

Understanding how violence, power configurations, mobility and the cash economy have influenced gendered relationships and HIV risk and vulnerability in Papua New Guinea

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Introduction

“The cultural constructions of gender have a major impact on the way the HIV epidemic is unfolding in PNG” (Eves 2010:50).

Contemporary Papua New Guinea (PNG) has been shaped by many factors; tremendous cultural and linguistic diversity, the influence of the church and state on custom and beliefs and the modern cash economy have all played an important role in constructing gender relations and creating great vulnerability to HIV transmission.

This paper explores the themes of gender violence, power structures, mobility and the cash economy to better understand how they influence gendered relationships and HIV vulnerability within PNG. Deepening our understanding of the intersection between gender violence, mobility, power, money and HIV vulnerability is critical to developing strategic and effective HIV prevention responses.

I will examine traditional and contemporary gender relations and gendered power configurations as well as perceptions of masculinity, gender based violence and mobility. I will explore power structures through the influence of the church and state and the modern economy in order to understand their impact on indigenous gender relationships and place this within the context of PNG’s HIV epidemic.

The second section of this paper presents an overview of HIV and AIDS in the PNG context and the primary factors that influence vulnerability and modes of transmission. The third section examines historical influences on indigenous gendered relationships, including traditional cultural practices and the influence of the Church. The fourth section builds an understanding of the many forms of gender violence in PNG as well as the link between perceptions of masculinity and gender violence. In the fifth section I examine gendered power configurations within PNG and present a case study involving a contemporary shift in women’s response to a breakdown in traditional gender roles in PNG. The section on mobility and the modern economy examines ways in which the cash economy and increased mobility of populations are factors in HIV vulnerability. Within this section I introduce the important role that mobile phones now play in the expansion of sexual networks and sex work in PNG.

HIV and AIDS in the Papua New Guinea context

PNG is now facing a generalized HIV epidemic with a prevalence rate of 1.6% and an estimated 60,000 people living with HIV (PNG NACS 2009, AusAID 2009). Limited access to HIV testing and unreliable data means that the number of HIV+ people could be much higher than reported. The data that is available reveals that the epidemic has reached every province in PNG and is increasingly rural-based. 85% of PNG's population is rural-based and experience greater vulnerability due to limited access to prevention information, testing, treatment and care (PNG NACS 2009).

The primary mode of HIV transmission in PNG is reported as heterosexual sex (Luker and Dinnen 2010, PNG NAC 2009). Young women are particularly vulnerable to HIV acquisition, with reports of social norms such as early sexual debut compounded by high levels of forced and coerced sex (PNG NACS 2009). Other factors of increased vulnerability include multiple and concurrent sexual partnerships, low condom use, high levels of sexual violence and rape and the exchange of sex for cash, goods and services (Aggleton et al 2008, AusAID 2009, Luker and Dinnen 2010, PNG NACS 2009). Many communities experience high levels of domestic violence as well as drug and alcohol abuse and violent crime. The HIV epidemic in PNG "threatens women with a dilemma of choice between a cultural imperative that values women's childbearing role and the biomedical imperative for safe sex" (Lepani 2005:2).

The economic features of PNG that create vulnerability to the impacts of HIV are its colonial history of migrating labourers to work on plantations and the contemporary practice of high levels of labour migration to extractive industry sites as well as sex work as a means of income generation for many women (Wardlow 2002).

It is imperative that we consider gender when responding to HIV&AIDS as gender is a determining factor to HIV vulnerability and impact. Women are biologically more vulnerable to HIV acquisition, and gender roles are a determinate in creating HIV vulnerability. Gender roles influence an individual's access to health care and therefore their ability to access testing, treatment and care in the context of HIV. Gender roles often determine who will carry the burden of caring for the sick. Gender impacts the consequences for individuals diagnosed as HIV+ as well as the progress of the illness (Bradley 2005).

Historical influences on gendered relationships

“Contact with missionaries and colonial administrations changed PNG’s cultures forever” (Jenkins, 2007).

Jenkins (2007) presents a very detailed examination of historical conditions in PNG and how many cultural forms, including sexual cultures, have been dramatically altered. The cultural diversity of PNG also applies to its sexual cultures, such that it is impossible to make generalizations about Papua New Guinean sexual cultures. Jenkins describes in ethnographic detail the cultural diversity in the patterns of courtship and premarital sex; ranging from highlands gatherings where young people were permitted to rub noses to Trobriand Island courtship parties where sexual intercourse was an explicit aspect of the event. There were societies where a girl’s virginity was considered valuable, however, most societies permitted pre-marital sex between young couples who were betrothed (2007:15).

What is most interesting is the great extent to which cultural traditions have been forgotten or abandoned. This is due in large part to the influence of Christian missionaries who condemned, rather than supported, human sexuality, as well as the modern state, which made people feel ashamed of their sexual cultures (Jenkins 2007, Hammer 2010).

Jenkins (2007) reports that the influence of the Church has altered many of the traditional practices of premarital sexuality, courtship and marriage arrangements, contributing to greater risk of HIV transmission. However, it is important to note that there were many traditional practices which would increase risk in the context of HIV. For example, Gogodala men tell of ritualized anal sex between older and young men during boy’s initiation ceremonies as well as sanctioned anal sex between young males before marriage. In other regions plural copulation was practiced as well as ‘rituals of reversal’ where extramarital sex was permitted during special events.

Hammer (2010) and Stewart (2007) cite reports of PNG’s ‘first contact’ with Westerners who learned that Papua New Guinean men were already trading female sexual access as well as offering hospitality through sexual access to female kin. In traditional societies rape was a permitted measure to discipline a woman for sexual indiscretions or for her refusing a marriage (Josephides 1994). Rape of a woman was (and still is) used as a means of revenge against her clan (Jenkins 2007, Josephides 1994).

Traditional cultures viewed sexuality as the source of life and held it in high regard. Sexual practices and sexual power were celebrated through art, drama, song and dance and

storytelling. The moral principles around sex and sexuality were also illustrated through artistic expression (Jenkins 2007). Christian morality may have further increased HIV vulnerability by fostering an attitude of shame towards sexuality and discouraging open discussion on sexual matters, naming of body parts or identifying sex with pleasure (Hammer 2010). This introduced form of Christian 'morality' has created reluctance among contemporary Papua New Guineas to speak openly about sex and reproduction. As a result men and women lack information about their own reproductive systems and the means to prevent disease transmission and married couples struggle to have open discussions on family planning and sex (Levy 2007).

Understanding gender violence

Gender-based violence is defined by the United Nations as “any form of violence used to define or keep in place strict gender roles and unequal relationships” (UNDAW 2004).

Gender violence, especially domestic violence and sexual violence are highly prevalent in PNG and significantly increase women's vulnerability to HIV acquisition. There are extremely high levels of rape in PNG, such that sexual violence has become a social norm and legitimized as a form of discipline over women. “The cultural dimensions of gender and masculine socialization often authorizes violence against women” (Eves 2010:49).

The PNG Law Reform commission defines domestic violence as “physical violence between marriage partners” and reports state that it occurs in over two thirds of all PNG families, with most domestic violence being wife beating (McLeod 2005).

“Unquestionably the prevailing gender ideology in PNG is that violence is an entirely appropriate corrective to even the slightest failure of wives to fulfil their perceived marital duties and proprieties” (Eves 2010:56)

In examining the root causes of gender violence we see that issues of sexual jealousy and failure of domestic and sexual duty are major triggers for domestic violence (McLeod 2005, Eves 2010, Levy 2007, Puntamari et al 2010, Josephides 1994). The literature reflects that the vast majority of women are unable to refuse sex to their husbands without fear of violent retribution. Husbands in PNG prescribe the degree to which a wife may move freely within or outside the community, or access transport, training opportunities or health care, practice family planning or engage in employment or informal income generation opportunities. Papua

New Guinean men have developed a notion of masculinity where they see their role as the enforcer of control and discipline over their wives. And when male dominance is challenged the result is often violence (Eves 2010).

Eves presents an in-depth exploration of the relationship between masculinity and gender based violence in PNG, where notions of masculinity are “formed as a result of social and cultural change” (2010:52). Eves describes masculinity as plural and these masculinities are “cultivated through ritual and other cultural means” (2010:52) where young men are pressured to display the “characteristics of the dominant, exemplary form of masculinity; assertiveness and powerfulness. Anger and violent redress are considered natural and appropriate responses to insult or challenge” (2010:52). Eves refers to the cultural belief that women and their bodily secretions are dangerous and can undermine men’s power. Eves cites this belief as instilling a mistrust of women and further legitimizing violence against women (2010).

It is these formulations of masculinity that reduce women’s ability to take healthy decisions in the context of HIV. Levy’s research (2007) found that many women were not only fearful of refusing sex to their husbands but also of introducing condoms as a form of family planning or disease prevention. Given that reality we need to examine women’s ability to negotiate for safer sex. PNG’s national response to HIV promoted the ABC approach to prevention; Abstinence, Be Faithful, Condoms. This approach leaves little choice for most women who cannot refuse sex to their husbands and cannot insist upon condom use. The only ‘choice’ they are left with is to Be Faithful to a husband who may not himself be faithful. The solution lies in altering society’s perception of masculinities and coming to respect the importance of gender equality to ensure that women have a voice in sexual and reproductive health decisions.

Power Structures

“The problem in PNG is that we see women as less human than men”

The quote above was communicated to the author by a senior staff member of the National AIDS Council at a gender round table during the mid-term review of the PNG National Strategic Plan for HIV&AIDS in 2009. It sums up, quite bluntly, the depth of gender inequity in PNG.

Papua New Guinean women are disenfranchised and under-represented at every level of government; from the local level governments, where the women’s representative seat is often filled by a man, through the provincial administrations to the national level, where only 1 of 109 parliamentary seats is held by a woman. Women lack representation within the church, where patriarchal structures have reduced women’s status and inflated the status of men (Jenkins

2007). Women lack representation at all levels of the legal justice system; police, village courts, provincial and federal courts, and correctional services. Within the home women are often considered the property of their husbands and relegated to submissive roles where men exercise their authority through violence (Eves 2007, McLeod 2005, Pantumari et al 2007).

In the context of HIV, inequitable power relations between the sexes increase women's vulnerability to HIV acquisition by severely limiting their ability to control their sexual activity or their access to testing, treatment and care. "It is invariably men who determine the timing of sexual intercourse and its nature and whether birth control and/or condoms will be used" (Eves 2007). Some women are prostituted by the men in their lives (Luker 2002). Men exert power and control over their wives through domestic and sexual violence. Diminished agency reduces women's ability to influence their husband's extramarital activities (Eves 2007, McLeod 2005).

Women have few avenues of redress in seeking action against gender violence. The response from PNG's law and justice sector has been widely reported as 'weak' (AusAid 2007, Eves 2010, Lepani 2008, Luker and Dinnen 2010, McLeod 2002). Police attitudes toward domestic violence are to view it as a "private and justified affair between spouses" (McLeod 2002:3). Village courts are said to be excessively traditional and support a view that men have a "customary right to discipline their wives" (McLeod 2002:4). There are reports of police perpetrating sexual violence against women seeking justice for prior sexual violence (Eves 2010, Hammer 2010).

Men's power over women within marriage has been made legitimate through the payment of bride price. Traditional marriages were once authorized through the payment of 'bride wealth'. This was a gift from the man's family to the woman's family to demonstrate her value (Wardlow 2002). At one time, this custom was not practiced throughout PNG but with the progression of the cash economy and a shift in attitudes towards women, PNG now widely practices 'bride price', as a payment from the man's family for the services of a woman (Wardlow 2002, Jenkins 2007). An important shift in perception about the value and function of women has taken place in PNG. As Wardlow details so eloquently in her study of Huli women in the Tari basin, "the function of bride wealth has changed such that women are like commodities to be bought and sold" (2002).

"Where women were once the valued item for who the family gave bride wealth; now cash is the valued item for which the family gives women"
(Wardlow 2002:145)

Wardlow's 2007 case study of passenger-women in the Tari basin reveals an important change in behavior and perception of gender roles by women who are no longer willing to continue in traditional roles given their devalued status and unacceptable treatment at the hands of men. Wardlow details the case of a young woman who had been repeatedly raped and left feeling

unsupported by her family. The family had received pigs and cash from the family of her assailants, but when she asked her family for school fees they refused her. “The first time a man raped me I supplied 15 pigs for my father’s family, and the second time a man raped me I supplied 15 pigs for my mother’s family, but my relatives never give me anything” (Wardlow 2007:144). The second case study is of a married woman who was raped and her brothers and husband refused to pursue justice. These women report that they had been made to feel like commodities and decided to become *pasindia meri* (women who exchange sex for money and goods) in order to take revenge against their families. Their behavior as *pasindia meri* would be certain to bring shame on their family, ruin the woman’s reputation and for the single woman; decrease any possible bride price, thereby depriving the family of a high bride price.

The case studies are significant because they reveal a trend in the Southern Highlands where women are taking up sex work not out of economic necessity, but in response to the sexual violence and injustice they have suffered in a context where they no longer feel valued in their traditional role as women. The case study and other literature reveal that women who have experienced rape are more likely to become involved in commercial or transactional sex as well as be involved in violent relationships. (Wardlow 2007, Eves 2010).

Unequivocally, men are in power in PNG and women’s lives are shaped by this power imbalance. Women’s vulnerability to HIV acquisition is increased through “violence and the fear of violence, rape, incest, bride price, marital subjugation, child brides, death in childbirth, ignorance of one’s body and sexuality, misogyny, the lack of valuing women and more” (Reid 2007).

Mobility and the modern economy

*“HIV spreads more widely where sexual networks are extensive”
(Jenkins 2007:19)*

The modern economy in PNG, shaped by the introduction initially of plantations and then industrialization and globalization, has deeply impacted local sexual networks. Once narrow and well defined, Papua New Guinean sexual networks are now extensive and may involve partners in multiple locations. These expanded sexual networks are due to increased mobility and work travel as well as increased dislocation (Jenkins 2007, Hammer 2007).

Traditional societies were far less mobile than contemporary societies and where people move less their sexual networks are narrower. This is evident in the spread of STI’s documented in

the early 1900's where high levels of STI's were reported along the coastal and island regions, brought in by migrant workers. Over the next 150 years the spread of these STI's changed patterns, from highly localized to widespread epidemics (Jenkins 2007). This change was brought about by increased mobility within the population, creating the opportunity for wider sexual networks.

“The highlands highway has been associated with commercial sex since it was built” (Jenkins 2007:64).

The highlands highway is a significant trade route in PNG. It carries goods from ships coming into the coastal towns of Lae and Madang up through the highlands provinces. There is commerce, including the exchange of sex, at road-side stops along the highway. A 2002 study of Eastern Highlands women living in communities near the highway found that nearly 60% of the women were infected with an STI (Jenkins 2007).

There have been profound changes to women's freedom of movement over time. Where traditionally a woman's range of daily movement was between her home and garden, contemporary women are travelling by public motor vehicle (PMV) to towns, road-side markets and industrial sites to engage in a range of income generating activities. Women from the highlands provinces regularly travel by PMV to coastal Madang to purchase beetle nut. These women overnight in Madang, often sleeping at the roadside, and travel back up to the highlands to sell their cargo of beetle nut (author's observation between 2001 and 2011). The freedom of movement creates opportunities for wider sexual networks and engagement in sexual activity in exchange for money and goods.

None of the literature reviewed (with the exception of a brief reference by Hammer 2010) details the importance of mobile phones in the expansion of sexual networks in PNG. Mobile phone networks were introduced to PNG in 2004. Initially they were expensive and strictly for the elite. However, the introduction of the Digicel network brought affordable phones and increments of affordable credit. The result being that it is now unusual for anyone under the age of about 40, from all economic backgrounds, to *not* have a mobile phone (author's personal observations from 2004 through 2011). The increased access to telecommunications has meant that sexual encounters, including transactional sex, can be organised over the phone and sexual networks maintained through telephone contract. Mobiles phones are an under-utilised tool for HIV prevention campaigns as they are accessed by so many Papua New Guineans, even in remote areas.

PNG's formal economy is dominated by the mining and petroleum sectors, which contributed 21% of the nation's gross domestic product in 2000 (Baxter 2001). While the mining and petroleum sectors were starting to decline in 2000 they have experienced a recent 'boom' with

the introduction of Exxon's massive liquid natural gas (LNG) pipeline spanning 3 provinces, the Ramu Nico mine in Madang, Oil Search in the Southern Highlands and a number of other projects. Baxter refers to the decline of the mining sector as having "major repercussions on public finance, which will affect all aspects of the economy" (2001: 12). This perspective presents initiatives like Exxon's LNG project as an economic solution for PNG. However, there is another cost which results from extractive industries and that is the cost on public health and social well-being.

Wardlow presents male labour migration to mine sites as one of the aspects of the modern economy that create vulnerability to the impact of HIV (2002:142). Some mining companies make an effort to segregate their employees from the surrounding community. However it is common to see village-based brothels run in communities which neighbor extractive industry sites (Hammer 2010, Luker 2002), where working men are separated from their wives and families and have regular access to cash money. Local women are reported to exchange sex with company employees for anything from cash payments to a plate of food (Hammer 2010).

The modern cash economy has influenced and increased the cost of marriage in PNG, with negative consequences (Jenkins 2007). The high cost of bride price can delay marriage while families seek sufficient funds. This leaves young men idle while waiting to get married, which can create higher levels of partner change. The inflated cost of bride price has contributed to the 'commoditisation' of women and the notion that husbands become the rightful owners of their wives once bride price is paid (Jenkins 2007, Hammer 2010).

Conclusion

Sexual cultures in PNG have evolved to a place where double-standards are rife and perceptions of masculinities condone men's involvement in multiple-partner relationships and in violent behavior while women are expected to remain faithful and submissive to unfaithful husbands. The nature of gendered relationships in PNG limits women's ability to access testing, treatment and care and creates communication barriers between men and women. These barriers, reinforced by Church doctrine, limit the ability of men and women to speak openly about safer sex and to educate themselves and their children on disease prevention and reproduction.

There is a role for the church in PNG to preach non-violence and not dictate to women that they must obey their husbands and return home to violent husbands. There is a need for gender balance within the almost exclusively male-dominated clergy and for a dramatic shift in

the church's attitude toward sex education and sexuality. Church's must begin to support and encourage open and honest discourse about sex, sexuality and perceptions of gender roles in PNG society.

If Eves (2010) is correct in purporting that ideas of masculinity are fluid and shaped by social change, then they can be influenced to change for the *betterment* of life in PNG. At present we see gender-based violence being used by men in PNG to control women and assert male authority. The legal framework of PNG and the nation's response to HIV must begin to foster a new perception of masculinity and indeed a new perception of marriage. If the population is going to survive the HIV epidemic it *must* create a safe space for women to live and for young people and adults to learn how to decrease their risk and vulnerability to HIV acquisition and transmission.

A deeper understanding of how mobility, economics, power and gender impact upon HIV transmission is needed to strengthen HIV prevention interventions. Jenkins favours community consensus building through discussions, story, drama and film. Aspects of this approach have been adopted with some success by PNG Sustainable Development and VSO Tokaut AIDS. However, it is customary and contemporary practice for male leaders to make decisions regarding community norms and action, not women (Jenkins 2007). In order for there to be any major shift in the perception of masculinities and gendered relationships, interventions must find avenues to engage and involve the voice of women in consensus building.

The literature reports that the commoditisation of women has emerged in modern times. While I agree that women are increasingly seen as something with which to make cash money, it has to be noted that women's sexuality has been raided and traded since traditional times. There were traditional sexual exchanges such as hospitality sex, and the ritual exchange of partners, and women traditionally exchanged sex for goods, food and protection. The critical contemporary change is a shift within women's social consciousness. Women are becoming aware that they are no longer respected in their traditional roles, yet they are told they cannot enjoy the same freedoms that men enjoy. Women are beginning to realize that in the modern society they can leverage their sexuality for themselves, rather for the benefit of their male kin, and in doing so enjoy greater freedoms.

In order for PNG to experience significant change in its perceptions of gendered relationships it will need to undergo a complete overhaul of the status quo in regard to gender. The nation will require a radical movement to further raise the consciousness of both men and women towards an equitable position for women in PNG society. Only then will we see a decrease in HIV transmission and vulnerability.

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