

MONOGRAPH 1/2008

# Young people's attitudes towards sex and HIV in the Eastern Highlands of Papua New Guinea

Key findings



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# Foreword

This report is the work of the research cadets employed in the Strengthening HIV Social Research in PNG project, a collaboration between the Papua New Guinea Institute of Medical Research and the National Centre in HIV Social Research at the University of New South Wales. This is an AusAID-funded project which is building the capacity of ten Papua New Guineans in the area of HIV social research. This report, and the research on which it is based, is the first major piece of work undertaken by the cadets during their training; they have designed, implemented, analysed and written up the findings under the supervision of their team leader Dr Angela Kelly. This is a significant achievement, one of which we are extremely proud.

It is important that Papua New Guineans are learning the skills of HIV social research so that they can respond to our epidemic in a meaningful and critical fashion. We hope that this piece of work is one of many more to come from these emerging leaders in HIV social research. And for those working in HIV prevention among young people, this report will provide ideas to take into account when undertaking such work.

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# Introduction

The HIV epidemic in Papua New Guinea (PNG) is now described as a generalised epidemic; that is, over 1% of people aged 15 to 49 years old are infected with HIV. Globally, 5000 young people aged 15 to 24 years become infected with HIV every day, almost two million infections each year (UNAIDS, 2006). In PNG 39% of all infections in women occur by the age of 24, 61% by the age of 29 and 78% by the age of 34. In men, 60% of all infections are diagnosed under the age of 35 (NDOH, 2007). While women are testing HIV-

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Young people's attitudes to HIV and sex are formed through dominant cultural narratives and understandings, and these influence the way young people talk about these topics.

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positive at an earlier age than men, young people as a whole remain particularly vulnerable to HIV in PNG.

The individual behaviour of young people is not the single most important factor that places them at risk and drives the spread of HIV. Rather, a diverse range of structural factors—biological, sociocultural and political—makes young people vulnerable to HIV. Young people are not a homogenous group, as Aceijas et al. (2006) acknowledge, but rather move between different higher risk settings and engage in unprotected sex with those from the same or older age groups. Rather than being independent of each other, vulnerabilities intersect and heighten the spread of HIV and young people's individual risk of being infected. In some contexts these

vulnerabilities are referred to as structural violence (Farmer, 1999). The purpose of shifting an analysis from individual risk to structural factors is:

to change environments, to change places and spaces, institutions, cultural processes and personnel sectors (e.g. upgrading all medical training to include sexuality awareness), all of which produces the environment in which contextual and individual-focused activity can occur (Couch et al., 2006, p. 24).

Young people's attitudes to HIV and sex are formed through dominant cultural narratives and understandings, and these influence the way young people talk about these topics. To understand how young people talk about HIV and sex, we conducted a qualitative study among Grade 12 students on attitudes, influenced by social and cultural contexts, that lead to group (rather than individual) vulnerability. Attitudes are not individually produced. If cultural spaces, intuitions and programs alter to address the attitudes and meanings produced by young people themselves, then some of what makes them vulnerable can be addressed.

Findings from the study revealed a number of key themes. These included sources of information on HIV and sex, meanings of sex, beliefs about condoms, rights of people with HIV, and differences in attitudes related to gender. These findings should be taken into account alongside the findings of other research conducted in PNG and the Pacific about young people and HIV (cf. Sivusia-Joyce et al., 2004; Gustafsson, 2007; Buchanan-Aruwafu, 2007).

# Method

Focus group discussions were carried out among Grade 12 students in three secondary schools in the Eastern Highlands of PNG. A total of 73 students participated. Eight gender-specific focus groups were held, five for young men and three for young women. Informed consent was sought from the students and their parental guardians. Ethics approval for the study was granted by the Medical

Research Advisory Committee of PNG and the University of New South Wales. The Department of Education in Eastern Highlands Province and the participating schools all approved the study. Focus groups were conducted in English and Tok Pisin, and were recorded and transcribed verbatim. Discussion transcribed in Tok Pisin was then translated into English.

# Findings

## 1 Meanings of sex

From the questions asked on the meanings of sex, five separate yet related themes emerged. Each of these themes, listed below, was significant in understanding young people's perceptions of sex:

- biology
- intimacy
- pleasure
- relationship-building
- Christianity.

Students were asked a two-pronged question regarding sex. The first part of the question was designed to elicit a definition of 'sex': what sex is. In response, both boys and girls gave exclusively biological

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[O]ne student stated that a man allowed his penis to penetrate a woman's vagina, not that the woman allowed the man to enter her vagina.

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narratives of sex. Within the biological narrative, further themes of reproduction, sexual organs, sexual intercourse and heterosexual sex emerged. These themes were not themselves easily separable.

Reproduction was seen as the primary purpose of sex. When talking about sex for reproduction (the goal of such sex), young people said: 'It's the way of producing kids ... within marriage', of creating 'offspring', 'new individual[s]' and 'yangpela' (young).

Social reproduction, as indicated in the following quote, was as important as biological:

My observation is that sex ... is a game. Why I am saying this is because without sex we cannot produce someone else. When new generation comes through sex is a producing young ones ... producing young ones generation after generation.

Within the biological narrative of sex, organs featured as the expression of how sex occurs. That is, students said: 'Sex simply I think means a male putting his

penis into a female vagina'; 'Sex is when two different human beings, man and woman, come together and exchange their body parts'; and 'Sex is when a male allows his penis to penetrate female vagina'. This last comment was made frequently in different ways. In all of them, however, it was stated in a way that suggested that the male (penis) dominated the female (vagina). For example, one student stated that a man allowed his penis to penetrate a woman's vagina, not that the woman allowed the man to enter her vagina. That said, vaginal intercourse was considered the 'normal' or 'real way' of having sex.

Bringing into relief traditional beliefs regarding dis-ease of the body, one young person spoke of sex and the release of body fluids as a health imperative:

My opinion about sex is, sex is a life. Because everything they need to go through reproduction in order to live so we as human beings also go through that process so that we can live. If we like producing of eggs and ... if we don't release them ... we may have disorder in our body, sexual organs. In order to stay in healthy condition we need to release out.

The second part of the question probed further into what sex meant to young people. When responding to this question, their answers changed dramatically. Other meanings of sex emerged, related to intimacy, pleasure, relationship-building and Christianity. While boys continued to talk about sex in biological (and other) terms, not one of the girls referred to the biological narrative of sex.

Within the narrative of intimacy, students spoke of 'trying to create a bonding with the person you have a relationship with', of 'making love', 'expressing their feelings' and 'a physical contact between female and a male to satisfy their emotions'. Others said: 'Sex is something to show how much you love that person and is something special that is shared between two people' and 'Sex is to show how you love someone, *long meri bilong yu o long man bilong yu*'. While girls spoke more of intimacy, boys

more often associated sex with pleasure; for example, 'sex is a game' or 'for fun'.

Sex was seen as part of a process of building or marking a relation: 'Sex is when two people have sexual intercourse to express their feelings and solidify their relationship'. This relationship-building was seen as a long-term process by way of courtship and leading to marriage and then sexual intimacy. This process assumed the basic biological function of sex for reproduction; it also encompassed the building and sustaining of bonds between people. However, the students argued that such bonds could be seen as 'immature' if they were developed before marriage.

From the Christian perspective, sex was spoken about as something 'holy', a 'blessing', 'a special gift' and sex was seen as something to be kept for marriage and thus not to be 'misused' beforehand. The Christian perspective of sex is juxtaposed to others in the following comment:

From a Christian point of view, *mi lukim olsem sex em wrong*. It's to do with married couples; we should wait until we are married and then have sex. For non-Christians, they will think that it is just for pleasure and have sex for fun and enjoyment other than that.

Narratives of intimacy and Christianity were raised and similarly weighted by both boys and girls.

## 2 The use of biological language

While among all boys and girls the dominant narrative of what sex is was biological, there was a difference in how this was spoken. Girls never spoke of body fluids such as sperm, whereas boys did. While boys referred to sexual organs with comments such as 'when a man allows his penis to penetrate female vagina', no girls referred to their own or a male's body organs. While the words 'penis', 'vagina' and 'koap' were not used frequently in the focus groups, it was only boys who used these terms.

## 3 Sex only happens between men and women

There was no gender difference in the perception of who had sex. That is, both girls and boys reinforced dominant heteronormative cultural narratives by defining sex as that which occurred between a man and a woman. Examples of young people's comments include, 'A female and male sleeping together', 'As for me, I think sex is when a female and male get together to have sexual

intercourse' and, 'The process of having man's sacred part [inserted] into the woman's body'.

Neither girls nor boys made mention of the fact that sex could or does occur between people of the same sex or that masturbation (or other forms of sexual acts) could also be similarly classified. However, in relation to where young people sought information on sex and HIV, one student mentioned that they accessed information on anal and oral sex on the internet and looked at such practices.

## 4 Talking HIV and sex: what, where and with whom

When talking about sex, boys and girls talked about it for different purposes. For boys, talk about HIV and sex was for fun and amusement while for girls it was to give and receive advice and the discussion was more intimate.

Discussion on HIV took place only when it was instigated by an event: being in the news, on TV, or part of a discussion about someone who had died and was suspected to have HIV, or after an awareness team came to school. It might also arise in the context of young people talking about sex with their partner/s. The specifics of HIV talk included discussion of transmission, prevention measures including condoms, how they would choose their partner in the future, and how HIV would have an impact on the country's economy and human resources.

The level of comfort when talking about sex with their same-sex peers was similar for both boys and girls. However, each group differed in how and where they spoke. Girls spoke to their best female friends in locations where they felt that no one would overhear their conversations because their concern for privacy was paramount. For example, one girl said, '... where others can't hear [us]... we feel that it is safe [and it is there that] I usually like to openly discuss the secret things'. These 'safe' locations included classrooms, dormitories, cubicles, rooms, in the cool shade of trees and a friend's house. Less concerned with privacy, boys talked in groups of other boys and in public spaces, such as parties, after football games and after seeing movies, where secrecy could not be guaranteed.

Girls were primarily concerned with avoiding pregnancy; pregnancy outside marriage was seen as 'unwanted' and 'premature', causing a great deal of gossip among the students. In addition, they talked about when the appropriate stage in life was to have sex and whether it was good for young people. Girls also mentioned talking

with their friends about keeping their virginity, what they did during dates with their boyfriends, signs and symptoms of sexually transmissible infections (STIs), HIV and AIDS-related issues:

Sometimes we young girls discuss about problems we will face like unwanted pregnancies when we have sex like what we will do in that situation and also to learn about the STI signs and symptoms.

When we go around in the streets, we talk about HIV and how such disease like AIDS come about through sex so we advise one another to abstain from sex and that condom is not safe.

As indicated in the last comment and addressed again later in the findings, information shared in peer groups could not always be relied upon to be accurate.

In contrast to girls, boys talked about their sexual episodes. As one boy shared, 'We go and tell stories of how we go and have sex.' Boys who recalled listening to peers and talking about their sexual experiences believed that such conversations provoked their inquisitiveness and at the same time encouraged the person telling the story to articulate it with greater passion.

Some boys went on to say that talking about sex was for jokes and amusement. As one said, 'We don't really take it seriously or something; it's like an ordinary story that a friend is telling you so you [are] just sort of like listening to it then like you're making fun or it's just taken as joke.' And as another said, 'We tell stories about how we have sex and amuse ourselves.'

## 5 Space of comfort

The capacity of young people to engage in meaningful ways in conversation about both sex and HIV was determined by the spaces of comfort which were created. Within these spaces, issues of gender, age, moralising, judgment and control were important.

Young people felt most comfortable when discussing sex and HIV with their same-sex peers (see also the role of schools in HIV education). In these group formations, girls and boys could control their own use of speech and the size of the group. For example, girls preferred to speak in intimate and more in-depth ways and one on one, where privacy was paramount. Boys, on the other hand, were not seeking advice and wanted to speak with humour and to display their masculinity by sharing their sexual accomplishments. They did not fear that a lack of privacy would spoil their identity.

This space of comfort provided an important atmosphere for shared learning. Talking with other boys, sometimes of the same age group or a little older, provided a boy with the opportunity to not just talk but learn about sex: 'I learnt [about] sex through my cousins and my brothers; bigger ones always tell ... me that ... sex and how it feels.' This process of talking and learning was seen as normal: 'It's normal among peers because we feel comfortable among ourselves. We are not shy to say anything ... and everything regarding sexual intercourse and stuff like that.'

Girls felt most comfortable with other girls because, as one girl said, 'I feel comfortable and open to talk and hear about sex with my (female) friends because we are on the same level and around the same age group.'

The data showed that young people did not find that their parents and guardians provided this space of comfort. As one young person explained, 'I do not feel comfortable when my parents bring sex topic up mainly because they are elder people and so I get uneasy.' This is not to say that no conversations were or are taking place between young people and their parents and guardians. Rather, and not surprisingly, the quality and depth of them is different from conversations held between same-sex peers. Young people are being spoken to (not with) by these older adults about HIV. Thus, young people's discussions with their parents are often passive and docile, and the discussion goes no further than about the signs and symptoms of HIV and AIDS, and not into how HIV is transmitted or prevented. In particular, sex is not discussed. Young people seem happy with this because they are not comfortable for

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When parents do talk, it is often to caution their children against the 'killer disease' and early unwanted pregnancies.

Students feared being disowned or punished ... if they were discovered pregnant or infected with HIV.

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it to be any different: 'I'd feel alright talking about HIV but not on how I can get it like through sexual intercourse. I'd talk to them about signs and symptoms but I'll be too shy to go in-depth'. Another young person said that when her parents bring up the topic of sex she feels uncomfortable and ashamed because they are older people and have a different way of explaining sex to her. They do not speak her language.

In addition, if and when sex is spoken of in the home, it is usually done in a fashion that is moralising and judgmental rather than supportive and caring. When parents do talk, it is often to caution their children against the ‘killer disease’ and early unwanted pregnancies. Students feared being disowned or punished, by having their social and financial support taken away from them, if they were discovered pregnant or infected with HIV. As one girl said, ‘I do not want to be rejected by the community [... or parents] if I have this sick [AIDS] or pregnant.’

Those parents who talked about sex and personal development issues were usually those who were educated in terms of exposure to HIV education. Still, most young people remained uncomfortable, shy and embarrassed when their parents talked about sex. Their rationale was that they did not want their parents to suspect or know that they were having sex or even be discussing sex at such an early age. Some of those who did not discuss sex at home indicated that sex outside of marriage was wrong and that it was immoral for young people to be talking about it before they were married.

## 6 The role of schools in distributing condoms and HIV education

Schools were one of the places in which the young people in this study received most of their information on sex and HIV. They thought schools were or at least could be an effective source of information. If the syllabus were to include HIV and sex education, the kind of information that would be received or imparted in schools would be more accurate.

According to these Grade 12 students, sex and HIV education were not currently included in the curriculum as independent subjects. Rather, sex and HIV were covered in other subjects such as Personal Development

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[S]ome still felt unsure of the signs and symptoms of HIV and AIDS, the modes of transmission or even the right preventative measures to take to avoid pregnancy, sexually transmitted infections and HIV.

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[or Guidance], Home Economics and Biology. Most of the participants were concerned that because information on sex and HIV was given within the context of other subjects they were therefore not dealt with in depth. However, the young people also cautioned that when talking about sex and HIV in the classroom they felt shy or ashamed in front of the opposite sex, so they suggested that such classes should be gender-specific and take place in different locations. They felt that they would feel freer to raise and discuss issues or concerns affecting them if their need to feel comfortable was taken into account.

Because young people received information on sex and HIV from a variety of sources, but felt they were not getting enough detailed and accurate information from their schools, they said that they were missing out on what they were supposed to know. For example, some still felt unsure of the signs and symptoms of HIV and AIDS, the modes of transmission or even the right preventative measures to take to avoid pregnancy, sexually transmitted infections and HIV. As one participant said, ‘If we were to ask our teachers ... we’d basically be asking [about] what sex really is and [...] the dangers of having sex, STDs [...] [and] contraceptive methods ...’ or ‘... when the guys [...] are wearing condoms, [will] the girl contract [HIV] or [get] pregnant ... I don’t know—something like that.’

Overall, most students expressed the concern that sex and HIV were not discussed at home. Therefore, the participants wanted the education sector to take up the challenge and include sex and HIV education in the current curriculum. This reinforced the need to have sex and HIV taught as a subject on its own. The rationale for specific education was that, ‘It will give us some advice ... [since HIV] ... mostly affects people like us.’ Students expressed the view that sex and HIV education should start at upper primary level (13 years and over), although it was acknowledged by a minority that for some students the sexual debut was often earlier.

A small number of the young people also reflected that the more people learnt about sex and HIV the better the chance of reducing stigma and discrimination, illustrated by the following statement:

Knowledge is power. If people get or learn a lot about HIV and AIDS, there is the benefit that stigma and discrimination can be reduced, in the future,’ or ‘When you educate young children, they will be aware of the negative effects of it and also how and what they would feel if they were in someone [else’s] shoes who is [living with] HIV and AIDS.

## 7 Attitudes towards their contemporaries having sex

Both boys and girls expressed mixed feelings about people of their age having sex. Among the boys, the sentiments ranged from, 'They are useless,' to a moralistic narrative like, 'In a Christian way I think that [our] age group are not supposed to have sex.' Stigma and discrimination were apparent, '[I feel] sorry for them because they are spoiling their names' (male), and 'It is a shameful act' (female). Moralising narratives included: 'It is fornication because our country [PNG] is a Christian country' (female), and 'It's wrong from a Christian point of view; it is seen as breaking the law' (male). Other students acknowledged that there were other reasons for some of their group having sex, including the selling of sex for survival.

Girls categorised themselves into two groups: the quiet ones and the outgoing girls. The latter were often perceived as the '*humbug lain*' who were comfortable when talking with boys. These girls were thought to be the ones having sex but in most cases it was the quiet girls

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'For young boys of our age it is normal for them to have sex but not us girls.'

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in school who fell pregnant. As a result, quiet, unmarried school girls were often called names such as 'silent killers', '*wos bodi*', '*kol kaukau*' and 'pretend to be innocent and don't know anything about sex'. All these metaphors can be summarised into the English metaphor 'still waters run deep'. When these quiet girls were pregnant in school, the community (including their peers) gossiped about them. Some families went to the extent of telling their daughters to stay away from pregnant girls as these girls might influence them to have sex. Young girls referred to this gossip as 'backbiting' which in turn hurt the pregnant girls, who then felt like leaving school but were strengthened by their 'true friends' to continue school. Classmates of pregnant unmarried girls did not feel comfortable and were ashamed to have a pregnant classmate because other students said, according to one student, 'Those bio-chem girls are putting what they have learnt into practice.' A common question raised among girls was, 'Why do quiet ones fall pregnant?'

Another perception of peers having sex was that it was normal for boys to have sex before marriage but abnormal for girls. One female paradoxically said, 'For young boys of our age it is normal for them to have sex but not us girls.'

It remains unclear with whom this student thought the boys would be having sex if not the girls. Modernity was also acknowledged by some students as determining sexual behaviour; for example, 'The type of age [period] that we are in, it is hard to control [ourselves] from sex.'

There were some students who disagreed with young people having sex and even talking about sex. For example, one student mentioned that such talk spoilt their friendship with the storyteller because they were talking about something that was taboo. Another student labelled a friend who talked about sex as being 'sick'. The extreme of these sentiments was expressed by one boy who said that such talk and his peers having sex made him angry. The degree of his anger was dependent on his attachment to the person. He expressed that if a relative was having sex then he would 'not [be] happy', '[be] frustrated' and feel like causing trouble. However, if it was his friend, he would feel shy, afraid and think it was not the right stage for his friend to have sex. There was a concern by others that people were spoiling their bodies, their names and their chances for bride price.

## 8 Why they would use condoms and were they safe?

When discussing condoms, both boys and girls said that the first thing they thought about when talking about condoms was sex. Boys were more concerned with using condoms to protect themselves from HIV while girls were more worried about falling pregnant while still in school.

Consistent condom use across all relationships was not guaranteed. The vast majority of young people said that they would not use condoms within their marriage because they would trust their husband or wife. Most would prefer not to use condoms with their future husband or wife because of the fear that the request to use a condom might imply unfaithfulness.

Girls believed that they would not be likely to use a condom with their husband unless it was for family planning. However, a few mentioned that if their husbands had been away travelling they would use them upon their return. They also associated condom use with a lack of trust in their spouse. As one girl said, 'As for myself I would not use condom all the time. But to avoid pregnancy and if I don't trust my husband, I would use a condom.' The girls did not discuss the challenges of being able to request that a condom be used. If girls were in relationships where their boyfriends requested sex then they would always use a condom.

One participant said that if he were to have sex with his long-term girlfriend he would not wear a condom. However, if she wanted to, then she could wear a condom. Or as one boy said:

If I had four [girlfriends] or something like that, the ones that I grew up with probably or the ones that I know well, it'll be a bit easy but I don't think I'll use condom or probably she'll wear it, but the ones I picked up from the street that I probably have sex with on Fridays or something, probably both of us will use a condom.

Avoiding unwanted pregnancy was one reason, both boys and girls said, to convince their partners to use a condom. Boys said that they were not ready to become fathers, were not capable of looking after a family at this stage, and thus did not want to make their girlfriends pregnant or acquire an STI:

From my view I think that, it's a must that, like boys our age group it is important that if we are thinking of having sex we must use a condom. I mean we are still young and we're still in school and we cannot afford to look after a family at this stage; it is very important to, like, prevent pregnancy and also sexually transmitted disease.

Although many associated condoms with safe sex to protect themselves from HIV and unwanted pregnancy there were still doubts as to whether condoms would

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'[C]ondoms are not safe because boys have bigger testicles or penises and some have small ones. Bigger penises can break the condoms and so ladies can get AIDS and small ones are oversize so girls can get HIV.'

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actually protect them or not. Often these doubts over the effectiveness of condoms were a result of stories that the young people had heard. For instance, one story that was shared included the following: 'There was couple from America, every time they have sex, they use a condom but after a period of time the wife got pregnant.' Another story told by a girl was that she had heard from an HIV-positive man that 'condoms are not safe because boys have bigger testicles or penises and some have small ones. Bigger penises can break the condoms and so ladies can get AIDS and small ones are oversize so girls can get HIV.' Such stories create doubts that influence young people's perceptions of condoms: 'Condoms are not 100 per cent safe' and 'HIV is through sex so abstain from sex. Condom is not safe.' Although participants recognised condoms as

a safety measure, there were still reservations about the guarantee of protection from pregnancy and HIV.

## 9 Schools as locations for condom distribution

When asked their thoughts about condoms being distributed in schools both boys and girls felt strongly that condoms should not be distributed in schools. The main reason given was that they encouraged and promoted sex. Girls, however, also argued that distribution of condoms in schools would jeopardise the schools' reputation; that is, 'It would show other people that the students in this school like having sex.' Rather than sending the message that condoms would protect people from acquiring HIV and guard against unwanted pregnancy, it would send a message out to the public that students from the school were sexually promiscuous.

In contrast, none of the boys raised concerns about the reputation of the school being tarnished as a result of distributing condoms. Boys suggested that 'condoms should not be distributed unnecessarily but should go with education'. This would help people to know the purpose of them and most of all 'how to use them properly'. If they were to be distributed, boys said that it should be as a part of learning, to help people to have safer sex. In general, condom distribution in schools was not well received, or at least in the case of boys not automatically accepted.

## 10 Knowledge of HIV

Both girls and boys had a clear basic knowledge of HIV as a virus (*'binatang'*) and of how it could be prevented and transmitted. Although other modes of transmission such as mother-to-child, contact with infected blood, and blood transfusion were mentioned, students mainly considered sex as the common means by which someone could acquire HIV.

Participants received information on safe sex, condoms, HIV and AIDS and sexually transmitted infections from newspapers, radio and television. Documentaries like *Helen's Story* and *Mist in the Mountains*, and films like *O Papa God* were some of the significant sources of information mentioned. The students also mentioned advertisements to promote HIV prevention and the use of condoms that appeared regularly on television, awareness campaigns from faith-based organisations like Anglicare Stop AIDS, and other non-government organisations. Other sources of information from the media included radio advertisements, newspapers and also HIV/STI

booklets, posters and pamphlets. Students also named adult-rated films, printed materials and the internet as other sources of information. When learning about sex, especially types of sexual practice, one boy reflected on the internet: 'We access information on anal and oral sex from the internet and we look at them.'

Since most students associated HIV with sex, it was referred to as a 'sexual intercourse disease' (*sik blong koap*). However, it was not a sexually transmitted disease that occurred in a marriage or stable relationship; it was seen to occur only in adulterous relationships, as one student stated: 'If they go around having sex with partners other than their husbands and wives or boyfriend and girlfriend.' Other students defined HIV as a 'killer disease that has no cure' while still others described it as a 'punishment from God'. One boy said it was 'part of the evolution process of natural cleansing and balancing the population.'

## 11 Attitudes towards people with HIV

There were positive and negative attitudes from both boys and girls towards those who were HIV-infected and continued to work or study, and about whether people had a right to antiretroviral treatment (ART). Most stated that it was the person's right to work and study and receive ART. Others disagreed, saying that infected people who were working could easily use their earnings to go around spreading the disease. Some were concerned that an infected person would be automatically too ill, and not

able to concentrate on work or study. Some believed that it would be a waste of money for parents to spend money on their children infected with HIV because they would die anyway. This was not the sentiment of those who had direct contact with people living with HIV.

## 12 Willingness to care for a person living with HIV

Most of the few who had experience with people with HIV said that they would look after an infected person because they were human beings in need of love just like anyone else. In providing this care, such students would accept people with HIV openly, share food and clothing and do things with them. On the other hand, despite a sound knowledge of how HIV could be transmitted, most of the students who had no experience with people with HIV expressed a fear of such people, and of sharing food and other things with them. In part, students believed that such people did not deserve care because they knew how to avoid being infected yet still acquired the virus. A narrative of blame emerged. These feelings and reactions were expressed by both boys and girls. Others felt that while they might not initially want to care for a family member or friend with HIV because it was associated with sex, they believed that in the end they would. Intimate experience with the epidemic was indicative of a person's positive attitude towards people living with HIV and their willingness to care for a friend or family member with the virus.

# Conclusion

Knowledge of HIV does not determine behaviour. Young people's attitudes towards sex and HIV are important determinants of how fast HIV will spread, because attitudes have as great an influence on behaviour as knowledge.

As long as condoms are associated with adultery and adultery is regarded as shameful, condoms will remain outside the sphere of sexual practice of young people. In contexts where the biological narrative of reproduction dominates, it is essential to develop HIV interventions that are compatible with this narrative and not counterproductive. It is thus essential to support young people to incorporate condoms into their meaning of sex as part of loving relationships that will enable, at a time of their choosing, the safe reproduction of their clan and culture for future generations. In addressing condoms, time needs to be spent addressing myths and misconceptions about condoms, including that they cannot prevent HIV and that they should be worn over the testicles.

The vast majority of students had accurate knowledge of HIV. However, many still held discriminatory attitudes towards those with HIV. Those students who had intimate experience of people living with HIV and AIDS expressed more positive and caring attitudes. It would thus seem that programs to support sustained and long-term interaction between young people and people living with HIV/AIDS could help to facilitate improved attitudes towards those infected with HIV.

All HIV prevention programs aimed at young people must consider issues of gender, language, age, and group formation. These factors are the primary determinants of spaces of comfort. Unless

a space of comfort is provided in which both young girls and boys are open to listening and talking about HIV and sex, then such programs will not be optimising their potential and may in fact lead to greater resistance against such education.

Parents offer an important yet under-utilised source of education on HIV and sex. Schools and non-government organisations could consider their role in facilitating parents and guardians to learn how to create such spaces of comfort for their children by offering ways to develop the necessary skills and knowledge on sex and HIV. Sensitivity must be afforded those who hold religious views on the appropriateness of such cross-generational conversations.

Schools need to be supported in developing their programs on HIV and sex. Ongoing monitoring and evaluation from the students' perspective is critical to the effective development of these programs.

In order to respond effectively to young people, service providers must 'tailor responses to young people in local contexts' (Buchanan-Aruwafu, 2007, p. 72) and this includes in the context of the circumstances and meanings of their everyday lives, their speech and the ways in which they make meaning. And as Buchanan-Aruwafu (2007, p. 128) urges, there cannot be a more urgent time to increase the focus on young people'.

It is hoped that this report goes some way to illuminating the attitudes of young people and the everyday meanings of sex and HIV that they produce. We believe that these need to be considered when developing services and HIV prevention programs aimed at the young people of Papua New Guinea.

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