

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Papua New Guinea

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Kenya** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Ethiopia. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Ethiopia.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Ethiopia. This involved:

Two **focus group discussions** with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**



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PART 2

Focus group discussion: 15 - 19 years (girls), The girls come from settlements and villages surrounding Goroka which is the main urban town in Eastern Highlands Province

Focus group discussion: 20 - 24 years (girls), Port Moresby, National Capital District (NCD)

One-to-one interview: 20 - 24 years (young men), Port Moresby, National Capital District (NCD)

One-to-one interview: UN Focal Person on HIV and AIDS

One-to-one interview: UN Agency Country Coordinator

One-to-one interview: Manager (Male) Community Care & Counseling, National AIDS Council Secretariat

One-to-one interview: Clinic Nurse in Goroka, Eastern Highlands Province

One-to-one interview: Co-coordinator (female) of PLHIV Organisation

One-to-one interview: Female Advocate Living with HIV in Port Moresby

Abbreviations

ARVs	Antiretrovirals
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
PLHA	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

For further information about this Research Report, or to receive a copy of the Report Card, please contact:

HIV/AIDS Department, International Planned Parenthood Federation (IPPF)
4 Newhams Row, London, SE1 3UZ, United Kingdom
Tel: +44 (0) 207 939 8200. Fax: +44 (0) 207 939 8306. Website: www.ippf.org

PART 1: DESK RESEARCH

COUNTRY PROFILE

- **Size of population:** 5,772,000 (Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- **% of population under 15 (0 – 14 years):**
- **Population below income poverty line of \$1 per day (2006):**
- **Total expenditure on health per capita (Intl \$, 2004):**
- **Contraceptive prevalence rate (%of married women ages 15 – 49):**
- **Fertility rates:**
- **Maternal mortality rate:**
- **Ethnic groups:** Melanesian | Papuan | Negrito | Micronesian | Polynesian (CIA (2007) The World Factbook – Papua New Guinea (Website, Date accessed 17/04/2007)
- **Religions:** Roman Catholic 22% | Lutheran 16% | Presbyterian/Methodist/London Missionary Society 8% | Anglican 5% | Evangelical Alliance 4% | Seventh-Day Adventist 1% | other Protestant 10% | indigenous beliefs 34% (CIA (2007) The World Factbook – Papua New Guinea (Website, Date accessed 17/04/2007)
- **Languages:** Melanesian Pidgin | English spoken by 1%-2% (CIA (2007) The World Factbook – Papua New Guinea (Website, Date accessed 17/04/2007)
- **AIDS deaths (adults and children) in 2006:** 3300 (Range 1800 – 5400) (UNAIDS Country Situation Analysis – Papua New Guinea (Website, date accessed 17/4/2007)
- **Adult (15-49) HIV prevalence rate (end of 2005):** 1.8% (Estimates 0.9 – 4.4 % (UNAIDS Country Situation Analysis – Papua New Guinea (Website, date accessed 17/04/07)
- **Number of women (15 and up) living with HIV (end of 2006):**
- **Number of children (0-15) living with HIV (ages 0-14 years, 2006):**
- **Estimated number of AIDS orphans (0-17 years):**

Country context:

- **Size of population (2004):**
- **Ethnic groups:**
- **Religions:**
- **Languages:** Melanesian Pidgin | English spoken by 1%-2%ⁱ
- **Life expectancy at birth :** 55.7ⁱⁱ
- **Population living below \$1 a dayⁱ:** Data not available
- **Percentage of population under 15 years:** 40.7%ⁱⁱⁱ
- **Youth literacy (female rate as % of male rate)ⁱⁱ:** 64.1%^{iv}
- **Median age at first marriage for women (ages 15-49):**
- **Median age at first marriage for men (ages 15-49):**
- **Median age at first sex among females (ages 15-49)ⁱⁱⁱ:**
- **Median age at first sex among males (ages 15-49):**
- **Total health expenditure (public and private) per capita per year:** US \$23^v
- **Nurses density per 1,000 population (2000):** 0.53^{vi}
- **Contraceptive prevalence rate^{iv}: (1996 - 2004):** 26%^{vii}
- **Fertility rate:** 4.1 per children woman^{viii}
- **Maternal mortality rate per 100,000 live births (1990 - 2004):** 370^{ix}

AIDS and SRH context:

- **Adult HIV prevalence rate (2005):** 1.8%^x
- **HIV prevalence rate in young females (ages 15-24):** Data not available

- **HIV prevalence in young males (ages 15-24):** Data not available
- **HIV prevalence in pregnant women (2005) :** 2%^{xi}
- **HIV prevalence in vulnerable groups:** sex workers 16%^{xii}
- **Number of deaths due to AIDS (2006):** 3300^{xiii}
- **Estimated number of orphans due to AIDS (0-17 years):** Data not available

PREVENTION COMPONENT 1: LEGAL PROVISION
(national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

The legal age for marriage is 18 for boys and 16 for girls. There is a lower legal marriage age (16 for boys and 14 for girls) with parental and court consent. However, customary and traditional practices allow marriage of children as young as age 12, and child marriage was common in many traditional, isolated rural communities. Child brides frequently were taken as additional wives or given as brides to pay family debts and often were used as domestic servants. Child brides were particularly vulnerable to domestic abuse.

(Bureau of Democracy, Human Rights and Labor, U.S Department of State (2006) Papua New Guinea Country Reports on human Rights Practices – 2006
<http://www.state.gov/g/drl/rls/hrrpt/2006/78787.htm> (Date Accessed 17/4/2007))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

that consent to testing of children under the age of 12 years may be given by the child's parents – taken from recommendations in 2001 to future hiv prevention and management bill passed in 2003

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

4. What is the minimum legal age for accessing abortions without parental and partner consent?

Grounds on which abortion is permitted:

<i>To save the life of the woman</i>	<i>Yes</i>
<i>To preserve physical health</i>	<i>Yes</i>
<i>To preserve mental health</i>	<i>Yes</i>
<i>Rape or incest</i>	<i>No</i>
<i>Foetal impairment</i>	<i>No</i>
<i>Economic or social reasons</i>	<i>No</i>
<i>Available on request</i>	<i>No</i>

Additional requirements:

A legal abortion is permitted within 12 weeks of gestation. It should be performed by a registered physician in a government health-care institution.

Population Division of the United Nations Secretariat - *Abortion Policies: A Global Review* (2002) <http://www.un.org/esa/population/publications/abortion/profiles.htm> (Date Accessed 05/04/07)

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

Mandatory HIV/AIDS testing is prohibited under the HIV/AIDS Management and Prevention Act, except under very limited circumstances (see Section 14)

(Christine Stewart, Gender Relations Centre, Research School of Pacific and Asian Studies, The Australian National University, Working Paper No 19 Prostitution and homosexuality in Papua New Guinea : Legal, Ethical and Human Rights Issues http://rspas.anu.edu.au/grc/publications/pdfs/WP_19_Stewart.pdf (Accessed on 17/4/2007))

6. Is there any legislation that specifically addresses gender-based violence?

The constitution provides for equal protection under the law irrespective of race, tribe, place of origin, political opinion, color, creed, religion, or sex. Despite these constitutional and other legal provisions, women often faced discrimination

Violence against women, including domestic violence and gang rape, was a serious and prevalent problem. In September Amnesty International issued a report highly critical of government efforts to address violence against women. Domestic violence is common and is a crime. However, since most communities viewed domestic violence as a private matter, few victims pressed charges, and prosecutions were rare. Widespread sexual violence committed by police and their unresponsiveness to complaints of sexual or domestic violence served as barriers to reporting by both women and men.

Sexual harassment is not illegal, and it was a widespread problem (2006)

Village courts tended to impose jail terms on women found guilty of adultery while penalizing men lightly or not at all. By law a district court must endorse orders for imprisonment before the sentence is imposed, and circuit riding National Court justices frequently annulled such village court sentences. Polygyny and the custom in many tribal cultures of paying a bride price tended to reinforce the view that women were property. In addition to the purchase of women as brides, women also sometimes were given as compensation to settle disputes between clans. The courts have ruled that such settlements denied the women their constitutional rights.

(Bureau of Democracy, Human Rights and Labor, U.S Department of State (2006) Papua New Guinea Country Reports on human Rights Practices – 2006 <http://www.state.gov/g/drl/rls/hrrpt/2006/78787.htm> (Date Accessed 17/4/2007))

Research conducted by the PNG Law Reform Commission among 1,191 men and 1,203 women throughout the country found that domestic violence is a fact of life for two-thirds of PNG's women as a national average.⁴⁷ In parts of the Highlands, the rates are close to 100%.

(National HIV/AIDS Support Project (December 2005) Gender Impact Evaluation of the National HIV/AIDS Support Project of Papua New Guinea Australian Agency for International Development <http://staging.nacs.org.pg/www/html/148-gender.asp> (Date Accessed 19/4/2007))

The increasing trend of violence against women and the concomitant effect it has on the spread of HIV/AIDS in the country seem not to have received the much needed attention it requires to make a difference.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005) http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (date accessed 30/4/2007))

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

In 2003, the Papua New Guinea government passed a “stand-alone” HIV/AIDS Management and Prevention Bill rather than amending existing legislation like the Public Health Act or the Criminal Code, 1974.

Issues in the Act dealt with

- *Unlawful discrimination against PLWHA*
- *Testing*

- Confidentiality (stating that except in limited circumstances someone who breaches confidentiality can face legal consequences as well as giving PLWHA an enforceable right to privacy)
- Prevention
- Counseling, care and treatment
- avenues of redress for infringements

(Devon Peavoy, 2005/2006 Pacific islands AIDS Foundation 'Understanding Papua New Guinea's HIV/AIDS Management & Prevention Act 2003'

<http://www.pacificaids.org/grafix/UnderstandingPNGlaw.pdf> (Date Accessed 17/4/2007))

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

There were reports that companies have dismissed HIV positive employees after learning of their condition.

(Bureau of Democracy, Human Rights and Labor, U.S Department of State (2006) Papua New Guinea Country Reports on human Rights Practices – 2006

<http://www.state.gov/g/drl/rls/hrrpt/2006/78787.htm> (Date Accessed 17/4/2007))

Only 11 large business enterprises and government departments have established HIV/AIDS comprehensive workplace policies.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005

http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (date accessed 30/4/2007))

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

Prostitution is illegal; however, the laws were not enforced, and the practice was widespread.

(Bureau of Democracy, Human Rights and Labor, U.S Department of State (2006) Papua New Guinea Country Reports on human Rights Practices – 2006

<http://www.state.gov/g/drl/rls/hrrpt/2006/78787.htm> (Date Accessed 17/4/2007))

However under the new The Criminal Code (Sexual Offences and Crimes Against Children) Act of 2002 any person under the age of 18 cannot be charged with an offence of any sexual service by that child for financial or other reward, favour or compensation.

In PNG, HIV/AIDS peer education work and the formation of sex worker action groups has invited police harassment and violence (Jenkins 2000)

Sex workers have identified their priority need as protection against police harassment.

(Christine Stewart, Gender Relations Centre, Research School of Pacific and Asian Studies, The Australian National University, Working Paper No 19 Prostitution and homosexuality in Papua New Guinea : Legal, Ethical and Human Rights Issues

http://rspas.anu.edu.au/grc/publications/pdfs/WP_19_Stewart.pdf (Accessed on 17/4/2007))

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

Discussion questions:

- Which areas of SRH and HIV/AIDS responses are legislated for?
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?

There is a lower legal marriage age (16 for boys and 14 for girls) with parental and court consent. However, customary and traditional practices allow marriage of children as young as age 12, and child marriage was common in many traditional, isolated rural communities.

(Bureau of Democracy, Human Rights and Labor, U.S Department of State (2006) Papua New Guinea Country Reports on human Rights Practices – 2006
<http://www.state.gov/g/drl/rls/hrrpt/2006/78787.htm> (Date Accessed 17/4/2007))

Is there any specific legislation for marginalised and vulnerable groups¹? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?

In matters of sexuality, the law reform arena is emotionally charged and heavily influenced by such factors as fear of HIV/AIDS, fundamentalist Christian doctrine and ethnic shame. Among the most popular and influential beliefs at present are those which construe prostitution as a sin and a source of HIV infection; and which insist that homosexuality is a sin and an expatriate import not previously known in PNG societies. In this context, it may be difficult to accomplish reform of the laws criminalizing prostitution and homosexuality. The likeliest route could be to emphasise the HIV/AIDS control benefits to be gained from decriminalisation.

(Christine Stewart, Gender Relations Centre, Research School of Pacific and Asian Studies, The Australian National University, Working Paper No 19 Prostitution and homosexuality in Papua New Guinea : Legal, Ethical and Human Rights Issues
http://rspas.anu.edu.au/grc/publications/pdfs/WP_19_Stewart.pdf (Accessed on 17/4/2007))

- To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?

Qualitative issues have been taken into account in dissemination of materials (can no longer be prohibited on ground of being 'obscene') and also in confidentiality - now enshrined in law with penalties, under the prevention section it is unlawful to deny a person access to means of protection which includes literature on HIV transmission and other such prevention materials, it also deals with 'negligent HIV transmission' – disclosing one's status to partners and taking preventative measures

(Devon Peavoy, 2005/2006 Pacific islands AIDS Foundation 'Understanding Papua New Guinea's HIV/AIDS Management & Prevention Act 2003'
<http://www.pacificaids.org/grafx/UnderstandingPNGlaw.pdf> (Date Accessed 17/4/2007))

- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)

Key questions:

¹ Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

Yes.

The government's second national strategy on HIV/AIDS is the PNG multi-sectoral strategy framework for the national response to the HIV/AIDS epidemic (2004-2008.) It was developed with the goal to reduce the HIV/AIDS prevalence rate in the general population to below 1% and by at least 1% by 2008. It also has the goal to improve care for those infected and minimize the social and economic impact of the epidemic on individuals, families and communities. Initially the seven priority areas were: treatment, counselling, care and support; education and prevention; epidemiology and surveillance; social and behavioural change research; leadership, partnership and coordination; family and community support; and monitoring and evaluation. Recently through consultation an initiative of the government saw the further inclusion of gender as a priority area.

(Response to "The HIV/AIDS Crisis in Papua New Guinea" Medical Net Website
<http://www.news-medical.net/?id=21911> (Accessed on 17/4/2007)

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

Promote Gender Equity - Issues of gender are embedded in all policies, plans and training courses of the AUS AID support project.

National Aids Council - National HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf

Objective 2

To target interventions to groups at particular risk, using culturally acceptable methods, to keep HIV prevalence in these groups below 5 per cent by 2008.

Strategies

1. *Implement special advocacy and education programmes targeted to particular groups (youth, sex workers, parents, women, men, political and traditional leaders, men who have sex with men, people living with HIV, etc).*
2. *Reach all at-risk groups with relevant preventative services.*

(National AIDS Council Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

The project has a strong prevention focus... The project campaigns this year have recognised the social dimensions of health through the focus on reducing stigma and discrimination and addressing violence against women... The project particularly targets vulnerable populations such as young people and women and extensive training for youth and women with follow up have been implemented this year

National Aids Council - National HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf

To reduce incidence and rate of STIs in risk populations to 5% and the general population to 3% by 2008. Prevention and education services must address both the high-risk groups and the general

population in culturally appropriate ways. To target interventions to groups at particular risk, using culturally acceptable methods, to keep HIV prevalence in these groups below 5 per cent by 2008. Reach all at-risk groups with relevant preventative services.

(National AIDS Council Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

The high risk groups in the country include sex workers, Men who have sex with Men, men and women of the discipline force, military personnel, dock workers, sailors, truck drivers and security men.

National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS Monitoring the Declaration of Commitment on HIV/AIDS*, January 2004 – December 2005
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (date accessed 30/4/2007)

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

In light of the passage of the HIV/AIDS Management Law, address the issue of confidentiality, including partner notification, and contact tracing, and develop appropriate guidelines as related to counselling and referral services.

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

15. Does the national policy on VCT address the needs of girls and young women?

It is clear that young people are disproportionately at risk of HIV infection in Papua New Guinea. Between 1987 and 2003, sixty-three per cent of all Papua New Guineans diagnosed with HIV infection (where age was recorded) were aged between 16 and 34 years. The majority of these people will have been infected some years prior to diagnosis.

(National Aids Council - National HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 17/4/2007))

16. Does the national protocol for antenatal care include an optional HIV test?

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

18. Is there a national policy that protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

A need for a closer look at HIV within the country with a gender lens has been recognised : 'The socio-economic realities, and behaviours moulded by cultural and sexual practices as well as the gender dimensions of the HIV epidemic in PNG presents ideal conditions for the rapid spread of HIV and other sexually transmitted infections (STIs). This is already evident with the exponential growth of the epidemic over the last fifteen years. All sectors of society need to work together by taking positive steps in addressing the epidemic in the next five to ten years.'

'The generally low status of women and the special health risk they face as well as sexual violence places them at a higher risk of HIV infection.'
'There are particular gender aspects of this national vulnerability.'

Education and Prevention

Objective 2

To target interventions to groups at particular risk, using culturally acceptable methods, to keep HIV prevalence in these groups below 5 per cent by 2008.

Strategies

3. *Implement special advocacy and education programmes targeted to particular groups (youth, sex workers, parents, women, men, political and traditional leaders, men who have sex with men, people living with HIV, etc).*
4. *Reach all at-risk groups with relevant preventative services.*

Advocacy and participation

1. *Support strategic advocacy at all levels of leadership, including local, traditional leaders and women.*

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

National data about HIV/AIDS is disaggregated by WHO, AUS Aid and other aid agencies

Discussion questions:

- **To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?**

Increased Participation by Stakeholders

There has been increased participation of stakeholders in the response through workshops as well as other forums. The Media Workshop, Women and HIV/AIDS Workshop, as well as discussions with organisations such as the PNG Harbours Board and the West New Britain Palm Oil Company are some examples. The Media Workshop and the ensuing announcement of the Media Awards for best coverage of HIV/AIDS issues by print and electronic media journalists have contributed to the rising profile of HIV/AIDS in the country. More people are now aware of the issues surrounding HIV/AIDS and increasingly those in positions of power are recognising the potential impact of the epidemic.

PNG National HIV/AIDS Support Project (NHASP), Milestone 79 - Annual Plan, January 2005 – October 2005

Other positive outcomes from project initiated interventions, for example the Women and HIV/AIDS Workshop, include strengthened capacity of women to participate actively in the response. In Morobe Province a follow-up consultation and networking meeting with all women's groups in the province has been held resulting in activities to be undertaken in the lead-up to World AIDS Day and in the coming year. In New Ireland, weekly education sessions at the market have been conducted by the workshop participants, and a follow-up workshop to generate women focused activities for the province has been held. Similarly the women of East Sepik province have submitted an activity grant application for women-focused activities as a result of the dissemination of information from the Workshop. Women will also take a leading role in the planning of the 2004 WAD and will spearhead activities relating to the theme of Women, Girls and HIV/AIDS.

The PNG Harbours Board has made a commitment to the response by approving the provision of sites at all sea ports for the placement of billboards. The same commitment has been made by the

West New Britain Oil Palm Company through, not only the erection of billboard at strategic sites, but through education and awareness involving PLWHAs. There has also been an increased interest from the private sector to be more actively involved in the response. OK Tedi Mine and Papindo Company have both offered to provide billboard sites.

Wider engagement with leaders

An important group which has received an increased level of focus has been religious leaders, in recognition of the role churches play in the reduction of faith-generated stigma. Building on a Women and HIV/AIDS workshop for Women's Representatives on the PACS, which created interest in related issues, a mini-campaign on Women, Girls and HIV/AIDS is also being developed to be run prior to WAD 2004.

(National Aids Council - National HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 17/4/2007))

- **To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?**

Partnership – in general HIV/AIDS is also being developed to be run prior to WAD 2004.

(National Aids Council - National HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 17/4/2007))

- **To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?**

Involvement in forums and special measures to protect them HIV/AIDS is also being developed to be run prior to WAD 2004.

(HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 17/4/2007))

- **What does school-based sex education cover? Does it help to build young people's confidence and skills, as well as knowledge?**

Report of An Evaluation of the Impact and Effectiveness of the PNG HIV/AIDS Awareness Program in Selected Secondary Schools in the National Capital District. This study interviewed 1700 teenagers and reported that the awareness programs had been very effective in reaching secondary school students. It also identified a number of actions which should be taken as a follow on from the Awareness campaigns.

(HIV/AIDS Support Project Annual Plan HIV/AIDS Council http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 17/4/2007))

School programmes for youth recognise the need to integrate education about HIV and STI in their curricula and are integrating age appropriate materials. The schools, however, lack resources, teachers are untrained, and parental attitudes are often negative. Education programmes for out-of school youth need to be expanded further to reach a greater proportion of young people outside of the formal education system including the general community.

Incorporate life-skill education into all HIV prevention, care and support programmes especially among young people in school

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp. [http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

- To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or 'blaming' specific groups for HIV/AIDS?
- To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?
poor antenatal care (only 43% of births are supervised);
- What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?
- Overall, how are relevant policies applied in practice? What are the 'real life' experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?
- How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES² (number of programmes, scale, range, etc)

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

22. How many SRH clinics or outlets are there in the country?

The need for quality SRH information and services on PNG is high.

<http://www.maristopes.org.uk/www/whats-new.htm> (Date accessed 17/04/2007)

23. At how many service points is VCT available, including for young women and girls?

Voluntary counselling and testing (VCT) was only available in clinical settings

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.

[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

In 2004, the National AIDS Council with the support of the National HIV/AIDS Support Project developed the first community-based VCT services

Clinton's Words of Wisdom to PNG, Islands Business Website

http://www.islandsbusiness.com/islands_business/index_dynamic/containerNameToReplace=MiddleMiddle/focusModuleID=17203/overrideSkinName=issueArticle-full.tpl

Objective 3

To establish at least two sites for VCT services in each province that are easily accessible to people

² (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

by 2008.

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

24. Are male and female condoms available in the country?

*Make condoms widely available and accessible to people and promote appropriate use
Develop and enforce condom marketing strategies*

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

Low levels of condom availability and use

Responding to HIV/AIDS in Papua New Guinea AUSTRALIA'S STRATEGY TO SUPPORT PAPUA NEW GUINEA 2006–10

In a recent United Nations Development Fund for Women (UNIFEM) article on HIV/AIDS in PNG (accessed through the Internet), the author (unnamed) observed that "...during 2000, condoms were not available on a regular basis in many health centres" (5).

(PNG Med J 2002 Mar-Jun;45(1-2):128-133 Sexually transmitted infections: a medical anthropological study from the Tari Research Unit 1990-1991 JENNY HUGHES1
<http://www.pngimr.org.pg/Sexually%20transmitted%20infection%20in%20Tari%20-%202002%20mj.pdf> (Date accessed 17/4/2007))

Near total absence of condoms in rural areas, where most people live and where most people infected with HIV are located.

(Project Number 39033 March 2006 Proposed Asian Development Fund Grant Papua New Guinea: HIV/AIDS Prevention and Control in Rural Development Enclaves Project
<http://www.adb.org/Documents/RRPs/PNG/39033-PNG-RRP.pdf> (Date accessed 17/4/2007))

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

Provide adequate HIV rapid test kits for all antenatal and family planning clinics in the country.

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

Mother-to-child transmission (MTCT). Guidelines and protocols are in place, however, the biggest problem is the availability of adequate space for private and confidential counselling and also availability of counsellors at the PMGH antenatal clinic. There is no treatment or prophylaxis available for children, nor is post-exposure prophylaxis available for health-care workers and rape victims.

PMTCT that was confined to the main hospital in the capital city in 2003 has expanded to 6 other hospitals in the country in 2004 - 2005. Only 2.5% of HIV positive pregnant women were given ARV treatment to prevent mother to child transmission of HIV compared to none in previous years. PMTC has started to make an in-road in rural health institutions and there are very few records available for comparative studies with urban centers.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (Date accessed 30/4/2007))

27. At how many service points are harm reduction services for injecting drug users available?

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

A young person has been trained as a Community Theatre trainer, and has been actively involved in building the skills of other young people in WHP and other provinces Leadership Workshop, which aimed to facilitate the establishment of youth networks in the provinces organisations have shown interest in youth focused activities as a result of the publicity that the workshop received and through continued reporting of HIV/AIDS activities by the media which has focussed attention on youth issues. A number of youth related activities have taken place conducted by AUSAid, NGOs and other organisations (religious) e.t.c.

(2005 National HIV/AIDS Support Project Annual Plan HIV/AIDS Council
http://staging.nacs.org.pg/resources/documents/Annual_Plan_05.pdf (Date accessed 30/4/2007))

29. At how many service points are ARVs available to people living with HIV/AIDS?

To make ARV treatment available and accessible to at least 10 per cent of people currently infected with HIV and AIDS throughout PNG by 2005 and 25 per cent by 2008

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.
[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

PLHA reported that they had not been able to access training in a range of areas that they thought relevant to their capacity to contribute to HIV responses including positive prevention.

Discussion questions:

- What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond 'ABC' strategies? Do programmes cover social issues (e.g. early marriage)?
- To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?

- To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?
- Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?
- How available is prevention information and support for girls and young women living with HIV/AIDS?
- How available are HIV prevention 'commodities' (e.g. condoms)? How are they distributed?
 - How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?
 - Overall, what does the availability of HIV prevention services mean in practice? What are the 'real life' experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?
 - How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES (location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

In many cultures (within the country), women form an underclass, with reduced access to food, cash, and other resources. Almost 50% of health and educational services are provided by churches but they usually encourage male dominance as a Christian value. Few services address the needs of women affected by sexual and domestic violence.

Men employed in the development enclaves are normally provided access to health services from the operator's clinic, but their family members are not always included. By expanding the private operators' health services to more people in the community and rehabilitating non-operational public health clinics in rural areas, far more women will receive...

Asian Development Bank, HIV/AIDS Prevention and Control in Rural Development Enclaves, October 2005

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

33. Are VCT services free for girls and young women?

34. Are approximately equal numbers of females and males accessing VCT services?

35. Are STI treatment and counseling services free for all girls and young women?

36. Are condoms free for girls and young women within government SRH services?

37. Are ARVs free for all girls and young women living with HIV/AIDS?

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

The STI training modules address gender and attitudes of health staff.

(National HIV/AIDS Support Project December 2002 Gender Planning Framework
Milestone 36 Australian Agency for International Development)
<http://www.hivpolicy.org/biogs/HPE0011b.htm> (Date Accessed 19/4/2006)

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

The health sector training program has aimed to raise awareness and knowledge of all health workers regarding STI diagnosis and management through district level training, and has negotiated for the inclusion of sexual health training in the PNG Women's and Children's Health Project training program. STI clinic services are encouraged to provide both male and female staff to ensure same gender service providers are available.

(National HIV/AIDS Support Project December 2002 Gender Planning Framework
Milestone 36 Australian Agency for International Development)
<http://www.hivpolicy.org/biogs/HPE0011b.htm> (Date Accessed 19/4/2006)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

School, Education programme exists. Attempt to reach out-of-school youth have been through programs funded by EU, AusAID and UNICEF. The AusAID and EU funded programs are implemented by the Provincial AIDS Committees (PACs), NGO Anglicare - Stop AIDS and Hope Worldwide. These organizations use peer education strategy to reach out-of-school youth with basic information on HIV/AIDS. More than 300 Youth Peer Educators (PEs) in HIV/AIDS have been trained in the capital city and surrounding settlements and Central Province.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (Date accessed 30/4/2007))

Discussion questions:

Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

In 2004 the High Risk Setting Strategy (HRSS) was introduced. In 2006, HRSS was re-branded Tingim Laip. Tingim Laip is an internationally innovative approach that deviated from the common focus on 'high risk groups' or high risk behaviours to focus on the contexts and environments that encourage high-risk behaviours. Tingim Laip builds capacity and empowers communities at higher risk, by providing them with knowledge and tools to better respond to the epidemic.

The high risk groups in the country include sex workers, Men who have sex with Men, men and women of the discipline force, military personnel, dock workers, sailors, truck drivers and security

men.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guin_ea_en.pdf (Date accessed 30/4/2007))

Although a national media campaign has been carried out to reduce stigma associated with HIV/AIDS, there appears to be very little impact, particularly in rural areas. Stigma adheres to sex working women, and their social capital is reduced with families and communities. When these women develop AIDS, they are often abandoned by families. There are many other women who are essentially faithful wives but acquire infections from unfaithful husbands, yet it is they who are shut out from family support.

Asian Development Bank, HIV/AIDS Prevention and Control in Rural Development Enclaves, October 2005

What are the cultural norms around prioritizing females and males for health care?

To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

Yes. Ratified on 31st of March 1993

(Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004*
<http://www.unhchr.ch/pdf/report.pdf> (Date accessed 17/04/07))

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

- **CEDAW –**
Acceded 11th February 1995

(Office of the United Nations High Commissioner for Human Rights – *Status of Ratification of the Principal International Human Rights Treaties (As of 09 June 2004)*
<http://www.unhchr.ch/pdf/report.pdf> (Date accessed 28/03/07))

- **CCM – No, not yet**

(United Nations Treaty Collection [As of 5 February 2002] 3. *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages* New York, 10 December 1962 <http://www.unhchr.ch/html/menu3/b/treaty3.htm> (Date accessed 28/03/07))

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

Its membership comprises 17 government departments, representatives of the private sector through the Chamber of Commerce, the Church sector, non-government sector, the Council of Women, Department of Justice and Attorney General, Department of Finance and Person Living with HIV and AIDS.

National Aids Council website, <http://staging.nacs.org.pg/www/html/128-about-the-png-national-aids-council.asp> (Date accessed 17/04/07)

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

Yes there is a seat on the council for a person living with HIV it was vacant for a while (December 2006)

Most PLHA engagement in HIV programs and activities tends to be at the lower level

(Oxfam, Australia Report
http://www.oxfam.org.au/world/hiv/reports/GIPA_II_PNG_FINAL_REPORT_WEB_Dec_2006.pdf (Date accessed on 17/04/07))

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

The agendas under the 7 objectives were set by people living with HIV and minority groups amongst other. No direct reference to young women and girls.

(National AIDS Council, Papua New Guinea, *Papua New Guinea National Strategic Plan on HIV/AIDS 2004 - 2008*, National AIDS Council Secretariat, n/d, 66 pp.

[http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20\(2004-2008\)%20-%20PNG.doc](http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Philippines/National%20Strategic%20Plan%20(2004-2008)%20-%20PNG.doc) (Date accessed 17/4/2007))

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

Igat Hope, PNG's main positive people's organization has a women's network (Igat Hope's women's network)

Oxfam Australia report

http://www.oxfam.org.au/world/hiv/reports/GIPA_II_PNG_FINAL_REPORT_WEB_Dec_2006.pdf (Date accessed 17/04/07)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

PLHIV involvement is not formally supported by structured training. There is significant agreement amongst service providers and PLHIV as to what barriers prevent greater implementation of the GIPA principle barriers preventing access to training. There is a clear need for access to more training for PLHIV. This will be critical in boosting the capacity of PLHIV to engage in the national HIV response. - need to boost their capacity to contribute to broader HIV initiatives (e.g. public speaking, counselling) The NACS Care and Counselling Unit Advisor outlined a range of training programs conducted through a collaboration between NACS and NHASP that would be of interest to PLHIV.

(Oxfam Australia report

http://www.oxfam.org.au/world/hiv/reports/GIPA_II_PNG_FINAL_REPORT_WEB_Dec_2006.pdf (Date accessed 17/04/07))

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

Discussion questions:

- How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?
- Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?
- Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?
- Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?
- To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within

committees, management groups, etc?

- How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?
- To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?
- How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?

A safe space also needs to be created within society so that PLHA can actively participate in the HIV response at all levels because of stigma and discrimination against PLHIV

(Oxfam Australia report

http://www.oxfam.org.au/world/hiv/reports/GIPA_II_PNG_FINAL_REPORT_WEB_Dec_2006.pdf (Date accessed 17/04/07))

- Overall, how are participation and rights applied in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

In 2003 -2005 awareness of HIV and its main mode of transmission have been widely carried out by NACS/NHASP through television, radio and theater among urban and peri-urban populations. – however little behaviour change In rural communities, HIV awareness in the form of public education at market places, and in other important local public gatherings including drama performances form the main mode of dissemination of information on HIV/AIDS.- The non involvement of community members in assessing situations, practices and culture that can contribute to the spread of HIV/AIDS had contributed to a wide range of misinformation and discrimination against PLWA.

Young people in both rural and urban communities have a false idea about the efficacy of condoms in the prevention of HIV/AIDS.

(National AIDS Council Secretariat Papua New Guinea *United Nations General Assembly Special Session on HIV/AIDS* Monitoring the Declaration of Commitment on HIV/AIDS, January 2004 – December 2005)

http://data.unaids.org/pub/Report/2006/2006_country_progress_report_papua_new_guinea_en.pdf (date accessed 30/4/2007))

- How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

PART 2:

IN-COUNTRY RESEARCH

Focus Group Discussion: 15 - 19 years olds

Age Group: 15 - 19 years (girls)

Number of Participants: 11

Profile of Participants: 2 in school girls, one sex worker, 6 out of school girls all single, one married girl aged 19 years and one community health nurse. The girls come from settlements and villages surrounding Goroka which is the main urban town in Eastern Highlands Province

Location: Goroka, Eastern Highlands Province, Papua New Guinea.

Language used for Focus Group Discussion: PNG Pidgin

Prevention component 1: Legal provision

What do you know about laws in PNG that might affect how girls and young women can protect themselves from HIV? For example do you know about any laws that:

- Allows girls to get married at a young age?
- Do not allows girls and young women to have abortions?
- Prevent girls from using services unless they have the consent of their parents?

The girls are of the opinion that if there are laws in PNG that prevent girls from getting married at an earlier age, these laws are not being enforced. One of the in-school girls remarked that: *"In many rural communities in PNG if a girl gets her first menstruation she is considered to be ready for marriage and parents of the girl are willing to accept bride price from any man who is able to pay a higher fee to marry the girl. We consider this as a customary law, {tumbuna pasin} although it is not a written law it is enforced vigorously and girls have no power to refuse these forms of marriages."*

One of the out-of-school girls also remarked: *"If a girl aged 13 years dropped out of school because of pregnancy, the law enforcing agents do not do any thing about it. They just let it go."*

There are state laws that forbid abortion but girls and young women in most rural areas and in the settlements in the city and urban centers use herbs to terminate pregnancy. The community nurse among the group remarked that: *"When girls who have attempted to terminate pregnancy are referred to the hospital because of excessive bleeding, they are taken care of by the doctors and nurses but they are not referred to the police after that"*

In PNG girls do not need the consent of their parents to access services for prevention of HIV. But most girls feel very shy and also get worried about what people will say about them and therefore they do not access services for HIV prevention.

"Some female health workers will remark that we are too young to access the services as we are not supposed to have sex"

The sex worker in the group said that: *"Sex work is illegal in PNG but the police use their own authority to unjustly punish sex workers and even go to the extent of raping them when found soliciting in the cities and urban centers. We can not report this to the police as they look down on us and will not listen to our complaints."*

Prevention component 2: Policy provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health at school?

All the girls were of the opinion that in the homes, the messages from parents to girls and young women are often too blunt and not to the point, parents often tell girls and young women to look after themselves well, while in reality they wanted to tell girls and young women to delay sex until they get married or not to get pregnant.

"They fail to tell us what we should do to look after ourselves well" One of the in-school girl remarked.

Schools give information about the sexual reproductive organs in Personal Development Studies and in Home Economics, girls learn about family planning methods including condoms. No lessons are taught about sexual relationships or how to deal with sexual advances made by boys and men.

What could the government of PNG do to fight fear about AIDS in your community?

Too much fear is put into awareness programs about HIV and AIDS. If the messages about HIV and AIDS are delivered in such a way as to remove the fear component and to accept people

living with HIV and AIDS in our communities, and to stop the prejudices about condoms use for protection of HIV, our fear about AIDS will be a thing of the past.

Government must fund NGOs and CBOs to help them build capacities of communities to participate in discussions on issues about sexuality and AIDS and find out solutions to solve the problems of HIV/AIDS.

All teacher training colleges should teach prospective school teachers about HIV and AIDS. This will make it easier for these teachers to teach the subject on HIV/AIDS when they start teaching in schools.

Prevention component 3: Availability of services

What sort of HIV prevention services are there for girls and young women in your community? For example where would they go to get information? condoms? treatment of STIs? an HIV test?

Girls and young people like any other person in our communities get occasional awareness programs on HIV prevention information from NGOs and CBOs from Goroka namely Family Health Association, Save the Children in PNG and the Department of Health. Theatre groups from various villages and the Raunraun theatre visit communities to perform theatre on HIV and AIDS.

Condoms are supplied by hospital and Health centers and by NGOs working in the field of HIV and AIDS. Condoms are also sold in few supermarkets and pharmaceutical shops in Goroka.

VCT centers are also available at the hospital in Goroka and at the clinic in Goroka University. Not many girls and young women are aware of the benefits of VCT services as these services have not been widely publicized in the communities.

STIs are treated at all health institutions in and around Goroka. The Michael Alpers Clinic at the Goroka Hospital sees patients with STIs including HIV on Wednesdays and Thursdays.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

In very remote communities that can only be reached by trekking for many hours sometimes days many people in these areas are not very clear about HIV messages. *(Oli no klia long toktok long HIV na AIDS)* Many boys feel that they will not get HIV and they do not take the messages seriously.

One of the out of school girls said: *"If young men and boys can be serious about HIV prevention messages they can help prevent HIV infection among girls and young women by practicing safer sex by using condoms with their sexual partners. Boys and young men do not discuss HIV among themselves and there is a need to introduce HIV Peer Education Programs for boys and young men to help learn more about HIV and its effect on the lives of people in the community and to help them to change their behavior."*

What sort of HIV prevention services would you like more at your community? How would that make a difference?

A majority of the participants were of the opinion that setting up VCT services in the communities would help people to know their HIV status. The married girl amongst the group was of the opinion that if the government would come out with a law that will forbid unnecessary break-up of marriages men will be forced to stay with their wives and this will minimize multiple sexual partnering and reduce the rate of HIV infection.

One of the out-of-school girls stated her opinion that: *"If girls' role models can be identified in each community and can be trained to know more about HIV/AIDS and sexuality and to teach girls and young women in the communities girls' ability to prevent HIV will be enhanced."*

"Condoms both male and female should be distributed in all communities and this task should be given to an NGO to carry it out. If condoms are to be sold they should be cheap so that the unemployed young people would be able to afford to buy them. There should be no time when condoms would not be available at all in any given community."

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

All STI services are accessed in the clinics and through NGOs who work on women's health. The community health nurse among the group stated that: *"At the Michael Alpers' clinic we have*

noticed a sharp increase in the number of people who access STI and HIV treatment services on Wednesdays and Thursdays. The people who come for treatment form a long queue that stretches out from the building to the outside. It is embarrassing for many young people to be seen in the queue” “If the authorities can improve the facility to accommodate people inside the building, many young people will come to use the services”.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is expensive? Too far away? Unfriendly?

One of the out-of-school girls complained that: “Many of my friends who have used the services at the STI clinic have complained that sometimes after waiting in a queue for a long time a nurse will come to tell the remaining patients that they are short of drugs and that patients should go home and come back the following day. Some patients who live very far from the clinic and have to use the public transport to reach the clinic never came back as they were unable to pay for the cost of transportation for the second time”.

Another out-of-school girl complained that: “The attitude of health workers frightens off many girls and young women. Although the services are free the nurses feel that we are too young to access them and that they are meant for adults. Many a times they talk at your back when you go for the services. In PNG tradition, even girls aged 18 years and above and are single are still considered to be under the care of their parents and therefore are not supposed to have sex and should not access HIV prevention services.”

The community health nurse explained that: “Many patients had complained about the attitude of nurses but sometimes it is the fault of the patients and their spouses. When young women come in with STIs and we tell them to bring their spouses or partners they do comply. But the men who in many cases infected their wives or partners are not willing to bring in the women whom they got the infection from, under the pretext that the wife or girlfriend might know the source of the STI and this might result in a fight between the women” “After a while the same women we treated would come back with the same STI that we treated some time ago. This is because the men had gone back to have sex with the girls or women whom they contracted the infection from. This is what sometimes makes the nurses angry and unfriendly.”

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: Unmarried? Out of school? or HIV positive?

*One of the in-school girls said that: It is always difficult for girls in particular to access HIV prevention services because people will always talk about us that we are sex workers (**Pamuk Meri**) or that we are too young to engage in sex. The same also goes for unmarried women. If on the other hand married women go in for HIV prevention services people will think that they are accessing family planning services and they will not talk about them. We worry too much about gossips.”*

The married girl aged 19 years among the group said that: “It is not true that people will think that you are accessing family planning services, because you need the consent of your husband to do so and even if it is HIV prevention services that you are accessing your husband will become offended if he gets to know. Many married women fear to go for HIV prevention services because of this.”

The only sex worker in the group said that: “Not many HIV positive people had made their status known to the public in Goroka but I feel strongly that people are now realizing that HIV positive people are not evil and the fear of AIDS is gradually decreasing. If HIV positive person should access HIV prevention services people will admire the courage of the of the HIV positive person, because they will say that she does not want to spread the virus”

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young men and young women to talk about HIV prevention? If yes what did they involve and what did they achieve?

All the girls agreed that no special effort have so far been made to bring girls and boys, young women and young men together to talk about HIV prevention, but occasionally NGOs visit the communities to conduct awareness on HIV prevention and to do demonstrations on how to put on a condom. One of the participants said that: “Groups come to our communities to talk about HIV prevention and where we can get prevention services and do performances to enlighten us about

HIV and AIDS, but we do not discuss how we can put what they have taught us into practice. They only tell us what to do and all that we do is to listen"

What would encourage you to get more involved in HIV prevention in your community?

The consensus was that if the girls could get more information on HIV and AIDS through workshops and supported by some form of remuneration, they would be strengthened to talk to their peers about HIV prevention. (*Sapos mi kisim save long dispela sik na sampla liklik toea emi ba strongim mi mo yet, na mi ba go aut na toktok long yangpela man na meri istap long place bilong mi*)

One of the in-school girls suggested that: *"Most village elders are ignorant about what they can do to help the community people to avoid HIV and they need to be educated on the roles that they can play to minimize the spread of HIV and other STIs"*

Another in-school girl suggested that the elders can play an important role by supporting young people who have taken upon themselves to educate other young people about HIV and AIDS.

Summary of discussion

(The participants worked in pairs to provide answers to the question below and presented their answers to the whole group. Participants worked in 5 groups, with one group comprising of 3 girls. Each group deliberated on the question for 20 minutes)

What are the 2 - 3 most important changes that could be made - for example by the government or community leaders - to help girls and young women in PNG to protect themselves from HIV?

1. All the 5 groups of girls were of the opinion that setting up a resource centre and equipping the center with HIV prevention materials in each community, with community people's active participation will assist both young men and women including boys and girls to have easy access to HIV prevention materials
2. Community leaders should make available land that young people can use to grow food crops or cash crops to keep them busy in the villages. The food crops or cash crops produced can be sold in urban centers to help young people earn some form of income.
3. Other suggestions were; the provision of literacy classes for illiterate young people in the villages by appropriate NGOs, introduction of mobile VCT centers to cater for village people, in-school girls or young women who become pregnant while attending school should go back to school to complete their education, parents need to be trained to make them able to educate girls and young women about HIV prevention.

Focus Group Discussion: 20 - 24 years olds

Age Group: 20 - 24 years (girls)

Number of Participants: 8

Profile of Participants: 2 in school girls, 2 sex workers, 2 out of school girls all single, 1 employed girl (married) 1 employed girl (divorced) all the girls reside in settlements around Port Moresby. One HIV positive young woman is among the group.

Location: Port Moresby, National Capital District (NCD)

Place of Interview: World Vision compound

Language used for Focus Group Discussion: *PNG Pidgin*

Prevention component 1: Legal provision

What do you know about laws in PNG that might affect how girls and young women can protect themselves from HIV? For example do you know about any laws that:

- **Allows girls to get married at a young age?**
- **Do not allows girls and young women to have abortions?**
- **Prevent girls from using services unless they have the consent of their parents?**

It was not clear to the participants whether the government had actually enacted laws to help protect girls and young women from HIV. They were of the opinion that girls and young women always use their own initiatives to protect themselves from HIV. One of the sex workers remarked that: *"If a client refuses to use a condom after you have offered him one and he forces to have unprotected sex with you, there are no grounds for you to lay a complaint. The police will only tell you that it is your fault and you should not have agreed to have sex with him in the first place. The police will normally say "After all he paid you well and why should you come to complain? Shame unto you!"*

The participants were not sure whether there are laws that allow girls to marry or forbid girls to marry at an earlier age. They all agreed that when girls reach a mature age (after first menstrual period) they are considered to be women. They can marry and have children of their own and nobody can stop them.

All the participants were aware that abortion is a criminal act and so, it is carried out secretly. The married young woman said: *"No girl or young woman that I know of had ever been charged by police under this law."* The remaining young women agreed to the assertion.

All the participants agreed that girls and young women are free in PNG to use HIV prevention services and that; there are no laws to stop them using these services. They also agreed that some churches forbid girls and young women from using contraceptives.

Prevention component 2: Policy provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health at school?

The in-schools young women said that HIV and AIDS are taught at school and the lessons are centered on sexual and reproductive organs, signs and symptoms of STIs, what is HIV? what is AIDS? and how to prevent the spread of HIV. Some topics also cover how HIV is not spread and why one should not fear a person infected with HIV. The out-of-school young women were not taught about HIV and AIDS while they were at school. The sex workers learnt all about HIV and AIDS from their sex workers organization. (*Friends Frangipani*). Lessons on relationships, sex and AIDS did not feature in the HIV education program in schools.

What could the government of PNG do to fight fear about AIDS in your community?

The participants were of the opinion that the fear of AIDS is more common in rural areas where many people have not come into contact with PLWA who have come out voluntarily to talk about their experiences with HIV. Greater exposure to PLWA will help allay the fears that community members have about the disease. One of the out-of-school young women remarked that:

"If Government will put more funds into organizations caring for PLWA and to make it possible for those living with the virus to travel to areas where the fear of AIDS is rife and to talk to community members about 'Living with HIV' many people will change their attitudes towards those living with the virus."

When asked what kind of message PLWA should give to the members of a given community, there was a lengthy discussion about the topic. The consensus was that PLWA always talk about the bad experiences like discrimination and rejection they experienced from friends and some relatives and the compassion shown to them by their parents, few friends or the churches they go to. In many instances the audience tends to have pity on PLWA rather than getting a positive message to do something about their own situation. One of the in-school young women said that: *"HIV positive people who are on ARV and living positively should spend more time talking about the benefits they are getting from ARV, the good food and how they are taking care of themselves and the encouragement they are getting from the churches and the organization they belong to. They should encourage people to go for VCT and to practice positive living if they tested positive to HIV. These are the messages that will make an impact in the community and do away with the fear of AIDS."*

All the participants were of the opinion that PLWA will make a difference if they launch a campaign based on the above assertion.

Prevention component 3: Availability of services

What sort of HIV prevention services are there for girls and young women in your community? For example where would they go to get information? condoms? Treatment of STIs? HIV test

The participants all contributed in naming the HIV services available in their communities. The services named included VCT, referrals, peer education, outreach program, Condom supply and STI treatment facilities at Poro Sapot project for sex workers and their clients. Drop in center, VCT, referrals and condom supply at World Vision. Anglicare Stop AIDS provides the following services: condom supply, Counseling Training, Peer educators training, VCT and Home Based Care training. The Provincial AIDS Committee that coordinates the activities of all agencies that work on HIV/AIDS also gives information and conducts training and referrals of people who need assistance to other NGOs. Hope Worldwide PNG, distributes condoms, conducts HIV/AIDS education programs in schools, VCT at 9-mile Clinic and treatment with ARVs. The NACS has placed several condom dispensers in some offices in the city and other outlets in the settlements surrounding the city. In addition to the Heduru Clinic at the General Hospital in Port Moresby, all clinics in the city and the surrounding suburbs including private hospital and clinics treat STIs. Girls and young women can access HIV prevention services from these places.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

The participants were of the opinion that the radio and TV adverts that were carried on vigorously during the past 4 to 5 years had made it possible for boys and young men to know about HIV prevention services. One of the in-school girls said: *"It has become a fashion for boys in our school to carry condoms in their wallets. Whether they use them for sex I cannot tell."* One of the out of school girls said: *"Boys and young men in our community do not take HIV and AIDS messages seriously. They make home brew, drink and get very drunk and start to harass girls and young women. Some of the boys and young men smoke marijuana and behave similarly. We call them 'Drug Bodies' and many of them don't like the term. I doubt whether they will use condoms to cover their sexual acts in that state of mind"*

The participants were of the opinion that many boys and young men will prefer to have unprotected sex unless asked to wear a condom. The other sex worker in the group mentioned that boys aged between 16 - 20 years come to offer them money for sex and some of them do not even know how to put on a condom. The consensus was that if boys and young men will remember to use condoms for all sexual acts and refrain from drinking home brew and smoking marijuana they can help protect girls and young women from HIV.

What sort of HIV prevention services would you like more at your community? How would that make a difference?

The participants were divided on this issue, while one group would like to have condoms stored and distributed at the community level, others were advocating for establishment of VCT centers in all communities and the need to test all members of the community for HIV. They finally agreed that their communities need to be involved directly in planning strategies to combat HIV. Since HIV became a problem in PNG community members have not been given the chance to air

their views about combating the disease. They were of the opinion that if communities develop their own strategy based on the knowledge they have about HIV and AIDS they will be in a better position to implement their own programs to make a difference.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

The participants had different experiences. Among the in-school girls their experiences were very few as they have not by themselves accessed any HIV prevention services, except female and male condoms given to them by members of NGO who visited the school to give a talk on HIV and AIDS.

Among the sex workers their experiences were good as they always obtain supply of condoms upon demand from any of the NGOs who carry out HIV and AIDS prevention programs. They also obtain VCT voluntarily at any of the venues that provide those services. They mentioned that the attitudes of the service providers were good and they received treatment of STIs without being ridiculed.

The divorced employed girl did not access HIV prevention services but always insisted on the use of condoms by her boyfriend. The employed married girl knew of married women who accessed condoms with the main aim of having sex with other men for money which they used for the upkeep of their family as their husbands did not provide them with enough money.

The out-of-school young women expressed the concern that it was easier to access condoms and VCT from NGO service providers. They were unwilling to go to the hospital or clinics where there were always many people and the chances of meeting someone they knew were very high. They have also heard from friends that girls and young women were not treated fairly when they visited these places.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is expensive? Too far away? Unfriendly?

All the participants knew that HIV prevention services are free in PNG, but not many girls and young women knew where to access these services. In Port Moresby because programs have been established for sex workers it is easier for sex workers to access these services. The services are in the various areas in the city and are easily accessible. Only young women and girls who have to travel from villages far from the city sometimes find it difficult to access these services. But in spite of this, condoms are available with 'Outreach Volunteers' established under the 'Poro Sapot Project' to supply condoms to sex workers in sites where they operate. Girls and young women who are not sex workers can also obtain condoms from the Outreach Volunteers.

One of the sex workers had this to say: *"Our main problem is not where to access HIV prevention services but the constant harassment from police if we keep condoms in our bags. Policemen in Port Moresby sometimes conduct instance checks on us and if they find condoms in our bags, they get annoyed and force us to chew the condoms. If we refuse they beat us up. Because of this practice by policemen, many sex workers fear to carry condoms in their bags."*

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: Unmarried? Out of school? or HIV positive?

Many girls and young women in PNG feel shy to access HIV prevention services. If prevention services like condoms are given to them in secrecy with no onlookers around they will not hesitate to take the condoms. One of the out-of-school girls remarked: *"Girls and young women are more concerned about what they think people would say about them than taking measures to avoid HIV. I don't know how we can change this attitude."*

The participants were of the opinion that HIV positive person with a support group will not find it hard to access HIV prevention services. In areas where discrimination against PLWA is rife, the HIV positive person will find it hard to access HIV prevention services if he/she is not sure of not meeting someone who is aware of his or her status at the place where she will access the HIV prevention services.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young men and young women to talk about HIV prevention? If yes what did they involve and what did they achieve?

There have been no projects that have brought young men and young women or girls and boys together to talk about HIV prevention. The churches do organize youth fellowships that involve girls and boys and young men and young women coming together to discuss issues, and HIV has not been given much prominence in these discussions. In the National Capital District the NACS is currently involved in encouraging sports men and women including young sports men and women to mainstream HIV prevention activities into their sporting programs.

What would encourage you to get more involved in HIV prevention in your community?

One of the sex workers who is also an Outreach Volunteer for Sapot Project had this to say: *"Although I have received training on HIV and AIDS, what motivates me to work is not the money I get, because I get only about K50.00 (US\$16.00) a month. But the recognition that the project has given me had made me to continue to work. For example the project has given me a T-shirt with the project's logo, a bag that I use to store condoms for distribution, a cap to wear and constant supply of condoms from the project office to where I live. All these have contributed to give me some status in the community and many people in our community who want information about HIV and AIDS always come to see me."*

The other participants agreed that a well informed young woman or girl will be able to stand firm and talk to other girls and young women about HIV and AIDS in their communities and that knowledge about HIV and AIDS is very important.

Summary of discussion

What are the 2 - 3 most important changes that could be made - for example by the government or community leaders - to help girls and young women in PNG to protect themselves from HIV?

(The participants worked in pairs to provide answers to the question above and presented their answers to the whole group. Participants worked in 4 groups. Each group deliberated on the question for 20 minutes.)

Two groups recommended that NGOs working in the field of HIV and AIDS should develop programs for HIV prevention targeted to girls and young women aged 15 - 24 years. The NGOs should work together to ensure that duplication of work is avoided and coverage is increased.

All the groups mentioned the establishment of user friendly clinics that provide privacy for girls and young women. The clinics should provide services like information desk, VCT, treatment of STIs, ARV and condom supply.

The groups also recommended that condom use must be encouraged and Government must enact a law to make condom use compulsory for sex acts that occurs outside marriage. Community leaders must support the idea of keeping condoms in communities for use by girls and boys and young women and young men. The law should also make it an offence for elderly men to entice girls and young women with money in order to have sex with them.

Focus Group Discussion - Young Men aged 20 - 24 years

Age Group: 20 - 24 years (young men)

Number of Participants: 8

Profile of Participants: 2 in-school young men, 2 out-of-school and unemployed young men, 3 employed young men (night security guards) and 1 church youth leader.

Location: Port Moresby, National Capital District (NCD)

Place of FGD: World Vision compound

Language used for Focus Group Discussion: *PNG Pidgin*

Prevention component 1: Legal provision

What do you know about laws in PNG that might affect how girls and young women can protect themselves from HIV? For example do you know about any laws that:

- **Allows girls to get married at a young age?**
- **Do not allow girls and young women to have abortions?**
- **Prevent girls from using services unless they have the consent of their parents?**

The young men were not aware of any laws that allow girls to marry at an earlier age but mentioned that there might be laws that do not allow girls or young women to have abortion. The youth leader among the group said that abortion is against God's laws and is a 'big sin'. They have not heard of any girl or young woman who have been taken to court for having an abortion. They however know about laws that forbid teenagers from buying alcohol or cigarettes. These laws, they explained are not enforced in many areas. The youth leader remarked that: *"The liquor outlets operate 'Black Markets' and they sell beer at any time to anyone who has money to buy, they don't look at the age of the customer. They are only after the money they will make"*.

One of the security guards said that in reality young men and young women less than 18 years of age are not allowed to enter night clubs in PNG. He further stated that many night clubs in Port Moresby ignore this and allow girls as young as 14 years to go to these places while they prevent boys of similar age from doing so. He concluded that: *"If girls and young women are infected with HIV, one of the sources might be from night clubs where they meet infected older men and end up sleeping with them"*.

The participants were not aware of any laws that prevent girls from using HIV prevention services unless they obtain consent from their parents. They were all of the opinion that girls normally feel too shy to access HIV prevention services.

Prevention component 2: Policy provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health at school?

The participants all agreed that the present knowledge that they have about HIV and AIDS were from the radio, newspapers, TV and pamphlets. At school lessons on sexual reproductive health were on the reproductive organs taught under biology. Lessons on relationships, sex and AIDS were not taught at school.

What could the government of PNG do to fight fear about AIDS in your community?

The fear of AIDS was a big problem in the past and many atrocities were carried out in remote villages against PLWA who went to their home-villages from the cities, after learning about their HIV status. The fear of AIDS nowadays is preventing many people from accessing VCT facilities, as AIDS is regarded as a disease which brings shame to the extended family.

The participants were of the opinion that the current awareness program is not doing much to allay the fears that people have about AIDS. Community leaders must be trained and equipped with the correct information about HIV and AIDS. The leaders would then be in a position to talk to their people about AIDS using the local language. Local level government councilors must also be trained to do the same.

Government must fund NGOs and CBOs to carry out this work in the communities. Stringent accountability of funds must be put in place to ensure that the funds are used properly.

Prevention component 3: Availability of services

What sort of HIV prevention services are there for girls and young women in your community? For example where would they go to get information? Condoms? Treatment of STIs? HIV test

The participants were not aware of any specific HIV prevention services for girls and young women. HIV prevention services that they knew of like condom distribution centers, VCT centers and treatment of STIs could all be easily accessed by girls and young women. One of the in-school young men said that: *"If the services are not accessed by girls and young women it is because they feel shy that people will see them and talk."*

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Boys and young men in the communities are knowledgeable about HIV prevention services. But many boys feel reluctant to access these prevention services. The participants agreed that many factors might contribute to this kind of attitude. The participants agreed that some boys and young men will not accept condoms when given to them in public because they feel very shy. Others feel that condoms are not safe but they can't resist the temptation of having sex. While some boys will not handle condoms at all because it is against their religion and they feel condoms promote promiscuity.

The participants were of the opinion that boys and young men think only about themselves and they have not even thought about the role they should play in supporting girls and young women to protect themselves from HIV infection. The participants came to the conclusion that: *"If boys and young men could refrain from making and drinking home brew, growing and smoking marijuana, and make it a point to learn and understand HIV and how it is prevented, many girls and young women will be spared the ordeal of violence, rapes and gang rapes (line-ups) that are common in PNG society today."*

What sort of HIV prevention services would you like more at your community? How would that make a difference?

The topic was discussed at length and the consensus was that lessons on HIV and AIDS should be taught in all schools in the country. Many settlements in the suburbs of Port Moresby have Community Halls where the Local Level Councilors and elders of the community meet to discuss issues concerning the community. Part of these halls could be converted into small resource centers to keep materials like condoms (male and female), pamphlets and brochures on HIV and AIDS and manned by a trained volunteer who will conduct referrals of community people who needed specific services like VCT or treatment of STIs to centers providing these services. These resource centers can come under the Provincial AIDS Committee in each of the 20 provinces in the country.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

All the participants agreed that HIV prevention services are not available in their community and these services can only be accessed in the city of Port Moresby which is not far. It is only 9 - Mile Settlement that has a clinic and therefore services can easily be accessible. Their experiences vary from participant to participant. At the 9 - Mile clinic male condoms are displayed openly in a container placed at the clinic. People help themselves to the condoms and one does not need to ask for permission from the health worker to do so. The same applies to the 6 - Mile Clinic and the Heduru clinic in Port Moresby General Hospital. Not many people take the condoms when the clinic is full of people probably due to shyness.

The participants again said that if condoms could be given out in secrete many boys and young men will take them and use them.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is expensive? Too far away? Unfriendly?

All the participants said they did not anticipate any barriers when they go to access HIV prevention services in areas in the city where these services are available. This is because condoms are displayed openly for people to pick. VCT centers are friendly and the counselors are more than happy to assist people who need to know their HIV status. The only barriers associated with accessing HIV prevention services have more to do with boys and young men accessing the services, than with service providers. Shyness and fear of knowing one's HIV status are high on the list of the barriers that prevent many boys and young men from accessing HIV prevention services. The same applies to girls and young women.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: Unmarried? Out of school? or HIV positive?

According to the participants only brave unmarried girls and out of school girls will find it easy to access HIV prevention services. One of security men remarked that: *"When girls move in a group they are able to do many things that they can not do if they act individually. They can collect condoms as a group but individually they will feel shy to do the same."*

HIV positive person whose status is known by members of his/her community will find it difficult to access HIV prevention services, if people in that community still discriminate against PLWA. He/she can access HIV prevention services from NGOs caring for PLWA.

When asked whether it will be harder or easier for particular boys and young men to access HIV prevention services, the participants agreed that it will be harder for in-school and out-of-school boys because some service providers will think they are too young to access HIV prevention services like condoms. Service providers will be more than willing to provide VCT services to boys in school and out-of-school.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young men and young women to talk about HIV prevention? If yes what did they involve and what did they achieve?

The participants were not aware of any project in their communities that had brought girls and boys or young women and young men together to talk about HIV prevention. One of the out-of-school and unemployed young men stated that: *"The only times young men and women come together in our community to do something concerning HIV and AIDS is when a theatre group visits our community to stage a play on HIV and AIDS. We are only there as part of the audience and not as a special group to talk among ourselves about HIV and AIDS "*

What would encourage you to get more involved in HIV prevention in your community?

One of the security men had been trained as a peer educator and carries out awareness programs on HIV and AIDS among his workmates. He also distributes condoms to them when they are available. He explained that: *"I will be more involved in HIV prevention if management recognizes the work I am doing as a peer educator and gives me some time off to collect materials like condoms and pamphlets for my workmates."*

The participants agreed that the person involved in HIV prevention activities at the community level must be a good role model with exemplary character for other young people to emulate. Young men and young women will listen to such a person more than a person with a dubious character. The participants were of the opinion that all people involved in HIV prevention activities at the community level must be supported by the community elders and all the community people.

Summary of discussion

What are the 2 - 3 most important changes that could be made - for example by the government or community leaders - to help girls and young women in PNG to protect themselves from HIV?

(The participants worked in pairs to provide answers to the question above and presented their answers to the whole group. Participants worked in 4 groups. Each group deliberated on the question for 20 minutes.)

All the 4 groups mentioned that the law that does not allow girls under 18 years to visit night clubs need to be enforced in the country. Government must ensure that night club owners are punished if they do not abide by this regulation.

NGOs must be funded to carry out community based HIV prevention programs that target young people and provide services like condom distribution, VCT and treatment of STIs. Sporting activities that keep young people busy, and at the same time help to improve their health, must be introduced in all communities in the country.

HIV prevention programs must be introduced in all schools. Out-of-school young people can be reached with the same program to enable them to learn how to protect themselves from HIV. Faith Based Organizations must be encouraged to involve young people in the development of programs that will protect girls and boys, young women and young men from HIV infection.

General

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

In PNG there are no HIV prevention programs for girls and young women. The vulnerability of this group has been shown to be real in studies that had been carried out in the country. The quarterly reports on HIV reported cases in the country show the same trend of increase. Things are not getting better as many girls and young women have not been reached with correct messages on HIV prevention.

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

PNG has no laws that makes HIV prevention for girls better. The existing laws in the country that protect the rights of girls and young women came to be in existence before the advent of HIV and AIDS in PNG. Apart from the HIV/AIDS Management and Prevention Act (HAMP) there are no specific laws that protect girls and young women from HIV. Abortion and sex work are illegal in the country. Girls can marry at an early age and laws that are supposed to protect them from early marriage are not enforced.

There are no laws that require girls and young women to get the consent of their parents before accessing reproductive health services.

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

Because sex work is illegal, in towns, cities and rural communities where NGOs working with sex workers do not operate, girls and young women engaged in this vocation find it difficult to access HIV prevention services. There is no legislation restricting married or unmarried women from accessing HIV prevention services. The same applies to in school and out of school girls and young women. PLWA do access HIV prevention services, as it is illegal to infect someone knowingly with HIV under the HAMP Act.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

Sex work should be legalized and abortion should be permitted upon request and counseling so that it can be performed well by qualified medical officers. Laws that disallow marriage at an earlier age must be enforced.

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better and worse?

Current policies on antenatal care do not take HIV into consideration. Pregnant mothers who are positive can therefore opt out from VCT to the detriment of the baby. A policy to guide the establishment of VCT centers in all health institutions in the country must be introduced and VCT for all antenatal mothers must be made compulsory.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

UNFPA funded the development of Teachers Training Manual on Sexual Reproductive Health Education to be used in all schools. There are two parts of the manual one is a Facilitator's manual and the other is a Facilitators Resource Book. The books are currently used in all schools in the country. Sexual and reproductive health and rights were not covered by the books. HIV Life Skills resource Book has been developed with the help of the Global Fund and is currently being reviewed before it is introduced in schools.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should introduce a policy that makes it compulsory to teach HIV Life skills in all schools. There should also be a policy that enables young people to have access to contraceptives including condoms. Youth friendly centers with an information desk on HIV and AIDS,

and VCT facilities including treatment of STIs should also be established as a matter of priority to make it possible for girls and young women to have access to HIV prevention services.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

Although condoms are supposed to be available free of charge in all health institutions many Faith Based Health facilities refuse to keep and distribute condoms. Only few shops (Pharmacies) sell condoms in the country. In many areas where pharmacies are not available condoms are not sold. The price of condoms in these shops is very high. VCT centers are now being scaled up but only in urban centers. STI facilities are available in all health centers including health centers in rural settings. PMTCT is gradually being introduced in the country.

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

VCT services, condom supply outlets and treatment of STIs are available to sex workers in four urban centers in the country. PLWA have own organization in the capital. The organization is in the process of scaling up its activities to cover other towns and cities in the country. Only few NGOs are working with orphans. No HIV prevention services are available for out-of-school girls and young women.

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There are no information packages or services on HIV prevention tailored exclusively for boys and young men in the country. Radio spots, TV programs and advertisement on HIV and AIDS in the newspapers are meant for the general population. Information on condoms, VCT sites in the country, PMTCT and treatment of STIs are all featured by the media. The impact of these messages on the conduct of boys and young men towards girls and young women is unknown. *"One can only guess that if these HIV prevention messages have made an impact we should expect a reciprocal reduction in rapes, a reduction in new HIV cases and a reduction in sexual and physical violence against girls and young women. But the opposite is the norm and all the above indices are increasing each day in the country, making the situation of girls and young women very bleak and chaotic indeed"*

11. Overall what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Condoms must be made available to all sectors of the population. Special programs targeting young people in rural areas must be established using young people's own initiatives. VCT services for young people should be extended to the rural communities in PNG.

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

HIV prevention services are free in PNG but location, lack of privacy, language used by counselors, attitude of service providers and fear that confidentiality might be breached are some of the main barriers that make it difficult for girls and young people to access HIV prevention services. The fear of knowing one's status also prevents many girls and young women for accessing VCT services. Shyness and fear of gossips from friends and acquaintances prevent girls and young women from accessing condoms.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

HIV prevention services are harder to access by all women especially girls and young women. It is even harder if a girl or a young woman is married. Husbands feel cheated if their wives access these services without their consent. Wives are accused of infidelity by husbands if they access HIV prevention services.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

There is lack of respect for girls and young women in PNG society and this is even reflected in the political arena as very few women had ever elected to Parliament during general election. The government must act to increase women representation in Parliament. *"The respect for girls and young women in the home surrounding should be encouraged so that boys and young men can take on the responsibility of protecting girls and young women rather than assaulting them."*

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

The artificial restrictions placed on girls and young women in accessing HIV prevention services by husbands and parents must be done away with through education programs on this issue. The establishment of Youth Friendly centers that provide HIV prevention services for girls and young women should be established in earnest.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

Although PNG is a signatory to CRC and CEDAW, the government has done very little to improve the situation of girls and young women in the country. Girls and young women are always in constant fear of assault by men and their movements are curtailed. Government must work towards incorporating the commitments into the national legal framework to make it possible to implement CRC and CEDAW and other international legislations that protect girls and young women.

17. To what extent is the national response to AIDS 'rights based'?

The national response to AIDS did make mention of some rights of PLWA but not much was documented on rights of girls and young women. Programs specifically designed to uphold the rights of girls and young women are lacking in the national response.

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

Older PLWA are involved in decision-making about AIDS at the national level. The involvement of girls and young women including those living with HIV, in decision-making process about AIDS is nil.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

"The voices of girls and young women will not be heard and their involvement in programs on HIV prevention will not be realized unless the government makes a special to formulate a policy that directs all agencies working in HIV programs to include the direct involvement of girls and young women in their programs."

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

Through the efforts of donor agencies, and the Global Fund (GFATM), PNG has funds to fight AIDS. The problem is how to channel the funds to reach community members at the lower end of the ladder. Government must find out means of making money available in rural areas to implement HIV prevention programs for girls and young women.

There is also lack of net-working among agencies implementing HIV prevention programs. This has resulted in duplication of programs and deceleration of the HIV prevention scaling-up process. Agencies implementing HIV prevention programs must communicate more with each other.

Faith Based Organizations who are strongly against the use of condoms for HIV prevention must not refuse to distribute condoms in the health institutions that they manage. They must be made aware that refusing to deliver this HIV prevention service is against the HAMP Act.

**One-to-one Interview: Male - UNAIDS
Country Coordinator,**

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

Girls and young women continue to bear the brunt of HIV infection in PNG. At the end of 2006 the total number of people diagnosed with HIV in the country reached over 18,000. For females the most common age at diagnosis is in the 20 - 24 year and 25 - 29 year age groups. In males the corresponding figures are 25 - 29 and 30 - 34 year groups. *"More girls in the age group 15 - 19 year and young women in the age group 20 - 24 year groups are diagnosed with HIV than boys and young men in the same age groups. This statistics do not give the overall picture of what is happening in the country. This is just the tip of the iceberg. Things are not getting better and the HIV situation is gloomy indeed for girls and young women in PNG."*

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

In PNG there are laws that prohibit rape, incest, child abuse that can protect girls and young women from HIV infection. These laws are however not fully enforced in the country. Girls and young women also feel reluctant to report cases of abuse, incest and rapes for fear of being reprimanded by family members especially if the perpetrators of these offences happen to be one of the family members.

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

Legislation against sex work has driven many sex workers underground in PNG making it difficult for them to access prevention services. Stigma and discrimination against PLWA in PNG is high and many PLWA do not access HIV and STI prevention services. There are no laws that restrict any category of girls or young women from accessing HIV prevention services in PNG.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

The current laws in PNG if enforced to the fullest can bring the greatest improvement to HIV prevention for girls and young women. Sex work need to be decriminalized to allow sex workers to have easy access to HIV prevention services. The NACS need to implement the National Gender Policy and Plan on HIV and AIDS (2006 - 2010) that was developed in 2006 as a supplement to the National Strategic Plan on HIV and AIDS (2006 - 2010)

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better and worse?

There is a newly developed policy on HIV prevention for antenatal mothers. Condom distribution is a protocol that is supposed to be practiced in all health institutions in the country. VCT centers are being scaled up in hospitals, health centers and clinics in the country. If these new developments are accompanied by the relevant advocacy targeted to girls and young women accessibility to these facilities and services by girls and young women will improve considerably and this will help make things better for girls and young women.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

UNFPA funded the Department of Education (DoE) to produce a Teachers Training Manual on Sexual Reproductive Health Education. The manual has been distributed into all schools in the country and teachers are using them to teach Sexual and reproductive Health (SRH). UNAIDS in 2006 carried out an assessment to find out the extent to which the manual had addresses issues on HIV life skills and sexual and reproductive health rights. These aspects of SRH were not covered to the fullest by the manual. UNAIDS is assisting the DoE to develop HIV and AIDS Life Skills Resource Books for Teachers for teachers in grades 6 - 12. The books will go on trials in November 2007.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The Department of Education (DoE) has developed HIV/AIDS Policy for the Education System in PNG. This policy recognizes the vulnerability of girls and young women to HIV infection. The policy also recognizes the need to develop appropriate teaching and learning resources that are gender sensitive to support the school curriculum. Based on the aforementioned policy the government must ensure that DoE uses these strategies to develop plans and to implement programs to minimize HIV infection among girls and young women in schools.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

HIV prevention services are not available specifically for girls and young women. All services e.g. VCT, condom distribution, care and support, STI treatment and ARVs are available in some urban centers in PNG. Girls and young women have equal access to these services like any other person in PNG.

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

PNG established the first operational research targeted to sex workers in 1996. The country now has more than 7 projects targeted to sex workers in 5 urban areas in PNG. There are plans to scale up these programs to cover areas like mining and logging enclaves, oil and gas exploration sites, large factories and plantations where sex workers are known to operate. PLWA have their own organizations and attempts are being made to enroll PLWA in the country to join these organizations.

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

HIV prevention services are available for boys and young men than for girls and young women. For example there are more male condoms given out free of charge than female condoms. Boys and young men use VCT services more than girls and young women. Boys and young men are less likely to be ridiculed when they access HIV prevention services compared to girls and young women. Although boys and young men have more access to HIV prevention services than girls and young women the rate of condom use is still low in the country.

11. Overall what types of services most urgently need to be increased to improve HIV prevention for girls and young women?

Stakeholders working on HIV prevention and care must go to scale with VCT and advocate on behalf of girls and young women to increase their access to these services. *“Go beyond the ABC messages and establish more services that can easily be accessed by girls and young women. For example establish same sex VCT and STIs treatment centers. Provide and promote the use of female condoms. Promote more open discussions of sexuality by using mixed sex and as well as same sex groups. Conduct awareness with young men, boys, young women and girls about the risks of early marriage, age mixing in relationships, physical and sexual violence against women, sexual harassment in school and workplaces, child sexual abuse and exploitation, incest and polygamy.”*

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

In PNG girls and young women have less access to education, and are restricted in their income-earning opportunities, have limited rights to land and property ownership, and therefore more dependent on men for their economic survival. *“Customary payments at marriage are seen as giving men the right to control their wives and children. The sexual double standard expects women to be monogamous and faithful, while allowing men to have multiple wives and sexual partners.” “Women are vastly under-represented in public life and leadership at all levels”* All these factors act as barriers that lower the self esteem of girls and young women and make it extremely difficult to access HIV prevention services.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

HIV prevention services are harder for all types of girls and young women in PNG. Poverty and dependence on men for their survival put girls and young women at a greater risk of acquiring HIV. Moreover the culture of silence and taboo of not talking about sexuality make it even more difficult for girls and young women to discuss issues that put them at risk of acquiring HIV. *“Even if the services are available girls and young women feel too shy to access the services provided and compounded by the fact that violence against girls and young women are rife accessing the services alone does not protect them from rapes and rough or violent sex whether within marriage or outside it. In PNG, research has found that half the victims of rape are less than 16 years old”*

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

“Empathy is the main life skill that is missing in PNG society. Boys and young men do not have sympathy for girls and young women. They find it difficult to visualize the trauma and shame that a girl or young woman who have been sexually abused goes through. This makes it difficult for boys and young men find the roles they have to play to make access to HIV prevention services easier for girls and young women.” If boys and young men will minimize violence against the opposite sex and learn to respect girls and young women, if boys and young men will be strong advocates of gender equality, and become role models against sexual violence, girls and young women will be protected from HIV infection in PNG.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Increase resources for prevention of HIV. Explain why VCT and treatment with ARV is a prevention tool and encourage young people to access these services.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

The PNG Medium Term Strategic Plan (MTDS) recognizes that 'reversing the course of the HIV epidemic will depend, to a significant degree, on.....empowering women.' In addition the government has signed a number of international conventions and agreements committing it to work towards gender equality in general. CEDAW, DEVAW and CRC are examples of some of the conventions and agreements signed. How these conventions are applied in PNG to protect girls and young women are yet to be established.

17. To what extent is the national response to AIDS 'rights based'?

To a large degree the rights of women living with HIV have been given some recognition in the national response. PMTCT is saving many children whose parents are HIV positive from becoming infected with the virus.

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

The involvement of girls and young women including those living with HIV in decision making about AIDS at the national level is limited. Young positives do not have their own organization and they operate under one main PLWA organization that comprise of both young and old.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Support the establishment of a forum for girls and young women both in schools and out of schools. The government should invest resources into existing women groups in the country to work with girls and young women by empowering them to get involved in national decision making process about HIV and AIDS. In order to achieve this girls and young women should be empowered through training programs in life skills to enable them to communicate effectively, and to make critical decisions about HIV prevention. Then put girls and young women in the driving seat and give them the resources, support and power that go with that responsibility and make them accountable to what is needed in their society to address HIV and AIDS. Girls and young women should be encouraged to take the response to rural communities where the majority of the disadvantaged girls and young women live.

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

In PNG it is not an issue of funds, but rather how to make the funds work to address the issue of HIV infection in a more comprehensive manner. It is important that funds for HIV prevention programs be channeled to provincial levels, district levels and to the various communities in the country. If this happens girls and young women will benefit from HIV prevention programs.

HIV Life skills education should be scaled up to reach all young people in PNG. This will enhance empowerment of young people and make it possible for young people to take responsible decisions to avoid HIV infection.

Cultural practices that promote the spread of HIV must be discussed at length with young people and community leaders. These cultural practices can then be modified to make them safe or abolished all together.

One to one interview with Manager (Male) Community Care & Counseling, National AIDS Council Secretariat

General

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

The HIV epidemic in PNG has been with us for over two decades now.

"In my opinion the HIV comprehensive national response started too late and it is only in the past 5 years or so that efforts have been made to address HIV issues that affect all sectors of the population. Probably the situation of HIV prevention for girls and young women might be getting worse as no programs have been designed specifically for these groups of vulnerable women"

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

In PNG the HIV/AIDS Management and Prevention (HAMP) Act was enacted by Parliament in 2003. This legislation protects all girls and young women living with HIV and AIDS irrespective of their status in society. There may be other laws in PNG that can protect girls and young women, but most of these laws are not being enforced rather the police make their own laws to mete out unjust punishment on girls and young women found soliciting.

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

Law enforcement agents in PNG feel reluctant to enforce laws that can protect girls and young women.

"If girls and young women are sexually assaulted by men and the case is reported to police by the girls and young women, the police in many instances fail to take action on the mere pretext that the girls and young women are prostitutes (Two-kina-bush meri) and they deserve to be assaulted."

Faith Based Organizations do exercise some form of protection by their teachings but these do not go a long way to deter those men who commit these offences on girls and young women.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

The existing laws are adequate to bring improvement to HIV prevention for girls and young women. What is lacking is the enforcement of these laws and introduction of new punitive measures against all those who violate the human rights of girls and young women.

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better and worse?

In PNG protocols on condom distribution, antenatal care, and VCT are all in existence. What is needed to make HIV prevention better for girls and young women is to find a strategy to change the attitude of service providers. Service providers are overwhelmed by large number of clients seeking assistance and with low wages and no incentives they easily become frustrated and tend to be hostile especially to girls and young women who seek for assistance. Many girls and young people do not visit VCT centers because of this reason.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

There are resource books for teachers to teach sex education. New materials are being developed to introduce HIV/AIDS Life Skills Education in schools. *"In PNG teachers are regarded as second parents to students, and because it is a taboo for parents to discuss sexual matters with their children, many teachers feel reluctant to teach topics on sex education and HIV/AIDS."* Many schools are administered by Faith Based Organizations and teachers in these schools do not give the full information on HIV prevention to students.

"For example these schools explain the ABC concept of HIV prevention as; A = Abstinence, B = Being faithful and C = Christian principles. Condoms are not mentioned at all in these institutions."

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

In PNG family units and the churches play important roles in the upbringing of girls and young women. The formulation of a policy by the government to recognize these roles and to develop the capacity of these institutions to mainstream HIV prevention in all activities that these groups carry out will help to improve HIV prevention for girls and young women.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

HIV prevention services are available in all health institutions in the country although not specifically for girls and young women. *"There are VCT sites in all 20 Provincial Hospitals in the country. Other HIV/AIDS NGOs and CBOs in the provinces also provide VCT services. In all there are 39 VCT accredited centers and 6 non accredited centers that carry out VCT in the country."*

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

HIV prevention services are available for sex workers under programs implemented by Save the Children in 2 cities and 2 urban areas. World Vision runs a drop in center for sex workers in Port Moresby and the Seven Days Adventist (ADRA) also runs skill development project for sex workers in Lae. The Igat Hope Incorporated runs services for PLWA and is in the process of expanding to other areas in the country. Services for orphans are offered by some churches. UNICEF has carried out a study on Families and Children affected by HIV/AIDS and other Vulnerable Children in PNG.

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There are no HIV prevention services as such for boys and young men. HIV prevention has been mainstreamed into sporting activities in major towns and cities that can reach out to boys and young men. Save the Children is carrying out HIV prevention programs for Men who have sex with Men in the capital city. All these programs can reach boys and young men. It is not known how these programs affect the situation of girls and young people in PNG.

11. Overall what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

New HIV prevention intervention programs targeted to girls and young women need to be developed as soon as possible. HIV Life Skills Education that empowers girls and young women to make good decision to protect them from HIV must be introduced in schools. NGOs, CBOs and FBOs must also introduce HIV Life Skills to all out of school youth in PNG. The government must make a genuine effort to increase funding for these efforts.

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

HIV prevention services are free in PNG. One important barrier is access to these services. In rural communities the services are non existence. Transportation costs to urban areas where the services are available are prohibitive and girls and many young women will not be able to afford. *"Service providers act as 'window dressings' that can attract people to access the services provided. Hostile attitudes shown by some service providers towards girls and young women tend to create fear and discourage them from accessing HIV prevention services"*

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

In PNG situation HIV prevention services always tend to be harder for married young women. Culture and male dominance as practiced in PNG society make it difficult for young married women to access HIV prevention services. Girls and single young women feel shy to access HIV prevention services.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Family units need to be educated on how boys and young men can act to protect girls and young women. The subjugation of girls and young women starts from the family unit and if this practice is not stopped, boys and young men will not make any effort to protect girls and young women from HIV. *"All boys and young men must cover their sexual acts with condoms."*

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

"The disparity of HIV infection among young women and young men has been known for a long time and yet nothing has been done about this. The government must empower and fund NGOs, CBOs and FBOs to make HIV prevention among girls and young women a priority area and to design innovative programs to address this."

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

PNG is a signatory to both the CRC (1993) and CEDAW (1995). It is not clear how these commitments are being applied in the country. UNICEF in collaboration with Department of Community Development has embarked on large scale birth registration scheme for PNG. Family and Sexual Violence Organization and Family Health Association in Lae and Goroka do carry out aggressive campaigns aimed at stopping discrimination and violence against women.

17. To what extent is the national response to AIDS 'rights based'?

The National HIV/AIDS Strategic Plan (2006 - 2010) has undergone an audit probing by global gender experts. Many gaps in gender matters were addressed when the NSP went through this process.

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

Girls and young women are not represented in the decision-making body on AIDS at the national level. There are plan to increase the representation on National AIDS Council of PLWA from one to two (one female and one male).

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

In PNG the voices of girls and young women are not heard. We only hear the voices of the rich or politicians who hardly speak about the plight facing girls and young women. *"There is the need to create a special platform for girls and young women to air their feelings about how society treats them and they should be allowed to make plans and supported by Government with funding to implement the plans."*

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

*"I will advocate for a strategy with the acronym **OPEN**.*

*NGOs and CBOs must agree to take **O**wnership of programs targeted to girls and young women. The NGOs and CBOs must agree to work in **P**artnership with girls and young women to plan, develop and implement programs on HIV prevention. Under the programs **E**mpowerment of girls and young women must be one of the main priority areas that should be covered. **N**etworking with other agencies that provide services for HIV prevention and advocate for the rights of girls and young women must be pursued in earnest."*

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

Things are not getting better, because the same messages on HIV prevention are being circulated over and over again and they are so monotonous that the audience including girls and young women feel reluctant to listen to them anymore. *"Some of the messages are not clear. If these things don't change our girls and young women will continue to be in the dark and the HIV infection rate among them will continue to rise."*

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

There are laws in PNG that can protect girls and young women from HIV, but these laws are not effective. Tradition in PNG allows girls to marry at the age of their first menstrual period. *"Sex work is illegal but this law does not protect girls and young women who do not engage in sex work from HIV infection. Men who buy sex are not covered by this law and girls and young women continue to be infected with HIV"*

Abortion is illegal but girls and young women who terminate pregnancy are not prosecuted. Girls and young women can access sexual and reproductive health services without their parents consent.

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

In schools young women and girls are taught about HIV and STIs and the knowledge acquired can protect them against HIV more than any legislation and the in-school girls are less vulnerable than out-of-school girls and young women. Men who rape girls and young women are more likely to be prosecuted in a court in urban areas than in rural areas. This however does not mean that there are less rapes in urban centers in PNG. In rural areas the laws on rapes are not strictly enforced. *In PNG the legislation pertaining to deliberate intent to infect a partner with HIV in marriage or otherwise is yet to be tested in court.*

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

"Enact laws to abolish polygamy, and strengthen legislations that recognize the rights of women in PNG and empower female youth leaders through training to advocate on behalf of girls and young women based on existing legislations."

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better and worse?

Antenatal care, condom distribution, VCT and STIs treatment are all free and available for everybody. Young women and girls accompanied by their mothers or aunties do make use of antenatal care services. But due to shyness, the fear of what friends will say and attitude of service providers, only few girls and young women make use of the other free services.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

In Goroka FHA and Family Voice teach Grade 8 students on basic facts about HIV and AIDS, the effects of teenage pregnancies, STIs, VCT, relationships and where to access services. We do not teach them about their rights to sexual and reproductive health but we do lay emphasis on services available and that, no one has the right to stop them from accessing these services.

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

"HIV and AIDS education should be introduced in all schools in the country as a matter of priority and as in line with the Department of Education's policy on HIV/AIDS developed in 2005."
"School teachers feel reluctant to teach topics on sexual and reproductive health and on HIV and AIDS. A special training should be organized for teachers to assist them to gain confidence while teaching these subjects."

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

In Goroka and its network of health centers and clinics in the province, girls and young women can access services like male condoms, female condoms (when available) and information on STIs treatment. VCT and antiretroviral treatment are available in Michael Alpers clinic and few major health centers. PMTCT services are available only in Goroka hospital.

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

The protocol used in administering HIV prevention services in the country are not based on particular types of girls or young women. In Goroka, Kainantu and along the Highlands Highway, Save the Children provides HIV prevention services for sex workers and girls and young women engaged in sex trade can benefit from these services. Both unmarried and out-of-school girls can access services from health institutions and from NGOs working in the field of HIV and AIDS. HIV positive girls and young women can access HIV prevention services from major hospitals and health centers. The Clinton Foundation provides services for PLWA in Goroka.

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

"Apart from the education program we provide for Grades 8 students in Goroka, Save the Children have Peer Education Program for Young People in Goroka, Lae and Kainantu." "Boys and young men are not doing much to protect girls from HIV infection. I am of the opinion that if boys and young men know more about HIV and AIDS they will cover their sexual acts with condoms and protect girls and young women from HIV infection."

11. Overall what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

"Based on my work as a clinic nurse, I am quite optimistic that if special VCT sites are made available for girls and young women 15 - 24 years of age, many of them will give their consent to be tested and access other HIV prevention services. There should also be outlets in the communities where information on HIV, AIDS and STIs written in the local dialect can be obtained by all young people."

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

The attitude of some service providers and friends of girls and young women act as barriers that prevent girls and young women from accessing HIV prevention services.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

It is easier for in school girls to access HIV prevention services if they have been taught about HIV and AIDS at school. The same does not apply for out-of-school girls in PNG. It is easier for unmarried young women to access HIV prevention services than married young women. In PNG most married women especially those living in rural areas will need the consent from their husbands to access HIV prevention services.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Boys can make HIV prevention easier for girls and young women, if they use condoms consistently with their girl friends during sex.

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Create literacy programs for out-of-school girls and young women in rural communities who cannot read nor write. Use the community leadership platform to reach out to girls, young women, boys and young men, and help to organize a forum in rural communities and in settlements in urban centers to talk about HIV/AIDS, sexual issues facing young people and HIV prevention. Help young people to plan strategies to combat HIV.

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

There are both international organizations and local NGOs that advocate on behalf of children based on the ideals of CRC, similar organizations like the Women Voice, YWCA and others also advocate on behalf of women and vehemently condemn violence against women. *"In spite of all these we have not received any positive feed back on impacts that these advocacies have made."*

17. To what extent is the national response to AIDS 'rights based'?

"Although the national response is tackling HIV and AIDS at all fronts, most people are yet to know how to deal with PLWA. Discrimination and stigmatization against PLWA are still rife in the country"

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

"If I can recollect correctly, I don't think girls or young women have ever been involved actively in the decision making process about AIDS at the national level. Those living with HIV have been involved but as to the level of involvement it is hard for me to say"

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Train girls and young women role models on CRC and CEDAW and any other conventions and legislations that focus on the rights of girls and young women. Fund the trained role models to organize meeting in the communities to discuss how to implement issues raised by these conventions and legislations.

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

Increase the literacy rate and employment skills among girls and young women by funding NGOs and CBOs involved in these activities to enable them to scale-up training programs in all communities in PNG.

Set community based resource centers where girls and young women can obtain information on HIV and other materials like condoms needed for HIV prevention.

Create separate units in all antenatal clinics and in all facilities of NGOs that deal with the health of women to cater for the health needs of girls and young women. Publicize the existence of these units in schools, churches, among sporting groups and in the communities to ensure that girls and young women make use of services provided by these units.

Government must give full recognition to NGOs and CBOs that work with girls and young women. Special allocation of budgetary funds must be made available to these organizations to help them provide HIV prevention services to girls and young women.

**One-to-one interview: Co-coordinator (female) of PLWA Organization in the capital city of
Papua New Guinea**

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

"In my opinion I don't think there has been any progress in the general situation of HIV prevention for girls and young women in PNG. There are no specific programs on HIV prevention targeted to girls and young women in PNG". In PNG we seem to be too general in our HIV awareness programs. The HIV prevention programs seem to operate on the basis of "One coat fits all"

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

In PNG there are Child Protection laws that forbid marriage among girls less than 18 years of age, and abortion is also illegal. These laws are however not enforced and the relationship of these laws to HIV prevention is not known to law enforcement agencies. Sex work is illegal but discussions are going on by the government and the National AIDS Council not to de-criminalize sex work.

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

Legislation in PNG protects girls and young women from sexual harassment and abuse by adults. The courts in PNG jail men who have had sex with juveniles, involved in incest and rapes. These laws however do not differentiate between the category of girls and young women who fall prey to these attacks nor do they relate to their HIV status.

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

In PNG the existing laws when enforced will prevent many girls and young women from HIV. These laws need to be explained to girls and young women to empower them to seek redress when they encounter problems relating to their rights. Sex work should be decriminalized to enable girls and young women engaged in the sex trade to access services that can protect them from HIV and other sexually transmitted infections.

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better and worse?

Antenatal care, condoms distribution and VCT are carried out in some health institutions and by NGOs in the country. Girls and young women have all the right to access these services. Girls and young women however feel shy or are afraid to access these services.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

Only basic education about HIV and AIDS is taught at school. The same also applies to girls and young women out of school. Parents because of taboos find it difficult to talk to their children about sex and sexuality.

"Because the knowledge gained through the school and out-of-school programs is too shallow or superficial, we leave our girls and young women vulnerable to peer pressure and therefore not able to protect themselves from HIV."

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should legislate to introduce 'Well Clinics' in the country where both young and old can have access for free medical check ups. If this step is taken girls and young women will receive better care and they will be encouraged to take pro-active steps to prevent illness including HIV infection.

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

In the cities antenatal care, free condom distribution and sale of condoms, ARV treatment, PMTCT and VCT centers are available at no cost to the recipients. In some urban areas these services are gradually being introduced for the general population. Unavailability and cost of transportation make these services inaccessible to a majority of people in the country including girls and young women. The services are virtually unavailable in rural settings in PNG.

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

There are no specific HIV prevention services for unmarried young women or out of school girls. There are however HIV prevention services for sex workers in cities and some urban areas. In some urban and rural areas in PNG services for HIV prevention are not available for the general public including girls and young women.

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Boys and young men in PNG do not pay much attention to HIV prevention. Boys and young men are part of the audience who receive information on HIV prevention from mass media and the general awareness programs carried out by NGOs and CBOs. There is no special program on HIV prevention for boys and young men.

"I don't think these HIV prevention programs have changed the negative attitude that most boys and young men have towards girls and young women in the country, rapes including gang rapes and other forms of violence against young women and girls are daily features in the newspapers in PNG."

11. Overall what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Girls and young women throughout the country should be empowered through meaningful HIV prevention programs that lay emphasis on condom use or delay of sexual debut. Life skills education in HIV prevention should be compulsory for all young people in the country. Young people should take part in planning these education activities.

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

Lack of information about what kind of HIV prevention services are provided by the various health institutions and NGOs and CBOs engaged in HIV work prevent many girls and young women from seeking for assistance from service providers. Location of existing services, lack of privacy, confidentiality and poor referral system are barriers to girls and young women participation in HIV prevention programs.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

HIV prevention services are available for everybody to access. But the availability is limited and only city and urban dwellers can have easy access. In rural areas the services are not available.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Currently boys and young men play no role at all in making HIV prevention services easier and better for girls and young women. *"Condom use rates among boys and young men are very low. If boys and young men can resolve to reduce the number of female sexual partners they have and to use condoms consistently, it will make it easier for girls and young women to prevent HIV infection."*

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

"In my field of work, I have embarked on a nation wide exercise to recruit PLWA and to help them form their own organization as a subsidiary of the organization that we have in Port Moresby. If I am successful many PLWA including girls and young women will have access to prevention services, proper care and treatment with ARV"

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

PNG is a signatory to both CRC and CEDAW but subsequent Governments in the country over the years, have done very little to implement them.

17. To what extent is the national response to AIDS 'rights based'?

Although the guiding principles of the National Strategic Plan on HIV/AIDS (2006 - 2010) states clearly that the rights of all PNG citizens as enshrined in the national constitution, must be the basis for the delivery of all services relating to HIV and AIDS very little has been done in this regard. The NACS is now in the process of setting up a Gender Desk to oversee issues on gender.

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

Girls and young women are not involved at any level of government in decision-making about HIV and AIDS. PLWA are represented on the CCM and play important roles in planning HIV prevention activities.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Girls and young women need to be trained to be able to express their concern logically and meaningfully. *"If girls and young women are represented on the bodies that make decisions about AIDS, we will not like to see them show their young and beautiful faces only, but we will also like to hear and listen to their voices too"*

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

Government must enact legislations to nullify cultural and traditional practices that condone the suppression of girls and young women and give freedom to girls and young women to express their views in matters pertaining to marriage, education and employment.

Donor organizations in PNG must design special programs that target girls and young women in HIV prevention and assist local NGOs and CBOs to implement these programs

Community leaders, boys and young men must be educated and supported to protect girls and young women in the communities from rapes and other forms of violence against women.

One-to-one interview: Female Advocate Living with HIV in Port Moresby - PNG. Appears on the National Television to talk about her experience of living with HIV; also as a singer and guitarist she performs live concerts in PNG

1. What is your impression about the general situation of HIV prevention for girls and young women in PNG? Are things getting better or worse..... and why?

Girls and young women especially those living in rural communities are more likely to be illiterates compared to boys and young men of the same age group in Papua New Guinea. The Government has not done much to correct this disproportion and the gap seems to be widening. With girls not going to school and their inability to access correct information about HIV and AIDS put them at a greater risk of acquiring HIV and other STIs. *"Things have not changed much in PNG since independence about 30 years ago. I strongly feel that with increase in the population of illiterate girls and young women things will be getting worse"*

Prevention component 1: Legal provision

2. In your opinion what laws in PNG are making HIV prevention for girls and young women better or worse?

There are laws in PNG that can make HIV prevention for girls and young women better but these laws are not been enforced. Laws on rape, gang rapes, incest are not fully enforced if the victim happens to a girl or young woman and the perpetrators of these crimes go escort free without being persecuted.

"Perpetrators of rapes and other forms of violence against girls and young women in rural settings are often judged by village court magistrates who mete out punishment in a form of paying compensation to the relatives of the victims. The girls or young women who were raped get nothing"

3. How does the legislation affect different types of girls and young women and their vulnerability to HIV?

Sex work is illegal in PNG and the police make it their duty to arrest and prosecute girls and young women who carry condoms as evidence for soliciting. Many girls and young women have been jailed in the past under the false interpretation of this legislation and many girls and young women fear to carry condoms thus increasing their vulnerability to HIV infection.

"In PNG girls and young women can use sexual and reproductive health services without the consent of their parents, but many of them feel too shy to access HIV prevention services"

4. Overall, what laws could the government change, abolish or introduce to bring the greatest improvement to HIV prevention for girls and young women?

"Because Government can not provide enough opportunities for unemployed girls and young women to earn a decent living, sex work must be legalized and government must provide prevention services including periodic medical check-ups and legislation to cover consistence and compulsory condom use by clients of sex workers to ensure that all sex workers are protected from HIV"

Prevention component 2: Policy provision

5. What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling and testing - make HIV prevention for girls and young people in PNG better or worse?

Government policies and protocols provide antenatal care, free condom distribution, VCT and treatment for STI for all women including girls and young women. But most of these services can be accessed easily in cities and urban centers. A majority of the services are however not available in rural areas of PNG. Government protocols and policies do not provide exclusive HIV prevention services for girls and young women. Unavailability of HIV prevention services in the rural areas where the about 83% of girls and young women reside make matters worse for girls and young women.

6. Do girls and young women - and also boys and young men receive any type of official sex education? For example what are they taught about their sexual and reproductive health and rights while in school?

"At school girls and young women and also boys and young men receive some form of education on reproductive organs and sexually transmitted disease. But sexual and reproductive rights are not taught probably due to the inability of teachers to teach the subject or the affiliation of the school to a religious body that does not want the subject taught in the classroom."

7. Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The first cases of HIV were diagnosed in 1987 and few laws that protect young women from rape, sexual exploitation and violence against women were already in place and protection from HIV

was not mentioned. The HAMP Act introduced in 2003 was centered on rights of PLWA and not much was written on HIV protection for girls and young women. *"If the government can come out with a policy that enables girls and young women and also boys and young men to present themselves for medical check-ups free of charge at least twice before they attain the age of 25 years many young people will be obliged to protect themselves from HIV."*

Prevention component 3: Availability of services

8. What type and scale of HIV prevention services are available for girls and young women in PNG?

There are more male condoms than female condoms in the country. Male condoms are kept in special dispensers placed in some strategic areas in the cities and some urban centers. They are free of charge. Information on STIs treatment are available in brochures produced by NACS. VCT, ARVs and PMTCT services are present in all major hospitals in the country and gradually making in-roads into urban health centers through the training of health staff on PMTCT, VCT and ARVs.

9. What type and scale of HIV prevention services are available for particular types of girls and young women?

There are no specific HIV prevention services for out-of-school or unmarried girls and young women. Girls and young women who are in the sex trade can access HIV prevention services from Save the children in Port Moresby, Lae and Goroka. A drop in center for sex workers have been established by World Vision in Port Moresby. PLWA have their own organization *"Igat Hope"* in Port Moresby and new ones have been established in Lae, Madang, West New Britain and Milne Bay provinces. *"I feel there is a strong need to establish PLWA organization for young positives. This is because our needs are different. For example while I am planning to further my education next year, the elderly positives will be more concerned about how to look after their children or who will look after their children when they are no longer around."*

10. What type of and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

HIV prevention services and information are available for everybody and not specifically for boys and young men: *"From my own experience as HIV and AIDS Counselor, I feel boys and young men do not take HIV information and HIV prevention services seriously. We can change these attitudes if we can involve boys and young men in the establishment of youth friendly centers on HIV prevention. Many young men and boys will change their attitude towards girls and young women if they make use of services provided by these centers."*

11. Overall what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Carry out a mass treatment of STIs for young people and provide job opportunities for girls and young women who have dropped out of school. Strongly appeal to girls and young women using the mass media, schools and churches to delay sex and provide condoms (female) to young women and girls.

Prevention Component 4: Accessibility of services

12. What are the main barriers to girls and young women using HIV prevention services in PNG?

In both rural and urban settings the location of services, the lack of privacy, the fear that confidentiality will be breached and the attitude of service providers all serve as barriers to girls and young women using HIV prevention services in PNG. In addition the fear of what friends will say about them when they access these services makes it difficult for girls and young women to access HIV prevention services.

13. Are HIV prevention services easier or harder for particular types of girls and young women to access?

In PNG both married and unmarried girls and young women find it difficult to access HIV prevention services. The same applies to in school and out of school girls and young women. HIV positive girls and young women in urban centers can access HIV prevention services from the drop in centers.

14. What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Boys and young men and girls and young women find it difficult to talk to each other about sexuality and consequences of unprotected sex. Condom use is also not discussed. *"If boys and young men and girls and young women can be taught HIV/AIDS Prevention Life Skills they will learn assertive and negotiation skills to use these skills to prevent HIV."*

15. Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

"It will be better to consult girls and young women before planning to make prevention services available to them. Girls and young women will then direct what HIV prevention services they will need and how they will like to access these services."

Prevention component 5: Participation and rights

16. How are international commitments (such as the Convention of the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in PNG?

CRC and CEDAW are not effective in PNG. Children are not taught about their rights when they are in school and girls and young women are not taught about CEDAW. The government is not making any special efforts to implement these international commitments.

17. To what extent is the national response to AIDS 'rights based'?

The rights of PLWA are constantly abused especially in rural areas where information about HIV and AIDS is scanty. The sexual and reproductive health rights of women living with HIV are not addressed by the National AIDS Policy for PNG. The National AIDS policy is centered more on married women and not on girls and young women.

18. To what extent are girls and young women - including those that are living with HIV - involved in decision-making about AIDS at the national level?

There is very poor participation of girls and young people in decision making about HIV and AIDS at the national level. Girls and young women including those living with HIV are also not represented at both the National AIDS Council and the Provincial AIDS Committees in the country.

19. Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

"Raise awareness about CRC and CEDAW to organized groups of girls who are out-of-school and in-school. Create a platform for girls and young women to address government and policy makers about the needs of girls and young women that are not being addressed by current national policies based on CEDAW and CRC commitments." NGOs must be encouraged to develop programs that are aimed at empowering girls and young women in both urban and rural areas.

Summary

20. In summary what are the 3 - 4 key actions - for example by the Government, donors or community leaders - that would bring the biggest improvement to HIV prevention for girls and young women in PNG?

Efforts must be made by government to create more job opportunities for girls and young women who have dropped out of school in order to minimize their involvement in the sex trade.

The government must come out with plans to increase enrollment of girls in schools and to keep them in school.

Young women and girls living with HIV need to be given the encouragement to pursue further studies or engage in business of their choice so that they can be self reliance and not to depend on hand outs from people who feel sorry for them. *"The time for feeling sorry for PLWA is over; rather, give us encouragement and opportunities to fend for ourselves."*

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- ⁱ CIA (2007) The World Factbook – Papua New Guinea (Website, Date accessed 17/04/2007)
- ⁱⁱ Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ⁱⁱⁱ Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ^{iv} Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ^v World Health Organisation (2006) Core Health Indicators - Papua New Guinea (Website, Date accessed 17/4/2007)
- ^{vi} World Health Organisation (2006) Core Health Indicators - Papua New Guinea (Website, Date accessed 17/4/2007)
- ^{vii} Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ^{viii} Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ^{ix} Human Development Report (2000-2005) – Papua New Guinea (Website, Date accessed 17/04/2007)
- ^x Estimates 0.9 – 4.4 % (UNAIDS Country Situation Analysis –Papua New Guinea (Website, date accessed 17/04/07)
- ^{xi} NATIONAL AIDS COUNCIL SECRETARIAT, Papua New Guinea United Nations General Assembly Special Session on HIV/AIDS MONITORING THE DECLARATION OF COMMITMENT ON HIV/AIDS January 2004 – December 2005 (Website, date accessed 30/4/2007)
- ^{xii} Year 2000 source UNAIDS Country Situation Analysis – Papua New Guinea (Website, date accessed 17/4/2007)
- ^{xiii} Estimates 1800 – 5400 (UNAIDS Country Situation Analysis – Papua New Guinea (Website, date accessed 17/4/2007)