in Melanesia, excluding Papua New Guinea. In Micronesia reported HIV transmission from male to male sex accounts for 43.6% of cases and for 37.4% of cases in Polynesia.

There is evidence that women in low HIV prevalence Pacific countries are increasingly vulnerable to HIV

In most Pacific countries HIV has not reached epidemic proportions, as it has in Papua New Guinea. However, if those Pacific island countries that presently have higher male infection rates follow trends in other developing countries, more women will be infected in the future unless action is taken to prevent the spread of HIV. Figure 5 illustrates data showing the rising proportion of women among those reported to be infected with HIV.[31]

Figure 5. Notified cases of HIV in Pacific Island Countries and Territories, (excluding Papua New Guinea), by Sex and Years

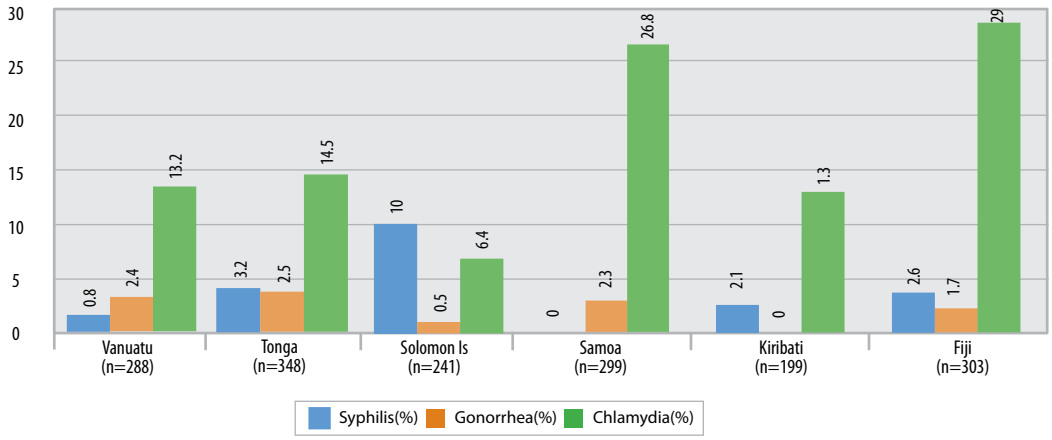


Sexually transmitted infections including gonorrhoea, chlamydia, trichomoniasis, and genital herpes make HIV-infected people more infectious to their partners and make HIV-negative people more likely to acquire HIV if exposed. Across the Pacific STI indicators warn that in low-prevalence Pacific Island countries more women may become infected with HIV in the future. A 2004 study of pregnant women in Samoa found that 43% of the women tested had at least one sexually transmitted infection.[32] The widespread prevalence of STIs identified in surveys since the 1970s is related to the rapid spread of HIV in Papua New Guinea and prevalence of STIs is high in males and females, whether they are considered high-risk persons or not.[33]

A WHO-SPC surveillance study (SGS 2006) of six Pacific Island countries found high rates of STIs in pregnant women (Figure 6). Although these countries have low HIV prevalence, all are vulnerable to rapid HIV transmission due to the prevalence of chlamydia and gonorrhoea.

[31] Data from Secretariat of the Pacific Community, 2008.
[32] E.A. Sullivan et. al., 2004 'Prevalence of sexually transmitted diseases and human immunodeficiency virus among women attending prenatal services in Apia, Samoa.' International Journal of STD & HIV. Vol. 15, no. 2, pp. 116-119, Royal Society of Medicine Press, London.
[33] Jenkins 2007, p. 39.

Figure 6: Sexually Transmitted Infections (STI) prevalence among pregnant women in 6 Pacific Island Countries



This study found nearly one in five pregnant women in the sample infected with chlamydia. Rates were highest in younger women aged less than 25 years.[34] Chlamydia and gonorrhoea are the most common STIs among those aged 15–30 and in many Pacific Island countries and territories up to 20% of people aged 15–30 may be infected. Most men and women have no symptoms and are unaware that they are infected. Chlamydia and gonorrhoea can cause infertility in women, and people with Chlamydia have a fivefold higher risk of infection if they are exposed to HIV.[35] Two other sexually transmitted viral infections are also common in the Pacific, Hepatitis B that can cause severe liver disease including liver cancer [36] but does not predispose to HIV infection and Human Papilloma virus which increases risks in women for cervical cancer, and due to the formation of genital warts and lesions may increase the risk of HIV transmission.

The Papua New Guinea Institute of Medical Research surveillance summary report, found that married women had extraordinarily high rates of multiple STI. Of persons found to be infected simultaneously with two, three or four infections, 94% were women, of whom 82% were currently married.[37] From these data, the report concludes that "marriage is a high risk setting" meaning that when HIV is in the mainstream population addressing minority 'at risk' groups is insufficient as is an exclusive focus on extra-marital risk behaviours. More consideration must therefore be given to addressing the very real risks, particularly for women, within marriage.

[34] WHO and the Secretariat of the Pacific Community, 2006. Second Generation Surveillance Surveys of HIV, other STIs and Risk Behaviours in 6 Pacific Island Countries.
[35] Centre for Disease Control: www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm
[36] T. Blakely, C. Salmond, C & M Tobias . 1998. Hepatitis B virus carrier prevalence in New Zealand: population estimates using the 1987 police and customs personnel survey. New Zealand Medical Journal, April 24;111:142-4
[37] Institute of Medical Research (2007). "It's in every corner now": a nationwide study of HIV, AIDS and STIs. Goroka, Papu New Guinea Institute of Medical Research, Operational Research Unit.

Young women are most vulnerable to HIV and other STIs

Youth tends to be treated as an undifferentiated category in most epidemiological and sociological studies of the Pacific Islands, and the term 'youth' is most commonly used to refer to young men. Available data makes it clear that HIV is most prevalent among young people and young adults 15–34 years old. But gender issues are rarely pointed out. STI rates have been found highest in younger women, and the younger the women, the greater her physical vulnerability to HIV infection if she is sexually exposed. Further, the physical vulnerability of young women is much greater than that of young men. Young women usually have limited powers of persuasion in their intimate dealings with men, even when they have been made aware of risks, so it is often more difficult for them to negotiate condom use or other safer sexual practices to decrease their risk of unwanted pregnancy or infection with STIs as well as HIV.[38] Women of all ages, but especially young women, who notice they have symptoms of an STI are less likely to seek treatment for it than they would for another illness, because of the stigma and shame commonly associated with STIs and because health workers are often judgmental.

Figure 7: Reported Cases of HIV Infections in Pacific Island Countries by Age, Including and Excluding Papua New Guinea [39]

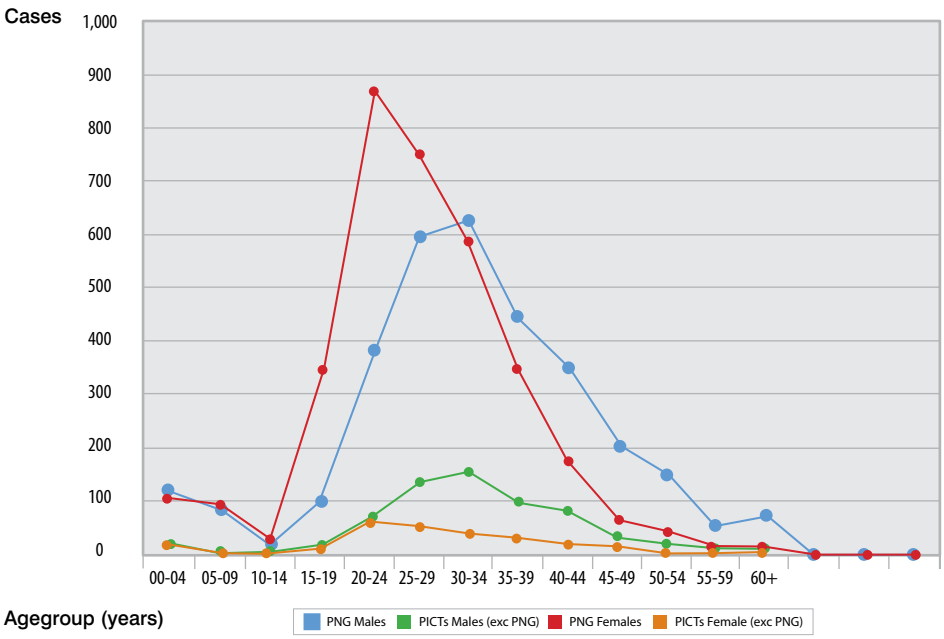


Figure 7 shows that the majority of people diagnosed with HIV infection in the Pacific are young people between 15 and 34 years old. In Papua New Guinea young women in the 20-24 years old age group are far more affected (more than twice) than young men at the same age and are infected at a younger age then men. Between 15 and 34 years old, women represent 61% of the reported cases in PNG. In other Pacific Islands Countries while the number of male cases still outnumber the number of female cases, women are also found infected at a younger age (peak between 20-29 years old) than men (peak 30-34 years old). Although this needs to be more substantiated by gender sensitive behavioural studies, in general, girls tend to reach sexual maturity earlier than boys and thus have an earlier sexual debut with partners that are more likely to be older.

[38] Christine Bradley, 2006. Strengthening a Gendered Approach to HIV/AIDS in Papua New Guinea: Some Issues For Donors and Development Partners. National HIV/AIDS Support Project.
[39] Secretariat of the Pacific Community, 2008.

Where teenage pregnancy is socially disapproved in unmarried girls and where there are cultural practices that aim to prevent it, the reported rates are a good proxy indictor of unsafe sex (i.e. low condom use), but otherwise teenage pregnancy rates should be treated with caution as an indicator because some Pacific cultures expect or accept pregnancy in girls past puberty, in or outside of marriage, so condom use would not necessarily be expected for contraceptive purposes. For example, according to a 2004 report on Pacific youth, births to mothers under age 19 comprised 17% of all births in both Majuro Hospital in Marshall Islands and Pohnpei State Hospital in Federated States of Micronesia. Fifteen per percent of teenage mothers in Pohnpei, and 17 per cent in Majuro, were delivering their second child.[40]

The youth report notes that there are limitations in data comparability for teenage pregnancy and as well as underreporting of births outside health facilities, especially in Papua New Guinea. The report cites population-based estimates ranging from 3.7 per cent in Tonga to 12.8 per cent in Palau, and higher rates based on hospital deliveries. It comments that concern was expressed by health workers interviewed in Kiribati, Marshall Islands, Nauru, Solomon Islands, Tonga and Vanuatu, who believe that teenage pregnancy is increasing.

Knowledge on gender, sex and reproduction is inadequate for the protection of young women and men against HIV and other STIs

Across the Pacific Islands girls tend to be unprepared to deal with peer pressure to have sex, to be unaware of their rights, and to lack the social skills to refuse intimacy. The Pacific State of Youth Report makes this important point and also cites studies in Samoa, Cook Islands and Kiribati that found evidence of misinformation about conception and pregnancy among both boys and girls, including a belief that pregnancy could not occur at first intercourse.[41] Young women and men alike are likely to be as poorly informed about reproduction and conception as they are about risks of HIV and other STIs.

In most Pacific societies sex is rarely if ever discussed frankly. Sex education is not usually provided within families, although moral injunctions may be offered. Much of the literature on HIV and AIDS in the Pacific mentions Christian-inspired attitudes of shame in the context of secrecy about sex, (but it is also important to recognize that in many Pacific cultures, speaking frankly about sex undermines the erotic association of secrecy with pleasure). Sex education is sparsely provided, if at all, by health centres and schools in Pacific Island countries and territories. Human reproduction is usually covered in the biology curriculum for high schools, but may be avoided by teachers.

Miliakere Kaitani reports only 57.7 per cent of her young male respondents in Fiji thought that lessons on reproductive and sexual health in the school curricula were useful. However, she explained that in Fiji basic science is a compulsory subject in junior secondary school and covers reproduction, whereas the subject Biology and Family Life are not compulsory in senior high school. Accordingly, non-participation may explain why almost half of her sample said that instruction in school was not useful. Alternatively, it is possible that teachers were embarrassed and so did not cover the topic of human reproduction adequately.

She found that sex was a common topic of conversation among young men in Fiji, but the information shared was often inaccurate, and usually connected to competitive boasting about sexual conquests.[42]

[40] UNICEF, SPC and UNFPA 2005. The State of Youth in the Pacific. UNICEF, Suva Fiji.
[41] UNICEF, 2005. State of Pacific Youth http://www.unicef.org/eapro/State_of_Pacific_youth_2005_FINAL.pdf
[42] Kaitani. 2003. pp.132-137, 143-146.

Our culture … makes it difficult for men to admit to any lack of [sexual] knowledge or experience … myths are normally passed on through peers. They tend to influence behaviour and encourage sexual risk behaviour. Two of the most common myths are "the size of the penis matters" and "men are always ready and willing to have sex" … knowledge is obtained from friends, peers, and mass media. Another commonly known reproductive health behaviour myth is that using a condom does not give sexual pleasure to the two individuals involved.

On the issue of condoms, Kaitaini notes that young men who do not know their sexual partners are more likely to sometimes use condoms compared to those who have regular well-known partners. The longer the length of young men's lifetime coital experience the more likely they are to sometimes use condoms. Young men's casual attitudes to use of condoms included beliefs that sexual satisfaction is greater without; that condoms are unreliable; that they trusted their partner, or that they were too drunk to remember. However, young men who had sex with men were four times more likely to report ever using condoms than young men reporting exclusively heterosexual experiences.[43]

In most Pacific societies young people rely on their friends for information and such information is often inaccurate. They may also regard pornography from DVDs or the internet as a source of information. Pornography often provides a distorted, misogynist depiction of human sexuality (misleading depictions of girls and women enjoying rape, for example). Kaitani found that most young men in her Fiji survey typically obtained information about sexuality from sources that are not conducive to responsible sexual behaviour. 70.8% obtained what they regarded as useful information from their friends. The information included incorrect information on how to avoid STI, including HIV, and unwanted pregnancy. The mass media provided what was considered useful information by 79.8 % of the sample, and such sources of information sources included soft pornographic magazines such as Playboy, as well as hard pornographic material.

The argument commonly raised against sex education in schools is that such education should be a family prerogative, and assumes that families will provide their children with appropriate information. However, in the aforementioned research in Fiji by Kaitani, 66.4% of the males surveyed received information on reproduction and sexual health from their father and 68.4% from their mother. None found this information useful, probably because frank discussion of sexuality and reproduction was considered un-Christian. Discussion of sex may also be culturally unacceptable in other ways – for example in most Pacific Island cultures there are taboos on the mention of sex between certain categories of kin.[44]

[43] Kaitani, 2003, pp. 55, 176,190, 195, 201

[44] In many Melanesian societies sexual matters may not be mentioned in the presence of in-laws. In Tonga and Samoa they may not be mentioned in the presence of brothers and sisters.

Photo: Thomas Jensen (UNDP)

II. GENDER, CULTURE AND CHANGE IN THE PACIFIC ISLANDS

Traditional cultural ideas about gender vary within and between Pacific societies

Generalizations about the status of boys and girls, men and women in the Pacific in the cultural contexts of HIV can be misleading, and more effort is needed to increase understanding of the specific relative status and options of women and men in their local contexts, and in different contexts of social change. In all Pacific Islands men and women had complementary roles but gender relations varied according to culture, women's reproductive roles were always valued, and their productive roles, whatever they were, were as well. In terms of gender the most significant variation was how power was shared between men and women.

There are significant differences within and between Pacific Island societies in the traditional status of women relative to men.[45] For example in Tonga and Samoa a clear cultural distinction is made between the status of a woman as a wife (subservient to her husband) and as a sister (respected, protected and, in the past, given certain privileges over their brothers).[46] But in at least one Solomon Island society, and perhaps in most Melanesian societies, most women are considered to have inferior social status to both their husbands and their brothers.[47]

In western Polynesia the traditional allocation of work between the sexes tended to designate different spaces as well as tasks to women and men.[48] Women worked 'inside' their village near their homes, while men worked 'outside' in the forest, plantations and sea. Even cooking using earth ovens was traditionally the work of young men. In contrast, in most Melanesian societies the gendered division of labour usually allocates considerable responsibility for subsistence food production to women, including horticulture, fishing and gathering.[49]

In many parts of Melanesia it was (and often still is) customary for a man, assisted by his relatives, to make a payment of goods and money to the family of his wife at marriage. However, in many part of Polynesian and Micronesia, gifts were exchanged competitively between the relatives of the bride and groom. In Samoa and Tonga the family of the bride customarily give the gifts of highest cultural value in a marriage exchange.

Although men controlled the economy and resources everywhere in the Pacific islands, the extent to which women had property rights and participated in - rather than being just the objects of - traditional exchange transactions varied. This variation reflected the status of women, which was highest where they had economic security, irrespective of marriage.[50]

In some rank-conscious societies, Tonga for example, inherited status is more important than gender, so chiefly women outrank non-chiefly men. However, Fiji is a ranked society but as Miliakere Kaitani comments (drawing on an extensive review of the literature), gender inequality characterizes Fijian culture: [51]

[45] The term 'traditional' is used here to refer to values and customs that have been documented for Pacific societies in their pre-Christian or early contact situations. Traditional values are shown in many anthropological studies to persist and to influence contemporary behaviour and values despite social and economic change. What Pacific Island people regard as 'traditional" is usually a mixture of ancient and modern customs and beliefs.

[46] See: Ortner, Sherry. B. 1981. 'Gender and sexuality in hierarchical societies: The case of Polynesia and some comparative implications'. In S.B. Ortner and S. Whitehead (eds.), Sexual Meanings: The Cultural Construction of Gender and Sexuality. Cambridge University Press, pp. 359-409; Penelope Schoeffel, 1995. 'The Samoan concept of feagaiga and its transformation'. In J. Huntsman (ed.), Tonga and Samoa: Images of Gender and Polity. Macmillan Brown Centre for Pacific Studies, pp.85-106; and Serge Tcherkezoff,1993. 'The illusion of dualism in Samoa. 'Brothers-and-sisters' are not 'men-and-women''. In T. del Valle (ed.), Gendered Anthropology. Routledge, pp. 54-87.

[47] Jully Sipolu (Makini) spells this out in her poem 'A Mans World' in her anthology Civilized Girl 1981, South Pacific Creative Arts Society, Suva, Fiji, pp 127-8

[48] Western Polynesia comprises Samoa, Tonga, Tuvalu, Wallis and Futuna, Tokelau, Pukapuka in the Cook Islands and some of the Polynesia outlier islands in Solomon Islands (such as Tikopia, and Anuta, Rennel and Bellona) and Micronesia (Kapingamarangi, Nukuoro), and the Lau island of Fiji.

[49] Miliakere Mate Kaitani, 2004, pp. 55.

[50] Carol Jenkins, 2007. p 26

[51] Mikiakere Kaitani, 2004

The Fijian way of life is highly influenced by the attitude that men have higher status then women. Men sit separate from women because they are seen as more important. Positions are inherited and passed down through males and women are able to assume positions only when all the male possibilities are exhausted … Although women are also recognised as important to society, men are seen as the more respected sex. Male domination is a strong theme within marital relations. Men are seen as the more authoritative sex. They are also seen as dominant from the societal viewpoint and this is portrayed within the underlying attitude towards marriage. These attitudes are seen in traditional acts, such as the woman leaving her house to go and live with the man. The extent of male domination is also seen in the way a woman obeys her husband's decision although she might not agree with the decision. Male domination in the Fijian society also comes out as domestic violence. It is not uncommon for a man to hit his wife. Domestic violence in Fiji is widespread and it is another way that male dominance can be seen in the culture.[52]

Gender relations in traditional Micronesian cultures were diverse, but as the report of a group discussion among Micronesian people comments:

… no matter what the island group, gender roles were complementary to one another and they involved power-sharing between males and females. In former times there was a great divide between men's roles and women's roles; what work one did, the other would not do, and vice versa.[53]

In most Melanesian societies all adult men are considered more or less equal to one another, but socially superior to all women. In many it was once believed that women's menstrual blood (and in some cases the blood of parturition) is supernaturally dangerous to men and these beliefs are still held in some areas. In the past, initiation rituals for boys often explicitly sought to cleanse them of female influence.[54]

Traditional behaviours and beliefs about gender and sexuality have changed over time - and are still changing

Most Pacific Island countries emphasize and take pride in their traditional cultures. Some, such as Tonga, and Samoa take pride in their national, constitutionally enshrined Christian cultures integrated with traditional cultures, in which women have high social status. These countries proudly point to traditional customs as well modern developments, such as the equal participation of women in education, and growing numbers of women in decision-making positions. But customs that once upheld the status of girls and women and that encouraged young men to behave responsibly are being undermined by modern influences.[55] For example, the solidarity of extended families and communities has been weakened by emigration, urbanization and new settlement patterns. Today, extended families and neighbours are often less involved in mediating conflicts that can lead to violence against women and girls than in the past.

Over the past century - or more recently - in some parts of the Pacific - there have been widespread ideological changes arising from colonial administrations, Christian influences, population movements, and most significantly urbanization. All over the world, life in towns and cities undermines the traditional values and norms of small rural societies and the development of social cohesion becomes more depended on the powers of the state.

[52] Ibid
[53] Micronesian Seminar,1994. Women's Role in Micronesia: Then and Now. Micronesian Seminar Monthly Discussion, Topic 6 March 8, 1994 http://www.micsem.org/pubs/conferences/frames/womtradfr.htm
[54] Gilbert H. Herdt, (ed.) 1992 Rituals of manhood: male initiation in Papua New Guinea. Berkeley: University of California Press.
[55] Secretariat of the Pacific Community and WHO, 2003. The Samoa family health and safety study. United Nations Population Fund

More than 35% of the people of the Pacific Islands live and work in towns, and the rate of urban population growth throughout most of the region is high. According to a World Bank report, eight of the twenty-two Pacific countries are now predominantly urban; by 2020 more than half the population in a majority of these countries will live in towns. It points out that:

Demands for higher standards of living in urban areas have made it difficult for traditional leadership structures to respond in ways perceived as adequate by town dwellers. A large and increasing proportion of the urban young men and women have never visited their traditional village communities and do not have strong links with them. Thus traditional safety nets developed by Pacific Island societies over hundreds of years are becoming increasingly strained as expectations are modified by development and many communities grapple with the transition from subsistence to cash based livelihoods in growth-oriented economies. As a result, the number of people living below the poverty line in urban areas is increasing numbers of children born to unmarried parents are in danger of becoming landless.[56]

Many studies have shown men and women once typically occupied separate, and in some cases unequal, spheres and spaces. Christian ideals of conjugal marriage have been promoted in Pacific societies, of an exclusive relationship of sexual fidelity, companionship and mutual respect between a caring husband and obedient wife.[57] The conjugal model has tended to appeal more to women - as a means of social empowerment - than to men.[58] This is because, although it reinforces the subordinate status of wives, it enjoins husbands to care for, protect and cherish their wives.[59] However, in general, marital fidelity, whether defended by traditional values or Christian teaching, is more rigorously expected of and enforced upon women than men.

In Christian Pacific societies sexual fidelity may be formally expected of men but privately most people believe that men are less bound by such rules than women are. Indeed in Papua New Guinea, where polygyny is still common in some parts of the country, men with many wives have high status. Across the Pacific, married men who have extra-marital partners are likely, at least covertly, to be admired by other men. This is not to say that there are no sanctions against male infidelity. In Samoa people once believed - and may still believe - that if a married man commits adultery, his children may become ill. Carol Jenkins reports the same belief is found in the Papua New Guinea Islands region.[60]

As in all human societies, Pacific Island societies had strong traditional institutions that controlled sexual behaviour. These institutions varied but usually incorporated practices that enabled older men to exert control over younger men, that kept young men and women separate from one another in everyday life, and that regulated courtship and marriage. But the forces driving social change are weakening or even extinguishing such institutions.

[56] World Bank, 2006. Urbanization in the Pacific Islands. Washington DC.
[57] For an example of historical change, see Penelope Schoeffel, 2005. Sexual Morality in Samoa and its Historical Transformations. In Claudia Goss, Harriet D. Lyons and Dorthy A. Counts (eds.), A Polymath Anthropologists: Essays in Honour of Ann Chowning. Research In Anthropology and Linguistics. Monograph No. 6. University of Auckland.
[58] See discussion of this point in Margaret Jolly and Martha Macintyre, 1989, (eds) Family and Gender in the Pacific: Domestic Contradictions and the Colonial Impact. Cambridge University Press.
[59] For example Holly Wardlow, 2006. 'Companionate Marriage among the Huli of Papua New Guinea'. In Jennifer S. Hirsch and Holly Wardlow (eds,) Modern Loves: The Anthropology of Romantic Courtship and Companionate Marriage. University of Michigan Press.
[60] Jenkins 2007. p. 27.

Social change and newfound sexual freedom in Papua New Guinea

Compared to the past described by elders, people today have far greater freedom to engage in sex. This sense of freedom is personal, engendering less fear of personal damage, and instilling less fear of social sanctions. Whereas an unwed mother once was stigmatised in many Papua New Guinea societies, babies born of unwed mothers today usually are handed over to their grandparents and the young woman remains free. The majority of young men feel justified in renouncing any responsibility for parenting a child, because their girl friends are rarely without other sexual partners as well. In some rural communities, social disapproval expressed through gossip remains a strong force inhibiting sexual freedom within the community. However, visits to other villages and, most importantly, to larger towns offer opportunities for experimentation. Many people actively seek such opportunities. For married men, going to the city during a wife's pregnancy is a good way to maintain the prescribed abstinence taboo and still have a sex life. For young people, the city represents all the forbidden pleasures of sophisticated sexual partners, alcohol, and marijuana. For women of all ages, the city allows for the sale of sex, an opportunity to have fun and make money too.
(C. Jenkins: "HIV/AIDS, Culture, and Sexuality in Papua New Guinea ADB 2007 p 46)

Notwithstanding social change, in many Pacific societies women are held responsible for upholding traditional ways. As a UNICEF and UNIFEM-sponsored analysis of the situation of the girl child in the Pacific Islands region notes:

In many Pacific Island societies, "culture", "custom" and "tradition" are frequently invoked as justification for discrimination against, and even abusive treatment of, women and girls. However, the "customs" and "traditions" that are invoked are often distorted versions of the original, which have been modified to suit the needs of the males in the family. For example, in Papua New Guinea, some fathers have used the "tradition" of bride price as a reason for trading their daughters for cash, motor vehicles or houses, from transient logging and mining workers. In such cases, the father often conveniently overlooks other traditions and expectations associated with bride price, such as a marriage ceremony and traditional dispute resolution processes.

Furthermore, some groups within Papua New Guinea who did not practice it in the past have adopted the "tradition" of bride price as a way of demanding cash for the marriage of a daughter. Similarly, men invoke "traditional rights" to use cash windfalls (such as mining or logging royalty payments – or money earned by their wife or wives during intermittent cash crop booms, or successful small family businesses) – to acquire an additional, and usually very young, wife. The exercise of these traditional rights to spend the family income as they please is, in today's rapidly changing societies, leading to undesirable social outcomes.[61]

[61] Penelope Schoeffel Meleisea and Ellie Meleisea, 2006. The Elimination of All Forms of Discrimination and Violence Against the Girl Child: Situation Analysis for the Pacific Islands Region. UNICEF and UNIFEM, Suva, Fiji.

Young women and men of the Pacific are confronted with changing, conflicting and unequal sexual expectations and standards of conduct

The incentives for conformity to widespread ideals of restrained feminine sexual behaviour vary, depending on the social and economic circumstances that women experience. In Tonga, Samoa, Tuvalu and rural Kiribati, there is still a cultural ideal of alluring but unattainable and protected young womanhood. There is little evidence from research to indicate the extent to which young women aspire to this ideal and how likely it is to reward them for adhering to conventions.[62] It seems likely, however, that non-conformity is more likely to occur in societies where young women are not in this way.

A national study of sexual and reproductive knowledge and behaviour in Papua New Guinea reported that older men and women from several parts of the country recalled customs that placed a high value on virginity, particularly among girls.[63] However, shame was more commonly attached to girls who became pregnant before marriage. In most traditional Pacific cultures a woman did not 'own' her reproductive capacity; it belonged to her family before marriage and to her husband afterwards. For example, Holly Wardlow reports that in a Papua New Guinea Southern Highlands society illicit sexual activity is defined … as the theft of a woman's productivity from her natal kin, or from her husband if she is married.... the dominant concern in cases of illicit sexual activity is not whether a woman consented, but that her family did not.[64]

In Samoa, Tonga and rural Kiribati feminine virtue has been reported as a feminine ideal, associated with virginity at marriage. Alexandra Brewis reports that women who have multiple sexual partners are severely stigmatised in rural Kiribati.[65] On the other hand more relaxed attitudes about feminine sexuality before marriage are legendary – and also true to some extent - in Eastern Polynesian[66] societies such as Cook Islands and Tahiti.[67] In the Marshall Islands teenagers who have children are not ostracized and having a child can be seen as a rite of passage, reflecting socio-cultural norms where virginity is not as much emphasised as it is in many other Pacific Island countries, where teenage pregnancy may be considered to be an undesirable side effect of modernity and change.

In the Trobriand Islands of Papua New Guinea, Katherine Lepani describes the period of adolescence as … a time of sexual freedom, individual choice, experimentation, and the search for potential partners in the open, yet hidden, space of young people's autonomy. First sexual activity is culturally valued as an important transitional point in the physical and social development of a young person. She reports that young women express confidence in their sexual autonomy and exercise the right to reject the advances of suitors they find undesirable.[68]

Anthropologists Deborah Gewertz and Frederick Errington show how modern influences in Papua New Guinea encourage young women to hope that they can choose their own husbands, as they could not have expected to do in the past.[69] Throughout the Pacific, adolescent girls and boys are venturing into new domains of courtship and expectations of personal choice, for which there is limited or no cultural precedent, as well as considerable dissonance between the expectations of young women and young men. Carol Jenkins makes the point that contemporary parents and youth represent the first generation of Papua New Guineans to be confronted with mass media. This is the case for most Pacific Islands societies where, as in the rest of the world, women have been shown to be more interested in books about relationships, romance, family and marriage, and thus are more likely to expect caring, committed relationships. Young men reading soft and hard pornography are more likely expecting many sexual partners without commitment.

[62] See for example Alexandra Brewis. 1992. 'Sexually Transmitted Disease Risk in a Micronesian Atoll' Population. Health Transition Review, Vol. 2, No. 2.
[63] The results of this study are discussed extensively in ADB, 2007. Culture and Contexts Matter: Understanding and Preventing HIV in the Pacific, Asian Development Bank, Manila.
[64] Cited by Christine Stewart, 2005, Sex, Gender and The Law in Papua New Guinea. Gender Relations Centre, Working paper No. 23. Research School of Pacific and Asian Studies, The Australian National University, Canberra.
[65] Brewis, 1992.
[66] Eastern Polynesia comprises Hawaii, the islands and archipelagos of French Polynesia, and Cook Islands.
[67] Lee Wallace, 2003. Sexual Encounters: Pacific Texts, Modern Sexualities.. Ithaca: Cornell University Press, 2003. Sherry B. Ortner, 1996. Making Gender: The Politics and Erotics of Culture. Beacon Press
[68] Katherine Lepani. 2005. Everything Has Come Up to the Open Space: Talking about Sex in an Epidemic. Gender Relations Centre, Working paper No. 15. Research School of Pacific and Asian Studies, The Australian National University, Canberra.
[69] Frederick Errington and Deborah Gewertz. 1993, The Historical Course of True Love in the Sepik. In Victoria Lockwood, Thomas G. Harding and Ben J. Wallace (eds.) Contemporary Pacific Societies. Prentice Hall, pp. 233-248.

Young women may be deprived of the option to adhere to the feminine ideals of their culture if they are stigmatised as having 'lost their reputation', thereby losing the option of making a socially approved marriage. Girls who have been sexually assaulted may be blamed. For example, in a recent case the relatives of girl who had been sexually assaulted at the age of 12 appealed to immigration authorities to allow her assailant to stay in New Zealand. They feared that if this man was allowed to return to Samoa and revealed his 'conquest', the girl would come to be seen by young men in Samoa as "promiscuous and available", also that "societal gossip will blame the girl, however wrong that might be."[70] Christine Salomon and Christine Hamelin comment that in Kanak society, New Caledonia "any deviation by a girl from social norms, or even any carelessness, seems to legitimise male sexual abuse of her.[71]

Young women may blame 'love magic' to excuse impulsive unsafe sexual behaviour and to shift responsibility away from themselves to another person's 'spell'. In this context, belief in love magic is an HIV risk. Although belief in love magic is mainly found in Melanesia and parts of Micronesia, students from Solomon Islands at the University of the South Pacific have been reported to sell love magic to students from other islands where there was no tradition of love magic beliefs.[72]

Young Pacific women are particularly confronted with unequal sexual codes. Answering the question "what is gender" in relation to HIV and AIDS, Lisa Lahari-Williams emphasizes the pressure of expectations on young women.[73] She writes:

When young women have to remain virgins until they marry, that's gender…When they are not married but they still have sex and disgrace their family, that's gender…

Whether she's a virgin on her wedding night or not, whether she gets married or not, when a young women lets her partner decide when, how and where to have sex, that's gender.

When a young woman is abused verbally for offering or asking for a condom, she must be trying to hide some thing, and that's gender.

When she even has to ask, not tell her partner, to wear a condom, she's getting too cheeky and demanding, and that's gender.

When she's infected after she reads all the posters and loves faithfully and sticks to one partner, she has to be sleeping around, and that's gender. And that's why when it comes to HIV/AIDS, gender is what we call the "fatal" in equality, because it takes the chance for life itself out of the hands of a woman simply because she's not a man."

The construct of 'Macho' masculinity encourages high risk sexual behaviour

It is challenging to confront evidence from many Pacific Island countries and territories that document the sexually violent or exploitative behaviour of men, especially young men, towards girls and women. The evidence suggests that many Pacific cultures socialize boys in various ways that encourage their sexual drives to be channelled to violent or otherwise contemptuous behaviour towards women and girls. Instilled attitudes and peer group pressure are extremely powerful towards encouraging negative behaviours. It is the social construction of masculinity that must be critically addressed, not men as persons.

[70] Vaimoana Tapaleao 2008. 'Immigrant allowed to stay despite sex attack.' New Zealand Herald Saturday, November 8.
[71] Salomon, Christine and Christine Hamelin, 2008. Challenging Violence: Kanak Women Renegotiating Gender Relations in New Caledonia. The Asia Pacific Journal of Anthropology Vol. 9, No. 1, p. 34.
[72] See Jenkins, 2007. p. 29-30. The reference to USP students is from an account given to the author during fieldwork in Solomon Islands in 2006.
[73] Changing the course with media force: Pacific media, gender and HIV/AIDS. 2002. Pacific Regional Youth Congress on HIV/AIDS. Fiji, 1-6 September.

In recent years - and in the context of the HIV and AIDS epidemic - there has been renewed focus on perceptions of masculinity in the Pacific. Margaret Jolly, an anthropologist, comments that some studies of masculinity in Pacific Island societies have tended to see masculinity in the singular, as an aspect of unchanging cultural traditions - yet perceptions of masculinity change over time, both within and between cultures, in many historical contexts.[74] Most studies of masculinity have addressed Melanesian societies and have tried to understand the prevalence of violence and oppressive behaviour towards women in both traditional and modern contexts.[75]

In an historical overview of ethnological studies of masculinity in Melanesia, social historian Clive Moore points out that:

'In pre-contact Melanesia, men achieved gender and social identity through warfare and ritual cults, whereas women matured biologically into femininity. Often there was some form of men's initiation cult, which helped create young men's sexuality, as an equal to the natural maturation of girl's bodies through puberty and menarche. Men provided protection and aggression, did the heaviest garden clearing, hunting and deep-sea fishing, and waged war as fighters against enemies and strangers. They also uniformly controlled formal power structures, often depending on secret rituals to maintain their dominance.[76]

All Pacific societies had social institutions, which, although they operated in different ways, placed young men under the control of their elders. Most pre-colonial or pre-Christian Melanesian societies had men's houses in which young unmarried men lived and were controlled by their elders. In Samoa every village had, and many still have, associations of young men (aumaga) under the authority of older men and the council of chiefs. However, the rapidly growing urban areas of all Pacific Island countries these controls have been considerably weakened.

There are comparatively few studies of masculinity in Micronesia and Polynesia. A classic study of continuing relevance is Mac Marshall's account of how modern expression of youthful 'warrior' masculinity has taken the form of alcohol abuse among young men in Chuuk State, Micronesia.[77] Other writers perceive a continuity of traditional male 'warrior' into the present. Malopa'upu Isaia says that:

… in a warrior culture, it then creates a male sub-culture where it becomes a challenge for the native male to try and exploit as many young virgins as possible. … Sexuality was also used as revenge. … The challenge of eyeing someone else's virgin sister, while at the same time trying to protect your own sisters… makes the environment very secretive. It was a conducive environment for the outbreak of violence, paybacks, ambush and killings. Our native male sexuality was a high risk thrill.[78]

The association of masculinity with many sexual 'conquests' is also documented in a New Zealand study of male attitudes. This illustrates how predatory attitudes to sex are seen as traditional manly cultural norms among migrant Samoan men. Many men said that they had or expected to 'conquer' many women before and after marriage.[79]

Miliakere Kaitani, discussing how peer group attitudes to male sexuality become predatory, reports that young Fijian men learn to think of their 'dates' with young women mainly in terms of their expectations of a sexual relationship; placing little value on friendship, conversation or sharing experiences and feelings. Young men were found more likely to have had casual sex than to have had a regular girlfriend. Her informants told her that having casual sex and one-night partners were expected and admired behaviours, and that "the three 'Fs' is a common slogan in Fiji, standing for 'fix, f--k, and forget'." She describes how one group of young men from Suva competed amongst themselves to have sex with a different partner each week.

[74] Margaret Jolly 2007. Moving Masculinities: Memories and Bodies Across Oceania in The Contemporary Pacific 20:1 The Contemporary Pacific, 20,1, pp.1-24.
[75] Richard Eves. 2007 Exploring the Role of Men and Masculinities in Papua New Guinea in the 21st century: How to address violence in ways that generate empowerment for both men and women. Report prepared for Caritas. Australia.
[76] Clive Moore, 2005.'Changes in Melanesian masculinities: an historical approach', unpublished paper presented at the 'Moving Masculinities: Crossing Regional and Historical Borders' Conference, Australian National University, Canberra.
[77] Mac Marshall. 1979. Weekend Warriors: Alcohol in a Micronesian Context. California. Mayfield Publishing company.
[78] Malopa'upu Isaia,1999. Coming of Age in American Anthropology: Margaret Mead and Paradise. Universal Publishers/uPUBLISH.com
[79] M. Anae, et. al., 2000. Tiute ma Matafaioi a nisi Tane Samoa i le Faiga o Aiga: The Roles and Responsibilities of Some Samoan Men in Reproduction. Auckland, Pacific Health Research Centre, The University of Auckland.

Reflecting on masculinity in Papua New Guinea, Carol Jenkins asked:

What does it mean to be a man in contemporary … society? The larger issues affecting young men concern definitions of manhood and opportunities to realize their masculinity. ***Sexual activities might have become a far more important domain for demonstrating masculinity than in the past****, largely because the former roles of young men as warriors, or builders of boats, gardens, and houses, have been devalued. Cash has become the measure of a man. Men with cash can have many women and can have many material symbols of status, thus gaining respect in their communities.*[80]

However, the participants in a seminar discussion of gender and change in Micronesia saw it differently:

… If men's traditional roles have eroded over time, new roles have taken the place of the old. When women's roles were lost in the course of change, however, they were never replaced. Women, who were once seen as contributors to their society on a par with men, are now becoming ever more economically marginalized. They are seen primarily as housewives dependent upon male breadwinners … ***men have been generally given access to new roles in the modern society, while women have not.***[81]

There can be little recourse for women against sexual and other forms of violence when the unrestrained abuse of masculine power and privilege is socially tolerated, even among the police. Human Rights Watch documents the abuse of office by police in Papua New Guinea, with eyewitness descriptions of gang rapes in police stations, vehicles, barracks and other locations.[82] However, although there is far more documentation of sexual violence in Melanesia, there is little evidence to demonstrate that it is proportionately less common in Micronesia and Polynesia.

Maggie Cummings, an anthropologist, describes attitudes in Vanuatu among leaders, men and women, that excuse young men from exercising self-restraint and blame women for assaults and rape especially if have dressed 'immodestly'. Modesty was equated with the wearing of neo-traditional smock-like dresses introduced by Christian missions last century. Immodesty is equated with modern styles of clothing, trousers, shorts, or sleeveless tops - but only when worn by women; men are free to follow modern styles without censure. Women who fail to conform to cultural ideals of femininity in their behaviour or dress are blamed when rapists justify their acts as a punishments for wearing 'revealing' attire such as jeans or 'pocket trousers', or because the victims were 'asking for it', or because they were not 'good' women (although modestly dressed women and girls are also often victims of rape).[83]

Studies from Papua New Guinea, Fiji, and New Caledonia show that young men are prone to engage in violent high-risk heterosexual activities. The most vicious manifestations of sexual violence is pack rape or group sex colloquially referred to in Papua New Guinea as 'lineups' and in Fiji as 'convoys' and in New Caledonia ('la chaıne') in which the female participant is forced to submit, or is too intoxicated to resist, and who may or may not be a sex worker.

Amnesty International cites a report to the Committee on the Rights of the Child, in which the Government of Papua New Guinea stated that "young women all over the country are at high risk of rape, gang rape and other forms of violent sexual assault.[84] Carol Jenkins, reporting her research findings, explains why this risk is so prevalent, citing one of interviews in which a young man freely admitted that he and his friends roam about at night looking for opportunities for a 'line-up'.[85] She comments:

[These] Men give many reasons for group sex or lineups, most of which are punitive or misogynist and corroborate the interpretation that this is often group rape. As a very small proportion of these events ever come to the attention of the courts, legal definitions have not been clarified. In the youth study, young men frequently stated they had no

[80] Jenkins, 2007, p. 44
[81] Micronesian Seminar, 1994.
[82] Human Rights Watch, 2005. Making Their Own Rules': Police Beatings, Rape, and Torture of Children in Papua New Guinea.
[83] Maggie Cummings, 2008. The Trouble with Trousers. Gossip, Kastom and Sexual Culture in Vanuatu. In Leslie Butt and Richard Eves (eds.), pp. 133-149
[84] Amnesty International, 2006. Papua New Guinea: Women Human Rights Defenders In Action. (ASA 34/004/2006)
[85] Jenkins 2007, p. 61.

money to pay for sex. They justified rape on the grounds that so many women refuse to have sex unless paid, [so rape was seen] essentially as a type of theft.

Anthropologists Christine Salomon and Christine Hamelin, reflecting on prevalence of group sex and pack rape in New Caledonia comment that the evidence raises serious questions about the socialization of indigenous Kanak boys, because most boys do not consider pack rapes to be reprehensible acts:

Either they are seen as 'deserved' punishment for a girl who has shown provocative behaviour in her dress, words, sexual attitudes or against the rule of submission or they are seen as a 'game' in which you 'share' a girl between friends to 'take advantage' of an opportunity. Any girl who is inebriated or under the influence of cannabis in the company of boys who are not her brothers runs the risk of being raped, whereas a girl who agrees to meet one of the boys of a group, without knowing that he will bring others, or who yields because she fears further physical violence if she tries to flee or object, is considered to be consenting. The youth of the perpetrators (between 15 and 25 years of age), their number, up to 10 or 15, and the statements they make raise issues regarding male socialization towards sexual predation. These rapes occur in both rural areas and Noumea. The victims are often very young girls who are made vulnerable either by their social status, by a mental handicap, by the consumption of substances at a party or because they have a 'bad' reputation. The disgrace that will unfailingly fall upon them explains their silence.[86]

Sex work and transactional sex are mainly seen as outcomes of lack of choices and opportunities open to women in Pacific societies but there are other complex factors

Batiri Bataua, the chairman of Kiribati's HIV/AIDS taskforce in 2007, was reported to have told a media source that 80 to 100 young I-Kiribati girls, many from the outer islands, go to the docks and "sell themselves for sex to seafarers from international fishing vessels". Some were as young as 13 or 14 and they were drawn … by the bright lights of South Tarawa, and they like the U.S. dollars, the partying and the drinking that happens when the men arrive in town.[87]

His reported opinion was that the root cause of the problem is lack of employment opportunities:

"Employment wise - that will be a very long story because we still have a long queue of unemployment, and these girls, most of them don't have good education. Trying to get a job for them, I would say, that it would be hard."

Leaving aside the question of why the police in South Tarawa did not arrest the seafarers that had sexual relations with underage girls, it is not at all clear from this account that the girls referred to saw themselves as "selling sex". What is more likely is that these girls were looking for entertainment and excitement as well as money, that seems legitimately available only to boys and young men according to the rules of their society.

In any Pacific society material poverty and poverty of opportunity may push some women and men to resort to transactional sex. Carol Jenkins quotes a man in Papua New Guinea who argued that women have an advantage over men if they are poor, because they can sell sexual services whereas men cannot. Men can and do sell sexual services but empirical evidence show that more women than men 'sale' or exchange sex for money or goods. The demand for paid sexual services from men is generally lower. On the opposite, the booming transport and extracting industries employing a predominantly mobile male labour force[88] in Papua New Guinea and other parts of the Pacific certainly contribute to an increased demand for female sexual services. However, most Pacific women who engage in transactional sex cannot be

[86] Christine Salomon and Christine Hamelin, 2008. Challenging Violence: Kanak Women Renegotiating Gender Relations in New Caledonia. The Asia Pacific Journal of Anthropology. Vol. 9, No. 1, p. 34

[87] Radio New Zealand website, 8 March, 2007 Kiribati HIV/AIDS taskforce says lack of alternatives the problem in discouraging sex workers.

[88] In one recent survey cited by UNAIDS on its website, 60%–70% of truck drivers and military personnel, and 33% of port workers, said they had bought sex in the previous year.

described as 'sex workers', nor do they see themselves as such. For Papua New Guinea Carol Jenkins reports:

While self-identified, full-time sex workers clearly have the highest number of partners per year, the number of clients is relatively low compared to that in other countries. On the other hand, about 15% of other women appear to have nearly as many partners as sex workers. This implies a convergence of risk levels among women in the sex trade and the most active of those practicing transactional sex. ***Such extensive multi-partnering can fuel a widespread "hot" epidemic. Their clients and boyfriends are at equally high risk.***[89]

Other studies from Papua New Guinea show that women may opt to engage in transactional sex for many reasons.[90] Some act in revenge for ill-treatment or loss of status; others to obtain longed-for favours or opportunities, to alleviate poverty, or to support their families.[91] Those abandoned by their husbands often have no choice, while some may encouraged or forced to sell sexual services by husbands or kinsmen. Others have economic incentives that outweigh incentives to adhere to customary constraints, to engage in occasional or regular sexual transactions.[92] There are few studies of sex workers and transactional sex in countries other than Papua New Guinea, although the same factors are likely to be involved.

It has been shown that women can have strong incentives to opt for transient relationships, which, while not overt sexual transactions, involve more female agency than traditional marriage arrangement and are usually pursued by women for their own advantage. For example, Deborah Gewertz and Frederick Errington describe how in the Ramu Sugar Limited township (a development enclave in Papua New Guinea) "Ramu wives," and "marriage in the Ramu way" may last for weeks, or years, and often results in children, but these unions rarely involve customary exchange relationships between kin groups. Male workers may establish several such marriages because there are many women willing to become Ramu wives. The men have money, the town has education and health services, and the life of many Ramu wives is better than gardening, collecting firewood, and fetching water in their village and living under the repressive control of male elders.[93]

There is evidence that carefully targeted interventions to economically empower women can help to combat the spread of HIV and therefore should be a core component of national HIV prevention strategies.[94]

Most men who have sex with men are not transgender, nor do most of these men regard themselves as 'gay' or homosexual

In many Western societies sexual minorities form a category of gay or lesbian persons, accepted to varying degrees; they may or may not belong to homosexual sub-cultures and communities. In Pacific societies there was no traditional 'gay' or straight categories of person. Men who have sex with men whether for ritual or pleasure, did not categorize themselves as homosexual or as having a particular sexual preference or gender identity. As is well known, in Polynesian societies there is a category of transgender men and boys who, in the past were not categorized by their sexuality but by their preference for women's work and a feminine demeanour.

According to Jenkins, this kind of transgender identity is uncommon in Papua New Guinea, perhaps because the cultural denigration of femininity is so widespread. In the bordering and culturally affiliated Papua province of Indonesia, transgender males in the sex trade, (referred to in Bahasa Indonesia as waria) include few ethnic Papuans, most are Indonesians

[89] Jenkins, 2007, pp 50-56
[90] Lawrence J. Hammar, 2004. 'Surveillance and sampling in suspicious settings: lessons learned from Papua New Guinea'. Unpublished paper presented at the conference on HIV/AIDS in PAPUA NEW GUINEA at the Australian National University. See also his unpublished papers 'The double whammy: STDs and sexually transmitted dis-ease in Papua New Guinea'; and "Its in Every Corner Now": Results from a nationwide study of HIV, AIDS, STDs and sexual health.
[91] Wardlow, 2005, points out that Huli women increasingly have become pasinja meri (loose women) out of anger at the devaluation of their traditional pivotal roles. Their reported negative attitudes toward bride-price have similarly been recorded in other parts of the country. Cited by Christine Stewart, 2005. Sex, Gender and The Law in Papua New Guinea. Gender Relations Centre, Working paper No. 23. Research School of Pacific and Asian Studies, The Australian National University.
[92] These issues are extensively documented for Papua New Guinea by Carol Jenkins, 2007.
[93] Deborah Gewertz and Frederick Errington, 2008. Jealous Women in the Cane (forthcoming publication)
[94] Julia Kima, Paul Pronyka, Tony Barnett and Charlotte Watts, 2008. Exploring the role of economic empowerment in HIV prevention. AIDS, 22 (4): S57–S71

from outside Papua.[95] In most Pacific Island countries perceptions of HIV as a 'gay disease' has also led to stigmatisation of transgender persons. Transgender or otherwise effeminate young men are vulnerable to sexual violence and to beatings by other men, and even social workers of HIV programmes may display overt prejudice against sexual minorities.

In Papua New Guinea as in many other Pacific Island countries male-to-male sex is illegal, and therefore largely hidden, but nevertheless, Christine Bradley cites evidence indicating that male-to-male sex is not uncommon in Papua New Guinea:

… A recent study found that 58% of men who have sex with men were bisexual, 13% heterosexual, and only 29% self-identified as homosexual.[96] In other words, 72% of men who have sex with men also have sex with women. Most of these had also had anal or vaginal sex with multiple female partners in the previous month, including some who had had sex with their wives. … Condom use remains low among men who have sex with men, whether with male or female partners. … Homophobia is rife, and young men and boys who appear effeminate can suffer violence, discrimination, and even punitive rape.[97]

Male-to-male sex had a place in the ritual activities of some Papua New Guinea cultures, and was commonplace in labour lines of plantations in the colonial era. In a national sample cited by Carol Jenkins, 12% of men questioned told of their same-sex experiences. Men often reported male-to-male sex for payments when drunk and in enforced all-male residential scenes, such as boys' dormitories, jail, mining camps, or on oilrigs. Male-to-male sex in these contexts has nothing to do with gender identities or sexual preferences of those involved.[98] It is also possible that in those countries where young women are most strictly supervised, young men are more likely to engage in male-to-male sex, as has been documented elsewhere.[99]

A limited study undertaken by C. Jenkins in Fiji, using a respondent driven sampling approach, suggested high levels of risk behaviours amongst men practising male- to-male sex. The preliminary findings indicated high levels of concurrent multiple partners: in the prior month, 43% of the respondents had been paid for sex and also had new non-commercial partners; 28% bought sex, sold sex and had new non-commercial partners, while another 28% had new non-commercial partners only. Condom usage was found to be clearly insufficient to provide safety and STI treatment seeking behaviour was found to be poor.[100]

A needs assessment study of Asian and Pacific Islander gay and bisexual men in Hawaii revealed that for many gay and bisexual men greater social and cultural value is placed upon family loyalty and community affiliation than individual identity development/enactment. The culturally based, private-public tension that this creates included an idealization of intimate relationships such that HIV risk reduction is abandoned, and the use of intentional and oftentimes faulty cost-benefit analyses result in unsafe sex as well as fatalistic beliefs about contracting HIV based on being male and gay.[101]

It is important to highlight that in addition to social stigma against male-to-male sex, most Pacific Island countries have discriminatory laws (i.e. sodomy laws) criminalising such behaviour and contributing to drive these men underground, heightening considerably their vulnerability to HIV.

[95] Jack Morin, 2008. 'Its Mutual Attraction: Transvestites and the Risk of HIV Transmission in Urban Papua.' In Leslie Butt and Richard Eves (eds.), p. 41-59
[96] Papua New Guinea Institute of Medical Research, 2005. Quantitative Study Results Among MSM in Port Moresby.
[97] Christine Bradley, Draft Gender Impact Report, NHASP, 2005.
[98] Jenkins, 2007, p. 57
[99] For example, Unni Wikan, 1991. Behind the Veil in Arabia: Women in Oman. University of Chicago Press.
[100] Carol Jenkins, 2006, (unpublished)
[101] Kanuha V. 1999

Gender-based violence and violence against women in particular increases the risk of the spread of HIV in Pacific Island countries

It is well established and internationally accepted that gender-based violence constitutes an urgent public health problem worldwide, particularly in the context of STI transmission and the HIV and AIDS epidemic.[102] A common cause of violence by men against their wives and girlfriend appears to be refusal or reluctance to have sexual relations. It also seems to be widely believed in different Pacific cultures that a married woman does not have the right to refuse intercourse with her husband. When girls and women are beaten for refusing sex or are forced to have sex, their risk of becoming infected with HIV increases significantly. Women who have been beaten by their husband or partner are less likely to report rape even if the rapist is not their husband or partner and more likely to fear HIV testing even if they have not engaged in pre-marital, extramarital or transactional sex.

Violence and HIV risk: critical intersections

There is a compelling case to end intimate partner violence both in its own right as well as to reduce vulnerability to HIV. Violence and HIV risk interact in several ways:

1. Forced sex poses a **direct biological risk** for HIV and other Sexually Transmitted infections by tearing and lacerating the genitals and or the anus and thus increases the likelihood of HIV to get into the bloodstream if exposed to the virus. The risk is considerably accrued for girls and young women because their vaginal tracts are immature and tear easily during sexual intercourse, it is also considerably accrued in the case of forced anal penetration.

2. Intimate partner violence poses **indirect risks** for HIV and other Sexually Transmitted infections in several ways:
   - Violence, and threats of violence, limit one's ability to refuse sex or negotiate safe sexual behaviour.
   - Sexual abuse as a child, coerced sexual initiation and current partner violence may increase sexual risk taking later in life (i.e. multiple partners, engaging in transactional sex).
   - Women (and men) who experience violence may be in partnership with someone who has risky sexual behaviours and thus a higher likelihood of being infected.

3. Violence or fear of violence may deter women from disclosing their HIV status or seeking HIV testing altogether and delay their access to treatment and other services (i.e. prevention of vertical transmission).

   (Adapted from Intimate Partner Violence and HIV/AIDS WHO 2004)

Studies conducted in different Pacific Island countries show relatively high levels of violence against women. The Fiji Women's Crisis Centre which does training, counselling and research on family violence throughout the Pacific; reports that violence against women and children is prevalent throughout the region, across all ethnic and socio-economic groups.

[102] United Nations organizations agree that gender-based violence is now one of the leading factors in the increased rates of HIV infection among women. Global Coalition on Women and AIDS. WHO, 2004. Violence Against Women and HIV/AIDS Information Sheet. See also WHO, 2003.

Ongoing WHO-sponsored research using methodology to produce comparable results is investigating intimate partner violence in different countries around the world.[103] In the Pacific a study was completed in Samoa in 2003, while studies conducted in 2008 are nearing completion for Kiribati and Solomon Islands, using comparable methodology. Some of the results are presented in the figures below:

Figure 8: Violence against women from intimate partner in Samoa

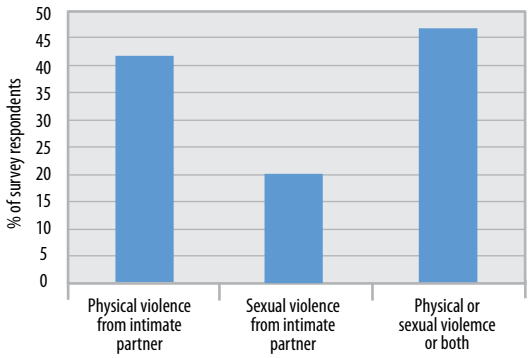
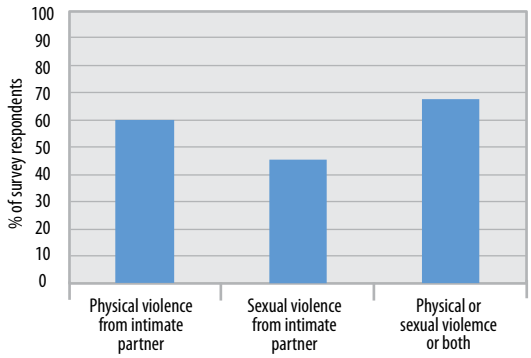


Figure 9: Violence against women in Kiribati



The graph (Figure 8) above highlights high levels of violence experienced by Samoan women aged 15-49 from an intimate partner. In addition, twenty four percent of Samoan women surveyed reported that they had experienced severe physical violence (defined as being hit with a fist, kicked, dragged, threatened with a weapon or having a weapon used).[104] Comparison with 12 other countries showed the rate of violence against women was in the mid range in Samoa.

Similar and even higher levels of physical and sexual violence from intimate partners were found in Kiribati (Figure 9) where preliminary data also indicate that physical violence was the most prevalent form of partner violence followed by emotional abuse and closely by sexual partner violence. In addition (not shown in the graph) twenty three per cent of women who had ever been pregnant reported being beaten by a partner during their pregnancy. Seventeen per cent of women who reported experiencing violence during their pregnancy had been punched or kicked in the abdomen while they were pregnant, and 18% of women aged 15–49 reported that they had experienced sexual abuse when they were under the age of 15.[105]

Preliminary data from the Solomon Islands survey (Figure 10) also shows that two out of three women who had ever been in a relationship had experienced violence by their husband or boyfriend. One out of four had experienced violence from someone who was not their boyfriend. One out of 10 experienced beating during pregnancy, and of these one out of five experienced being punched or kicked in the stomach. The findings suggest that the rate of violence against women there is third highest out of 12 other countries surveyed.

[103] WHO, 2005. Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses.
[104] WHO, 2003. The Samoa Family Health and Safety Study. Secretariat of the Pacific Community.
[105] Secretariat of the Pacific Community, 2008

Figure 10: Violence against women in the Solomon Islands

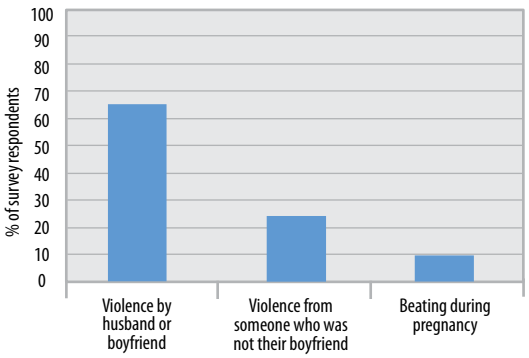
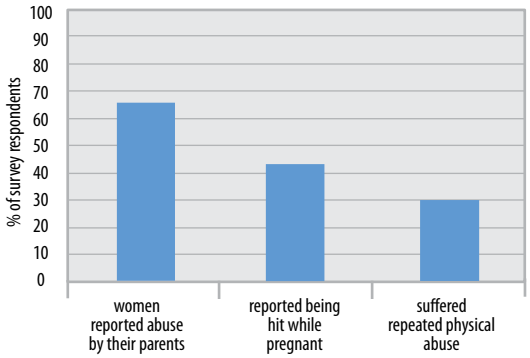


Figure 11: Violence against women in Fiji



In Fiji national research on domestic violence and sexual assault found that 80% of survey respondents had witnessed violence in their home. 66% of women surveyed reported abuse by their partners, 30% of these suffered repeated physical abuse, and 44% reported being hit while pregnant (Figure 11). In addition, 74% of female victims did not report violence to the Police or seek medical attention. 13% of survey respondents reported that they had been raped. 74% of perpetrators were known to the victim, and over 30% being relatives.

Sexual assault and harassment was found to be prevalent across all age groups in Fiji, but the largest group of victims was 11-15 years old.[106] Both Fiji Women's Crisis Centre and Police records show that 95% of perpetrators of domestic violence are male.

Counsellors at the Fiji Women's Crisis Centre said that the number of women who condone violence or believe men have the right to physically punish their wives is higher than reported in the survey. The counsellors believe that Fiji Police records are not representative; assault of women is a commonly recorded offence but most women who have been assaulted do not report it, because they have been taught to accept violence, or because of family pressure, or because of fear of reprisals if a complaint is made.[107]

In the study previously cited in reference to pack rape in New Caledonia by Christine Salomon and Christine Hamelin, the authors refer to a 2002 survey that found Kanak women frequently suffer from violence inflicted by their husbands or partners, and that there was a strong statistical link between such violence and limited personal economic resources.

Research conducted by the Papua New Guinea Medical Research Institute in the early 1990s found that 55 per cent of women interviewed had been forced into sex against their will, mostly by men known to them. A Papua New Guinea Law Reform Commission study found two out of three wives reported being beaten by their husbands (a national average).[108] Children are often present when their mothers are being beaten. The extent of girl child sexual abuse is illustrated by a study in the first three months of 1985 of 82 cases of sexual assault, in which the age of the victims were known and who were treated at Port Moresby General Hospital. Nearly half were girls under 16 years old, a quarter of them were less than 12 years old, one in ten was under 8 years old, and many perpetrators were reported to be family members.[109]

[106] Fiji Women's Crisis Centre. n.d. The Incidence, Prevalence and Nature of Domestic Violence and Sexual Assault in Fiji. Suva.
[107] Cited in Asian Development Bank (Penelope Schoeffel), 2006. Country Gender Assessment: Republic of the Fiji Islands. Pacific Regional Department and Regional and Sustainable Development Department, Asian Development Bank, Manila
[108] Papua New Guinea Law Reform Commission surveys of 2,394 men and women in rural and urban areas, focus groups discussions, and hospital and police studies. Data from 1994 National Research Institute study, based on 423 interviews with men and women and 61 focus groups, representative of 82% of the population
[109] Data provided by Christine Bradley, November 2008, from data compiled for the National HIV/AIDS Support Project

A 2008 research by Iona Lewis, Bessie Maruia and Sharon Walker in Papua New Guinea showed that women who reported violence in their relationships were, on average, two years older than women who said they had not been abused and were more likely to be HIV positive. Sexual abuse in relationships was strongly associated with HIV positive status. Level of school education, post-school education and paid employment were not found to influence the rates at which women reported domestic violence. [110]

Lawrence Hammar describes a case of a young HIV positive woman who was beaten and left to die in isolation. Such cases are not uncommon in Papua New Guinea, and are far more likely to be women than men. Hammar comments that such cases reveal how people do not connect what they know to be the behavioural realities of sex and marriage with what they say they have learned from the public health messages and Christian teaching.[111]

Research in other parts of the world has shown that women with violent or controlling male partners are at increased risk of HIV infection (after adjustment for their own risk behaviours) because abusive men are more likely to have HIV and impose risky sexual practices on partners.[112]

There is a paucity of research on sexual minorities and HIV risk in the Pacific Islands. However, limited and preliminary research on sexual minorities and human rights revealed high levels of physical and sexual abuse on the basis of sexual identity or orientation of individuals, including against those who self identified as; gay men, transgendered, lesbian, bi-sexual, fa'afafine or fakeleiti. Just as many women do not report sexual abuse for a range of reasons, sexual minorities in the Pacific are also unlikely to report these abuses.[113]

It is also important to recognize that women and girls with disabilities experience both additional forms of and higher levels of gender-based violence than do their non-disabled peers.

The most marginalised: women and girls living with disabilities

Not all women and girls experience discrimination in the same ways, specific HIV responses/strategies are required for different groups of women and girls:

- Women and girls with disabilities are at greater risk of all forms of violence than non-disabled women and girls. This violence is more prevalent (50% on average against 33%), more chronic, more severe, and may take additional forms such as for example withholding of essential medications;
- Global evidence show that women with disabilities living in their own homes who were assaulted by those who assist them with routine activities are less likely to report violence;
- There is a lack of family and social support and networks of other women with disabilities Isolation is more extreme for women and girls with disabilities in rural areas and outer islands and this isolation compounds their vulnerability;
- Shelters are often inaccessible (where they exist) as well as court systems.

(Source: UNDP Pacific Centre, 2009, Pacific Sisters with Disabilities: At the intersection of Discrimination)

While it is unhelpful and inaccurate to portray Pacific women as universal victims, their heightened vulnerability to HIV and other sexually transmitted infections as well as their greater social condemnation if they don't uphold moral standards that are not expected of men must be emphasised.

[110] Iona Lewis, Bessie Maruia, Sharon Walker, 2008. Violence against women in Papua New Guinea Journal of Family Studies . Volume: 14 | Issue: 2-3 Innovative Approaches To Family Violence. October 2008 Page(s): 157-159 (accessed online: http://jfs.e-contentmanagement.com/archives/vol/14/issue/2-3/article/2397/violence-against-women-in-papua-new-guinea)

[111] Lawrence J. Hammar, 2008. " Susan's story" from Fear and Loathing in Papua New Guinea: Sexual Health in a Nation Under Siege. In Leslie Butt and Richard Eves (eds.), p. 71-75

[112] Dunkle KL et al. 2004 Gender based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa. In Lancet. 2004 May 1;363(9419): 1415-21 (consulted online via www.ncbi.nlm.nih.gov/pubmed/15121402)

[113] UNDP Pacific Centre, 2006 (unpublished): Human Rights and Culture: Examining Lesbian, Gay, Bisexual, Transgender, Fa'afafine and Fakaleiti Experiences in the Pacific

Photo: Naziah Ali (UNIFEM)

III. GENDER CONSIDERATIONS IN HIV AND AIDS POLICIES AND STRATEGIES.

Analyses of factors driving the HIV epidemic in the Pacific Islands have given insufficient attention to gender relations as a cross-cutting issue

There are many factors that can facilitate the spread of HIV through Pacific populations but the reality of unequal power between men and women underlies most.[114] As Carol Jenkins saw the situational context:

HIV spreads more widely where sexual networks are extensive, e.g., where a person is mobile or travelling and having sex with partners in multiple locations. Having multiple partners concurrently creates a node of transfer from one sexual network to another. Where sexual networks are smaller and more circumscribed, HIV can spread but less widely. HIV spreads more easily where populations have high levels of other STDs, particularly those that produce ulcers. In all-male situations, such as prisons, mines, or construction camps, the risk of HIV transmission is high. Where economic differences between groups within a country are great, poorer men and women exchange sex for money, services, and goods with those having more resources. At the earlier stages of many epidemics, wealthier men acquire HIV more often than poorer men. However, as epidemics mature, the pool of infections tends to accumulate among poorer classes. This occurs because poorer and more marginalized people (including disadvantaged minorities of all sorts) have less access than others to information, services, and social power to protect themselves. In many countries, women in general fall into this category.

Another situation analysis in a regional study commissioned by the Asian Development Bank summarizes the situation in the Pacific Islands as follows:

Social and behavioural factors common throughout the Pacific place some people in all islands at risk of acquiring an HIV infection. Travel and migration for work, education, and other purposes are common and widespread. Several islands depend heavily on remittances from family members working abroad as well as on the salaries of international seafarers who are away from home for long periods of time. HIV has already begun to spread among them and to their partners. … Injecting drug use is relatively rare throughout the Pacific but bears monitoring. Most substance related behavioural issues are associated with alcohol. Marijuana is present and kava is widely drunk by young and old alike.

Young people in the Pacific, like young people in most of the world, experiment with drugs and sex without adequate correct information on the potential negative consequences as well as how to prevent them. Speaking about sex is taboo and information poor. Attitudinal issues - for example, toward coercive sex, domestic violence, and the rights of women - play a role in facilitating risky behaviour. Sexuality is not treated scientifically in schools and conservative churches contribute to the prevailing stigma and vulnerability associated with it by discouraging advertising or other promotion of condoms, particularly to youth.

Commercial sex is more common in larger urban areas, but a minority of young women and some times young men sell or exchange sex for cash, goods, or services. In addition, male-to-male sex, particularly involving transgender people, is a form of sexuality with traditional roots but is highly condemned by influential religious leaders. Stigma and fear are still highly associated with being HIV positive.

[114] Carol Jenkins, 2007. p.9

Again, this analysis does not provide a gender perspective. Men are far more likely than women to have the resources to use and abuse alcohol, kava and cannabis and are subject to more peer pressure to do so. Women and girls are more subject to coercive sex, and women are far more likely to be subject to 'domestic' violence. Prevailing values allow men more sexual freedom than women in most Pacific cultures. Transgender males are more likely to be raped and to consensually receive than give anal intercourse, and therefore are more likely to be infected than their male partners - who do not see themselves in terms of a sexual preference or gender orientation.

Gender and HIV in Papua New Guinea

Papua New Guinea has the most severe epidemic of HIV and AIDS in the Pacific and is one of the most affected countries in the world. There are many reasons why the situation there is so serious. Many provinces are underdeveloped and have high levels of poverty and few functioning health services. Social change has been historically recent, rapid and disruptive in many parts of the country. There are serious challenges to public welfare and safety, provision of education and health services and communications. There are problems of controlling crime, mostly perpetuated by gangs of men, who prey on townspeople and on people using roads and highways rural areas. Papua New Guinea has far more development enclaves than any other Pacific Island country, where most preconditions for HIV transmission can be found.

Lawrence Hammar, who has studied the social conditions of STI and HIV transmission throughout Papua New Guinea, argues that the primary cause of the epidemic is severely imbalanced state of gender relations in that country, defining gender relations as "the relations of power between men and women, especially in marriage but generally". He points to contributing factors such as endemic beating and rape of women[115] ; girls commencing of sexual intercourse when they are too young for sex to be consensual; lack of access by women to contraception and sexual health information; prevalence of sexually transmitted infections for which women are blamed and which damage women's bodies and psyche, and diminish their fertility.

UNICEF, using data from SPC Pacific regional surveillance, points to those groups in Pacific Island countries that are particularly vulnerable to HIV infection.[116]

- Seafarers, have far higher rates of HIV infection than the general population, because seafaring carries a specific occupational risk. The risk of HIV infection is also heightened for seafarers' wives and partners.
- People involved in transactional sex – either professional sex work, or less formally for gifts and favours – are particularly vulnerable to HIV. This has been reported to be a significant source of vulnerability in Palau, Marshall Islands, FSM, Solomon Islands, Vanuatu, Fiji, Kiribati and Samoa.
- Foreign sex workers, mainly from Asia, have been reported in Fiji, Marshall Islands and Palau. These women are particularly vulnerable, as are their partners/clients.
- Students at the University of the South Pacific are mobile, away from family, and sexually active. They are also often ill informed on HIV and have limited access to preventive services and information.
- Men who have sex with men have varying access to information and services in the region – stigma and discrimination increase vulnerability in many countries.
- Other mobile populations including soldiers and police serving abroad, overseas migrant workers and Pacific people who travel aboard for business, education, sport, conferences or holidays.

While these situation analyses of risk are sound, there is no gender analysis to assess differences in the degree of risks to men and women or the context of those risks in gender relations.

[115] A detailed, evidence-based account of the challenge of violence against women in Papua New Guinea is provided in Papua New Guinea Violence Against Women: Not Inevitable, Never Acceptable! Amnesty International September, 2006

[116] UNICEF, 2006. Country Report: Pacific Islands Countries. Children and AIDS in the Pacific Islands Countries East Asia and Pacific Regional Consultation on Children and HIV/AIDS. Hanoi, Viet Nam.

In a paper prepared on HIV risk and vulnerability in the Pacific for the Secretariat of the Pacific community, Holly Buch anan-Aruwafu cites extensive research data that demonstrated the following situations of heightened vulnerability associated with HIV epidemics:[117]

- Depressed economies, poverty, and a poverty of opportunities for employment and education, particularly for young people and women, in rural and urban contexts;
- Migration and mobility for work;
- Urbanization;
- Gender and status inequalities;
- Sexual and domestic violence, child sexual abuse and exploitation;
- Drug and alcohol use;
- Political instability, displacement and armed conflict;
- Socio-cultural traditions, norms, and family structures in change;
- Legislation that criminalize the exchange of sex for cash and resources, male to male sex, or that does not protect the rights of people living with HIV; and
- Stigma and discrimination and human rights infringements.

These and other regional studies review extensively the social forces driving HIV and point separately to the significance of gender relations however they do not sufficiently emphasize that unequal gender relations is one of the most significant factor in the spread of HIV and cross-cuts almost all other factors driving the epidemic.

International experts have advocated a gender responsive approach to HIV and AIDS policy since 1999

Gender considerations have been addressed in HIV and AIDS policy and programmes in global and regional approaches for many years. On a global front, in 1999, UNAIDS published an influential technical paper entitled "Taking Stock of Research and Programmes on Gender and HIV/AIDS". This reviewed research on gender-related determinants of risk and vulnerability to HIV infection among men and women and the differential impacts men and women experience as a result of actual illness, accessing treatments, or seeking and receiving care and social support. It demonstrated that HIV and AIDS programmes that address gender equality as a central goal maximize their overall effectiveness. This goal includes analyzing and addressing gender issues in planning, implementation, monitoring and evaluation of policies, programmes, projects and research.

In 2004, WHO published a review paper "Integrating Gender into HIV/AIDS Programmes" that points out how highly complex the HIV and AIDS epidemic is in its reach and impact, and that these complexities are magnified when examined through the lens of gender. The paper uses a conceptual framework to sort through the different types of gendered responses to the epidemic, and differentiates one approach from the other. It recommends that this approach can greatly facilitate the development of guidelines to assist programme managers and policy makers to integrate gender in HIV and AIDS programming. WHO recognizes that integrating gender considerations into programmes is essential for:

- Increasing coverage, effectiveness and efficiency of interventions;
- The promotion of equity and equality between women and men, throughout the life course, and ensuring that interventions do not promote inequitable gender roles and relations;
- The provision of qualitative and quantitative information on the influence of gender on health and health care; and
- Supporting Member States in undertaking gender-responsive planning, implementation and evaluation of policies programmes, and projects.

[117] Holly Buchanan-Aruwafu, 2007. An Integrated Picture: HIV Risk and Vulnerability in the Pacific: Research Gaps, Priorities and Approaches. Secretariat of the Pacific Community.

The WHO paper warns that purely technical approaches are unlikely to be effectively adopted without attention to the 'structural' aspects of gender integration. A gender perspective in programming requires institutional systems, processes, and structures that routinely, continuously, and comprehensively identify and respond appropriately to the different ways in which gender affects programming. It makes the important point that existing approaches to address gender in HIV and AIDS programming fall along a continuum from 'harmful' - where discriminatory distinctions are made between men and women that actually negate any real or potential programme successes - to 'empowering' - reducing gender-related constraints and power imbalances. Accordingly, the paper advocates a transformative approach to create more gender-equitable relationships - one which goes beyond 'gender sensitivity' approach because it seek to change the underlying conditions that cause gender inequities.

Since 2004 the emphasis on addressing gender inequality as fundamental to stop and reverse the spread of HIV has greatly intensified at the policy level with leading UN agencies[118] multiplying policy and advocacy (as well as technical and financial) efforts to support member states to better address the gender and human rights dimensions of HIV. Progress by the vast majority of countries to move from commitment to action has remained however disappointingly slow.

Regional studies and strategies have identified gender as an HIV issue but a stronger emphasis is needed in policies and programmes

In 2000 UNDP published "Pacific Women Against AIDS; a booklet intended for awareness raising rather than strategic guidance. It features statements by prominent Pacific women that low status of women was an important consideration in addressing the spread of HIV and other STI, and advocated care and concern for people living with HIV. The booklet highlights the potential roles of women's organization and women in the media in raising public awareness.[119]

In 2005 UNESCAP Discussion Paper Gender and HIV/AIDS in the Asia and Pacific Region notes that, with regard to the Pacific Island region, well-known socioeconomic forces such as population mobility and youthful population structure, along with specific national patterns of population mobility, such as employment in seafaring and enclave development in fisheries, forestry and mining are driving HIV transmission. However, the paper highlights the low status of women and violence against women as driving factors and to illustrate the issues, it cites numbers of studies and surveys for three countries; Papua New Guinea, Samoa and Fiji demonstrating that a high proportion of women have experienced physical and sexual violence. The paper identified many significant issues for the Pacific Islands but did not propose specific approaches.

A 2004 research paper, "Emerging Issue: HIV/AIDS and Women in the Pacific Island Countries and Territories", commissioned by the Pacific Women's Bureau of the Secretariat of the Pacific Community, provides an overview of epidemiological data, commitments made by regional governments in relation to the status of women, and national programmes and strategies to combat HIV and AIDS for Cook Islands, Papua New Guinea, Samoa, Solomon Islands and Vanuatu.

This paper also draws attention to the low socioeconomic status of women, and to sexual and other forms of violence against women as risks or contributing factors to the epidemic. It advocates a human rights-based approach to raise public understanding and legal protections for human rights and proposes that widespread public education on the facts of sexually transmitted infection must be stepped up. The paper was probably the first policy-oriented paper for the Pacific region to advocate, albeit indirectly, a 'transformative' approach, recommending the engagement of men in measures to halt the spread of HIV, and measures to reform cultural norms in the socialisation of boys.

A 2005 situation analysis of HIV/AIDS in the Pacific, commissioned by the Asian Development Bank, does not specifically address gender considerations, but recommends advocacy to enable a rights-based approach to prevention, treatment, and care. Later on, the Bank published a more descriptive report and situation analysis for the Pacific Island region in

[118] UNDP, UNAIDS, UNIFEM, UNHCR, UNFPA, UNICEF, the World Bank and WHO in particular. Addressing the specific gender and Human Rights concerns of HIV is one of UNDP's key priority areas.
[119] United Nations Development Programme, 2000. Pacific Women Against AIDS 2000.

2007 based on research by two medical anthropologists; Cultures and Context Matter: Understanding and Preventing HIV in the Pacific. The two discussion papers in the report address HIV/AIDS, culture and social change in Papua New Guinea, and HIV and youth in the Pacific, with particular references to the Solomon Islands. Gender issues are described, but not emphasized as key issues.

The above mentioned report is focused on the Melanesian sub-region of the Pacific. Although Melanesian region accounts for most of the population of the Pacific, there is still a need for more attention to the cultures and contexts of the small island states of Polynesia and Micronesia, for even though some of these countries have low numbers - or no - reported cases, many risk factors have been identified, as referred to in chapter I above.

The 2005 Pacific Regional Strategy on HIV/AIDS 2004-2008 included among its strategic principles the statement that it is "based on an approach sensitive to gender and vulnerable groups" and "affirms the protection and promotion of human rights"[120]

> "HIV/AIDS is a gender issue. It affects both men and women, but women are more vulnerable for biological, epidemiological and social reasons. A key element of a strong and effective response to HIV/AIDS in the Pacific will be to provide young Pacific Islanders with an environment in which young men are encouraged to treat young women with respect and care. Gender plays a role in making women vulnerable to HIV infection partly because of disparities in decision-making capacities and power relations between men and women. … Throughout the world, the epidemic is more pronounced in situations where macro policies lead to increased gender disparities. The spread of HIV/AIDS can be slowed only if meaningful changes are brought about in the sexual behaviour of men. A gender-based response will recognize different power relationships and work towards reducing gender disparities and differences".
>
> Pacific Regional Strategy on HIV/AIDS 2004-2008

However when highlighting key challenges for the region, the strategy lists:

- Inadequate surveillance and monitoring capacity at all levels;
- Long distances and communication difficulties;
- The need to provide sustained leadership at all levels;
- lack of resources;
- The tendency for culture to act as a barrier to information and prevention initiatives;
- Lack of capacity in all aspects of HIV response and at all levels;
- Difficulty in sustaining comprehensive national responses;
- The need for coordination at national and regional levels;
- The need to deal with vulnerable groups, including gender training and awareness;
- The need to address stigma and discrimination; and
- The need to build capacity to provide treatment to those with AIDS.

While these key challenges were and still are well founded, gender was only mentioned as an aspect of vulnerability, and not as the central challenge that it is. Mainstreaming gender in all HIV and AIDS surveillance and data gathering, situation analyses, policies, strategies and programmes, was not considered in the 2004-2008 Strategy as a central consideration in formulating priorities. Similarly, the 2009-2014 Pacific Regional Strategy on HIV and other STIs identifies gender as an issue, but makes only reference to gender in its background situation analysis. Encouragingly however, the new regional strategy includes 'the establishment of a gender and HIV theme group to coordinate response to gender and HIV' among its ten other key action areas.

[120] Secretariat of the Pacific Community, Noumea, 2005.

While the difficulty of formulating a strategy that encompasses the diversity of Pacific Island cultures is acknowledged, overall the gender focus of the Pacific regional and national strategies could be strengthened and sharpened. In particular there is a need to address with specific measures the link between HIV and AIDS and endemic violence against women.[121]

Another gap is how gender relates to the care of people with HIV, associated illnesses or AIDS. A UNDP- regional overview of gender and time - use in the Pacific Islands notes that the responsibilities of caring for those with AIDS is most likely to fall upon women but only Papua New Guinea has so far begun to develop home-based care systems.[122] The report highlights the need for time use studies in both rural and urban areas with a high prevalence of HIV to make the gendered context of responsibility clearer and to enable the development of treatment and support that better meets the needs of care-givers, and of people living with HIV. The Commonwealth Secretariat is planning to look at the time use of HIV care-givers in six countries, including the Pacific. The study examines ways to improve the lives of care-givers.

Most* Pacific National Strategic Plans for HIV/AIDS are gender blind

- The particular vulnerability of women, or the relevance of gender in the transmission and impact of HIV is seldom recognised;
- Women's vulnerability is often only discussed in the context of mother to child transmission, sexual violence and/or sex work;
- Men's sexual health (and their role in determining women's sexual health) is rarely discussed;
- HIV plans have not been linked in with National Development Plans for Women, or activities of the Pacific Platform for Action (for Women).

* there are some notable exceptions such as the Solomon Islands National Strategic Plan, the Samoa's National Strategic Plan for women and Papua New Guinea's gender policy for HIV and AIDS (see below) that include a range of gender responsive initiatives

Papua New Guinea provides an example of best practice in formulating a national gender policy for HIV and AIDS

So far, the only country to produce a national gender policy is Papua New Guinea, which published its National Gender Policy and Plan on HIV and AIDS in 2006. This was commissioned by the National AIDS Council as a companion document to the country's National Strategic Plan on HIV/AIDS 2006-2010. The Council and its Secretariat have made commitment to be guided in their work by these two Plans together, and are recommending the National Gender Plan and Policy to other stakeholders in Papua New Guinea.

Papua New Guinea's National gender policy and plan provides a sound basis for re-formulating regional and national policies for HIV and AIDS in the Pacific Islands. In its Policy Framework, National Gender Policy and Plan on HIV and AIDS identifies eight key policy issues.

i. Addressing Gender Inequality: women and girls are more vulnerable to HIV infection than men but less able to protect themselves, because of their dependent situation. The NGP will promote gender equality in access to prevention, treatment and care, strengthen the leadership of women, improve the ability of women and youth to protect themselves with less reliance on men's choices, create partnerships for reducing gender inequality, and mainstream gender into all HIV and AIDS activities.

[121] Secretariat of the Pacific Community, January, 2009. http://www.spc.int/hiv/
[122] UNDP 2008. Making the invisible, visible: Gender and Time Use Surveys in the Pacific.

ii. Gender Mainstreaming: NAC will act as lead agency for mainstreaming a gendered approach to HIV/AIDS across all sectors, providing mechanisms and training personnel to ensure that gender considerations are integrated into the planning, implementation, monitoring and evaluation of the response.

iii. Gender-Based Violence: physical and sexual violence are major sources of risk to women and girls, requiring a major emphasis in programming.

iv. Poverty: affects women and girls disproportionately, especially those with HIV or AIDS. Efforts must be made to alleviate economic hardship.

v. Involving Men: men's co-operation and participation as "champions for gender equality" and healthier, violence-free sexuality will be sought.

vi. Reducing stigma and discrimination by extending programmes for high risk groups to include their regular partners, avoiding fear or blame-based approaches, promoting rapid roll-out of treatment and advocating the repeal of stigma-producing laws on sex work and homosexuality.

vii. Burden of Care: Women and girls carry most of the load of caring for the sick and orphans in home-based and community-based care. Interventions must reduce this unbalanced division of labour.

viii. Young People: must be protected from sexual violence and exploitation and supported in practicing safer sex behaviours.

The plan addresses and describes the national characteristics of the epidemic and the groups at special risk, and matches the national gender policy and plan to the Focus Areas and associated goals and objectives of in the National Strategic Plan on HIV/AIDS.

Focus areas for attention to gender in the Papua New Guinea National Strategic Plan on HIV/AIDS

- Treatment, counselling, care and support
- Education and prevention
- Epidemiology and surveillance
- Social and behavioural change research
- Leadership, partnership and collaboration
- Family and community support
- Monitoring and evaluation

The Papua New Guinea gender policy and plan describes the gender issues affecting each focus area and progress made, identifying strategies to take gender considerations fully into account - such as the need for gender sensitisation and skills training, the establishment of organizational infrastructure to ensure implementation of the gender strategies, the collection of information disaggregated by sex and age, and the equitable involvement of both sexes as participants and beneficiaries.

The gender policy spells out the national priorities noting that successful implementation of all the gender strategies is dependent on the creation of institutional mechanisms for mainstreaming gender and appointment of personnel with the responsibility, skills and resources to ensure implementation. High level leadership sensitisation on gender issues is essential. Gender violence must be given a much higher profile, with Post-Exposure Prophylaxis (PEP) provided for rape victims. More efforts must be made to prevent transmission to babies. Men's role as "champions for gender equality" must be supported, as well as greater outreach to youth.

Photo: Thomas Jensen (UNDP)

IV. GENDER AND POLICY CHALLENGES

Gender sensitivity and 'mainstreaming' gender need to be supported by transformative approaches

Gender sensitivity (which identifies biological, cultural and socioeconomic difference between the sexes) is not enough. Transformative approaches are needed to address and seek to redress gender issues and inequalities in the fight against HIV and AIDS.

As UNAIDS, UNFPA and UNIFEM declared in 2004 in a joint policy paper on women and HIV and AIDS:

As long as women and adolescent girls are unable to earn an income and exercise their rights to education, health and property, or are threatened with violence, progress on the AIDS front will pass them by. Strategies for survival are pioneered every day on the ground by women living with HIV/AIDS. The limitations lie elsewhere: in the painful shortage of resources - especially for women and women's issues - and in the shameful lack of political will to meet international commitments. For too many years, the voices and demands of women, particularly women living with HIV, have fallen on deaf ears. The world can no longer afford to ignore them. We must find the money needed for care and treatment for all. We must put an end to the stigma and discrimination that limit women's access to treatment and leave them responsible for taking care of the ill and dying. We must make it possible for them to envision a future.[123]

More recently (2008), UNAIDS and UNDP have increasingly put more emphasis on the need for promoting gender equality and human rights in HIV programming:

A lack of attention to gender inequality and power imbalances between women and men is at the heart of many challenges to effective HIV planning and programming. Discriminatory and gender-blind laws may spawn violence and other human rights violations and thus fuel HIV epidemics.[…] Patterns of HIV infection vary between women and men, people with different sexualities and different age groups. They also reflect the importance of 'knowing your epidemic' by understanding the role of gender inequality in driving epidemics, as well as the interaction between gender inequality and other social and structural factors - such as economic status, ethnicity and religion - that can influence disease dynamics. […] Efforts to achieve universal access to HIV prevention, treatment, care and support [need to] pay attention to gender inequality and the specific needs, interactions and roles of women and men, and of girls and boys. In particular, the involvement of women and men living with HIV is critical to promoting effective programming.[124]

Human Rights, Gender and HIV

Basic human rights principles are core elements for effective strategies to address the intersection of gender and HIV. Rights-based programming principles stress the universality, inalienability, interdependence and indivisibility of rights. Commonly, rights-based approaches are understood to be based on human rights principles of non-discrimination, participation, inclusion, empowerment, transparency, accountability, obligation and interconnectivity (i.e. assuring the conditions for enjoyment of rights). Furthermore, according to human rights principles, for programming to be meaningful, it must be available, accessible, acceptable, and of high quality. Each of these points can help guide approaches to HIV programming, including addressing the intersection of gender and HIV. A critical first step is participation: ensuring that groups that are differently affected by the epidemic in a country (e.g. women as well as men, girls as well as boys, people of different sexualities) are meaningfully involved in the development, execution and evaluation of AIDS strategies.

(UNDP & UNAIDS 2008: Gender Guidance for National AIDS Responses)

[123] UNAIDS, UNFPA and UNIFEM, 2004. Women and HIV/AIDS: Confronting The Crisis.
[124] UNAIDS and UNDP 2008: Gender Guidance for National AIDS Response (accessed online: http://www.undp.org/hiv/docs/Gender_Guidance_PCB_English.pdf)

In reviewing HIV intervention in Papua New Guinea Bradley emphasizes that among the problems associated with mainstreaming is the failure to recognize deeply rooted gender prejudices, also the risk that when gender sensitivity in planning and programming is everyone's job, it becomes nobody's job. Bradley points out that:

Mainstreaming has become a key method for enhancing women's equality since the 1995 Beijing Platform for Action, but it has not been consistently successful in ensuring that women's concerns are adequately addressed. It is the subject of continuing controversy, with many practitioners and analysts concluding that gender can be "mainstreamed into oblivion".

Current Pacific laws relevant to HIV issues do not yet enable a comprehensive and human rights based response

The role of law reform and the question of how best to integrate human rights sensitive law reform measures into HIV and AIDS management programmes in Pacific Islands countries has been given considerable attention by academics,[125] activists and development partners over the last few years.

Recently, a review of laws relevant to HIV issues in 15 Pacific Islands Countries has been jointly undertaken by the UNDP Pacific Centre, UNAIDS and RRRT in order to gauge the extent to which laws in each country accord with human rights norms and standards. In addition, the country reviews are accompanied by concrete guidelines for Enabling Effective Responses to HIV in Pacific Island Countries Options for Human Rights-Based Legislative Reform.[126] This comprehensive legislative review has highlighted that in most Pacific Island countries, there are a number of important gaps in laws relevant to HIV issues, and that generally, the overall legal frameworks do not reflect established human rights and gender equality norms and standards.

Only PNG and Pohnpei state of the Federated States of Micronesia have comprehensive HIV laws that largely reflect a human-rights based framework. However, even with these comprehensive laws, additional law reform would further advance the human rights of women and men living with HIV in these two countries. In the 13 other Pacific Island countries, significant legal reforms are required to provide an enabling national environment for HIV responses. For example, laws are silent on informed consent, confidentiality, access to prevention information and treatment care and support. Criminal laws are still used in ways that affect most at risk populations and reinforce women's low social status, both of which have a negative effect on HIV prevention, treatment and care. For example, 'prostitution' remains a criminal offence in every Pacific Island country except Palau and two states of Federated States of Micronesia. Of the 15 Pacific Island countries reviewed, homosexual sex between consenting adults remains a crime in all but four countries. Abortion is criminalised in 14 of the 15 Pacific Islands Countries reviewed and no countries specifically recognise the right of women and girls to access reproductive health services including safe abortion facilities. Generally Pacific Island countries have fault based models of divorce and family laws and in a significant number of countries, sexual assault laws do not yet provide adequate protection and do not attract sufficiently serious penalties, as is discussed further below. Many of these outdated laws were inherited from colonial periods and reinforce discrimination against women. In addition, customary practices and laws that determine control over land and resources as well as inheritance and property issues also often discriminate against women, underscoring the need for constitutional guarantees of equality rights.

[125] Anita Jowitt, 2004, Creating a framework for HIV/AIDS related legal reform in the South Pacific Journal of South Pacific Law Vo. 8 2004 Issue 1 (accessed online: http://www.paclii.org/journals/fJSPL/vol08no1/3.shtml)
[126] UNDP Pacific Centre (in press)

CEDAW is the second most ratified treaty in the Pacific second to the Convention of the Right of the Child (all Pacific Island countries except Nauru, Palau and Tonga are bound by CEDAW). A joint UNDP Pacific Centre/UNIFEM publication on CEDAW Legislative Compliance in 9 Pacific Island Countries[127] concretely demonstrates what is required of the laws in each of the Pacific Island country reviewed to comply with the spirit and intent of CEDAW.[128] Many of the CEDAW legislative compliance indicators developed are also relevant to comprehensive HIV law reform.

Relevance of CEDAW legislative compliance for HIV law reform – examples:

- Compliance with CEDAW requires that legislation cover the different ways women are violated without limiting violation to penile penetration and include violation of trust, along with provisions for mandatory prosecution and minimum sentencing;
- CEDAW requires the removal of exemptions for marital rape.
- It also requires that sexual assault provisions should address gender-based violence specifying offences and provide for restraining orders;
- Legislation compliant to CEDAW should decriminalize soliciting and brothels and provide full work and safety protection for sex workers while also providing protections against the exploitation of girls and women (under 18 and non-consensual sex work) and trafficking of women and girls;
- Sexual harassment should be defined in law as a form of discrimination.
- CEDAW requires family Law to:
  - penalize underage-marriage and provide for entry into marriage only with full and free consent;
  - equal marriageable age of 18 or above; registration of marriage in an official registry and prohibition of child marriage;
  - prohibition of bigamy;
  - consent of both parents required in the marriage of minors;
  - maintenance for separated and divorced spouse based on commitments, earning capacity, assets;
  - custody and access to children based on the best interests of the child; equal division of property including recognition of non-financial contributions;
  - recognition of de facto relationships including same-sex relationships.

Although some progress has been made in advancing legislative compliance with CEDAW, significant legislative change is required for Pacific Island Countries (both those that have and have not yet ratified CEDAW) to translate this important treaty into national laws and accelerate the implementation of these laws.

Current HIV and AIDS messages and approaches in the Pacific are less effective because they are gender insensitive, culturally inappropriate or often misunderstood

A number of studies from Papua New Guinea show how that fears of HIV and AIDS (compounded by ignorance of how infection occurs) have been associated with evil forces or integrated into traditional cosmologies and associated with supernatural witchcraft and sorcery.[129] When this occurs people are further encouraged to misunderstand how the HIV virus is transmitted and to ignore educational messages for prevention. Some Christian churches also encourage people to believe that HIV can be 'cured' by prayer, while in Papua New Guinea it is not uncommon for quacks to cash in on the epidemic by selling potions to the credulous that claim to prevent or cure infection.[130]

[127] UNDP Pacific Centre, 2007 Translating CEDAW into LAW
[128] There are now 10 completed CEDAW legislative compliance reviews, see also UNDP Pacific Centre, 2008, Translating CEDAW Into Law: CEDAW Legislative Compliance in the Cook Islands
[129] Nicole Haley, 2008. Where There's No Accessing Basic Health Care: Local Politics and Responses to HIV/AIDS at Lake Kopiago, Papua New Guinea. In Leslie Butt and Richard Eves (eds.), p. 25.
[130] Richard Eves, 2008. 'Moral Reform and Miraculous cures: Christian Healing in New Ireland . 212-214. In Leslie Butt and Richard Eves (eds.).

What does cultural relevance means?

Cultural relevance means prevention and treatment measures should be based on evidence about and analysis of gender relations and sexual behaviour in their respective culturally specific contexts. It means that cultural values of embarrassment or secrecy about sex should be identified so they can be confronted appropriately. Culturally appropriate approaches will find ways to talk frankly about HIV and other STI. Cultural relevance also means recognition of change, of contested understandings of what is 'customary' and of the power relations that can be inherent in such contexts. In all cases, care must be taken to ensure that HIV strategies do not inadvertently reinforce harmful or discriminatory aspects of cultural practices or traditions that put women, girls, boys, men and transgendered individuals at greater risk of HIV infection.

It is important to educate the public about HIV, however misunderstood messages can be more harmful than no messages. In her analysis of approaches to HIV prevention, Katherine Lepani points out that:

… communication about HIV and AIDS is based persistently on a biomedical and epidemiogical constructions of meaning, with little consideration of how such information interacts dynamically with diverse and changing cultural beliefs and practices. These models infuse the language of HIV prevention with predominantly Western assumptions and moralities about human sexuality, gender relations, and individual behaviour.[131]

The WHO analysis of gender and HIV awareness referred to previously recommends that the first principle should be 'doing no harm'. It points out that many HIV prevention efforts around the world have fostered violent, predatory and irresponsible images of male sexuality. Condom promotion efforts have employed macho stereotypes of male virility in order to promote condom sales. The best selling condom brand in Fiji for example is named "rough & rugged rider".

At the same time women have been portrayed as powerless and passive 'victims' of male power and domination. In some campaigns targeting sex workers or even in some targeting mothers, women have been implied to be 'repositories' of infection and disease. Such stereotypes contradict the foundations upon which HIV prevention activities are internationally based, namely responsible, respectful, consensual, and mutually satisfying sexual partnerships.[132]

Some examples from anthropological studies of gender insensitive miscommunication

- Bettina Beer describes HIV prevention video from Papua New Guinea showing married men drinking with prostitutes, which was interpreted by a rural audience not as a warning against infidelity, promiscuity or commercial sex, but as one against drinking alcohol, and that women were responsible for spreading disease.[133]
- Naomi Mac Pherson studied how HIV prevention campaign messages are understood in a rural community in Papua New Guinea. She gives the example of how a educational drama was understood be explaining that HIV/AIDS exists in towns but not in villages and that women transmit the virus to men but not vice versa. Campaign posters captioned 'Show you Care' and 'She's Perfect', showed young women in westernized dress and touching young men in public (highly untraditional behaviour) which reinforced the view of rural people that girls get HIV because of their modern, "promiscuous" behaviour. In their view, the solution lay in tighter control over young girls' and earlier marriage to stop them "playing around", not better availability of condoms. Another poster - intended to de-stigmatize people infected with HIV - showed a diverse group of potentially infected Papua New Guinea men and women. But because these rural people did not identify with any of the people portrayed, they were encouraged in their belief that HIV/AIDS is a problem belonging to other people.[134]

[131] Katherine Lepani, 2008. Fitting condoms on culture: Rethinking approaches to HIV prevention in the Trobriand Islands of Papua New Guinea. In Leslie Butt and Richard Eves (eds.).
[132] Christine Bradley, 2006. Strengthening a Gendered Approach To HIV/AIDS in PNG: Some Issues For Donors and Development Partners. National HIV/AIDS Support Project,
[133] Buying Betel and Selling Sex: Contested Boundaries, Risk Milieus, and discourses about HIV/AIDS in the Markham Valle, Papua New Guinea. In Leslie Butt and Richard Eves (eds,) pp. 95-115.
[134] Naomi Mcpherson 2008, SikAIDS: "Deconstructing the Awareness Campaign in Rural West New Britain, PNG", in Leslie Butt and Richard Eves (eds,).

- Lawrence Hammar cites several examples of gender insensitive material in HIV and AIDS prevention campaigns in Papua New Guinea. The poster captioned "It can happen to anyone – and it can happen to you" is a depiction of sad young women with a baby. Its message is highly ambiguous and could be construed by men that women are to blame for HIV infection, and by women as confirmation that they have no way of protecting themselves. Another Papua New Guinea poster stating in Papua New Guinea Pidgin "I'm not afraid – I've got a condom" shows a man in traditional warrior attire and depicts a large unrolled condom. Its message suggests fear of women more than fear of HIV, and conveys license for sexual aggression.
- Katherine Lepani described messages provided to health workers in the Papua New Guinea Pidgin lingua franca for public health HIV and AIDS education. The health workers understood the messages but faced a dilemma because certain words in the message are considered too obscene to be said by women in public.[135]

WHO's gender analysis, previously discussed, describes another type of common mistake in efforts to be gender-sensitive in HIV and AIDS programming in many countries. This is when women and men are provided different interventions or information based on stereotypes of women's and men's roles when, in fact, their needs and responsibilities are the same. WHO gender analysis criticizes the common practice of providing basic information about the prevention of perinatal transmission of HIV only to women, or presenting men as the major or sole problem and over-targeting men in HIV programmes.

The widely advocated ABC approach to HIV prevention in the Pacific is not sufficiently gender responsive for most Pacific societies and cultures

Most Pacific Island countries and territories follow the prevention strategies based on the 'ABC' concept: Abstain from sex (or delay the start of sexual activity); Be faithful; use Condoms. However, the way this approach is being implemented in many Pacific Countries – with arguably a much stronger emphasis on the A and the B - does not reflect the gender approaches advocated in the WHO's 2004 analysis of gender dimensions in HIV and AIDS policies and strategies previously referred to. ABC is also unlikely to succeed where there are highly unequal gender relations.[136] A major limitation of ABC approaches is that they assumes that individual decision making is the key site of risk minimisation and downplay or ignore the influence of the gendered social and economic context in which these decisions are actually made or not made. ABC approaches are often based on a westernised ideal of companionship marriage that is often at odd with the many and diverse social constructions of marriage found in the Pacific Islands.

Other major limitations of ABC approaches in the Pacific context

A: Do women and men really have equal opportunities to abstain from sex?

- Where bride prices are paid or sisters exchanged such as in many parts of Melanesia, women and girls have very limited power to decide for themselves to abstain from, or delay, sex;
- Where women are subjected to high levels of violence, most of it sexually related, they do not;
- When early marriage puts girls at high risk of physical abuse, as they move outside of their relatively safe extended family to live with their husband and his extended family,[137] they do not;
- When among the poor living precariously in informal settlements around Pacific townships women may not have the option of abstaining from sex if sexual transactions provide the only available means of providing for themselves and their families.

[135] Lepani, Katherine, 2007."In the process of knowing": making sense of HIV and AIDS in the Trobriand Islands of Papua New Guinea 2007 Thesis (Ph.D.) Australian National University,

[136] Carol Jenkins 2007, Christine Bradley 2006. Tony Barnett and Justin Parkhurst, 2005. 'HIV/AIDS: sex, abstinence, and behaviour change.' Lancet. 5: 590– 93. The latter authors, referring to the putative success of ABC in Uganda, note that in harsh conditions anywhere in the world transactional sex is survival sex and behavior change models do not take account of this imperative. They argue that: continuing insistence on the part of major prevention programme donors that changing behaviour alone—rather than changing its context—is the main problem will result in poor policy choices.

[137] Christine Bradley, 2007.

B: Does being 'faithful' and marriage protect women?

- When men have more freedom than women to have multiple sex partners and same-sex partners, it doesn't (In PNG, among urban and peri-urban men, 71% reported extramarital sex, with 19% having had at least five extramarital partners, whereas only 21% of the women interviewed reported having had extramarital partners);[138]
- Sero and behavioural research in ten provinces of PNG found that the overwhelming majority of people living with HIV are currently married (60% males and 57% females), with another 27% of males and 29% of women having been previously married. Clearly, marriage is not a protective institution for either sex, but wives are more vulnerable than husbands because they have little or no control over their exposure to infection;[139]

C: Can women control the use of condoms?

- Where gender relations are based on strong inequalities, they cannot;
- When women are often disinclined to challenge their partner's reluctance to use a condom as this implies lack of trust in and love for their partner that is widely idealized. It may also expose the woman to accusations that she is a 'slut' for making such a demand.[140]

As Christine Bradley comments ***"Women and girls have twice the risk of contracting HIV from sexual intercourse, yet they must depend for their protection on the choices made by men."***

In addition, as Hammar suggests, ABC message in concept, motivation and implementation is sometimes subverted by religious leaders and religious doctrines in the Pacific (as elsewhere).[141] Christian discourses throughout the region have frequently associated the HIV and AIDS epidemic with divine retribution.[142] It also stigmatises condom use, people using them being perceived unable to abstain or 'unfaithful'. However, there is no evidence that religious faith is a deterrent to premarital and extra-marital sexual activity. On the contrary, Kaitani's survey of young men in Fiji, discussed in previous chapters, found religious young men were the most likely to have multiple partners.[143]

Women's best chances of protection

Based on her studies of gender and HIV in Papua New Guinea, Christine Bradley advocates care in raising awareness among women, especially married women, about their risks of contracting HIV/AIDS. Citing the findings of a development practitioner, Elizabeth Reid, she warns that women's fear and sense of powerlessness will be increased unless some more meaningful solutions are provided.

Condom use should be promoted as part of a caring relationship. This would create a more enabling environment for women to negotiate condom use within a regular relationship, where their risk is greatest.

Women's best chance of protection lies in conditions that would allow them to:

- Exercise "sexual agency" by making their own decisions about when, how and with whom they have sex;
- Have genuine options about when to marry, or whether to marry at all;
- Be protected from sexual violence in their homes, communities, workplaces and schools, and from physical abuse and intimidation from the men in their lives;
- Leave abusive or relationships that put them at risk of HIV without forfeiting their children, or being thrown into poverty;

[138] Carol Jenkins 2007

[139] Lawrence Hammar, 2004. 'Surveillance and sampling in suspicious settings: lessons learned from PNG'. Unpublished paper presented at the conference on HIV/AIDS in Papua New Guinea, at the Australian National University. See also: 'The double whammy: STDs and sexually transmitted disease in Papua New Guinea'; and "Its in Every Corner Now": Results from a nationwide study of HIV, AIDS, STDs and sexual health. See also 'Fear and Loathing in Papua New Guinea: Sexual Health in a Nation under Siege. In Leslie Butt and Richard Eves (eds.).

[140] Sarah Hewitt, 2008. Love as Sacrifice: The Romantic Underground and Beliefs about HIV/AIDS in Manokwari, Papua. In Leslie Butt and Richard Eves (eds.), p. 153.

[141] Lawrence Hammar, 2009. Sin, Sex and Stigma: a Pacific response to HIV and AIDS. Sean Kingston Publishing, London

[142] Holly Wardlow, 2008. "You Have to Understand: Some of Us Are Glad HIV has Arrived": Christianity and Condoms among the Huli, Papua New Guinea.' In Leslie Butt and Richard Eves (eds.), 187-207;

[143] Kaitani 2004

- Have free access to information, testing and treatment for STIs and HIV without fear of stigma or punishment; and
- Have access to post-exposure prophylaxis (PEP) for HIV and STIs after sexual assault.

To encourage such conditions a transformational approach is clearly called for in the context of the situation in many Pacific Island societies; an approach that would focus on social, educational, economic and political strategies to address marriage as a high risk setting, and to enable women and girls to take greater control of their own sexuality and act on safer sex messages.

Prevention messages in the Pacific have mainly tended to target men because men usually control sexual relations. Social conventions usually permit men to have more sexual partners than women, men are more likely to be at risk of HIV transmission from alcohol and drug abuse; sexual aggression; peer group pressures; increased exposure opportunities through migration for work or mobile occupations; and residence in all-male situations such as prisons, army barracks, mining and logging camps and road construction sites.

Another reason for targeting men is that many Pacific cultures glorify masculine risk-taking. However, commenting on a male-targeted campaign poster captioned in Papua New Guinea Pidgin "Take care of yourself", Leslie Butt and Richard Eves point out that "if prevention messages do not coincide with the cultural realities, a poster exhorting men to look after themselves is unlikely to be effective in a region where assertions of masculinity are so marked."

Katherine Lepani reports an example of a message that is both culturally effective and gender sensitive in the Trobriand Islands, where premarital sex is socially accepted (although considered a very private matter that is never discussed) and where young women and men are likely to enjoy relations with a number of partners. The message is conveyed in a poster illustrating an idealized depiction of youthful consensual heterosexuality, advising the use of a condom 'every time'. It should be noted however, that in more sexually repressive cultures, this message may appeal to young people but is likely to meet with widespread social disapproval, including among health workers.

Richard Eves, who has studied the relationship between masculinity, violence and the spread of HIV in Papua New Guinea, is critical of approaches that are expected to empower women in sexual relationships, based on the highly questionable assumption that women have the power and ability to control their sexual and reproductive lives. He points out:

Since the problem of violence, and particularly violence by men against women, is clearly a category of gender, then male socialization and what it means to be a man becomes a central aspect of any solution for HIV prevention. If gender-based violence and HIV transmission is to be seriously tackled and eliminated, men and boys must be included in the project, since they are not only part of the problem, they are part of the solution The aim must be to inspire men and boys to take responsibility for their actions and to adopt more constructive and cooperative behaviour. [144]

[144] Richard Eves, 2008. Masculinity Matters: Men, Gender-Based Violence and the AIDS Epidemic in Papua New Guinea. Australian National University.

National policies on HIV testing and counselling must be sensitive to gender equality and human rights

The WHO guidance document for countries on "Provider-Initiated Testing and Counselling in Health Facilities" has raised concerns in relation to human rights and gender issues. The central aim of these guidelines is to increase the number of people who know their status - a milestone objective towards Universal Access. It has been emphasised[145] that a person's knowledge of his or her HIV status in itself is insufficient: HIV testing and counselling has to be linked to prevention, treatment, broader care and support, accompanied by intensified action to address social issues, such as stigma, discrimination, violence and other serious negative consequences related to disclosing one's status to others.

Where gender inequality is culturally pronounced, these concerns have special resonance. Although there is some evidence that the WHO recommended principles of the "Provider-Initiated Testing and Counselling in Health Facilities (PITC)" approach, now being progressively implemented across the Pacific, may lead to a constructive and effective response among men, this cannot automatically be assumed to apply to women and it may actually in some instances endanger women and children.

One of the key challenges of the PITC approach in developing countries (in Papua New Guinea in particular) lies in the assumption that there will be logical, rational responses. As suggested by several HIV experts in PNG (and especially by Christine Bradley), in those areas of Papua New Guinea where women are at risk of being beaten or abandoned if their HIV status is known, women are likely to avoid testing. If they fear being asked to accept testing, arousing suspicion for refusing consent, or being tested without consent, they may avoid attending health centres when they are ill, or taking infants for vaccination, or children for health care, or having antenatal checkups, or medically supervised deliveries. In many parts of Papua New Guinea, women are likely to fear their safety is at more immediate risk than the effects of the virus, if they are found HIV positive, from disclosure to their partner, being seen to be having treatment, counselling, and by not breast feeding for example. Further, women who are abandoned because of their HIV status may have few options to support themselves which can lead to selling sex, which is likely to contribute further to the spread of HIV.[146]

Human Rights-Based Approaches to HIV (Adapted from UNAIDS 2006)

A Human Rights-Based approach to HIV not only focus on the rights of those vulnerable to infection and those already affected, it also produces positive public health results in relation to HIV. It brings human rights standards and principles into the heart of HIV programming processes, empowers people to know and claim their rights and develop capacities of governments to advance human rights based responses.

In particular, a human rights-based approach to HIV ensures:

- A focus on vulnerable and marginalised individuals and groups;
- Equality and non discrimination including in relation to expenditure on HIV programmes and applications;
- Programmes, policies and laws to empower those vulnerable to, or living with HIV, including law reform, legal aid, human rights education, social mobilisation;
- Social change communication, and support for civil society;
- Programmes designed to achieve human rights standards relevant to HIV (eg protection from sexual violence, gender equality, education, information, health, employment, access to scientific progress);
- Informed, active, free, and meaningful participation by those affected by HIV in HIV-related programme design, implementation, monitoring and evaluation and,
- Accountability mechanisms for governments, intergovernmental organisations, donors and the private sector (e.g UNGASS and the "Three Ones" principles).

[145] Including by the UNAIDS Reference Group on HIV and Human Rights: Seventh meeting 12-14 February 2007 (accessed online: http://data.unaids.org/pub/BaseDocument/2007/070216_HHR_1_PITC.pdf)

[146] Christine Bradley. 2007. Introduction of PICT For PPCT: Possible Negative Impacts On Women. Unpublished Discussion Paper.

Photo: Naziah Ali (UNIFEM)

SUGGESTED RECOMMENDATIONS

Mainstream gender equality into national and regional policies, strategies and programmes for HIV prevention and care and make them culturally relevant and human rights based

Why?

The importance of the many gender dimensions of HIV is often given insufficient attention and is frequently limited to the situation analysis section of national strategic plans for HIV and AIDS responses, usually as an after thought resulting from lobbying rather than as a critical concern that is, from the beginning, built into the design, implementation, monitoring and evaluation of all HIV prevention strategies. As a result, last minute changes/additions to the planning of HIV policies, strategies and programmes seldom translate into interventions that are truly gendered. HIV strategies must be fully gendered at all stages of planning, implementation, monitoring and evaluation, based on evidence and reflecting participatory planning and implementation processes, all grounded in human rights principles, norms and standards. Current HIV and AIDS messages and approaches in the Pacific are less effective because they are not sufficiently gender responsive. They focus on individual behaviour change and do little to address the socio-economic context in which sexual behaviours and gender relations are shaped.

Suggested specific recommendations

- A Pacific response to the HIV epidemic requires solid research for each country and territory - culturally specific, gender sensitive studies and surveys that document and analyse the differential impacts of HIV and AIDS on women and men, girls and boys and sexual minorities that take into account attitudes, knowledge and practices in relation to sexuality and gender. This will enable strategies to be founded on actual evidence.

- Where there is high or growing prevalence of HIV and AIDS in rural and/or urban areas, studies should be made of the situation of people living with HIV to make the gendered context of responsibility clearer and to enable the development of treatment and support that better meets the needs of (often female) care-givers, and of people living with AIDS.

- Do gender assessments of current national HIV responses and evaluate how effectively the responses are addressing the gender dimensions of HIV transmission in-country and identify barriers and opportunities.

- Develop and gather gender sensitive socioeconomic indicators based on sound statistics on health, education, employment, economic status accompanied by qualitative assessments and explanations that are disaggregated by sex and reflect local differences in the situations of poor and non-poor women and men.

- Actively involve women's rights organisations and organisations working with men for gender equality in the planning and strategy design processes of national AIDS responses to ensure both that national HIV responses fully integrate gender, and to encourage gender equality advocates incorporate HIV issues in their work.

- Dedicate resources to gender mainstreaming at all levels, including by ensuring national and sectoral budgets and the budgets of national HIV responses are gender responsive.

- Develop capacity of CSOs to ensure that governments are held accountable for respecting, protecting and fulfilling the human rights of all women and men infected with and affected by HIV.

- Develop the capacity of programme planners and implementers on the principles of human rights and gender equality and support them to use sound gender analysis in the development, design and implementation of concrete programmes that fully integrate gender into HIV strategies and interventions. To that effect, a number of tools have been developed and UNDP recently released a Development Practitioner's guide[147] that offers evidence-based suggestions for policy and programmatic direction and examples of promising best practices from around the wider region (Asia & the Pacific) which exhaustively covers all key programmatic areas. UNIFEM Pacific is also in the process of finalising a tool kit for gender integration in HIV programming for the Pacific which will be piloted.

- Develop and scale up targeted and specific interventions that have been proven to work and are based on evidences and that address the gender dynamics of HIV in-country in a culturally relevant manner that respects human rights.

- Information and messages to prevent the spread of HIV and to protect the rights of people living with HIV, should be produced and disseminated in local languages. Every language has acceptable terms to use in the discussion of sexual matters. In some cultures, there are different ways of talking about sex to different audiences, young women and men, married women and men, elders or chiefs. Although using local languages can be a challenge in countries with many languages or where literacy levels are low, it is always recommended to use local language to address sensitive matters.

Address the prevention of violence against women, children (both girls and boys) and sexual minorities as an integral part of preventing the spread of HIV

Why?

Gender based violence is both a gross human rights violation and a significant public health problem. Globally the evidence mounts that there is likely to be a higher risk of heterosexual HIV transmission where women have very low social, economic and political status and experience very high levels of violence. It is now a fact that in many regions and countries – including in the Pacific, more women are being infected with HIV than before. The very high levels of sexual violence from intimate partners reported in the Pacific Islands, coupled with women and girls' heightened HIV vulnerability is a double whammy. This further reinforces the urgency of fully integrating strategies to end gender-based violence in HIV interventions.

Suggested specific recommendations

- Pacific Island Governments should consider better linking of actions to address the spread of HIV to country-level promotion of compliance with international standards on the rights of girls and women, both in law and in practice, as required by the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW),[148] the Convention on the Rights of the Child (CRC) and other relevant human rights treaties. (see also recommendations on improving legal frameworks below)

- Pacific Island governments should urgently consider reforming or strengthening legislation, accompanied by actions to educate the police and judiciary, and the general public on gender equality issues generally and gender-based violence specifically, and to improve the capacity of the police and judiciary to enforce laws, including those that deal with gender-based violence and related issues. The adherence to such laws and policies should be verified through well designed community consultations.

[147] United Nations Development Programme, 2008. Women and HIV in the Asia-Pacific Region, A Development Practitioner's guide

[148] The Declaration on the Elimination of Violence against Women recognizes that violations of women's rights cannot be justified under "custom, tradition, or religious consideration." The 1995 Beijing Declaration and Platform for Action supports this position, stating: "Any harmful aspect of certain traditional, customary, or modern practices that violates the rights of women should be prohibited and eliminated". CEDAW requires that States Parties "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women".

- Pacific Island Governments should consider giving high priority to specific budgetary allocations to support programmes to prevent violence against women and other forms of gender-based and family violence. This kind of commitment by Governments will also encourage donor support to accelerate much needed responses to all forms of gender based violence. Governments should concurrently consider the encouragement and coordination of aid amongst international donors in order to maximize the impact of aid to address gender equality generally, and specifically violence against women, girls and boys and sexual minorities as integral to both HIV and gender equality strategies. Governments should also consider endorsing donor support to both government programmes and policies and non-governmental organizations' initiatives and to advocate that such support should be provided as core funding, rather than project-focused, with multiple-year grants.

- All interventions to prevent violence against women should be grounded in a rights-based and gender-transformative approach. Wherever possible, programmes should use an integrated approach that aims to address the causes of violence and to transform gender relations, rather than simply to provide care to survivors.

- Research on the interrelations between social constructions of masculinity, intimate partner violence, power differentials within relationships and HIV risk behaviours in men, as well as effective interventions, are urgently needed.

- Better documenting and understanding the causes of violence against women is needed in the Pacific Islands. Identifying not only the prevalence, but the characteristics, and risk factors of all types of violence against women and girls, identifying the causes and determinants of violence, the impacts of factors such as; the level of education (of women and men, girls and boys), laws and practices that affect land and property ownership and control over use of resources, and women's economic empowerment have on gender-based violence. Research should be based on methodologies that have been identified as international and Pacific best practices with specific consideration of relevance, applicability and adaptability in various Pacific Island countries.

- Efforts are also needed to strengthen national statistics offices and to incorporate indicators on HIV surveillance and violence against women into the national information systems. Support is also needed for the broad dissemination of research findings, as well as the building of regional capacity to carry out research and analysis on violence against women, both in women's rights organizations and formal research institutions.

- Strengthen women's leadership and economic and political participation at all levels. Priority should be given to providing women with the necessary tools, skills, and opportunities to participate fully in the social and economic development of their communities and nations.

- Strengthen police response to violence against women, girls and boys and sexual minorities through five concurrent approaches:
  i. Ongoing gender training for police at all levels.
  ii. Establishing, strengthening and monitoring dedicated units for domestic and sexual violence that already exist in all the countries of the region;
  iii. Consistent disciplinary action against police who perpetrate gender based violence within their personal and professional lives;
  iv. Monitoring of women's experiences within the justice system, particularly in relation to gender-based violence, and tracking and analysis of the outcomes of such cases;
  v. Provision of no-cost services to girls and women for the protection of their health and lives, including counselling, medical services, family planning and shelters and related services for cases of domestic violence.

- Strengthen the response of the formal justice system to violence against women, girls and boys, and sexual minorities to ensure that laws and policies are properly implemented:
  i. Transform discriminatory attitudes through systematic training of lawyers, magistrates, judges, and other justice system personnel on gender and human rights issues;
  ii. Promote women's participation at all levels of the justice system.

- Engage with traditional or community-based justice systems to ensure that they are not used to avoid or minimize the application of laws designed to protect women's human rights and provide women with redress within the formal justice system:
  i. Support dialogue between formal and informal justice sectors, women's NGOs, and traditional leaders on how best to protect, promote and fulfil women's human rights;
  ii. Promote the increased participation of women in justice-related decision-making bodies, and the monitoring of outcomes.

- Increase support to organizations working at the community level (NGOs and Community Based Organisations) to:
  i. Implement participatory programs that enable communities to challenge introspectively their present justification and acceptance of levels of gender based violence that put their women and girls at greater risk of HIV and STIs;
  ii. Facilitate catalytic changes of harmful attitudes, norms and practices on the basis of self-perceived needs for transformation;
  iii. Make culturally appropriate, community and counselling services available and accessible for women, girls and boys, and sexual minorities who are victims of gender-based violence;
  iv. Increase support for women's legal literacy and human rights training. Wherever possible, men should also be informed about women's legal and human rights and programmes designed to challenge masculinities and encourage men and boys to be involved in initiatives to end gender-based violence should be supported.

As an integral part of programmes to prevent the spread of HIV, promote measures to encourage positive models of masculinity among men and boys and increase awareness of and promote the exercise of rights of women and girls

Why?

International studies indicate that providing correct information about sex, reproduction and on HIV and STI risks to men does not always produce changes in sexual behaviour if these contradict the expected norms of masculinity.[149] It is therefore the social constructions of masculinity that put men and boys at risk of contracting HIV through risky sexual behaviour and in turn that put their partners at even greater risk that need to be critically addressed. So far, men and boys' aptitudes and potential for changing harmful gender norms have not been sufficiently focused on in HIV programming. Renewed effort is needed in communities, in families, in schools, in the media and other influential avenues to promote different models of masculinity that promote gender equality as well as to make women and girls more aware of their rights and how these can be protected and exercised.

Suggested specific recommendations

- More substantive, policy-oriented research on the gendered socialization of boys and girls in Pacific Island countries is needed to better understand how gender identities are formed from early childhood onwards. Drawing on research findings, national programmes should be designed to create partnerships with civil society organisations, youth

[149] Cited by Kaitani, 2003. pp. 58, 61, 76-77

leaders and influential sectors (church, sport, education, media and arts) to promote equitable social norms and structures, transform gender roles and advocate for social, policy and legislative change.

- Utilise Pacific Islander champions and influential men to challenge current stereotypes and promote positive models of masculine behaviour and sexuality and use youth organisations that either focus on sport or cultural activities as entry points to work with young men and boys.

- The education system is both one of the important places where socialization of girls and boys and adolescents takes place and is reinforced. Therefore it is another critical entry point for transforming gender relations in the Pacific. In the past, objections based on culture have been invoked to object to the inclusion of sexual and reproductive education as well as gender equality and human rights content in education curricula. The view that respecting culture must stand in opposition to gender equality needs to be challenged and gender sensitive material and analysis should be developed in ways that are culturally acceptable as well as rights-based. The participation of young men and women in developing approaches and programmes is also critical. Programmes emphasising life skills, sexuality education, HIV and STI prevention, as well as family life education, legal and human rights awareness and good citizenship should be promoted and scaled up.

- More vigorous efforts are needed to implement national policies to promote the education of girls at all levels and to increase their legal empowerment, especially in countries where gendered barriers to education still exist.

- Using community driven development approaches, such as transformational leadership methodologies, the Stepping Stones or the appreciative enquiry models for example, will assist in transforming norms and attitudes about gender roles so they are more equitable, caring and empowering for women and girls. These approaches need careful implementation to avoid reinforcing existing stereotypes. They also need to engage with community-based organizations such as village councils, women's associations and church associations and gatekeepers.

Improve the legal framework for gender equality and human rights as an integral part of preventing the spread of HIV

Why?

As shown throughout this report, power imbalances and double standards between men and women are core underlying drivers of HIV risk in the Pacific Islands and a major cause of vulnerability. Gender inequality is caused or exacerbated by some key laws while others fail to advance gender equality as they could and should. As such, this results in national legal frameworks that are ill equipped to and unsuitable for enabling effective responses to HIV. For example, penal (or criminal) laws in many Pacific Islands reflect a punitive approach towards sex work, HIV transmission and male-to-male sex while remaining silent on issues such as martial rape, rape of men & boys, and violence against women. Pacific constitutions do not fully enshrine substantive equality and freedom from discrimination, including on the grounds of sex, marital status, sexual orientation and disability (among others). Generally therefore, not only do existing Pacific legal frameworks not yet fully confirm with international human rights norms, standards and commitments, they also pose significant challenges to universal access, prevention, treatment and care support.

Improving the legal frameworks in the Pacific to better address gender inequality generally and specifically in relation to HIV prevention, treatment and care is therefore, not just an important milestone to improving the overall HIV response, but it is also a necessary step - though not the only one, that will contribute to transforming harmful norms, values and patterns of gender relations and social interactions that underpin and drive vulnerability to HIV infection and deprive individuals of their rights and the power to protect themselves against HIV and its consequences.

Suggested specific recommendations

- The United Nations, through the UNDP Pacific Centre and UNIFEM has produced national CEDAW Legislative Compliance Reviews for; Cook Islands, FSM, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tuvalu, and Vanuatu. These provide detailed, concrete, specific indicators outlining requirements for national laws to fully comply with CEDAW.[150] The United Nations, donors and other development partners, should, in their policy dialogue and with technical assistance, continue to build capacity of all Pacific states to become compliant with international norms and standards, in accordance with commitments they have made in becoming States Parties to CEDAW, the Convention of the Rights of The Child (CRC) and their respective Optional Protocols; and the Stockholm Declaration, as well as a wide range of other relevant regional and national commitments.

- Each of these Pacific Island countries reviewed now has a national road map that measures legislative compliance under its respective constitution and domestic laws and that can be used for developing priorities for short and longer term national law reform plans to advance the implementation of CEDAW. These national reviews specifically address the law reform required, including in the areas of criminal (penal) codes (including in relation to assault and sexual assault), laws covering employment, health and safety, family law legislation all of which have particular relevance to the gender implications and impacts of HIV.

- Mass campaigns and advocacy efforts to educate the public on the rights of women and vulnerable groups should be strengthened. CEDAW not only needs to be translated into national laws but its spirit and intent also need to be 'owned' by the public.

- Through capacity development and training, policy makers, practitioners and service providers at the community level should become more familiar with using human rights standards and frameworks so that these guide their actions. In particular, there is a need to better explain how gender equality and human rights lead to improved health outcomes not only at the conceptual level, but also by demonstrating how using these frameworks translates into concrete, effective and enabling actions and programmes adhering HIV.

- There is a need to support and strengthen the role of civil society in:
  i. advocating for policy and legislative change in support of rights based, enabling HIV interventions;
  ii. holding their government accountable for their commitments on gender equality and HIV;
  iii. working alongside government for increased resource allocation to sustainable, effective; rights based interventions and greater accountability;
  iv. facilitating and fostering greater understanding of the instrumental role that the law can play in supporting social change and in reforming the aspects of traditions and practices that put people at risk of HIV.

- Pacific Island Governments should continue to strengthen laws and sanctions to address gender-based violence, including sexual abuse as intrinsic elements to stopping the spread of HIV.

- Pacific Island Governments should consider decriminalising sex work, deterring exploitation and ensure that the human rights of sex workers of both sexes are respected, protected and fulfilled.

- Pacific Island governments should enact and strengthen family laws to ensure that women have equal rights during and upon breakdown of relationships, including de facto and same sex relationships.

- Pacific Island governments should consider amending their respective constitutions to ensure substantive equality, including for women, transgendered persons, sexual minorities and people living with HIV and AIDS, and ensure that equality rights are enshrined in the law and take precedence over custom and customary law.

[150] See UNDP Pacific Centre and UNIFEM Pacific 2007, Translating CEDAW Into Law: CEDAW Legislative compliance In Nine Pacific Island Countries and UNDP Pacific Centre and UNIFEM Pacific 2008, Translating CEDAW Into Law: CEDAW Legislative Compliance in the Cook Islands.

Empower women and girls economically as an integral aspect of HIV prevention programmes

Why?

Women who have their own money and rights to own and control assets are less vulnerable to gender-based violence, less dependent on men and more empowered to negotiate safe sex. In most Pacific Island societies women either lack customary rights to property or control over land and resource use or if they do have traditional rights, these may have been eroded in modern economic contexts. Girls and women who engage in sex work as a result of lack of economic opportunities or choices are more vulnerable to HIV and other STI exposure and to violence because they are more disempowered and less able to negotiate safe sex with clients than sex workers who are in control of their working and social conditions.

Suggested specific recommendations

- Increase financial and technical support to initiatives-governmental and non governmental- that promote women's economic empowerment, including through increased opportunities for women's paid employment and entrepreneurship and link these interventions to HIV prevention interventions.

- In addition to the international human rights framework, advance women's economic empowerment by ensuring they benefit equally and equitably from the legal empowerment of the poor agenda. Legal Empowerment of the Poor brings together rights based and market based approaches and focuses on access to justice, labour rights, property rights and business rights. Legal empowerment can be realised through systemic change in legal tools and institutions in order to unlock the civic and economic potential of the women and girls particularly to enhance business opportunities; create decent jobs; make credit, capital and markets accessible and most importantly give them a legal identity and voice.

- More effort should be directed to assisting women in the agricultural and fisheries sectors – both in primary production and in adding value to primary products.

- Pacific Island Governments should be assisted to create incentives to the banking and financial sector to finance small enterprises and micro-enterprises that employ or otherwise generate income for women.

- Research in Fiji and Solomon Islands have found that women's access to financial services and financial literacy training had very significant impacts on the economic well-being of their families. Governments, financial services providers and donors should take an inclusive financial sector approach to making financial systems more accessible and responsive to women and men and ensure that women, in particular, have access to financial literacy training and savings services.

- At present, throughout the Pacific region Technical and Vocational Education and Training (TVET) services are limited and where they exist they are heavily biased toward boys and young men. Governments should be assisted to invest in an overall expansion of TVET for young women and men, geared to national labour markets and towards increasing self-employment, with the goal of achieving gender equality and equal opportunity in all types of training.

- Any land tenure reforms that are undertaken in the Pacific should give specific attention to ensuring that girls and women are able to own and control land on an equal basis with men and boys. Inheritance laws should equally benefit males and females.

Photo: Naziah Ali (UNIFEM)

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