

MAKING SENSE OF HIV AND AIDS: COMMUNITY CONVERSATION IN THE PAPUA NEW GUINEA CONTEXT

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Individual conversion and personal salvation are stressed in some church circles, however, in the history of the Church there has always been a strong interest in the well-being and “conversion” of the community. Consider, for example, Paul’s approach to the Corinthians, and the analogy of the community as one “body” in chapter 12 of his letter to the Corinthians. We see this viewpoint emerging strongly in Catholic Social Teaching, and in Papua New Guinea (PNG) one finds the interdependence of the individual and the community enshrined in the PNG Constitution. The constitution of the Republic of France is based on the ideals of liberty, equality and fraternity, organising sovereignty around the “people,” and the United States named the authors of the Constitution as “We the People”, confirming the community of all citizens as the basis for modern political life. The Papua New Guinea Constitution puts even greater emphasis on the social and cultural importance of the community. The authors of a recent report on communities in PNG state the following:

Whereas most constitutions continue to be one-dimensionally modern and centre on the nation-state as the most important level of community and polity, the PNG Constitution proclaimed a more complex aspiration. It gave expression to two possible basic reformations of the modern nation-state. First, it reconfigured modern ideals of the community-polity in relation to the continuing importance of tribal and traditional ways of life. Secondly, it placed the nation-state in a continuing relation to other social institutions – in particular, local community and family. Unlike France, the United States and Australia, the country was not legally conceived as a nation of individuals. (Paul James et al., 2008:1).

John Momis and Bernard Narokobi, both of whom played an important role in developing the PNG Constitution, acknowledge their indebtedness to the classes on Church Social Teaching from Fr.

Patrick Murphy at Holy Spirit Seminary, Bomana (John Momis, personal communication). That teaching played a significant part in the emphasis found in the constitution on self-determining, sustainable communities and the social dimension of humanity. What a tragedy that such values in our constitution seem somehow foreign to modern-day policies based on neo-liberalism, a mentality or an ideology which sees the world in terms of market values and posits the rational individual as the fundamental unit of society. Such a philosophy all too often undervalues the significance of communal values and social relations. More recently we hear reference to “democratic governance” and the significance of “civil society.” Such terms were not common parlance thirty five years ago when the PNG Constitution was being developed. Surely modern policy makers and politicians would benefit from rereading our Constitution.

The title for the present paper was originally requested by the organisers of a Symposium. It is “Making Sense of HIV and AIDS”, and is similar to the title of a recently published book – *Making Sense of AIDS*, edited by Leslie Butt and Richard Eves (Butt and Eves 2008). That book provides a rich assemblage of ethnographic information on the current status of the epidemic in the region, the beliefs people hold about the nature of the disease, what people are doing about it or believe they should do, and the degree to which current prevention efforts are being embraced or resisted. In the introduction to the volume, the editors ask how cultural and religious understandings interact with new desires, cultural meanings and experiences of sexuality in the light of globalisation and modern technological change. Contributing authors suggest ways to modify the standard models for AIDS intervention by taking account of the diversity of cultural beliefs and practices, especially those concerning sexuality and gender relations.

Culture, Sexuality and Power

The subtitle of the Butt and Eves volume is, “Culture, Sexuality and Power in Melanesia” – the implication being that if we can understand culture, sexuality and power in Melanesia, we might be able to make sense of AIDS.

Culture is often regarded as an impediment or obstacle in HIV and AIDS prevention – for example, with cultural traditions associated

with gender relations, brideprice or polygamy. Culture is never static; however, globalisation is hastening culture change. Poverty and educational levels along with a climate of sexual violence in contemporary culture lead to a climate of vulnerability that can contribute to the spread of the virus. However, there is a degree to which culture is creatively constructed and this provides a window of opportunity for new expressions of knowledge and power. Traditionally in PNG, religion was closely associated with power leading to health and well-being. Today, some people seek cures in faith healing and miracles. It is difficult to condone such methods, particularly when they involve a rejection of medication. Rather, the HIV epidemic is a challenge to churches to help people understand that faith has the power to motivate individuals and communities towards positive, healthy, caring lives. It is particularly important that churches participate in the development of an enlightened understanding of humanity that reaches beyond gender-based power plays or the biology and mechanics of sex, to a culture of mutual respect between men and women.

Ultimately, sexuality is very personal, as illustrated in a comment in the Butt and Eves book by a Monokwari woman, who wished that “sex was not so enjoyable.” Nevertheless, as personal as they are when working in the body and the mind, emotions are also being shaped by various forces and by more immediate political and economic conditions. They are, in addition, constrained and kept in place by older cultural codes that still monitor the mingling of men and women in public and private places. Desires may depend on our biological makeup, but they are also fashioned in cultural and historical ways.

PNG still has to contend with the power wielded by the biomedical model of HIV and AIDS. This model has influenced a highly individualistic approach whereby HIV-and-AIDS is defined by its pathology, and this in turn has shaped research and intervention and the way the epidemic has been experienced and understood. Often the focus has been on high-risk groups such as commercial sex workers or transport workers, to the neglect of social foundations such as marriage – yet a majority of women are infected by their husbands or steady partners. Recent studies into gender inequalities have revealed how women in PNG frequently have little power to

control the timing, meaning or implications of their sexual lives. For a more healthy society, communities must dare to confront and question taboos and traditional structures of disempowerment. This is an area where the Christian community has a powerful role to play.

The gist of the previous paragraph is summed up in the words at the end of the film *Mist in the Mountains*, where we hear how AIDS is not just a disease but rather a symptom of things going wrong – in lack of knowledge, inappropriate aspects of culture, unjust economic structures, and above all – things going wrong in the way we relate to one another and the way we love one another.¹

Community empowerment

There have been a number of initiatives in PNG that provide alternatives to the predominantly individual-oriented approach of the biomedical model of HIV and AIDS. These initiatives are attempting to engage communities in the response to the HIV epidemic. They include the following:

1. Basic Education Development Project – a strength-based approach that engages communities in the governance of their primary schools. It is based on the idea that stories of success and appreciation of effort can motivate people.
2. AIDS Awareness Community Theatre – which uses three drama techniques that are increasingly participative. The community is encouraged to intervene until the audience is satisfied with the play presented.
3. Sirus Narqui Project of the Bahai Spiritual Assembly – works from an understanding that the HIV epidemic is everybody's business. When one person is infected, we are all affected. Through values of unity, equality and service, communities are helped to become aware of their capacities, roles and responsibilities.
4. AIDS Competence Process – seeks to help people acknowledge the reality of the HIV epidemic and to realise how it affects them personally, their families, their work and the community as a whole. Communities assess their level of competency and progress through levels as they build their capacity to deal with the epidemic.

5. Community Capacity Enhancement Initiative and its Community Conversations methodology – aims to facilitate change, based on the underlying principles that the power to change and the answers to what needs to be done lie within people and their communities.

Each of these initiatives provides valuable insights into possible ways of engaging communities in dealing with the HIV epidemic. Much more could be said about each, however, the remainder of this paper will focus on the latter approach: Community Conversations – partly because it corresponds more closely with the topic of this paper, but also because the writer has some experience with this approach.

Community Conversations

Community Conversations is a methodology based on the understanding that communities themselves have the capacity to prevent the spread of HIV. It draws on traditions of talking things through and collectively deciding how to handle the issues that arise. The power to change and the answers to what needs to be done lie within the community. The methodology deals with the underlying causes of the epidemic, be they power relations, gender issues, lack of self esteem, stigma, greed, alcohol abuse or others. It focuses on interactive dialogue and – through a facilitated process – community decision making and action (Reid 2008a:8). It is not simply a matter of people talking. Rather, there is guidance by a team of trained facilitators from inside or outside the community so that the dialogue will help communities become aware of the ways in which their social norms, values and practices spread the epidemic in their midst, marginalise and humiliate those affected, and lessen the community's capacity to survive the epidemic.

This facilitative approach is different from behaviour change interventions used in HIV awareness work and with the directive and interventionist approaches of development. This approach involves answering questions and stimulating people to think things through for themselves, rather than bringing in answers from elsewhere (Reid 2008a:8). Thus it helps build the social capital of the community, its sense of a common purpose, rather than being directed at changing the behaviour of risk groups or individual community members.

Building on Social Capital

Many of the driving forces of the HIV epidemic are social, calling for a collective rather than an individual response. Such a response requires trust and a sense of the common good. Social capital refers to the cultural coherence of society – the glue that holds individuals, communities and societies together (Reid 2008c:63). Indicators of strong social capital are:

- People meet and talk to solve problems
- All members, men and women, old and young, can voice their opinion and be heard
- There is good leadership, with a sense of fairness, justice and honesty, evidenced in a low level of theft in the community
- The community is a relatively safe place with little or no violence, particularly violence and antisocial behaviour associated with alcohol and drugs
- People help each other in ways that go beyond their social obligations, including support for those infected with the HIV virus.

A community with strong social capital is more likely to be able to resist the epidemic. Weak social capital, where indicators such as those above are lacking, leaves a community vulnerable to the driving forces of the epidemic (Reid 2002:2).

Social capital is built through bonding, bridging and linking. As Vicky Luker points out, the “wantok” system is the most important form of social capital in everyday life. However, churches play an important role in bridging, through bringing community members together with other people in PNG and even other countries, and linking individuals and communities to resources such as money, influence, tools, ideas and expertise that would otherwise be difficult to attain (Luker 2004:9).

PNG communities have an almost taken-for-granted sense of commonality and can benefit from deepening their level of self-consciousness in order to discover their capacities and strengths. In some communities social capital is in question where people value trust, caring and respect, yet in practice they experience division, hostility and violence. In such situations Community Conversations

tries to assist a community to see the gap between its values and practices and help them work together to bring about desirable changes.

Redefining Power

Colonisation, missions, globalisation, politics and business expansion have all exerted considerable control over communities. A dependency mentality is common in PNG. In order to be able to diagnose problems, to come up with solutions and take action, communities must be empowered with resources and authority. In order for this to happen each person in the community must feel free to speak and express their own point of view.

The Community Conversations approach distinguishes power *over*, power *with*, and power *within*. “Power over” may involve the strength of force, of threats, of numbers or of weapons. It is usually an abuse of power, because it tends to disempower, marginalise or silence others. We find examples of this during elections in PNG. Often women experience “power over” as violence. Women who are victims of violence, whether that is physical, emotional, financial, verbal, or sexual, are much more likely to be HIV infected than other women (Reid 2008a:90).

“Power with” is the sort of power developed when people work together to achieve their goals. For example, a community might work together to plan for a celebration, build an elementary school or develop community laws. Engaging communities in response to the HIV epidemic seeks to build on the interconnectedness of people and to strengthen this form of power.

“Power within” is the power that emerges from having faith in oneself and one’s own worth. This is the power that gives people inner strength and enables them to take initiatives such as calling for a community meeting to settle a problem, or being prepared to take a leading role in making changes that will control the spread of the epidemic.

Community Conversations promotes these two latter forms of power, power with and power within, so that people have a sense of agency to stop the spread of the epidemic.

Driving Forces

The HIV epidemic is not simply a medical issue. Nor is it a matter of people making rational choices after being educated about the risks. During field research in various parts of the Highlands it has been obvious to me that people don't tailor their behaviour to bio-medical definitions of sexuality. Sexuality is of course very personal, but we must also look at the level of cultural and social constructions of sexuality, for example in what ways sexuality is a resource for the clan. We need to look at the shifting meanings attached to both local and Western discourses of sexuality and the various factors influencing people to engage in sexual behaviour. Especially in areas where men are killed in tribal warfare, reproduction is important, not only for establishing bonds with other groups, but also to ensure the survival of the clan. In such cases a woman's reproductive capacity becomes particularly important for establishing her value in the community. This is just one example of cultural constructions of sexuality.

It is one thing for people to talk about rape, STIs or knowledge of sexual issues. These issues are important, but often do not get down to the driving forces of the epidemic such as poverty, abuse of alcohol, and the effects of violence in all its forms. These driving forces may seem like social issues rather than health issues, but that is the point of getting the community to realise that they have the power to influence such factors. It also takes into account the integral human development upheld by the PNG Constitution and the social teaching of the [Catholic] Church.

What is meant by driving forces of the epidemic? Below is a list people developed presented by Elizabeth Reid at the PNG Medical Symposium in 2007 (Reid 2007).

- Lack of employment, formal and informal
- Low wages, unfair pay structures
- Alcohol, drugs, cards and gambling
- Violence towards women
- Greed
- The abuse of power
- Bride price (owning women)
- Pornography/blue movies

- Elections and bye-elections
- Violence
- Corruption
- Indifference to others
- Mobility
- The widening gap between rich and poor
- Disempowerment; being silenced
- Poverty and wealth
- Apathy, fatalism, “it’s life”
- Poor education services
- Cash payments for compensation claims

Many of these factors could be changed within communities themselves. Community Conversations endeavours to assist communities to identify values and practices that they can change and to help them discover the power within, so that they can do so.

In the PNG Medical Symposium presentation, Elizabeth Reid identified more precisely the following driving forces that communities can address and change themselves:

- Rape
- Abuse of alcohol
- Card playing and other forms of gambling
- Teachers abusing students
- Domestic violence
- Incest
- Brideprice where the meaning is about owning women
- Electoral excesses/buying votes
- Neglected children and youth
- A lack of valuing of women
- Greed
- Community violence
- Indifference to others
- Widow disinheritance and dispossession
- Silencing/disempowering people
- Apathy, fatalism, “it’s life”
- Showing pornography/blue movies
- A lack of valuing of education

There are other driving forces that communities can influence through advocacy and activism such as:

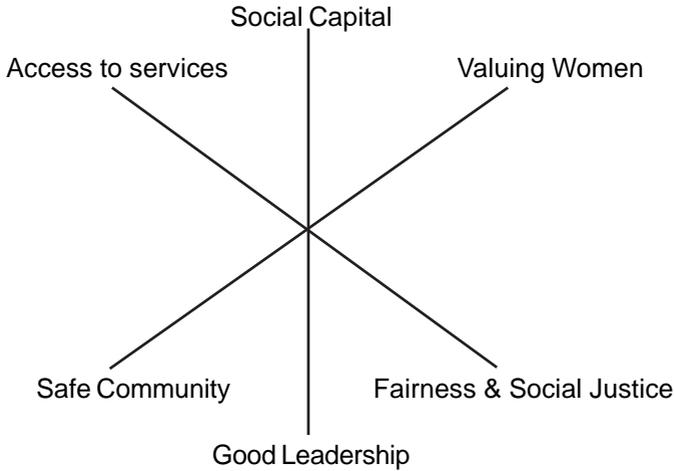
- Cash payments for compensation claims and at harvest time
- Lack of employment, formal and informal
- Low wages, unfair pay structures, deductions from wages
- Corruption
- The widening gap between rich and poor
- Access to education
- Health services and treatment
- Guns and drugs

Community Response

The challenge is to get the community to realise that they have the power to influence the forces driving the HIV epidemic. It is a matter of assisting the community to reflect on itself, to identify their challenges and to look for ways to remedy those challenges. In Community Conversations this is a structured process through which communities are supported to meet regularly to talk things over in an atmosphere where everyone feels free to speak. Together they can find new ways of living that will protect the community from the epidemic.

The Community Conversations approach uses many different tools, techniques and exercises, some to build trust, some to heighten understanding, and some to strengthen empathy and tolerance of difference, some to assist decision-making, and planning, some for reflection and reviews. All these tools and exercises require training, along with sensitivity to gender and other locations of power.

Not all communities are ready for such a process and a good amount of preparation may be needed to build community structures and to enhance social capital in the community so that the community as a whole wants to respond. Once the community is open to change, Community Conversations provides a method to assist them to make that a reality. A tool for assessing developments in the community is the radar diagram below (Reid 2007). A community can plot their situation and changes according to the various factors shown.



Churches working within communities can contribute a great deal in bringing about change through having teenagers in school, teaching literacy, providing health services, establishing networks through which people can gain information about the epidemic, and above all by motivating people to seek a better, more healthy life. Theologies of HIV and AIDS will make an important contribution to our attitudes and beliefs. Opposition to sexual violence and promotion of respect for women could reinforce efforts towards healing and enhance the care of infected people (Gibbs, 2008). The Christian ideal of monogamy could harmonise with the National AIDS Council's current partner reduction campaign. As Vicki Luker notes, "Many women – and men – certainly see in Christianity the most readily available resources for changing gender norms and relations" (Luker 2004:12).

Empathy and Story

Community Conversations stresses the skill of empathy – putting oneself in the place of another. The facilitator might introduce the first part of a story: "It was late morning. Angela was walking home from a women's fellowship meeting at the Church. Suddenly she was hit from behind. She was knocked down and dragged off the path into the bushes. She was then beaten and raped. She was left barely conscious, her clothes torn, her body bleeding. A man passing by some time later heard her moans. He recognised her as the wife of his friend, John. He carried her home and told John what had happened. You are John. What are you thinking and feeling?"

Participants reflect for a while and then they are encouraged to speak, starting each time with the phrase “I am John...”. The story continues with people having a chance to “walk in the shoes” of Angela’s son, her father in law, the rapist, and Angela herself (Reid 2008b:73).

The exercise is not about projecting one’s own feelings onto someone else or about role playing or acting the part of another person, but rather learning to understand the forces at play in other people’s lives, the way different people respond to situations and the way people’s lives are shaped not only by their own situation but by that of the world around them. This can be a very effective exercise in helping people to put themselves, their judgements aside, and to be open to people.

Monitoring Change using Photos

A technique I use which is not a normal part of the Community Conversations methodology, but which fits well with it is a technique called Photovoice. This approach uses visual images and accompanying stories to promote participatory means of sharing experiences in ways that lead to social change. It builds on theories of education for critical consciousness to challenge the commonly held assumptions of those who are traditionally in control of the means for imaging the world.

By providing cameras to people who would not normally have a chance to speak out, Photovoice combines photography and social awareness for change. It enables people to record and reflect upon their community’s strengths and problems. It promotes dialogue through group discussion about photographs taken of life in the community. It can also surprise outsiders or those in power, because, in the interpretation of photos taken by “grassroots” people one may find that they have different ideas of what is important in the life of the community.

With photovoice those who were given a camera to take photos, assisted by one or two others from the community, select those photographs they considered most significant, or simply like best. Secondly they tell stories about the meaning of the images and why the photographs chosen are significant. The process is suggested by the acronym VOICE: voicing our individual and collective

experience. People develop their own meanings and a participatory approach can give multiple meanings to single images. Thirdly, they establish connections between the photos and wider issues or themes. This allows people to develop and prioritise their concerns in ways that may be quite different from those of outsiders. It also invites people to promote their own and their community's well-being, noting what is worth remembering and what needs to be changed.

People I have worked with have devised a list of themes for photo taking. The fundamental idea was to have photos that reflect life in the community. Themes proposed by the participants included: law; justice; community policing; community based projects; human rights and gender issues – especially women's peace and security; family welfare; environment and conservation; preserving positive cultural traditions; abandoning the more negative traditions (such as sorcery); youth; disabled people; and HIV and its driving forces.

Conclusion

Too often the community has been excluded from taking ownership of their health and socio-economic needs. This leads to dependency and disempowerment. We must find ways to involve communities in discerning and addressing their needs. It is not a matter of providing "awareness" and giving information which it is thought might lead to behaviour change. History is proving that presumption wrong.

The method outlined in this paper takes the voice of everyone in the community seriously, promotes the idea that HIV is "everyone's business", and facilitates a process for identifying and dealing with the driving forces behind the epidemic.

I refer again to the PNG Constitution mentioned at the beginning of this article. The fifth goal given in the Preamble to the Constitution is that PNG achieve development primarily through the use of Papua New Guinean forms of social, political and economic organisation. A practical consequence of this goal is a call for small, local communities to remain as viable units in Papua New Guinean society, and for active steps to be taken to improve their cultural, social, economic and ethical quality. Community Conversations contributes to this goal, not simply by preserving traditional culture, but by engaging people and the social forces they encounter within their

contemporary cultural context. The goal is achieved even further when Christian values are integrated into the life of the community. Christians are called to live in communities in which their ordinary human relationships are healed and enriched by a common commitment to Christ and the gospel. In practice this means working with ecclesial communities, encouraging them in a continuing process of conversion as they reflect on their own experience in the light of the Gospel (Gibbs 1999:16). Then perhaps we can start to make sense of HIV and AIDS.

Endnotes

1. Those words come originally from Rev. Gideon Byamugisha of Uganda in the film *What Can I do?*

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