



TINGIM LAIP SOCIAL MAPPING REPORT: HIGHLANDS HIGHWAY



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Tingim Laip | PO Box 1402 | Madang | Papua New Guinea
 (P) + 675 422 2192 | (F) + 675 422 0148
 Tlinfo@tl2.org.pg | www.tingimlaip.org

TINGIM LAIP SOCIAL MAPPING

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
DFAT	Australian Government Department of Foreign Affairs and Trade
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV
GoPNG	Government of Papua New Guinea
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KAP	Key Affected Population
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MMM	Mobile Men with Money
MTCT/ PTCT	Mother to Child Transmission/ Parent to Child Transmission
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NHS	National HIV and AIDS Strategy, 2011–2015
PE	Peer Educators
PAC	Provincial AIDS Committee
PLHIV	People Living with HIV
PNG	Papua New Guinea
PO	Project Officer
RC	Regional Coordinator
STI	Sexually Transmitted Infection
TL	Tingim Laip
VCCT	Voluntary Confidential Counselling and Testing
WES	Women Engaged in Sex work

INTRODUCTION

Tingim Laip is the largest targeted, peer-led, community based HIV prevention and care project in Papua New Guinea (PNG). It works through volunteers in settings where the risk of HIV transmission is greatest, and where the impact of HIV on individuals and families is most pronounced. It focuses on engaging with, and promoting the participation of, key populations that are most at-risk and affected by HIV.

Tingim Laip, administered by DFAT on behalf of the Australian Government, is a project of the PNG National AIDS Council. TL, the second phase of the Tingim Laip Project, is managed by Cardno Emerging Markets. During Tingim Laip Project Phase 1 (2007 – 2010), two Social Mapping Exercises were carried out to guide the project in tailoring interventions towards the needs of people at-risk of, and affected by, HIV in PNG. These exercises examined the context of HIV risk and vulnerability, and the knowledge and attitudes of people from key populations.

This Social Mapping builds on those studies, providing detailed information on who is at risk of acquiring or transmitting HIV and why. It looks at factors, developmental pathways and environments that increase risk and impact amongst particular populations, then explores gaps in knowledge, resources and power that inhibit HIV prevention and limit access to health and opportunity for people living with HIV.

The settings used to document the context of HIV risk and impact in this exercise were determined through discussions with Tingim Laip staff and volunteers, DFAT Australian Aid, NACS and other key partners. The objective was to interact with people from key affected populations in each identified setting, and provide a detailed account of what affects their ability to prevent and respond to HIV.

This Social Mapping Report is written for easy access and readability by a wide range of audiences. It provides a rich story of the corridors and settings explored during this Tingim Laip Social Mapping exercise. It is, however, only representative of the views and experiences of the people we observed and engaged with. By no means does this report claim to communicate the stories of all people, or even populations at risk, within the locations and spaces visited.

The findings of this report will assist Tingim Laip in responding to the recommendations of an independent project review conducted in early 2012, particularly in relation to sharpening its focus on key populations. The report does not make recommendations, however, once the information has been digested, learning will be applied to the design, implementation and evaluation of Tingim Laip activities.

This report pulls together qualitative data, and should be read as a narrative description of the stories we heard. Any numbers detailed are only an attempt to provide context to the spaces visited and, in particular, to the pace and volume of mobility along these corridors.

A unique feature of the grounded theory research method used for this Social Mapping is that the experience and impressions of the research team are an integral component of the findings. The Group Talk sessions held throughout the field work documented responses from the research team and these recounts are also presented within this report. There is a tapestry of narratives presented - from field work observations to respondent quotes to research staff impressions to supporting documentation references - and we have attempted to present this depth of information as accurately and succinctly as possible.

STRUCTURE OF THE REPORT

This Social Mapping Report is presented in three main sections:

1. Methodology
2. Findings of the Social Mapping
3. Demographics

The Social Mapping was undertaken across four settings and corridors. The Highlands Highway Report is the most detailed. To cut down on repetition, the chapters for Communities around Oil Palm Plantations, Towns Affected by the Liquefied Natural Gas (LNG) Project and the Military are written by exception – meaning that we do not cover in detail the themes already identified in the Highlands Highway report.

The codes that appear throughout the report (after quotes and references) are included to demonstrate that the information presented can be tracked back to the raw data.

We chose the words ‘corridor’ and ‘setting’ to highlight the sense of constant movement that is an ever-present characteristic of life in PNG. We did not want to focus on just static locations, but also on the connection between these locations as people move in and out of them.

The complete Social Mapping Report is a long and detailed document. Tingim Laip has produced the reports for each corridor and setting as individual papers, to enable broader access to key findings of the report. A set of briefing papers have also been developed to simplify the major themes that emerged from the study.

ACKNOWLEDGEMENTS

Tingim Laip would like to acknowledge the many people throughout PNG who were prepared to speak openly to the Social Mapping teams about their lives and about the impact of HIV on them and their communities.

We would like to thank the Tingim Laip Volunteers and Provincial AIDS Committee staff and associates who assisted us in carrying out this work. And our appreciation also, to Julius Giowen and Richard Omi from the Tingim Laip National Office for their vital help and guidance with logistics and travel.

The two Social Mapping teams consisted of Frances Akuani, Carol Dover, Christopher Hershey, Jackie Kauli, Lily Lesley, Michael Romiri, Gaius Sabumie, Nelson Siddy and Lucy Walizopa.

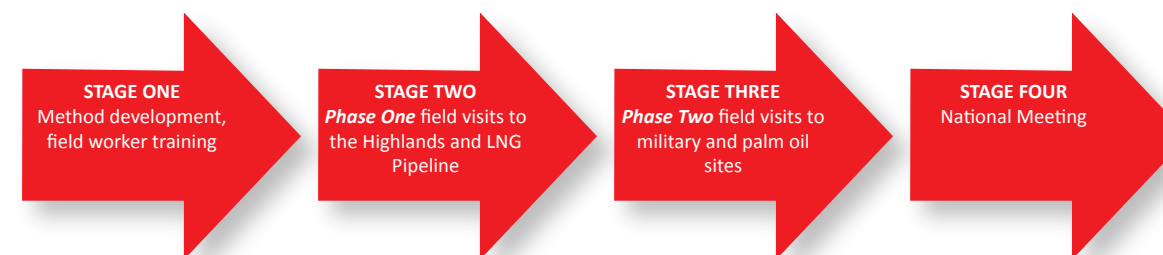
This Social Mapping Exercise was designed and coordinated by Scott Berry and this report was prepared by Scott Berry and Lou McCallum from AIDS Projects Management Group (APMG), Tingim Laip’s main technical partner. The report was edited by Angela Kelly with the final edit by Nikki Teggelove. Illustrations by Mairi Feeger and graphics and typesetting by Jess Cassell and Kate Bindley.

Tingim Laip’s Project Manager, Jennifer Miller, and the management team in the Tingim Laip National Office also provided invaluable assistance.

METHODOLOGY

This Social Mapping was carried out in four main stages:

1. Preparation, recruitment, methodology development and training of field workers
2. Exploration of the Highlands Highway and at towns affected by the LNG Pipeline
3. Exploration of military, palm oil and logging sites
4. A national meeting to discuss results and to inform guidance and planning.



AIMS, OBJECTIVES AND EXPECTED RESULTS

The question at the core of this exercise was “Where are the settings of heightened HIV risk and impact in PNG in 2011/12 and what is it that puts key populations within these settings at particular HIV risk and impact?”

AIM

To ground the next phase of Tingim Laip’s HIV prevention and care work in a clear and detailed understanding of the context of HIV risk and impact in key environments, and with key populations.

OBJECTIVES

1. To learn about issues within and across geographic areas related to particular industries and activities
2. To learn more about what gender issues affect HIV acquisition and transmission in identified higher risk settings
3. To learn about key issues related to family and sexual violence that affect HIV acquisition and transmission in identified higher risk settings
4. To learn how alcohol and gambling impacts on HIV transmission in higher risk settings
5. To learn how mobility affects HIV acquisition and transmission in identified higher risk settings
6. To learn more about the effects of poverty on HIV acquisition and transmission
7. To learn about other unknown factors contributing to HIV acquisition and transmission in these settings.

CORRIDORS AND SETTINGS OF INCREASED HIV RISK AND IMPACT

Tingim Laip was interested in exploring patterns of increased HIV risk and impact that exist along particular corridors and in particular settings across Papua New Guinea.

CORRIDORS OF INCREASED HIV RISK AND IMPACT

Rather than focus on individual towns or places, we wanted this exercise to look at the way in which people move through settings, along transport routes and between places in PNG, and the contribution that this movement makes to HIV risk and impact. For the purpose of this exercise, these mobility routes are called corridors, and represent the tracts that people move 'in' and 'out' of, or 'up' and 'down'. As passageways of high mobility, such corridors are established because of the personal, financial and work opportunities they provide to populations.

A corridor is a group of connected settings of increased risk and impact. The Highlands Highway and the LNG Pipeline route represent two corridors of risk and impact that were a priority for this investigation because of the large numbers of people moving along them and reported high levels of sex, alcohol and drug use.

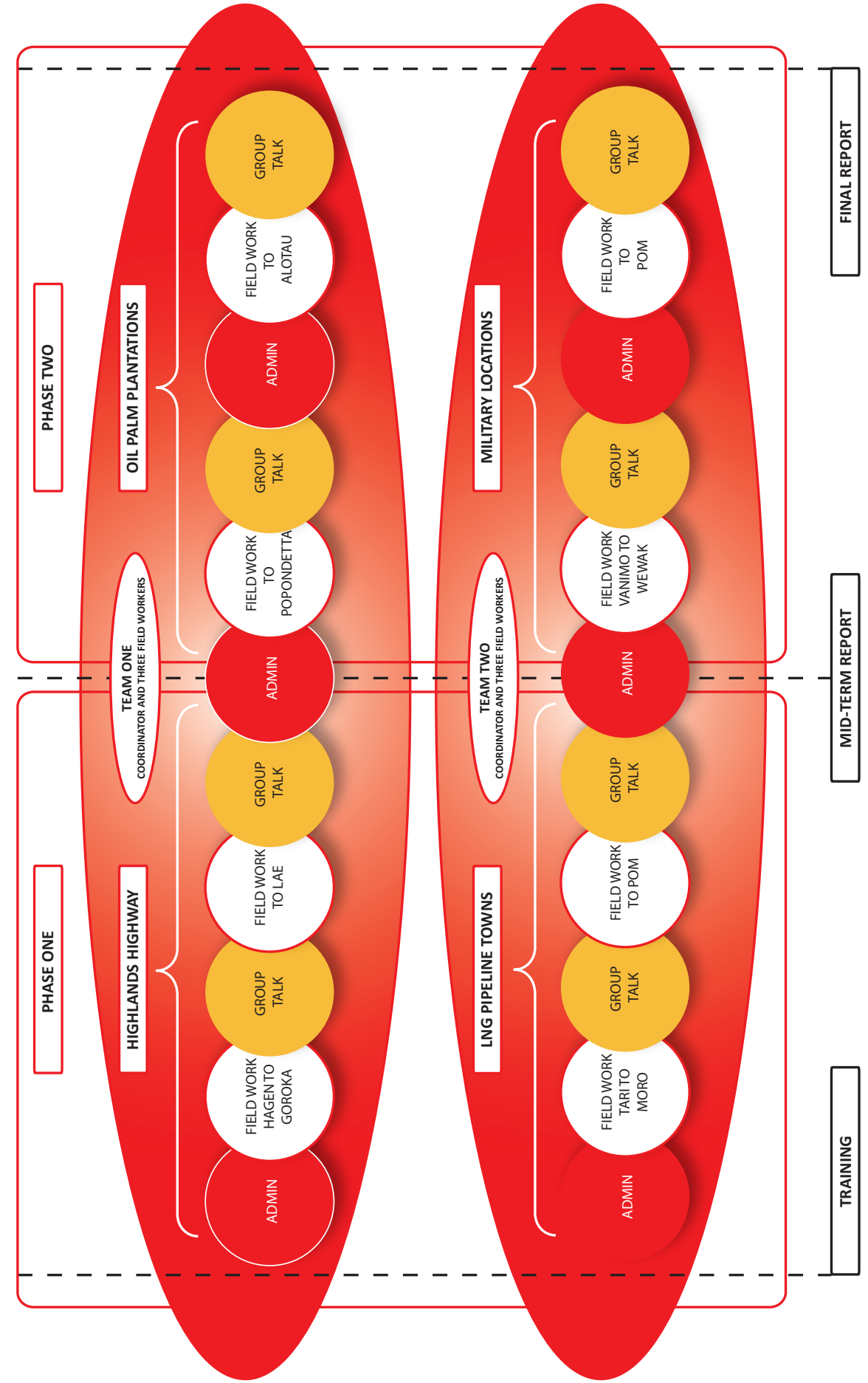
SETTINGS OF INCREASED HIV RISK AND IMPACT

A setting of increased HIV risk and impact is defined as a place where activities that put people at higher risk of HIV are more likely to occur, or where the impact of HIV on individuals and families is most apparent. These include places such as major bus and truck stops along the Highlands Highway where people gather to trade goods and services (and sex), and stay overnight in guesthouses and hotels. Like corridors, these settings are usually established because of the work and other opportunities they provide. Palm oil plantations, other seasonal work sites and military centres represent settings of HIV risk and impact that were identified as a priority for investigation due to the large numbers of people who move away from family and villages to work in them, increasing the likelihood of transactional sex, short-term sexual relationships, alcohol use and often consequently, gender-related violence.

PROCESS

The Tingim Laip Social Mapping exercise commenced in November 2011 and concluded in March 2012. The field work was carried out by two teams, visiting targeted sites across Papua New Guinea and meeting together regularly to talk through findings in a continuous process of information collection, followed by shared discussion and analysis.

Team One was made up of a coordinator and three field workers who conducted field work along the Highlands Highway and in targeted oil palm plantation sites. Team Two also comprised a coordinator and three field workers who undertook field work at sites along the LNG Pipeline and in military locations.

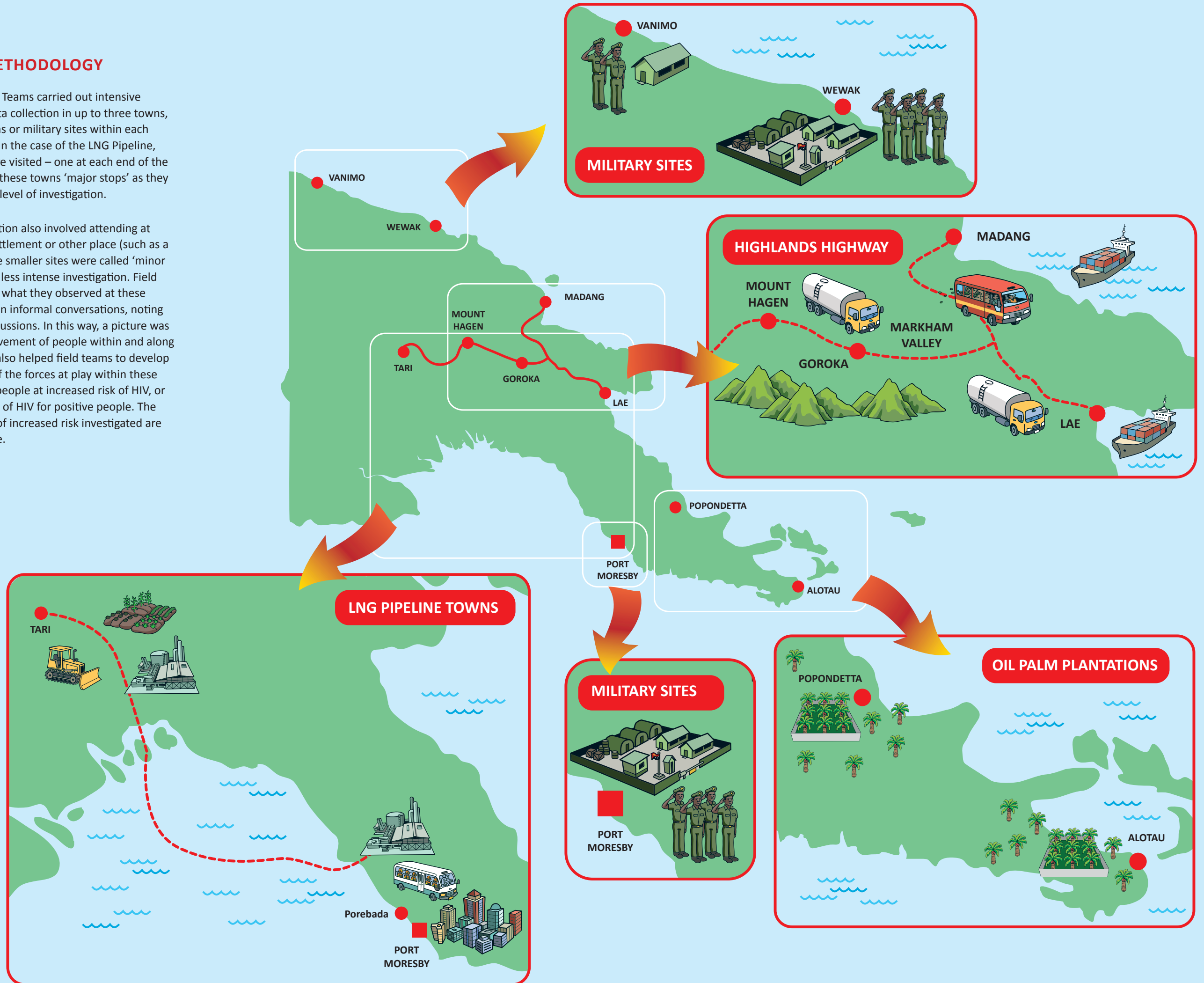


THE PROCESS USED TO CONDUCT THE SOCIAL MAPPING

DETAILED METHODOLOGY

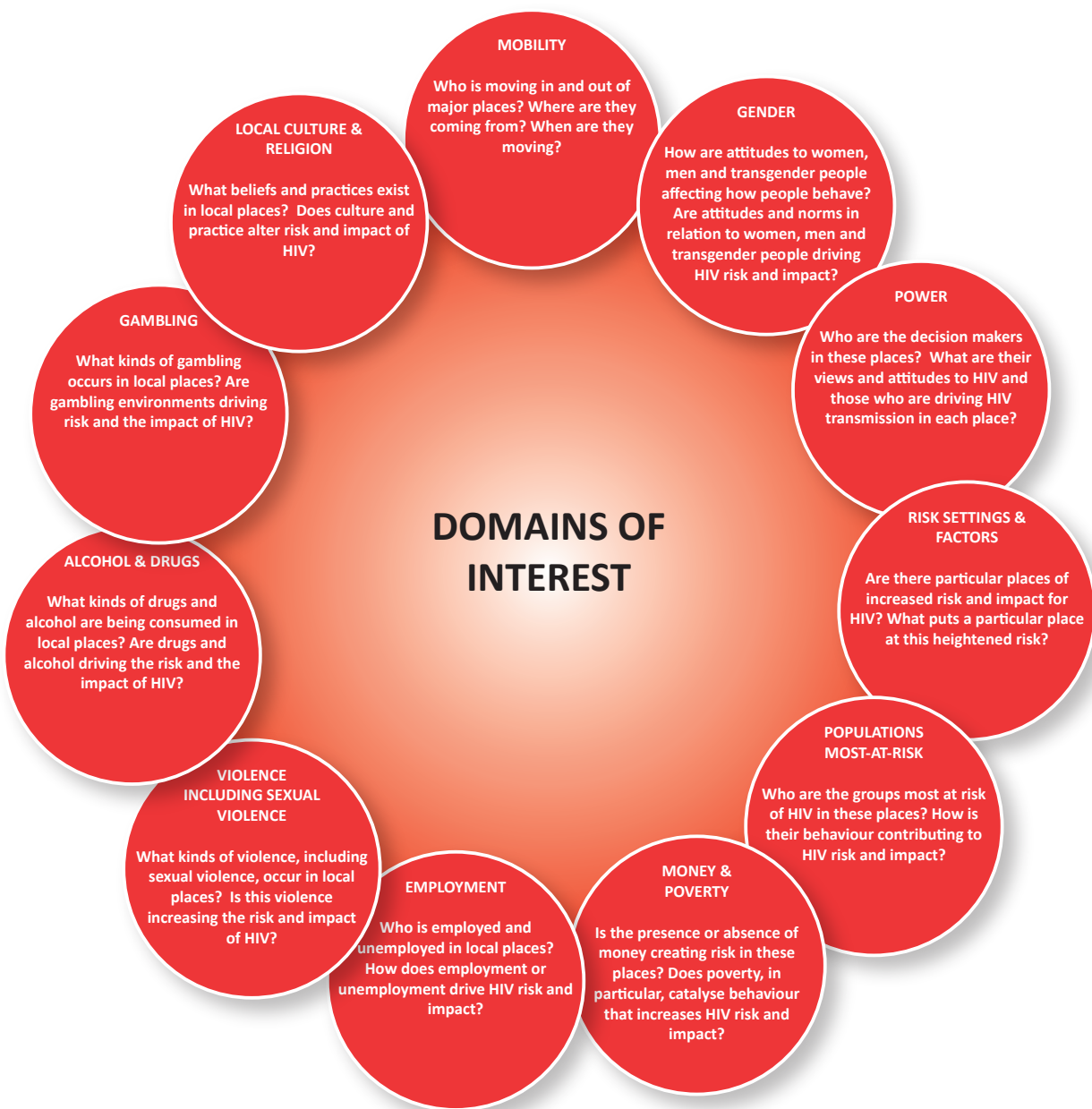
The Social Mapping Teams carried out intensive observation and data collection in up to three towns, enclaves, plantations or military sites within each corridor or setting. In the case of the LNG Pipeline, only two towns were visited – one at each end of the pipeline. We called these towns ‘major stops’ as they warranted a higher level of investigation.

A route of investigation also involved attending at least one village, settlement or other place (such as a marketplace). These smaller sites were called ‘minor stops’ and required less intense investigation. Field teams documented what they observed at these stops and engaged in informal conversations, noting details of these discussions. In this way, a picture was created - of the movement of people within and along these corridors. It also helped field teams to develop an understanding of the forces at play within these settings that place people at increased risk of HIV, or increase the impact of HIV for positive people. The corridors and sites of increased risk investigated are described over page.



DOMAINS OF INTEREST

Key Domains of Interest were identified by the Tingim Laip team before this Social Mapping exercise commenced. A Domain of Interest refers to a particular subject area or theme that Tingim Laip was interested to learn more about. Decisions about what to include were made following examination of previous Tingim Laip Social Mapping reports and after discussions with Tingim Laip staff and volunteers, AusAID, NACS and key partner organisations. An instrument was then developed to assist field workers to focus their inquiry and record findings.



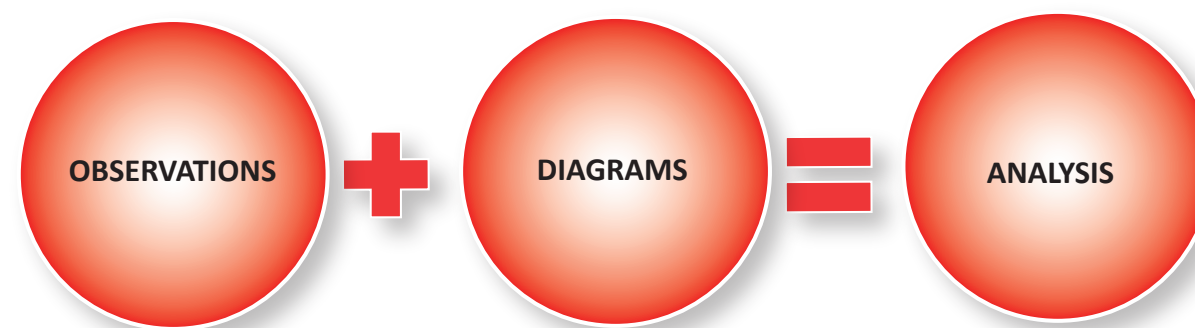
A PROCESS OF 'FIELD WORK' AND 'GROUP TALK' OCCURRED IN CYCLES THROUGHOUT IMPLEMENTATION OF THIS SOCIAL MAPPING TO GATHER INFORMATION ON THESE DOMAINS OF INTEREST

Field workers attended sites, collected data and recorded findings in diaries and through diagrams. Upon return to the Tingim Laip National Office, Teams One and Two met separately and together to present their documentation site-by-site.

FIELD WORK

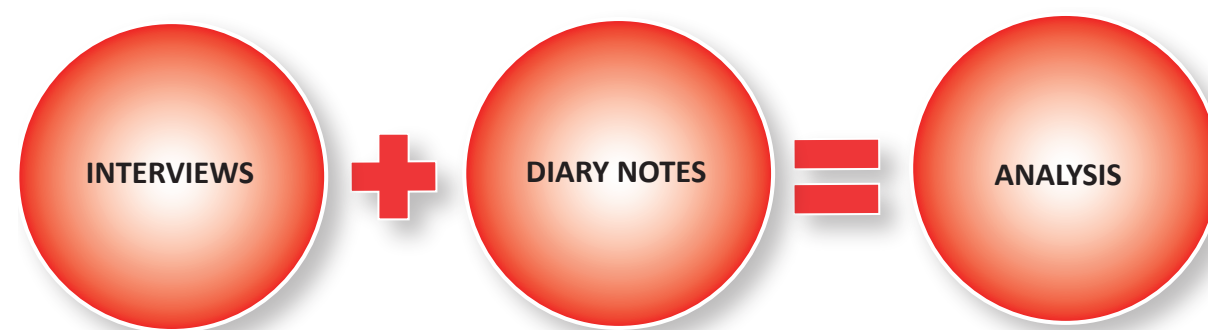
Field workers used a combination of observation, key informant interviews and focus groups in the field to produce diagrams and diary notes of findings from each site.

Observing and the drawing of diagrams at each site was a core activity for field workers. At the end of each day, field work teams met together and completed a diary of observations and 'maps' across the key Domains of Interest. Once investigations were completed at each site, field teams met together with coordinators to describe what was observed and to present these diagrams. The rationale for this approach was an attempt to document movements of small and large groups of people in and out of, as well as within and around, sites. The team also aimed to document social influences on the actions taken by people at the sites. What field staff 'saw' and 'heard' was crucial to accurately recording these trends and issues.



INTERVIEWING

Field workers were asked to interview key informants encountered in the field and record what was heard. This included both individual and focus group interviews. Workers took notes as they met with, and questioned respondents. When work was completed at each site, the field teams met with coordinators and used these notes to develop narratives of the themes discussed. The rationale for this approach was to guide documentation of themes and issues emerging under the Domains of Interest headings, and to avoid the simple relaying of individual stories, histories, knowledge and experiences.



GROUP TALK

When teams returned to the National Office, a series of meetings referred to as 'Group Talk' took place to analyse results. Teams One and Two met separately to analyse information collected from their particular sites and to develop themes. Both teams then met together to discuss site findings. They compared and contrasted findings before agreeing upon themes for single sites and across all sites. A report from each Group Talk exercise was produced and included in the Social Mapping analysis of information. Group Talk exercises were held eight times during the Social Mapping process.

SAMPLING

The Social Mapping teams made choices about people to interview using a mix of two sampling techniques. Convenience sampling was used initially at each site. Upon arrival, field workers focused on interviewing people who were most convenient (easiest) and who had the time to participate. These people mostly included Tingim Laip staff teams and volunteers, HIV public health officials, health teams in companies and enclaves, doctors and nurses at clinics providing HIV services, NGO leaders, local headmen and politicians. An important question during Step One interviews was “Who else do you think we should talk to about these issues?”

Following initial interviews at each site, field workers moved to a targeted sampling process aimed at identifying individuals or groups with characteristics and experiences that would add value to the data being collected. Field workers sought harder-to-reach contacts, primarily people living with HIV, women in sex work or engaging in transactional sex, clients of sex workers, men who have sex with men (MSM) and other members of populations at most risk, and impact, of HIV.

General criteria for interview inclusion was people who:

- Knew the setting well
- Had experience with, knowledge of, or were part of the communities that Tingim Laip engages with in the HIV Prevention and Care response
- Knew who, how, when and why people move in and out of the setting
- Knew who, how, when and why people move within the setting
- Knew how sex, sex work, alcohol use, youth unemployment, violence, gambling and other dynamics operate within the setting.

HIGHLANDS HIGHWAY

INTRODUCTION

The first corridor to be covered by this exercise was the Highlands Highway - a road connecting Mount Hagen (Mt Hagen) in the Western Highlands, to Lae and Madang on the coast. The Highway represents a corridor of risk and impact for HIV because of the large numbers of people moving along it and the reported high levels of transactional sex, alcohol use, marijuana smoking and violence. The Highlands Highway is a part of PNG with high HIV burden.

Field research was conducted along the Highlands Highway during November 2011 to January 2012.

OVERVIEW OF THE HIGHLANDS HIGHWAY

The Highlands Highway is the major highway and longest road in Papua New Guinea. It connects the central, land-locked Highlands provinces with the north-coast port cities of Lae and Madang. There are several key towns along the highway, including Tari and Mendi in Hela and Southern Highlands Provinces, Mt Hagen and Goroka in Western and Eastern Highlands Province, the Markham Valley and the port towns of Lae and Madang to the east and north. The Highlands Highway is a vital arterial route for the movement of people and goods in PNG. It has become a major economic corridor for the country.

The Highlands Highway is, for the most part, no more than a single carriageway, two-lane road, often hindered by potholes and landslides, and is in some places unsealed. Stretches of the Highway, particularly in the Highlands region, are renowned for road blocks, robberies and armed hold ups.

Some of the industries that populate the Highway include sugar and oil palm plantations owned by New Britain Palm Oil in the Markham Valley, Porgera Joint Venture Gold Mine in Enga Province, the LNG Pipeline Project (coordinated by Esso Highlands Ltd) in Hela and Southern Provinces and the multiple coffee and tea suppliers in Eastern and Western Highlands. These industries rely on goods and supplies transported along the Highway from the ports of Lae and Madang. Mining and agricultural companies contract transport suppliers (trucks) to deliver these goods and supplies. Trucking companies have headquarters and branches scattered throughout the Highway corridor and truck drivers stop regularly at these offices.

“When you sleep, the highway is still moving in you”

Truck Driver (KI Lae)



MOUNT HAGEN

Mt Hagen is the capital of Western Highlands province. The PNG Census 2011 estimated that Mt Hagen District had a population of 120,148 people, with 25% living urban and 75% rural. Settlements are clusters of housing on the edges of towns that people often move into when relocating for work and opportunity. These surround Mt Hagen and beyond this there are rural villages where 'locals' reside. Locals described Mt Hagen as a party town in which high rates of sex, alcohol, gambling and marijuana use occurs. Our mapping found violence, petty crime, sexual violence and sex work happens openly on the streets creating an unsafe environment, particularly at night. Sex is known to take place at a series of guesthouses, nightclubs, in alleyways and abandoned fields, and sometimes in video houses in and around the town.

Porgera Joint Venture is a gold mining site in neighbouring Enga province with approximately 2,500 employees and 500 contractors (almost all men), who regularly travel to the company's head office in Mt Hagen. "Company men", from a range of other mining sites along the Highway, also travel in and out of this town. Locals take advantage of the movement of people and money by selling produce at local markets, as well as in bulk, to mining companies along the Highway.

Coffee and tea plantations dominate the Western Highlands province. PNG's biggest coffee and tea manufacturer is located in Mt Hagen and its coffee and tea factory is close by, in Kindang. A complex system of cultivating, harvesting and selling coffee and tea, by locals to this company, operates along the Highlands section of the Highway. 'Middle men' travel in trucks with scales during harvesting seasons and locals wait by the roadside to sell their raw products. Coffee season is from June to August with a smaller season from November to January. During these months, coffee growing locals have a lot of cash. Tea is harvested throughout the year. Locals also travel with rice, tinned fish and noodles to mining sites and sell produce for double the normal price at roadside stalls. A range of Public Motor Vehicle (PMV) bus stops dot the urban area and connect locals to villages, mining sites and Mt Hagen town. These are points of arrival and departure for large numbers of people.

GOROKA

Goroka is the capital of the Eastern Highlands province. The PNG Census Report 2011 estimated that 97,282 people were living in the District, with 16,700 in Goroka town. Coffee is the major crop grown in surrounding villages and sold through the same systems described for Mt Hagen. The airstrip splits Goroka, with settlements dotting the eastern side and the town centre to the north. The Highlands Highway passes through the western side of town.

Goroka has become a major stop point for those moving continuously along the Highlands Highway. Red Kona and a large market near the centre of town are places that provide a stopping point for travellers. Loud music, gambling and drinking establishments can be found at key points along the Highway in Goroka town. Women in sex work engage with travellers at these places. A bus stop attracts large numbers of people moving in and out of Goroka - to Mt Hagen, Mendi and Tari (west and south) or to Madang and Lae (north and east). Whilst Simbu and Western Highlands are generally considered to be the major marijuana growing provinces, Goroka also emerged from this Social Mapping as a place of open marijuana cultivation and supply.

MARKHAM VALLEY

The Markham Valley runs from the port city of Lae to the junction of the Highlands Highway and the road to Madang (which also runs through the Ramu Valley). Use of land in the valley is dominantly for cattle pasture, sugar cane, oil palm production and chicken farming. The key characteristic of the valley, for this Social Mapping, was its role as a pass-through place along the Highway. Truck drivers and PMVs stop at Zero Tavern and Yang Creek, with high levels of alcohol, gambling and sex trading taking place at these sites. Other stopping points in the Markham Valley include Watarais, Dry Wara, Sing Sing Creek, Mutzing and Umi Market. The PNG Forest Authority employs outside teams who move intermittently into the valley to plant trees in forested areas. Ramu Agri Industries has around 8,000 permanent workers across sugar and oil palm plantations, and beef grazing farms including a small number of international workers. Sugar harvest season starts in April and ends in November bringing large numbers of single men into the region each year. Local smallholders grow oil palm and sell to Ramu Agri at the end of each season. Settlements have emerged around the plantations for outsiders who live permanently in the valley and work for the companies.

MADANG

Madang is the capital of Madang province and the District has a population of approximately 112,926 according to the PNG Census Report 2011. It is home to four tertiary study institutions (Divine Word University, Madang Teacher's College, Madang Technical College and the Maritime College) and young students move in and out of the town throughout the year. Industry and farming are increasing in the area, with a growing focus on export. Madang produces much of the country's coconut and cocoa crops, and is home to a large cannery - RD Tuna. A crew of Filipino sailors are regularly at the RD Tuna wharf in Sek Harbour and fishing ships stop regularly. A group of "paddling women" organise dugout canoes to travel to the ships to trade goods and some of these women exchange sex for money, alcohol and food. Madang is also a major transport hub, located at the northern coastal end of the Highlands Highway. A steady stream of trucks and PMVs bring goods to markets from local villages and the Highlands. Travellers purchase goods and return to places along the Highway to sell at local places. Settlements surrounding the town are considered dangerous for those not residing, or known, within the area. Madang buai (betel nut) is highly regarded throughout the country. buai traders from across the Highlands Highway travel continuously to Madang and surrounding districts to purchase betel nut, then return to their local place and sell the produce at inflated prices. Madang buai sellers also travel out and up the Highway to sell at local markets.

LAE

Lae is the capital of Morobe province and is the second largest city in Papua New Guinea. It is located at the start of the Highlands Highway on the Solomon Sea and is the largest cargo port in the country. Supplies are delivered from the port of Lae to the land-locked Highlands and Southern regions along the Highlands Highway. According to the PNG Census Report 2011, the population of Lae District is around 123,437 with 71,286 residing in Lae Urban LLG - this estimate fluctuates with large numbers of people informally moving in and out of the town for work. Many shipping, trucking, agricultural and manufacturing companies are based in Lae including Coca Cola, Colgate Palmolive, IPI, Bulolo Forestry and local landowner associations. These organisations employ office workers, miners, factory workers, labourers and stevedores (dockworkers, dock labourers, wharf workers). There are guesthouses, hotels and around 60 to 80 sites in which sex is exchanged for money¹. Lae is different to other towns along the highway because of the open selling of sex by both transgender (TG) people and MSM. Settlements dot the Highlands Highway on the way into Lae and also surround the northern part of the city. Workers from the companies and industries in Lae usually live in these settlements, or in the villages outside the town.

¹ An estimate made by Tingim Laip volunteers in Lae

SOCIAL CHANGE AND HIV

MOBILITY AND HIV

A 'mobile class' of people has emerged along the Highlands Highway. These people travel continuously up and down the Highway to buy and sell goods, to transport commodities or to take up work opportunities. The group includes truck drivers, security guards and company men associated with mines, pipelines and agriculture. It comprises government service workers, including the police. Local people also move continuously along the Highway in PMV convoys, trading in buai (betel nut), marijuana, fresh fruit and vegetables (grown in their gardens) - between the Highlands, Madang and Lae. From these port towns, traders continue along the coast to Wewak in the north-west and Popondetta in the south-east. They travel home with the produce purchased, to sell in local markets, at roadside stalls or at mine sites along the Highway, including those in Enga and in Hela province. Clothes and store goods are also purchased by coastal traders and transported to the Highlands for sale.

New enterprises, formal and informal, have sprung up in and around urban towns to take advantage of the increased movement of people and money. Supermarkets, banks, guesthouses, street stalls, shops and entertainment venues dominate Highway life, with outdoor drinking spots and gambling stalls (as well as indoor dance clubs) found at vehicle stop points, especially in the Markham Valley. People use these known stop points to break up journeys (or to set off) and these were found to be common places for drinking, gambling and selling of sex.

During fieldwork it was evident that a vibrant female sex work industry continues to flourish along the Highway, from the coastal town of Lae in Morobe to Tari in the newly formed Hela Province. Some women and adolescent girls spoke of selling sex at specific stops, whilst others were more mobile. Some reported traversing the Highway, moving in and out of vehicles and exchanging sex for beer, buai, cigarettes and money. Their clients were said to be truck drivers, Public Motor Vehicle (PMV) drivers, traders and security guards. Although formal and informal exchange of sex for money and goods has long been reported along the Highway (Millan, 2006; NACS, 2006), it appears to have changed in important ways. Whilst geographical sites such as Yang Creek are known for organised selling of sex, new spaces for transacting sex have also emerged. An increase in industry transport has amplified a mobile group of women, who travel in trucks and PMVs to sell sex to drivers and passengers (Millan, 2006).

Despite large-scale condom distribution programs, such as those by PSI and BAHA, condoms were not highly visible in the spaces we moved in and out of during this Social Mapping exercise. Government condom dispensers were almost always empty in urban centres visited by the team, with locals stating that the new twelve-pack condom boxes do not fit into the dispensers. As identified in a number of behavioural studies with sex workers in the Highlands (Millan, 2006; NACS, 2006), condoms appear to be used in the selling of sex along this corridor. During our field work some women and men reported using condoms during exchanges of sex for money, however, there was no evidence of extensive distribution at the sites where people were selling and buying sex. There was evidence of condom-use during sex work at a number of stop points on the Highway (used condoms littering the ground behind bars and clubs) but condom distribution was not observed, or reported, at a scale that is likely to interrupt HIV transmission in these places.

"We're married to the road and we eat two kinds of meals ... one is food and one is sex ... a man's got to eat you know (laughs)"

Security Guard (GT Hagen)

This mobile population was found to be disconnected from local health services. Truck drivers and security guards in particular reported that they were 'on the move' and did not have time to wait to use local health facilities. Whilst mobility, and associated money, have previously been identified as risk factors for HIV in PNG (Millan, 2007; Wardlow, 2007), no services were identified that appeared to target this group of mobile people, particularly men who drive trucks and work as security guards up and down the Highway.

A number of mobile men and women spoke of being diagnosed with HIV. All reported being tested late in disease progression, despite national campaigns on testing and knowing your status early. Presentation in late-stage HIV disease has been previously reported in PNG (Seaton, 1996; McBride and Bradford, 2004; McBride, 2005) and during our field work we heard many stories of men and women dying from 'sik AIDS'.

Leaving home in search of work is a common phenomenon in PNG, exacerbated by recent increases in resource extraction activities such as the LNG Project. Companies in these industries rarely provide family housing, so couples are often separated for long periods. Some of our respondents spoke of being permanently separated from their families and establishing 'second' families in their new locations.

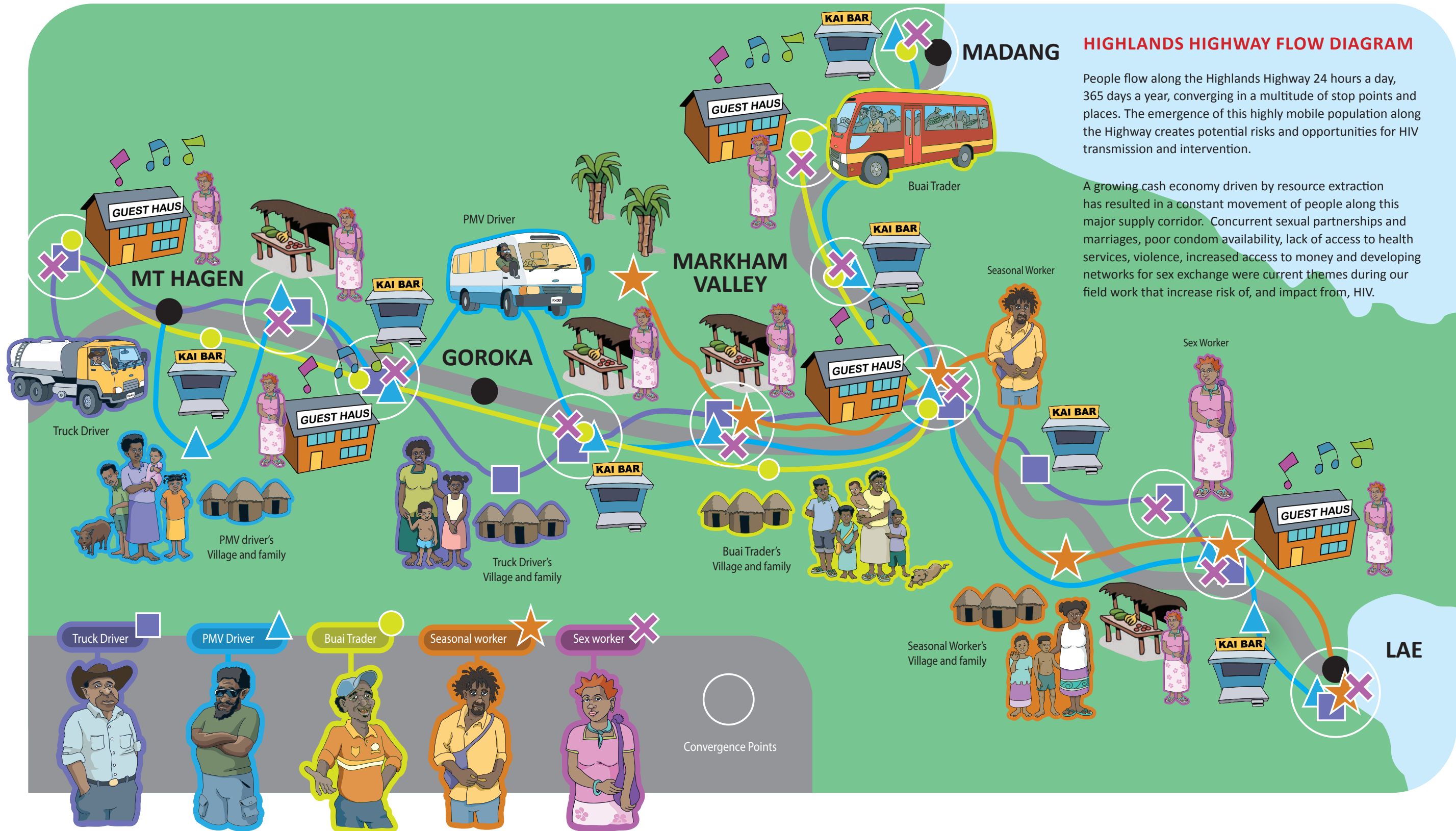
'Raskols' or criminal gangs of men and adolescent boys, unable to access opportunities opening up for others around them, engage in violence and crime around urban centres along the Highway. They commit armed hold-ups of vehicles and convoys, and participate in 'lainaps' (a local term for gang rapes), making local places extremely unsafe for women and girls. Retribution for harm to members of local families was reported to further destabilise many of the places we visited, and a rolling system of harm and payback was frequently described.

Stories and views from our respondents reflected the highly gendered nature of PNG society, especially in the Highlands region (Jenkins, 2007; Kelly, 2010; Herdt, 1987). Despite rapid modernisation, the division of labour along the Highway continues to be gender biased with most truck drivers, security guards, PMV drivers and mine workers being men. Buai trading on the other hand appeared not to be gendered in the same way, with both men and women selling.

As evident in other research (Kelly, 2011; NACS, 2007) men not only buy sex, but indeed sell and exchange it along the Highway sometimes, but not always, with other males. Male sex workers along this corridor seemed to be confined to Lae and, to a lesser extent, Madang. These coastal urban areas appear to be safer environments for MSM and transgender people who were easy to engage and openly observe in these towns, but never seen in places further inland. In the Highlands, we only heard of women and adolescent girls selling sex.

Although highly mobile, most respondents had a permanent place of residence somewhere along the Highway. This means they are not 'nomadic' but mobile, moving constantly up and down the corridor from a base. In many cases this place to stay was not their home village, but a dwelling they had moved to (with or without immediate or extended family) to find work and make money. This base, in some cases, is just used during seasonal work though many now live temporarily or permanently in settlements that have been established around the main towns. As one respondent described, "sugar cane workers are here a long time and we are seeing second generation [workers] employed in sugar work. Oil palm workers are the new ones and this has brought more mobile populations. These workers are buying land from local people and farming settlements" (K12 MV).

We heard many reports of tension between local communities and recently-arrived or settlement communities. Violence was said to break out when new arrivals were blamed for theft, loss of employment opportunities or even illness and misfortune experienced by local people.



GENDER, SEX, RELATIONSHIPS AND HIV

Most of our respondents described major changes over time in the way that sex and relationships have been practiced and understood in their local place. Male professional and community leaders were more likely to compare the past with the present, and to state a preference for the old ways. “Previously there was critical control, but now it is different” (KI2 Goroka). The language used to describe what is happening with HIV was often very dramatic – ‘like wildfire’ - and in many cases respondents blamed a breakdown in community values and norms for increased HIV infection.

Some male respondents referred to highly-structured traditional court systems being able to exert more control over people’s behaviour, and described the breakdown of this judicial structure over recent times (KI4 Hagen). Others described an idealised traditional clan system of the past in which men respected women, women were safe, men did not force them or rape them and men stayed at the ‘Haus Man’ (Men’s House) when their wives were pregnant, to abstain from sex. In the past, the man was “head of the family, so most of the decisions” were “made by him”, and young girls were “controlled by their parents” (KI2 Goroka).

Respondents then analysed the present, with statements such as “the women are becoming men” (KI5 Lae) and “women can make decisions regarding anything” (KI5 Goroka). We heard accounts of men taking multiple wives, men raping their wives, men and women having sex outside of marriage, and women (and girls) engaging in sex for money or favour, then lying to their families about it. Respondents described people generally as “more disobedient than before” (KI3 Goroka). Nowadays, “married women, once the man is away for work, they have extramarital relations, and young girls are really worse because they want money” (KI2 Goroka). This change was described by male respondents as bad for the local community because it results in family breakdowns, poor health and degeneration of the moral fabric of their local place (KI3 Hagen).

There seems to be a somewhat romanticised view of life in ‘traditional PNG’, and a contradiction to documents that describe a history of violence against women and power relations leading to death, harm or lifelong disadvantage for women and girls (Kelly, 2009; Jenkins, 1994; Bradley, 1991; AusAID, 2007). It is clear though that the patterns and context of violence against women, gender norms and values for women (and men) are changing, as people move into different housing, social structures and work environments. Mobility arose as a common theme and influence on gender roles along the Highlands Highway.

Professional women that we met included women with tertiary qualifications working in public service and women running businesses in local towns. These women also drew comparisons between traditional and modern living, suggesting that, “people will still get HIV unless they go back home to live on their own land” (KI1 Hagen). They were, however, less likely to idealise the past, and more likely to point to current dynamics between men and women as the problem. One woman said, “men still think that ‘I’m the man and I’m in charge’” (KI1 Hagen). A key problem described was that “women do not have freedom of movement. Husbands restrict their wife’s movement because of jealousy and lack of trust” (KI3 Hagen). These professional women pointed out that many of the men who promote a return to traditional values are active participants in the sexual dynamics of local places. One woman said, “even the doctors at the hospitals are buying sex” (KI8 Hagen).

“I think that HIV is getting worse here in (my place). People don’t want to use condoms. Sex work is happening with all people; married, single, men and women. Married people, before, they stayed together but now they are all infected and HIV is spreading like a fire”

Focus Group Participant (FG1 Goroka)

A common issue described by these employed and educated women was that, “men say no to condoms when women suggest [them]” (KI1 Hagen). One woman summed up her thoughts, saying “some professional women, I wonder why they marry [at all]” (KI3 Hagen). The collective belief expressed by this group of women was that until men change there will be little resolution of current social problems, or the negative impact on women and girls at all levels of society. The professional women were more likely to point to flaws in traditional systems as causes of current problems in families and relationships. They identified domestic violence, in many marriages, as a major barrier to couples staying together. One woman reported that violence and chaos in her community was likely to occur not just “between husbands and wives” but also “between brothers and sisters” as well as “land disputes among family members”. This led to “people going after their enemies” (KI1 Hagen).

The behaviour of men, in particular, was core to the problems these women described around them. “Cultural thinking [is] ‘I’m the man’ and that affects decision making. It’s so planted in them that men can do anything and women are barred” (KI2 Hagen). One professional woman talked of the establishment of women in local government serving “a demand to meet the needs of women subjected to a high rate of violence”, and being a catalyst for the establishment of a “Violence against Women Commission” in which professional women participate (KI3 Hagen).



The breakdown of traditional systems and the changing roles of men and women were described as having major impact on the practices and understanding of gender, sex and relationships at local level throughout the Highlands Highway. An idealised view of traditional ways was presented by many male respondents, with movement away from customary structures being described as the reason for increased HIV transmission and risk. Women respondents focussed on the bad behaviour of men as the central issue in HIV infection, including violence, condom refusal and multiple sexual partners. Women highlighted the need for a shift in male attitudes to reflect evolving changes in gender roles and urbanisation along the Highway and elsewhere in PNG.

MEN AND WOMEN SPOKE DIFFERENTLY ABOUT TRADITIONAL AND URBAN INFLUENCES ON GENDER ROLES, SEX AND RELATIONSHIPS



HEALTH-SEEKING BEHAVIOURS AND ATTITUDES TO HIV

Almost all the people we spoke to along the Highway knew that HIV existed and that it was sexually transmitted, but many had misconceptions about whether they were personally at risk or not, who was ‘causing’ or spreading HIV, how fast it was spreading and among which populations. We did not hear a single story of a person with HIV who had been diagnosed with HIV without the presentation of acute illness.

We heard from people living with HIV, and people who knew of friends or family members with HIV, from all populations and groups encountered. Their stories repeated themes of a lack of access to condoms, to sexual health and HIV education, to HIV services or effective HIV treatment and care. We heard many accounts of people who were suspected to be HIV positive but died without ever having been diagnosed, or who were diagnosed too late for HIV treatment to be effective (FGD1 Hagen). There were also numerous accounts of people who had lived with serious chronic illness for many years before being diagnosed with HIV (PS3 Madang). Some had been presumptively treated for tuberculosis or malaria before anyone thought to test for HIV (PS11 Lae). One woman (later diagnosed with HIV) from Ramu became seriously ill, but “they didn’t check her blood”, “they only gave her malaria medicine without checking to see what was wrong with her” (FGD3 MV).

Many of the people living with HIV that we spoke to had little knowledge of their current health status, or of the need to access HIV treatment and care. Those already on HIV medication did not appear to have a clear understanding of the need for strict adherence to their treatments. Whilst poor health seeking behaviours and limited access to quality healthcare in PNG are not unique to HIV, there were concerning repetitive themes of late or absent HIV diagnosis, inadequate treatment supplies and poor health education throughout this Social Mapping exercise.

The churches play a critical role in the HIV response along the Highway and throughout PNG, influencing attitudes and local understanding. The churches were described as being a link between an idealised past (‘traditional’ or ‘customary’ ways) and a hope to return to it. The merging of church values with what are considered traditional PNG ways legitimises the idea that Christian values have a place in collective, social practices and should influence policy and programming in all aspects of society (Naugle, 2002).

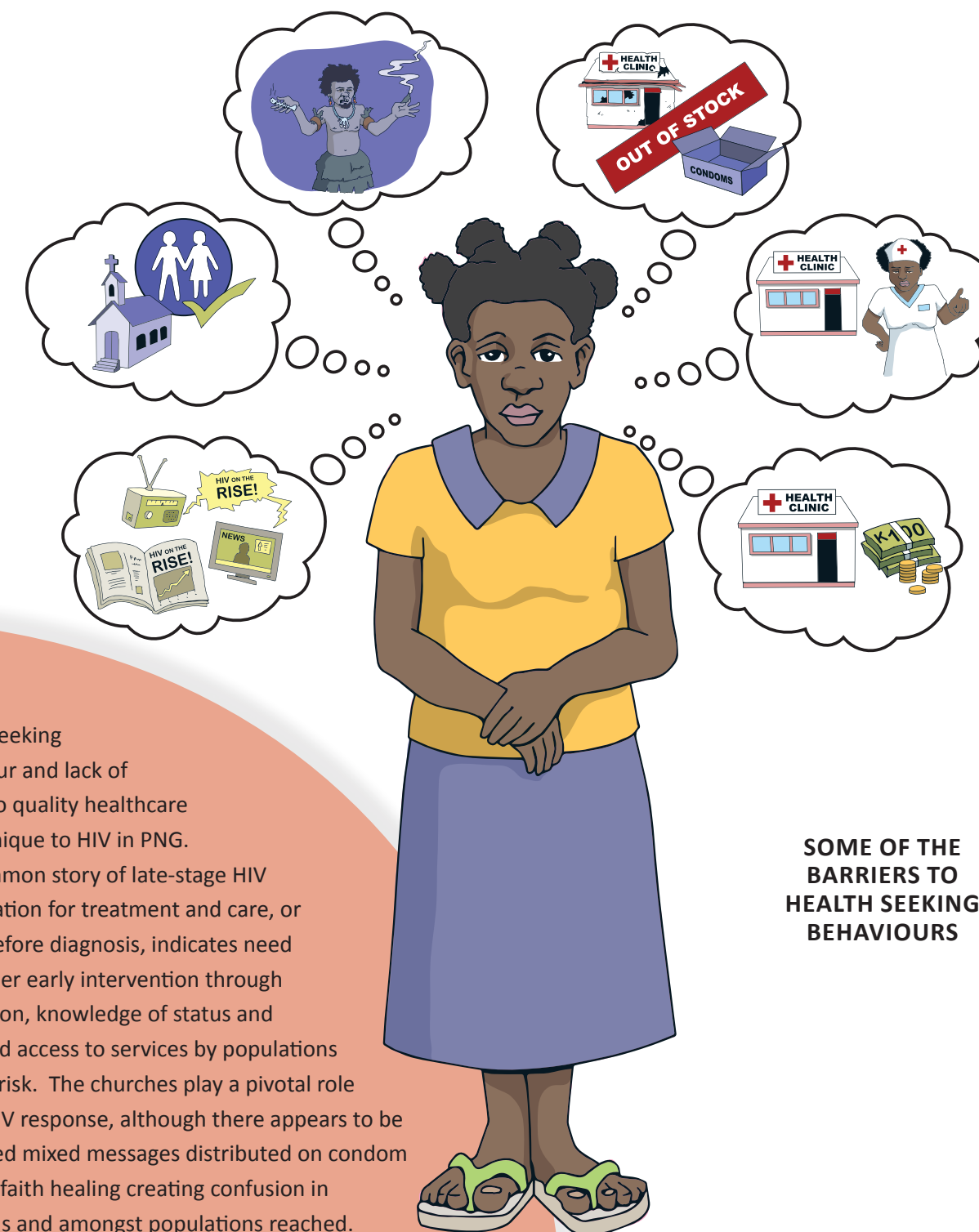
Whilst a number of churches and pastors are promoting condom use in the community (KI1 MV), one Catholic nurse epitomised the view of many faith-based healthcare workers we spoke to - “condoms are not supported by the Catholic Church because HIV is spreading with condoms being present. Condoms are encouraging promiscuity. Scientifically, condoms are not safe. People with HIV who come here say they got HIV through condom use” (KI7 Hagen). A number of churches favour faithfulness to one partner over condom promotion. “Many churches ... do give us awareness” about HIV, said one respondent (KI4 Hagen). The churches say “be faithful to your partners and don’t fool around, because if you do, you are likely to get the virus. Drinking, smoking, marijuana and sex work – the churches do not support these things. These things are morally wrong” (KI4 Goroka).

“People don’t understand about HIV, they only understand about ‘Sik AIDS’ when signs and symptoms are visible”

Focus Group Participant (FG1 Markham Valley)

There are Catholic and other church-run health services that distribute condoms, provide mobile HIV testing services, deliver home care and offer pastoral support to people living with HIV (McCarthy, 2010). They run numerous clinics, drop-in centres and community-based care services. Some respondents provided specific comments on the advocacy work undertaken by women within the churches. These women were reported to help communities and provincial governments gain a better understanding of responsibilities and opportunities in relation to HIV prevention and care.

Other churches were reported to be encouraging parishioners with HIV to turn to faith healing. One woman along the Highway told us that her church told parishioners to “believe only in God and you will be cured” (KI12 Goroka). In these stories, increased HIV infection was described as the result of immorality, which condoms are believed to encourage. Mixed messages in values and practices appear to be causing significant local confusion about the use and efficacy of condoms. One medical practitioner said “when we do condom runs, people are resisting this, saying that condoms are promoting sexual activity” (KI1 MV).



Poor health-seeking behaviour and lack of access to quality healthcare is not unique to HIV in PNG. The common story of late-stage HIV presentation for treatment and care, or death before diagnosis, indicates need for further early intervention through prevention, knowledge of status and improved access to services by populations at most risk. The churches play a pivotal role in the HIV response, although there appears to be continued mixed messages distributed on condom use and faith healing creating confusion in programs and amongst populations reached.

SOME OF THE BARRIERS TO HEALTH SEEKING BEHAVIOURS

VIOLENCE, POVERTY, ALCOHOL AND HIV

Violence was described as a fact of life for most people, in the urban towns and at the stop-points we visited along the Highway. There is a culture of violence as normal in many of these settings (AusAID, 2007). Many respondents talked about their personal experiences of violence, both as victims and perpetrators.

Alcohol, homebrew, marijuana and the need for “fast cash” were common explanations for unwelcome social changes, including violence and HIV. One respondent said “money drives people crazy for pleasure, booze and sex” (KI4 Hagen). In marriage and relationships, domestic violence is fuelled by jealousy, money problems, alcohol and sexual frustrations. Violence in the public arena is powered by tribal fighting and retribution. Widespread poverty also plays a specific role, driving frustration in young men and boys that are unable to access opportunities availed by others around them.

One nineteen year old girl from a settlement² explained, “unemployment forces young men to be raskols”. Additional risk factors for violence that were identified included loss of traditional land, loss of a meaningful role for young people in their villages and loss of traditional ways of living. These boys and men form gangs and engage in criminal activity, both for fun and to make a living (PS5 Madang). Not all raskols are violent, however, and not all violence is restricted to raskols.

Production of homebrewed alcohol was described as a critical enabler for violence in local places. Respondents claimed that this drives violence in many settings (FGD4 MV) and is mostly brewed in settlements (Mapping, Gusap). It is often much stronger than manufactured alcohol sold in stores - up to 100 proof. There are two kinds of homebrew: distilled homebrew, known as steam or Yawa (after bananas which are often the main ingredient); and undistilled homebrew, fermented in less than one day and known by different names, such as “Kopi Kandi”, “Soup”, “White Soup” and “Fruit Punch”, depending on the main ingredient (KI3 Lae). One 500ml bottle costs between ten and fifteen Kina (FGD1 Lae). Yawa is said to make people violent and lose their self-control. Marijuana use was also reported by respondents as being implicated in violence, but usually only when combined with homebrew (McDonald, 2005).

The stories we heard indicate that street violence is of particular concern when large numbers of poor, young street men and boys use homebrew and marijuana. Lainaps (gang rape) of women and girls were commonly described in all places along the Highway. It was said by some that young men on the streets and in settlements cannot afford to pay for sex. One respondent said, “Young boys on marijuana and homebrew will sometimes find a woman and rape her. They don’t have money to buy beer for women” (FGD1 Hagen). This may be the men’s explanation, but there are also many studies that tie violent and multiple rape more to the exertion of power over women (or over the men who are seen to ‘own’ those women) rather than the need for sex (Jenkins, 2007; Kelly, 2010; Herdt, 1987).

² Settlements are the informal suburbs that grow up around major PNG towns as people move to towns from villages for work and opportunities. People from particular clan and provincial groups often cluster in settlements and tensions that exist back in their home place are often mirrored in the new environment.

“My parents ... no money to pay for my school for me to do Grade Seven. I started spending more time with drug bodies. They taught me a lot of things like taking drugs, stealing, lainaps, alcohol”

Young Street Boy
(KI17 Goroka)



THERE WERE FREQUENT ACCOUNTS OF SEXUAL VIOLENCE, WITHOUT CONDOM USE

In urban towns, we heard accounts of adolescent girls, new on the street, being subjected to an initiation of multiple lainaps and other violence until they find a group of women or men who protect them (PS12 Lae, PS5 MV). One respondent said, “new young ladies coming into Lae get beat up, raped and so forth, but familiar ones are left alone. New ladies in town are welcomed by rape and violence by local youths” (FGD3 Lae). In other places, women are extremely vulnerable when alone. They may be pulled into bushes while standing on the street, perhaps waiting for a bus or a friend, and are raped (IC2 Hagen).

Individual episodes of street violence by gangs can develop into tribal fighting and an elaborate system of paybacks that can extend from the place of initial violence back into home provinces. A woman might be raped as payback for violence that occurred in another place at another time. The level of sexual violence in all contexts along the Highway was of serious concern to our field teams. We were not informed of condom use in any rape, so the risk of HIV and other sexually transmitted infections is great.

Violence was reported extensively throughout the Highway, with poverty and alcohol identified as catalysts for domestic violence, *raskolism* and tribal fighting. The frequent accounts of sexual violence, without condom use, dramatically increase the risk of HIV transmission and impact.

Intimate partner violence has been extensively documented in PNG. Sixty-percent of married men surveyed in the 2006 IBBS reported hitting their wives and the same percentage of women reported being hit by their husbands (Millan, 2007). We heard stories in every town about women seen in public with black eyes and assumptions, by locals, that their husbands have beaten them (KI7 Madang, FG2 Goroka). The control of wives by husbands and the husband’s family was a recurring theme throughout the Highlands corridor.

Jealousy was reported as a key cause of domestic violence in marriages (FG2 Goroka), with mobile phones claimed to be fuelling tensions and marital disputes. “One-or-other partner is found to be having extramarital affairs that are being facilitated through use of a phone (‘phone friends’)” (KI7 Lae).

Refusal by wives to have sex with their husbands, or the 'type' of sex demanded by their partner, as well as money disputes, were also described as common causes of violence in marriages. Marital rape was reported by a number of our respondents, at multiple sites across the Highway, and said to be the dominant presentation for married women attending local police and hospital services (KI11 Goroka, KI3 Hagen, KI6 Lae).

Another issue emerging across the Highway was polygamous relationships, with increasing numbers of men reported to be marrying multiple wives, often without the resources to support them. Violence and exclusion, by either the husband and/or the other wives, was stated as fuel for further violence and described as a pathway into street-based sex work for some wives (FGD3 Goroka).

"The fight that broke out here [in Lae] last year ... we, the boys, we pulled girls from the Highlands in to the settlements, raped them and killed some of them and threw them in the Bumbu River. We burned their houses. We used all sorts of weapons – guns, knives, axes, anything we could use"

Raskol Gang (PS7 Lae)

THE 'SPACE BETWEEN' TRADITIONAL AND MODERN

Many communities along the Highway are in a state of transition that has significant implications for HIV and people's lives. At some point in their interviews, many of our respondents compared the old with the new, using words like 'tradition' and 'custom,' which are then contrasted with the 'modern' and 'the present'. Of course, this is not a linear progression from 'traditional' to 'modern'. Tradition still strongly shapes modern lives in PNG.

The changes highlighted by respondents can be broadly characterised as a transformation from traditional, rural and subsistence living to more urban, modern and cash-based living. This movement is buoyed by new political forms that include democracy and bureaucracy. The changes also affect those who remain in rural places, where traditional lands may be sold and where gardening and farming are being abandoned for cash-seeking.

The 'space between' the traditional and modern describes this process of transition. In this 'space between', we found that new ways of making a living, socialising and organising in local places are having profound impacts upon the lives, health and wellbeing of local people. This impacts upon individual identity, creating new roles and new ways of seeing oneself or being seen by others. It also impacts on power – who has it, who does not have it and how it is exercised.

Traditional describes beliefs, objects, customs, practices and industries transmitted generationally that, whilst significantly change through each generation, can nevertheless be traced back through time to the past (Congar, 2004). Tribal customs, spiritual beliefs, social structures and systems, art, ways of dressing and longstanding social norms are key to what is normally understood as traditional (Green, 1997). Although the notion of 'traditional versus modern' is not new, nor free from controversy, its use by respondents appeared to help them better understand how macro-level social changes impact upon sexual behaviour, human relationships and HIV transmission at the micro level.

Papua New Guinean people often feel an ongoing deep sense of pride in their traditional practices and cultural beliefs even as they are actively participating in changing these norms and values (GT HH). The churches - their structures, rules and philosophies – have had a profound influence upon tradition and the 'space between', with many respondents integrating the church into conversations of the past, present and the future. A number of respondents, however, stated that "regarding tradition, we can honestly say that it has died. It is no longer there" (KI12 Goroka).

Whilst 'traditional versus modern' is a simplistic, binary concept, the notion of a 'space between' allows for the identification of a set of understandings about the impact of old and new dynamics on each other. For example, as areas develop and expand along the Highway, people are applying what they know to these new places – such as their traditional values and ways of social organising. These systems and values continue to shape both rural and urban environments.

The pull towards cash and capitalism is significantly transforming traditional practices, beliefs and values. Some key factors that accelerate changes to tradition include industrialisation, globalisation and the assimilation or marginalisation of specific cultural groups (Giddens, 2003). Settlements grow up around towns and whilst cultures within these often reflect the birthplace traditions of inhabitants, there is also a new blended culture that develops in the settlement with a new set of values, practices and mores.

"Here in Goroka town we are in the modern world [so] we don't follow customs, they are dying out. Most places the customs have died out"

Focus Group Participant (FGD3 Goroka)

“Since the country is corrupt, it’s not creating opportunities for us. Therefore, we try to find our own way to make a living and survive, just like everybody else. [There is] corruption at high levels including government and its officials. We have a corrupt system which causes us, many of us young people, to be unemployed even though we reach University and many of us University graduates are without jobs. Since the government is not looking after our needs we would like to talk through the bullet and gun barrel”

Raskol Leader (PS10 Hagen)

Since independence in 1975, PNG has been moving toward a stable form of political democracy, though the process is complicated by traditional structures such as the ‘wantok’³, tribe, clan and family. These systems challenge the notion of citizenship, in which individuals feel identification with, and fidelity, to the nation and the state (Sepoe, 2005). What emerges in the space between modern democratic principles and traditional clan systems is a hybrid form of political organising in which democracy operates through wantok and tribal loyalties.

“[In] village life they live off the land. Parents provide from the land for their families. Urban life [is a] hard life. There’s a lot of theft ... violence ... young girls sell their bodies to make ends meet. Married women sell sex to feed the family”

Senior Police Officer (KI5 Hagen)

Democracy and its bureaucracies become spaces in which the stated goal is to meet the needs of all citizens, while the practice is heavily influenced by the need to garner power and support through fidelity to wantok and familial connections. The result in PNG has been documented, by some, to be an unstable democracy with intimidation, bribery, power struggles and violence playing out in politics and bureaucracy at all levels (Sepoe, 2005). This in turn leads to ineffective functioning of the institutions intended to meet peoples’ needs, to weakened law and justice protection, and to poorly functioning health, education and welfare services.

Local people believe they must fend for themselves, in the absence of a governing system that is able to meet their needs or protect them. There is a strong local wantok system in all the places we visited along the Highway, and this acts as social security or as an economic safety net for the poor, while also keeping people in poverty because of their obligations to others (KI5 Madang). Increasing reliance upon cash has created a credit system that impoverishes the poor, and this extends to ‘credit sex’ arrangements between sex workers and their clients (FGD1 MV).

³ ‘Wantok’ is a Tok Pisin term that literally means ‘one talk’. It refers to people who come from an area where a common language is spoken, and the term ‘wantok’ is used to refer to each other. In more modern use it refers to a connection between people that is about generosity and obligation. Wantoks are often considered mutually dependent, responsible for each other and required to take care of each other when requested. Economic and other supports are usually expected to be given and repaid within this relationship.

Many of our respondents had dropped out of school because of lack of money in the family. We heard frequent stories of young urban men and women who work part-time jobs, or resort to crime and sex work, to pay for high school fees or tertiary studies (PS10 Hagen, KI6 MV). The recent introduction of free education until Year 10 by the government of PNG was reported by some respondents as already reducing the number of out-of-school youth seen on the streets. There continued to be, however, a very high unemployment rate observed and reported amongst those with tertiary qualifications.

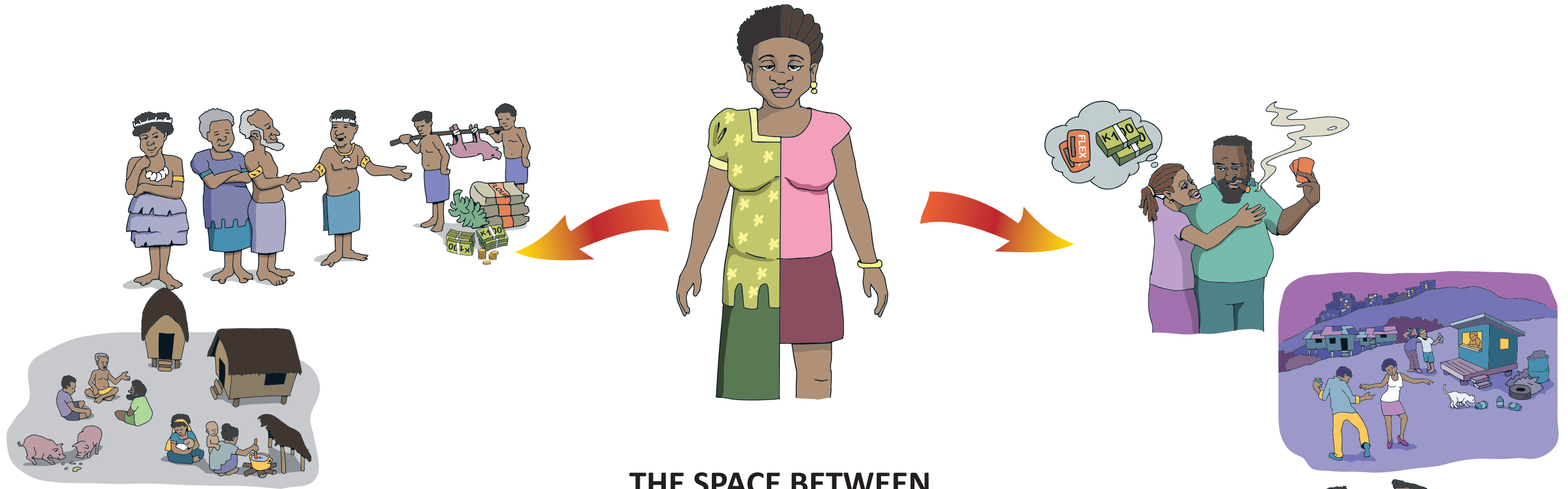
In the absence of effective law enforcement, local people expressed beliefs that justice is best served through traditional clan-based systems of retribution and compensation, despite this often resulting in the destabilisation of local places. It is not uncommon for retribution to include the burning of essential services, infrastructure, schools and homes. Violence and murder, sometimes of many people, was a common theme in the stories of our Highway respondents.

Traditional practices such as gardening, farming and hunting have been declining or changing as local people take advantage of opportunities for cash-seeking. The role of clan and family, as well as the social dynamics of clan in that place, is changing rapidly as the need for cash to survive takes precedence.

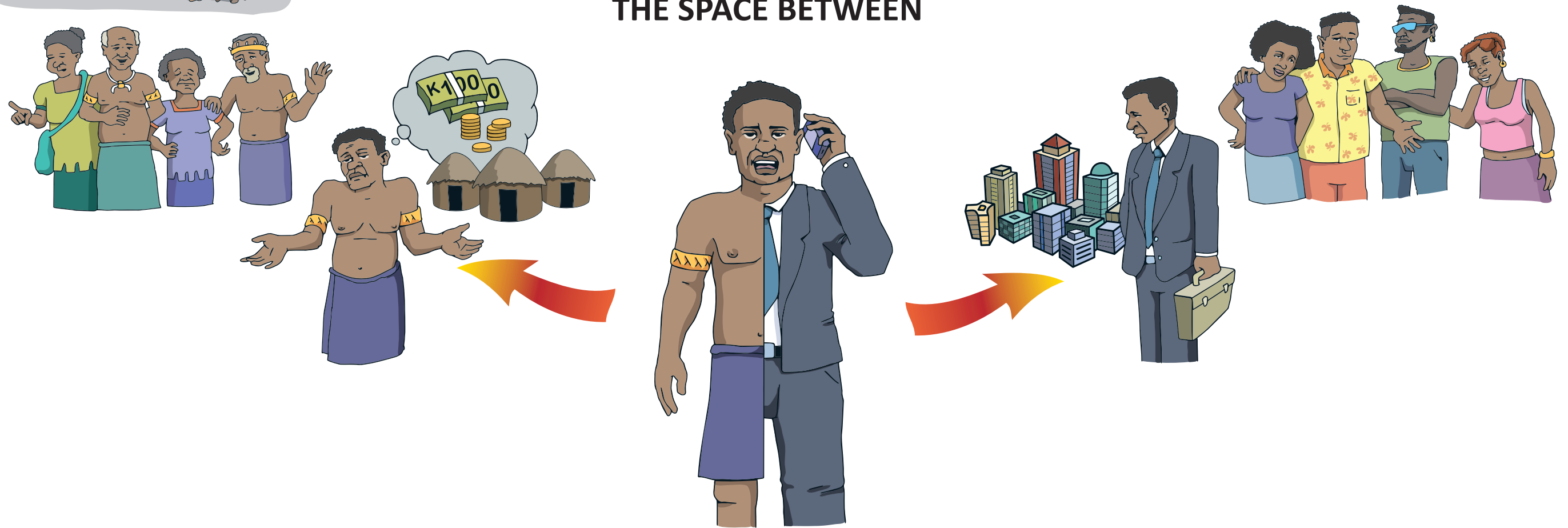
In the past, men and women had distinct roles and added unique value within the clan and family. Men and women tended to stay in their place of birth and remained highly sensitive to the social (family and clan) systems. Nowadays, the push for cash dominates local societies and urban settings are important spaces for cash-seeking. The Highway has evolved to become a significant economic corridor because of its easy access to goods, services and money.

The result of this shifting social dynamic is increasing levels of mobility, changing sexual behaviours and fluid relationship dynamics along the Highway. Multiple relationships appear to be common both within and outside of marriage, and condom use was reported, by our respondents, as uncommon. These altered social dynamics place particular populations at greater risk of, and impact from, HIV.

The ‘space between’ traditional and modern emerged during this Social Mapping as a term to describe and explore the impact of old and new dynamics on Highlands Highway life and PNG society. The pride and connection to traditional customs remains prominent, and the systems of wantok and clans provide challenges within the modern political forms of democracy and bureaucracy. In terms of risk for, and impact from, HIV this ‘space between’ represents barriers and entry points for response, demanding sensitivity to shifting social dynamics.



THE SPACE BETWEEN



THE SPACE BETWEEN TRADITIONAL AND MODERN DYNAMICS IMPACTS ON HIGHLANDS HIGHWAY LIFE AND PNG SOCIETY

POPULATIONS, PEOPLE AND HIV

This Social Mapping identifies populations at higher risk for transmission of, and impact from, HIV. The exercise attempted to better understand the developmental or life pathways of particular groups of people, with specific focus on the ways those groups organise, their points of intersection and access to institutions around them.

WOMEN AT RISK

Women and female adolescents engaging in frequent sex with multiple men, and who connect with these men through the streets of local towns or the Highway corridor, were identified as at particular risk for, and impact from, HIV. The engagement with these men may be for fun, or for the exchange of money, goods and favours. Some of these women are highly mobile, including sex workers and fresh produce traders. Others are selling cigarettes and buai from a local stall (usually cardboard boxes on the ground) or are employed within local towns, or in rural settings. The particular groups of women identified along the Highlands Highway were:

- Adolescent women on the street
- Women in sex work
- Other women involved in transactional sex.

It should be emphasised that not all women within these groups along the Highlands Highway are at increased risk for, and impact from, HIV. Protective factors were also explored, that alter the level of risk experienced by each individual.

“I have sex with men. When the men buy beer we drink. [When] they feel like having sex we have sex. I am getting money, am travelling in trucks. I am getting money the easy way”

Young Woman (PS Markham Valley)

“Before I got pregnant I was a wild woman ... I fucked around with different men. I like to have sex, I like going with men to dance. At the dance they buy beer and we have it while dancing. After the dance, I got with them ... have sex. I don't have any criteria for men as long as they can buy beer and give me good sex”

Young Woman (K15 Goroka)

ADOLESCENT WOMEN ON THE STREET

Adolescent women along the Highway shared stories of their 'trajectory' or developmental pathways through early years. There were many accounts, at each point throughout the corridor, of young females living on the street because of broken or abusive homes. Some reported their parents dying when they were young, leaving them alone and vulnerable, and forcing a move to urban areas to find food and money. We also heard of girls born 'cursed', who were ostracised from their families and communities (K17 Hagen).

We listened to stories of parents favouring sons over daughters, with boys put through school whilst girls were left to a life of gardening and housework, unable to read or write and lacking other skills and opportunities (GT Hagen).

Some teenage girl respondents were told by friends about a life with men on the streets that pay them attention, demonstrate that they value and desire them, and give them gifts and money. The adolescents explained that there are more opportunities in joining friends on the street than staying with their families and choosing a 'traditional' pathway. We heard stories of girls who were excited by the life, the 'fun' and opportunity that could be had on the streets. We spoke to girls as young as 12 years old, and it was common to see these young women (between 12 and 15 years old) on the streets of major towns along the Highway.

Some girls reported leaving home permanently and sleeping rough on the streets with other young people, while others remain at home, travelling in and out of town each day. Some are helped by their brothers to live 'the good life'. Our findings echoed those of the comprehensive report on working street children by the Department of Community Development (DCW, 2010).

Respondents who continue to live at home and participate in family life spoke of taking every chance to join street life. They reported staying connected to the opportunities on the street through mobile phone networks (K113 Goroka). One respondent said, "the mobile phone is how girls can sneak out of the house and get picked up at night by men" (K17 Goroka). These mobile networks are complex, involving adolescents connecting to each other and also to older men. They share and distribute telephone numbers among each other – sometimes across the country (K16 Lae). The networking involves young girls and boys passing on the numbers of their friends and brothers passing on the numbers of their sisters to older men for a reward (K17 Goroka, K12 Goroka, FG2 Goroka). Older men also pass on numbers of young girls they know or have had sex with to others. It was common to hear of adolescent women receiving phone calls from strangers who heard about them through these networks. One girl explained, "[during] coffee season the town is full up [with] business men. They ring us and give us their room number" (FG1 Goroka). Girls also pass on the numbers of older men who have treated them well to other women in their friendship networks. "Mobile phones cause trouble for young women in their families when parents discover what they are doing" (K15 Hagen, PS5 MV).

For a young woman, there is often enjoyment and deep excitement in street life (K115 Goroka). She goes to private parties, to guesthouses to drink and dance and to local clubs where the men who have invited her are paying for everything and paying her a great deal of attention (FG2 Goroka). It is clear that the men will expect sex in return for these favours. Exploring sex, their own and other people's bodies, is part of the fun of the social world of the street and the Highway (K18 Goroka). One man we interviewed said, "young girls [want] older men because they want different styles of sex ... they learn from watching blue movies [and] love stories and from the older men they sleep with" (FGD2 Madang). Pornography and its impact on the sex lives of young women - making them more sexually adventurous - was raised by several respondents (FGD1 Lae).

Much of the street-based activity of these female adolescents presents as sex work. But many of the women involved described their actions as simply seeking men with money, to facilitate a good time. It would therefore be a mistake to term all of this street-based activity as sex work. Most of the young women involved did not identify themselves as sex workers and would be insulted by being characterised as such. In order to better access this population at risk and impact for HIV, programs require improved comprehension of the ways that sex, and the exchange of sex, occurs and is understood by women in local places. (Kelly, 2010; Wardlow, 2007)

Many young women we spoke with described the pathway that they thought their lives would take – starting with finding and marrying a man with money who would take care of them. Many believed that the amount of attention they were receiving from men suggested this was not an unrealistic goal. The plan was usually to meet as many men with money as possible, to use their bodies and youth for pleasure and to achieve this goal of marriage and security. Some received expensive gifts as well as money and reported having a number of men-friends showing interest in them at any one time. However, at this early stage in their street and Highway life, these adolescent girls were also found to be naive and extremely vulnerable. They described themselves as 'inexperienced' – unable to negotiate the price for sex, unable to negotiate for safer sex and with little information about HIV or sexually transmitted infections. There was very little evidence that condoms were being used or are available in these settings where young women are meeting men along the Highway. There were reports of unplanned pregnancies in most places we visited (K18 Madang, FGD1 MV, K17 Goroka).

Many of our respondents reported that adolescent women on the streets had experienced high levels of physical and sexual violence. In some parts of the Markham Valley, severe beatings of new sex workers are part of the initiation of younger girls who come to sell sex at that place (PS5 MV). Around Lae, homeless girls new to street-life are exposed to multiple rapes and *lainaps* by roaming men and boys, until they become part of a local group of *raskols* and women in sex work who protect them (PS12 Lae). The women we spoke to claimed that being 'inside' these groups provided personal power, status and some protection from violence. They spoke of protecting newer girls once they had been 'initiated'. In absence of parental and village protection, these groups appear to provide adolescent women on the street with new, temporary family and clan systems for financial, emotional and physical security.

WOMEN WHO IDENTIFY AS SEX WORKERS

Some young women find themselves deeply embedded in street life. They take local *raskols* or security guards as steady boyfriends for companionship and protection, diverting them from plans to marry a man with money. An alternative pathway we heard was women living with a man with money, or marrying him outside of the clan, but later separating or divorcing, forcing a return to the street with the label of 'Problem Mother' or 'Widow.'

At some point in these developmental journeys, some young women who remain on, or return to, the street become marked as prostitutes and 'bad women' by those around them, including their families. They find it difficult or impossible to return home, to marry or to seek help through formal institutions around them. As one male respondent said, "What I would like you to know is do not marry a sex worker, because they will not be faithful to you. They have done that, and it's in their blood and they will always do it" (KI6 MV).

In Lae, Mt Hagen and at some sites in the Markham Valley sex occurs openly in the alleyways around guesthouses and in other public places including bushes or uninhabited areas of town. Along the Highway there are bottle shops, dance clubs and also shacks that operate as places for sex work transactions. The shacks are sometimes called '5 Kina Houses', referring to the price of sex.

Street sex work was described by respondents as the bottom of the sex work market, whilst women at guesthouses were considered by many as higher class. At a guesthouse we visited during field work in Mt Hagen we saw men and women going upstairs to have sex, leaving guesthouses to have sex in alleyways and leaving together in vehicles.

On the streets we saw and spoke with women and girls working on corners who pointed out 'middle men' who are

Adolescent women, whose life trajectory leads them to the streets, are engaging in sex with men that provide money, goods, favours and ongoing hope for a secure life. Despite these high levels of transactional sex, this group of young women do not identify as sex workers.

During early years on the streets, young women are exposed to initiations of violence and *lainaps*, before entering into protective circles of *raskols*, security and women who sell sex.

paid for the protection they provide with money and sex. Men and boys on the streets pointed out women selling sex around them that they have a particular connection to (IC1 Hagen). At a club in the Markham Valley where truck drivers regularly stop, there were many condoms littered around the venue: a sign that condoms are being used here, but also signalling the very public ways in which sex is enacted at that place (Obs1 MV).

We interviewed several women living with HIV who identified as sex workers. Returning to family once a woman is diagnosed with HIV was stated as difficult for some and impossible for others. Those who had tried stated that parents rejected them outright or separated them from family when they returned. Sharing of clothes, beds, pillows or sheets had been prohibited. "They give the women a plate, cup and cutlery and won't share food with them. Feeling rejected and unloved the women return to the urban setting where they find other street people living with HIV or families who take them in and take care of them" (PI7 Hagen).

For these women, the sharing of food, utensils, beds and clothes with each other – even eating from the same plate or drinking from the same cup or bottle – creates a sense of 'new family'. The intimacy and caring within the system meant a lot to the women we spoke with, and they reported interdependency in distribution of money, cigarettes, food, alcohol and *buai* as well as emotional support.

The members of the 'new family' were usually women in sex work, drug bodies (men regularly using drugs, mainly marijuana), *raskols* and sometimes divorced older woman who provided a place to stay in exchange for payment (PI7 Hagen, PS12 Lae, IC9 MV). The men in the group may be having sex with one or more of the women in sex work within this new family and some of the women may take a *raskol* or drug body as a regular partner. Regular male clients and even police may form part of this structure. Traditional clan and tribe were described as 'outside' the system and we found little sense of fidelity to place of birth or family amongst these respondents. Health services and healthcare staff were also seen as external, although the women living with HIV did report increasing reliance upon hospital and clinic relationships for healthcare.

At this point of the common developmental trajectory described, women in sex work find themselves part of a group that includes *raskols*, drug bodies and a range of other mobile men - including clients. These women are embedded in, and surrounded by, a system of sex, crime, alcohol, gambling and drug use that they rely upon for their income. There was evidence of a clear division of labour between men and women within these systems (reflecting the general gender labour roles across PNG). The men engage in violence, theft, drug and gun running, and drug selling, whilst the women engage in sex work and selling of *buai* and cigarettes. There was an obvious interdependence between the genders and they are required to work together to maximize access to cash. Some women reported being engaged in stealing and 'rolling' drunk male clients, assisted by *raskols* in their group.

During our observations we saw women taking drunk men into alleyways, only to be followed a few minutes later by one or more *raskols* – we assumed that this was in order to 'roll' the man and steal his money (GT Hagen). Women engaged in sex work spoke of conning male clients out of their money, engaging in 'sweet talk' and taking a man's money whilst he is drunk or asleep. They especially target married men for this sort of activity, because the married man is less likely to go to the police or seek retribution for fear his wife finds out that he was with another woman (IC6 Goroka, KI3 Madang, PI7 Hagen).

"We got to [name withheld] hospital ... they say we are whores ... but they will treat us and give us medicine. We don't go there now because they treat us [badly]"

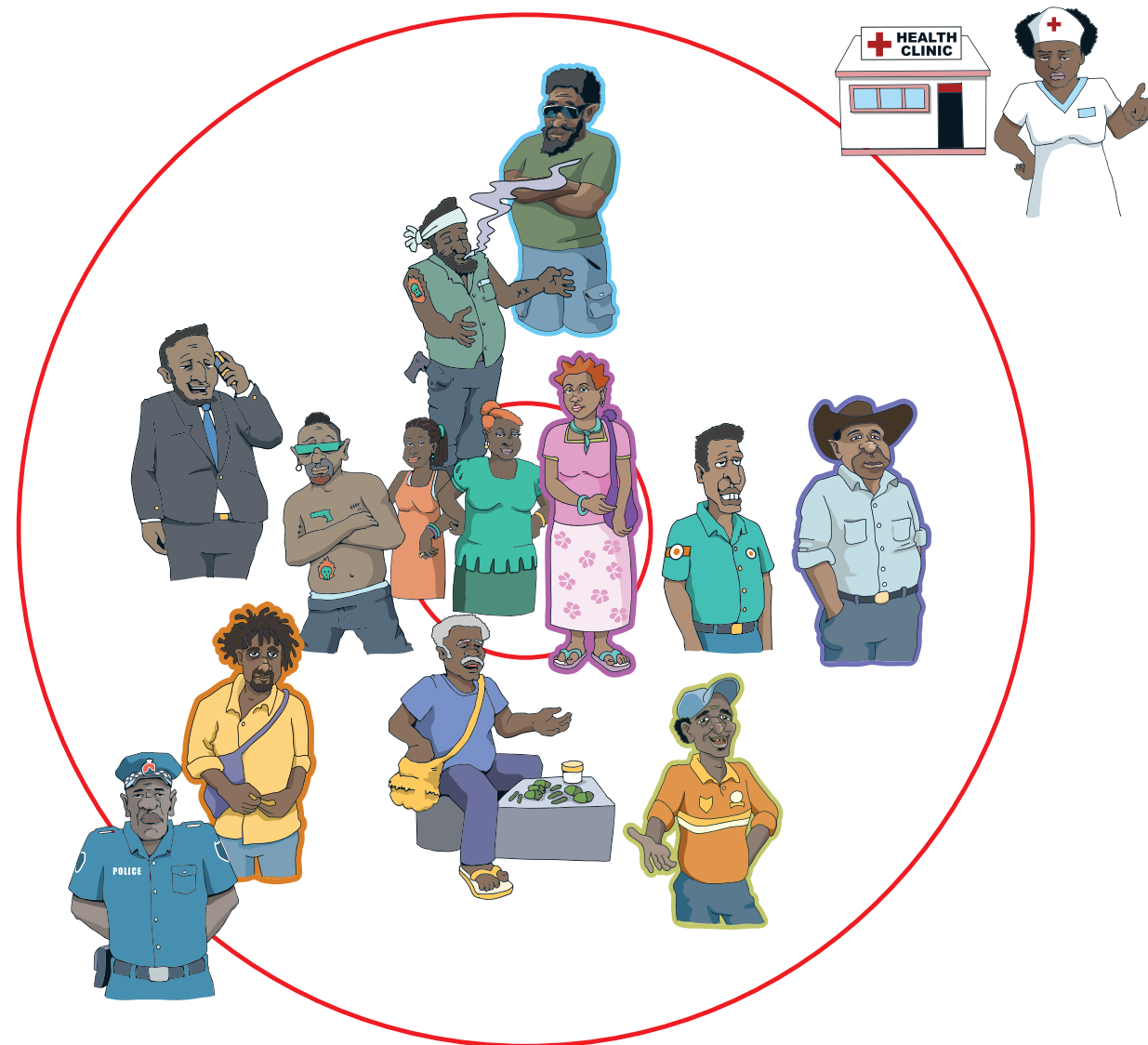
Woman in Sex Work (PS2 Markham Valley)

"I don't go home [to my village] because I'm afraid of what my family will do to me [because I am a sex worker]. Here [on this sports oval] I am secure, I have friends, and people who care for me and protect me. Here is my real family"

Woman in Sex Work on Public Oval (PI7 Hagen)

The female sex workers we spoke with explained a growing system of credit sex, referred to as 'dinau koap' with regular, local male clients employed in companies around towns. The women know when these men are paid and will walk through the town looking for each man to repay his debt on pay days. Raskol friends are used to intimidate these men if they do not pay on time.

The choices available to these women, at this point, are limited. They are undereducated - of the sample that we interviewed along the Highway, the majority either had no education or had dropped out during primary school. 'Respectable' people shun them. The social systems they are in are closed units and those from outside cannot easily or safely gain access to these circles. For example, the raskols who congregate day and night, on an oval in Mt Hagen refer to this field as "our place" (PI8 Hagen). Raskols from other places, local people and people external to the system place themselves in great danger by walking across the oval, especially unaccompanied by a raskol or woman allied to the place. Many of the professionals we interviewed were afraid to walk through or provide outreach to this oval (and other known raskol areas), despite suspecting high HIV transmission rates. Local organisations and staff could tell us very little about what is happening within these particular groups or high risk spaces.



SOCIAL SYSTEMS AND CONNECTIONS OF WOMEN WHO SELL SEX

The closed social systems that women engaging in sex work find themselves in, further isolates them. They are surrounded by men who are violent for a living. Most of the women we interviewed that are involved with 'on the street sex work' bore old scars, had missing teeth and many had evidence of fresh bruises on their faces and bodies. The diets of these women consist primarily of rice and tuna – with little intake of fresh fruit and vegetables. Their night-work lifestyle involves regular travel up and down the arduous and dangerous Highway with truck drivers and company men, smoking marijuana and cigarettes, chewing buai and drinking heavily. Their general health was obviously poor – they were extremely thin, had visible skin rashes, coughed badly and looked unwell.

“I haven’t had a chance to meet with them [women in sex work]. I know these groups are out there... [Because] I hear complaints from their families”

Medical Professional (K12 Hagen)

Women who sell sex along the Highway have commonly followed the developmental pathway described for adolescent girls on the street. These women, now embedded in street life and often rejected by family, are surrounded by violence and crime. They have limited resources to break from the closed social units that surround them and, with health and support services viewed as external to the system, there is evidence of poor health and nutrition. Multiple sexual partners, lack of condom use, sexual violence and poor healthcare access determine that these women selling sex and the social circles immediately surrounding them, are high risk for HIV transmission and impact.

WOMEN INVOLVED IN TRANSACTIONAL SEX

We spoke with women who had married within the traditional clan system and others who married outside clan custom and without parental consent. We also interviewed women who were divorced or separated from their husbands. In all of these groups we found women involved in high levels of transactional sex (often with multiple partners) and women at risk of, or already living with, HIV.

MARRIAGE WITHIN TRADITIONAL SYSTEMS

Bride price is paid by the husband's family (to the wife's family) within traditional clan marriages of many PNG cultures. A series of rituals make up the marriage process and both families observe a collective honouring of the relationship. A woman whose family is paid bride price is said to be respected and viewed with value. In subsequent rituals she will be honoured before unmarried women, and those who did not attract bride price. Conversely, some men believe that because bride price has been paid, the wife is his possession and cannot refuse him anything. We heard stories of men who paid bride price for their wives and then demanded that the women engage in sex work, beating them if they refused (FGD1 MV, PS5 Madang). Other women said "it [bride price] has made marriage a prison" (KI1 Goroka).

"Anyway, all was well until my first born daughter ... he [husband] started drinking and he would come home in the morning ... I was not strong enough to have sex with him, [but] he would use force [until] I could not bear it [anymore. Eventually] my relatives belted him so badly and packed my stuff and moved it to my parents' house ... Through [a] Village Court settlement we officially broke up [divorced]"

Young Woman
(PS2 Goroka)

Many women who marry within the traditional system experience a level of protection provided by its customs. There is a level of consensus about gender roles, as well as the ways in which men must treat women and vice versa. Women, however, are often restricted from moving around by their immediate relatives, especially the family of the husband (FGD2 Madang). There are common understandings about punishment and retribution for breaking social rules. If women are experiencing marital difficulties, their husband's family or own family members may step in for support and protection. These women can also access the traditional clan systems, such as village elders or the modern adaptation of this – the village court system (PS2 Goroka). She is considered 'respectable' and therefore may find it easier to approach police, hospital staff and legal authorities for support.

Many of the professionals and community leaders we interviewed

"I ... married a man who had two wives ... from Hagen. I fought with his first wife and [eventually] returned to Goroka. After two years I heard his second wife had died, then he died, then his first wife died. When I heard the news I didn't think I had the virus; I thought I was safe ... [but] I got sick around 2008 ... [and then] I found [out] I was HIV positive"

Woman Living with HIV
(PS3 Goroka)

along the Highway view this traditional family system of marriage as a protection from HIV and as providing safety for women (FGD2 Goroka). However, our mapping findings suggest that traditional marriages were no less violent than non-traditional ones, and that sex outside of marriage was no less prevalent amongst clan system marriages.

This supports previous studies in this area (Kelly, 2009; Kelly, 2012; Hammar, 2008). For example, where special police units and hospital clinics have been established to support victims of domestic violence in towns along the Highway, they are overflowing with battered wives from both traditional and non-traditional marriages (KI11 Goroka, KI3 Hagen, KI6 Lae).

In the Western Highlands, polygamy is traditional and common practice. In the Eastern Highlands it has been common only for male tribal leaders to have more than one wife, with these big men (bikpela man) reportedly having up to twenty wives just a generation ago. The system of multiple wives, however, is becoming increasingly popular and widespread among ordinary men, and is a catalyst for increased HIV risk (KI1 Goroka). We heard stories of women engaging in sex work because their husbands have several wives and they can no longer rely on money from husbands to feed their children (PS3 Goroka). We listened to recounts of first wives abandoned for second wives and vice versa (PS5 Madang) as well as competition and fighting amongst wives causing alienation and abandonment (KI18 Goroka). There has been a modern shift in polygamy practices in which more men, despite not having the resources to support them, are seeking multiple wives. This provides another good example of the 'space between' traditional and modern, with men adapting traditional polygamy practices to modern living, with different rules (and risks) for the women involved.

We heard stories of men marrying several women, with HIV transmission between husband and wives (PS3 Goroka). Some women told us that their husbands had died and left them with children to feed and no income (FGD1 Madang). Stories of husbands leaving the family for work in a distant region were common and, in these situations, relationships outside of the marriage were reported – by both the men and the women. "The husband may even return with the second wife, to live in the family home" (KI4 MV). Revenge and revenge sex were specific issues raised in our conversations and many wives, when asked about their motivations for taking extra partners, said that the husband had either stopped sending money home or was having sex with other women (KI5 Lae, PS5 Madang, KI3 Hagen, IC8 MV).

MARRIAGE OUTSIDE TRADITIONAL SYSTEMS

Young women may also marry or live with men outside the traditional clan system. They meet a man with money, fall in love and then live together. In these cases, bride price is not paid and no rituals are observed as part of the marriage. There is no respect for a woman whose family has not received bride price. A woman in this situation may have no right to seek support from her own or her husband's family. Sometimes, a family will remain involved with the woman and seek to support her. But we heard stories of girls being ostracised from family because they have married without the consent of parents (FGD1 MV). Marrying outside the traditional customs may therefore increase isolation and vulnerability risks for a young woman. An exception to this story is women who move in with wealthy local or expatriate men. If the man has money but has not paid bride price, relationships between

"A village woman moved to a settlement [to] marry a man who was a driver. He lost his job and then [the] man started to sell his woman [for sex to other men]. The woman is now HIV positive and she got sick. She has three children [but] now the husband has left her and married another woman in Goroka"

Focus Group Participant
(FGD1 Hagen)

the girl and family may be maintained as she is expected to extract money from the relationship for her family. Some of these relationships do eventuate in a bride price payment, sometimes after many years of living together.

Access to pornography (despite it being illegal) and its impact on sex in marriage, was reported as causing tension and separation (FGD3 Lae). The scenario most often described was of a work-away husband who watches pornographic movies and then returns to the family home, intending to try new ways of having sex with his wife. If the woman refuses she may be raped and beaten, or refused money until consenting to participate in these acts. Continued resistance to sex may result in the husband seeking sex outside the marriage with other women, including sex workers, who will cater to his requests. "Revenge sex" was often described as a form of punishment exacted by either or both partners.

Extramarital relationships were reported at similar levels within both traditional and non-traditional married couples. We heard stories of wives hiding condoms in empty fish tins so that their husband would not know they had them (KI6 Goroka). Arguments, violence and divorce or separation remain the risks when one partner discovers the sexual activities of the other (FGD3 Goroka).

Despite these frequently detailed extramarital affairs and multiple current sexual partnerships, condom use amongst husbands and wives was reported as low, supporting previous PNG research (Millan 2007; Kelly, 2010). The sensitive, and sometime secretive, nature of affairs was outlined as a barrier to the introduction of condoms with existing partners. Women detailed domestic and sexual violence as deterrents to discussions on sex, affairs, money and condom use. Men expressed frustration at being unable to speak openly about their sexual needs and expectations.

Transactional sex was described by women in traditional and non-traditional marriages that we spoke with, as well as by single and widowed women. Amongst a number of our respondents, these transactions – often for small amounts of money, goods, produce or favours – take place frequently, and often concurrently with multiple men. It was not uncommon to hear of married women having extramarital partners for access to extra cash to help with buai or produce trading. Women also told of having sex for laundry soap or soup noodles if that was what was needed on that day (KI18, Goroka).

SEPARATION AND DIVORCE

Separated and divorced women appear to represent a new category of women in PNG society. Whilst 'widow' is a category well understood by society, the idea of a divorced woman appeared unfamiliar for many respondents along the Highway. As new social groups are often positioned on the outer of a dominant culture, these women are potentially vulnerable and stigmatised until recognised and integrated into the social and cultural 'story' of their communities. The terms for separated or divorced women used by our respondents included 'problem women,' 'problem mothers' and 'widows' (FG3 Goroka, IC8 MV). These terms also refer to women who are having problems in a marriage and taking other partners (therefore perceived to be on the path to divorce). The labels often, but not always, refer to separated or divorced women engaging in sex work or transactional sex.

Among the women we interviewed there was a sense of grief and bitterness at losing the dream to marry a good man and live a successful married life. Some women had remained with their children but others spoke of their children living with either their own or their ex-husband's family. These women appeared wary of men and, whilst expressing ongoing hope for romantic love, are currently engaging with multiple partners in order to feed themselves and their children.

Several of the separated or divorced women we spoke with expressed a sense of relief at being apart from their male partners, describing how they now have more control over daily choices in life. Amongst a group of divorced women in Goroka, one said, "we are single and we don't stay with a man and so we have power in our lives. Because we are single we are the boss[es] of our lives" (FGD1 Goroka). Being with a man equated to being powerless and being single enabled personal power over one's life. Power within relationships was a

common theme amongst these women, with discussions of the disempowerment of women which escalates to rape and battery. "Women must be vigilant and never let their guard down or they will become the victims of men. Sometimes we get too drunk ... if we get drunk they will rape us. Or if we go to take a pee they hijack us and rape us" (FGD1 Goroka).

Men in our sample described divorced women as savvy and knowledgeable about sex and relating to men (KI1 Hagen). They are particularly sought out by some young men and boys for sex because they are more experienced and prepared to have not just vaginal, but also anal and oral sex. Some separated or divorced women live together in settlements on the edge of Highway towns and are known as women selling sex by people in the local community. Other divorced women sell goods on the streets including buai, cigarettes and store goods. We also met divorced women who sell marijuana through established business relationships with raskols and 'drug bodies.'

The separated or divorced women we spoke with presented far less naive than their younger counterparts. The stalls run by these women in towns often become points of safety for other women on the street. Some stall holders are referred to as 'Mamas' by adolescent street girls who rely on this 'problem mother' when in need of protection (PS12 Lae). These vending sites also provide a place to sit and wait for potential male sex clients, as newcomers arriving in town first stop for buai and cigarettes before heading to clubs or guesthouses (Obs1 Goroka).

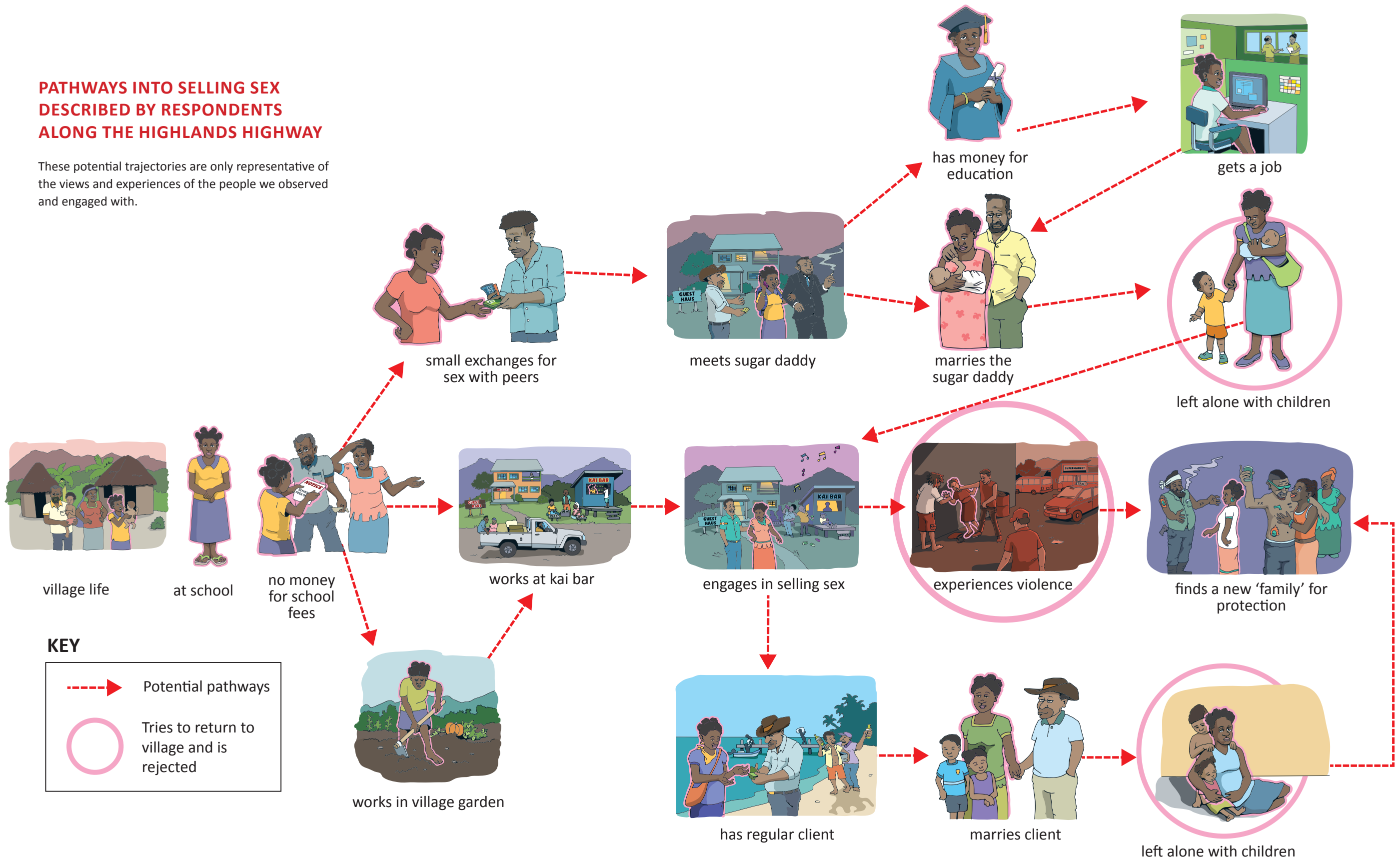
The stories we gathered indicate that separated or divorced women are vulnerable to HIV. Limited options for making a living and poor levels of education lead to engagement in sex for money - for survival. "We need money; we do crazy things already for money. We need money for our children, or clothes or school fees" (KI1 Goroka).

There is a group of women engaging in transactional sex for goods, money, security or favours along the Highway. These women come from traditional and non-traditional marriages, or may be separated and divorced. Increased mobility of people and changing social dynamics including gender roles has increased access for both men and women to relationships outside of the family home. Condom use was reported as low between married couples despite the reports of these extramarital affairs.

Separated or divorced women engaging in transactional sex do present at risk for, and impact from, HIV. Marginalisation, and a need to access money for survival, determines higher levels of sex exchange amongst this population. Separated or divorced women transacting sex also provide a potential access point to adolescent girls on the street, as they often play a protective role in the closed social circles of urban spaces.

PATHWAYS INTO SELLING SEX DESCRIBED BY RESPONDENTS ALONG THE HIGHLANDS HIGHWAY

These potential trajectories are only representative of the views and experiences of the people we observed and engaged with.



MEN AT RISK

HIV prevention, in many concentrated epidemic settings, has traditionally focussed on a set of key populations: sex workers, MSM and injecting drug users. Other men at risk for or affected by HIV, such as clients of sex workers and men with multiple concurrent partners, have historically been under-targeted. In policy, this has been somewhat addressed in PNG through the development of the National Gender Policy and Plan on HIV/AIDS (2006). In practice, men still receive insufficient attention.

During this Social Mapping, we identified specific groups of men at higher risk for HIV transmission and impact - because of the levels of sex, or the type of sex they reported. Some groups were also identified because they were facilitators of environments that increase vulnerability of women to HIV, especially through sexual violence (including rape and lainaps).

Our field teams attempted to understand the developmental or life pathways of these particular men and specifically focussed on the ways these men organise, their points of intersection and access to institutions around them. The groups of men identified along the Highway to be at increased HIV risk and impact were:

- Mobile men with money
- Raskols or criminals on the street
- Marijuana users or 'drug bodies'
- Men who have sex with men, and transgender people.

MOBILE MEN WITH MONEY

There is a highly mobile population of men along the Highlands Highway who have the money, time and freedom to maintain concurrent short and longer-term sexual relationships with women. One respondent explained that "there are three kinds of power – man power, woman power and money power ... Money gives men power. Money equals access to vehicles, equals the power to move around and equals the power to buy sex" (FGD1 Markham). This growing group of men have power and influence, and their risk of HIV is increased because of this status. "With money it is easy to get HIV ... these men are the most vulnerable" (KI5 Lae). Mobile men with money who travel by air are termed "Fly In, Fly Out" (KI5 Lae) and they include mining workers and other company men, public servants, landowners and politicians (KI6 Markham, KI7 Goroka, FGD2 Hagen, FGD3 Lae, KI1 Madang).

A mix of formal and informal commercial industries has emerged around these men who travel by air, road or sea, into places along the Highway. Hotels cluster around airports and bus stops in all major towns along the corridor, and around the ports in the coastal towns. At some of these establishments there is a mixture of gambling, drug-use, alcohol and women selling sex (PS4 Hagen, PS8 Lae). A system of procuring women exists in some local places (GD2 Goroka, FGD2 Hagen, FGD1 Markham) with local men and boys receiving a commission for bringing young women to businessmen passing through town. Men and boys 'work the hotels' where businessmen are staying. They negotiate for women and receive money directly from businessmen for escorting a woman or women to the hotel room (GD2, KI8 Goroka). Mobile men with money may also look themselves for young women at local entertainment

"Big Shots fly in from outside and stay at (hotel), have sex with sex workers and beat them up"

Local Respondent (KI13 Goroka)

Mobile men with money represent the demand side of sex work and transactional sex. Resource extraction and related industries will see this group of men continue to expand over future years. The high mobility of this population often leads to disconnection from health services.

establishments, places where women are known to sell sex, and around local high schools. They drive past in big cars looking for interested young girls (FGD3 Lae).

Like most mobile populations along the Highway, mobile men with money travel in and out of towns quickly and at short notice. This fluidity, as well as the need to maintain respectability, appears to affect engagement with health and HIV services, both from the supply and the demand side of delivery.

RASKOLS AND STREET GANGS

Men and boys involved in crime and violence in PNG, including along the Highlands Highway, are referred to by the Tok Pisin word 'raskols'. There appears, from this Social Mapping, to be many pathways to raskolism. Boys who "don't want to work in the gardens" find themselves opportunities for fun and profit in rural and urban settings (FGD1 Hagen). Other trajectories described included the death of a family breadwinner or a father moving away and leaving a child with others, resulting in no money for school fees. These scenarios lead young boys to the street to find money and something to do – a story with elements that include the breakdown of family and traditional society (KI17 Goroka).

Many respondents felt that raskol gangs emerged from settlements and that growing up or living in these urban fringe environments increased men's chances of becoming gang members. Settlements are unsafe places in which violence is common (Small Group Mapping Hagen). Settlements are made up of people from many clans and provinces and these 'outsiders' are often perceived as a threat to the tradition of a local place, and as facilitators of civil unrest and violence. Raskol gangs form part of the social landscape within settlements and for these young people the groups appear to take the place of the clan function of past generations.

Anthropologists and researchers like Goddard (2005) have challenged the simplistic analysis that raskols emerge from poverty, unemployment and a lack of education. They argue that raskolism (and gang behaviour among some PNG men) can also be seen as a way for local men to create their own form of a capitalist structure alongside an introduced Western economy.

Most of the (self-identified) raskols in our sample had completed junior high school (sixty per cent) or at least primary school (twenty per cent). A fifth had started, but not completed, tertiary training. All raskols interviewed had some level of formal education – though the sample size was only twenty. The opportunity to make 'fast cash' in urban settings was reported as a reason for school drop-out. Many young men and boys gravitate to the streets and work in and around markets, bringing in 20-30 Kina a day as 'market taxis,' or

"In the past I targeted nightclubs. I waited outside for those who were drunk, then held them up at knife point. After getting a gun I started organising my own group and we started breaking into houses. We tied up the household members and got valuable items and sold them. [Now] I am working. During time off I go rob, rape and break and enter. There is a strong bond among my boys. Some have been detained by the police and released. Me and my boys do take drugs, we share everything stolen, the money, the food ..."

Raskol (IC4 Goroka)

carriers of produce for stall-holders and shoppers. Some boys join a family member or friend in selling produce or trading black market goods on the streets. Others join the crew of a local PMV or trucking route. At this point, young men still attending school are influenced by the potential for independent income and opt for work rather than school completion. School drop-out rates amongst the young men we interviewed on the street were extremely high.

Increased engagement with urban centres and generation of income allows young men to connect with others, some of whom have grown up in settlements along the Highlands Highway. They form bonds and are invited to join local groups. From our findings, raskols almost always identify with one group or 'gang.' There is then a transition to spending more time in town and on the street with this group than at home, with families or in villages.

The trajectory from engagement in local cash economies, to involvement with gangs and raskolism was not entirely clear. The marked risk factors that emerged from this Social Mapping were selling of marijuana, engaging in petty or serious crime, and involvement in violent acts from a young age.

There are, obviously other pathways to raskolism than the common trajectory described, and entry into these groups is not always during teenage years. There was a specific case discussed in Lae of a man who worked for a local company that was of significance to the criminal activity of a particular gang. The man was invited to join the raskol gang so they could utilise his connections (PS4 Lae).

The young men we interviewed openly referred to themselves as raskols. There was no observation of shame in use of the term, and there was obvious pride in the identity - akin to the pride one may present in supporting a football team or belonging to a particular clan or provincial group. It was common for these men and male adolescents to refer to each other as 'my boys' and use collective terms such as 'we,' 'us' and 'ours'. Many spoke of older men who provided mentorship to the gang, and to new raskols. They spoke of sharing everything, sometimes including girlfriends who may be used in lainaps by other members of the group.

There is prestige in being associated with and identifying oneself as a raskol. The young men we spoke with indicated that notoriety, freedom and power are major incentives to joining a gang. The power to want a woman and be able to have her, to rape a woman or be involved in a lainap, to own weapons and be prepared to use them, to have access to large amounts of 'fast cash' through petty and violent crime – these were all described as important. The level of violence and danger, as well as the communality provided, were reasons provided for adolescent boys becoming raskols – many of whom want to prove themselves as men by showing courage in the face of danger.

Income generation among raskols mostly involves petty crime and robbery. Theft, including pick-pocketing, bilum snatching and carjacking, is common. Pimping for sex workers and 'rolling' drunk clients, as well as providing muscle for bikipela man (including murdering people), were identified ways of making regular cash in a local town or home province (PS9 Hagen, PS7 Lae, IC4 Goroka).

In major towns this crime is often stark and overt, with local tradition providing no barrier to prevention of crime. For example, when a local raskol is harmed or killed (by other gangs or by police), it can still result in

“Most of the young men who come to my house to buy drugs ... they work as a group and attack people. After doing that, they come to my house, buy drugs from me and tell big stories about how they raped a woman or did a lainap”

Marijuana Dealer
(IC5 Goroka)

violent retribution and compensation demands from family or clan – even if the raskol was engaging in crime or violence at the time he was harmed. As a result, most locals maintain silence and do not intervene when crime occurs, although their sense of outrage and powerlessness about raskol behaviour and impact was clear during our field work (GT Hagen).

A strong association was found to exist between raskols and marijuana smokers in the Highway sample. In fact, the terms appeared to be used interchangeably. Those who referred to themselves as 'drug bodies' were clearly engaged in raskol-like activity, and those who called themselves 'raskols' described 'drug body' lifestyles (K117 Goroka, FGD2 Madang). This Social Mapping did not provide definitive answers about the connection between these two groups of men. The association has previously been detailed in an earlier situational analysis (Burnet 2006). What we did observe, however, was that this close association between drug bodies and raskols facilitates an industry of marijuana cultivation, distribution and sales driven by both groups and associates. Gun and marijuana running for cash across the country is facilitated by relationships between marijuana users, businessmen and local raskols (IC4 Goroka).

The Highlands is a major area of marijuana cultivation, with export of the product to Lae and Madang (via the Highway), and distribution from there across the country and potentially across land borders. Drug bodies were observed selling marijuana on the streets in many places along the Highway, and report working with local raskol networks to facilitate distribution. One respondent explained, "I travel up to the Highlands ... to other places and sell drugs for money and firearms" (PS4 MV).

Movement of marijuana across the country was described as difficult and dangerous. Raskol respondents detailed long days of travel on foot and PMV journeys across the Highway with large amounts of marijuana, to trade in the lucrative port economies of both Madang and Lae. The benefits were stated to be making more money in a few days than working class people earn in a month.

Access to guns provides more sophisticated means for income generation amongst raskols. Some of the men we interviewed talked about involvement of themselves, and their gangs, in armed holdups of banks, PMVs and truck convoys along the Highway. They also spoke of home invasions and described servicing 'customers' who might specify a request for a particular household appliance like a washing machine or television. The raskols then explore potential residences, report findings and choose a house to invade.

It was common to also hear stories of imprisonment, being on the run and of raskols being shot and beaten by police.

Many raskols engage in high levels of unprotected sex, and 'lainaps' without condom use. This demonstrates clear risk for HIV transmission and impact amongst this population, their victims and the women that they regularly engage in sex.

Raskols present as disconnected from health and welfare services. A key question emerged from our findings, about the role that these individuals and groups could play in HIV prevention programs, and the potential links from older raskols to younger raskols, across gangs and to community and health care services.

The raskols encountered during our field work reported high levels of unprotected sex, and 'lainaps' without condom use. This demonstrates clear risk for HIV transmission and impact amongst this population, their victims and the women that they regularly engage in sex. Raskols present as disconnected from health and welfare services. There were no reports of regular testing for HIV or STIs, and very little evidence of health-seeking behaviours amongst raskols.

A common generic antibiotic, purchased at street stalls, was reported to be used as a 'cure all' among many local people (including raskols). This creates obvious potential for development of antibiotic resistance amongst this group and the greater community.

PATHWAYS OUT OF RASKOLISM

There was a status dream described by raskols, in which one becomes a 'bikpela man', with raskolism used as a stepping-stone to establishing local businesses and even going into politics (GT Hagen). Examples of this were found in Mt Hagen, where the raskols we spoke with have established a security firm to provide protection to local businessmen. Some have also established herbal remedy businesses and are involved in moving large amounts of fresh herbs grown in the rural Highlands to Mt Hagen for processing (PI7 Hagen). Other men in our broader sample have moved from raskolism into steady jobs and now describe themselves as 'working class' - working for a company and receiving a regular, formal sector salary. This does not always result in total withdrawal from the group of raskols or associated activities, though it does decrease crime and violent activity for the individual (IC4 Goroka).

One man gave the field team a letter in which he detailed his story of being 'a gangster', on the run from the law and of being in prison. He wrote that he had changed his lifestyle after joining a local church group and that "now I realise that those things I did was wrong" (PS13 Hagen).

MARIJUANA SMOKERS OR 'DRUG BODIES'

The local term drug body was used by many to describe men and boys who engage in smoking marijuana on a daily basis. The term was often used in a pejorative way, however, we also found it commonly used by marijuana smokers when referring to themselves or their friends. While the term may infer poly-drug use, all those we met who called themselves drug bodies reported only consuming marijuana along with alcohol. This group of men were often associated with raskols and many reported being involved in violence, crime and trade with raskol gangs.

Pathways to regular marijuana-use appear to follow a similar trajectory to that of raskolism. Young men and boys gravitate to urban and other rural settings for work, or are living in settlements where marijuana use is common, and are introduced to smoking the drug through friends. Others never leave their place of origin, and grow and smoke marijuana where they live.

In Goroka, the main pathway to marijuana smoking was described as the result of boys having to withdraw from school when money ran out in the family. There was frequent remorse observed in the telling of these stories and a deep regret about leaving school expressed by many respondents (KI16 Goroka). They described dropping out, having nothing to do and gravitating to peers who are smoking marijuana regularly.

Men and boys who smoke marijuana regularly spoke of the connections it created with others in the community - those who come and smoke with them and others who buy it from them (GT MV). They referred to truck drivers, company men and security guards as semi-regular marijuana users and buyers. They also named local doctors, nurses, businessmen and public servants who smoke with them.

"I still do these activities [violence and crime], but on rare occasions because I am working"

Raskol (IC4 Goroka)

"I do drugs because it makes me feel good and takes my mind away from everyday issues of life. I was unemployed before, so to remove my feelings of depression, self-pity ... hopelessness, I did drugs. The drugs made me see visions, have good feelings"

Drug Body (PS10 Hagen)

There seems to be a class or socio-economic aspect to the labelling of someone as a drug body. The title did not necessarily reflect a level of marijuana use, but rather socio-demographic status of the individual. If you smoke marijuana, come from a poor family and have low-level education you are named a drug body. The tertiary-educated men who smoke with, and buy marijuana from, our respondents didn't refer to themselves - nor were they referred to - with this title. This appears similar to references of 'functional drug users' in other societies globally.

Many street boys who smoke marijuana said that "drugs are a good thing, a blessing never to be missed" (FG4 Goroka). They described a sense of connection, of "brotherhood", to the people they smoke regularly with (FG4 Goroka). There did not appear to be many pathways out of street life and marijuana smoking. This might be because of the impacts of poverty and lack of education, but also the subsequently fewer opportunities available to this group. Like the raskol sample, however, there were a number of regular marijuana smoking men who had completed junior or senior high school.

There was no obvious prestige in being called, or referring to oneself as, a drug body. This group of men was found to be highly stigmatised, and consequently they stick together - meeting regularly in small groups to smoke and drink. They also provide social, financial and physical protection for each other. A number of drug body respondents said they like to be "among ourselves because we understand each other" (KI17 Goroka). They reported sharing stories, jokes and personal problems, relying on each other for advice and support. "We are like a family," one of our respondents explained. We are "brothers" (KI17 Goroka).

We also spoke with other groups of drug bodies who occasionally smoked together but expressed no sense of fidelity to each other beyond this activity.

Interviewer: *"Do they ever talk about the risk of getting HIV by doing lainaps or rapes?"*

Raskol: *"No, these are drug bodies, they are immune to HIV, they just do it."*

Interviewer: *"What do you mean when you say they won't get HIV?"*

Raskol: *"The drug they take [marijuana] has made their blood stronger, so when the HIV virus enters the body, it's weak and dies."*

During our field work, we heard a number of myths associated with the use of marijuana. The first and most significant is the belief that the drug strengthens the blood and makes one immune to HIV (KI16 Goroka). A number of respondents described a mythical chemical in marijuana that 'kills' HIV. Others stated belief that marijuana changes the constitution of their blood and it is their own blood that 'kills' the virus (KI16 Goroka). Women in sex work smoke marijuana in order to "slow the reaction of the HIV virus in her blood veins" (KI6 Markham Valley, FG2 Goroka). A young man in Goroka said, "since taking drugs I have never [fallen] ill [or] been affected [by illness]. I don't know why people say drugs affect [damage] the body" (FG4 Goroka). These beliefs

"I am a drug body. Women don't like me. When I tease girls they turn around and say 'You drug body!' So I don't really try my luck on women"

Marijuana Smoker (KI16 Goroka)

about marijuana and HIV appear to be reinforced by educated professionals. A doctor at a local hospital, who also smokes marijuana, confirmed the myth (KI16 Goroka).

A common misconception that emerged from interviews with marijuana smokers is that they are addicted to the drug and there is no hope of stopping use (PS5 Lae). The belief that marijuana is addictive means that many of these men and boys are not prepared to even try to stop (KI17 Goroka).

Further information shared by the drug body sample, was that different types of marijuana create varying effects. We heard regularly that 'red marijuana' makes people violent and increases sex drive whilst 'green marijuana' makes people docile, hungry and decreases libido (PS3 Lae). It is more than probable that different strengths, or cultivation, of marijuana results in varied smoking effects. However, given the amount of beer and homebrew use also described by these groups, it remains unclear which substance, or combination of substances, is causing which effects.

MSM AND TRANSGENDER PEOPLE

MSM and transgender people (who generally also have sex with men) in PNG, are at high risk for and are disproportionately affected by HIV (USAID/FHI, 2011). They are identified within the PNG National HIV/AIDS Strategy 2011-2015 as a group of people requiring particular attention, especially if they are living with HIV (NACS, 2010).

We achieved limited access to information about MSM or TG people along the Highway. In Mt Hagen, Goroka and the Markham Valley, MSM and transgender people are notable by their absence. In Mt Hagen we were told of three MSM living in the town and were referred to one man by some respondents. When we approached the man identified, however, he denied having sex with men. We were also unable to identify or interview any MSM in Markham Valley. It was not unusual for respondents to say "we have no one like that here" (KI1 MV) or "if we found them we would kill them" (FGD1 MV). There was, however, acknowledgement of sex between men in prisons (KI4 MV). In Goroka we heard, "there are men like that here but they are underground" (FGD2 Goroka). Others said that "there are transgenders here" but they "dress as men" (KI1 Goroka).

The 'sinful nature of sodomy' was described by a number of respondents. Tingim Laip has begun to engage a group of MSM as local volunteers in Mt Hagen, but these remain fledgling relationships and the men themselves are very concerned for their safety (GT Hagen).

Healthcare workers across the Highway also reported that they did not see MSM or TG people at their clinics but they had often heard stories about them (KI3 Goroka, KI11 Goroka, KI10 Goroka). One man explained that men meet other men at clubs, markets and bus stops. "They are careful and use only body language to indicate their interest in each other" (KI6 Goroka). It became clear that seeking out and interviewing MSM within the Highlands, for this Social Mapping exercise, could place individuals at increased risk of violence, rape and even death.

Men smoking regular marijuana are disconnected from health and welfare services. They present as a stigmatised group and there is concerning myths regarding addiction and the benefits of marijuana that reduce the chances of breaking drug use cycles. However, levels of violence (specifically rape and lainaps) and multiple concurrent sexual partnerships described by these men were far less than for raskols. Whilst there are connections between drug bodies and raskols, this group of heavy marijuana smokers do not present with the same level of risk for HIV transmission and impact.

Men who have sex with men and transgender people remain highly stigmatised in PNG society, especially within the Highlands. Around coastal urban areas these men are more visible, and report sexual partnerships with each other and also increasingly with married men. Some MSM and TG people are sex workers and their clients are both male and female. This Social Mapping did not establish the level of HIV risk and impact amongst MSM and TG people. The high risks for HIV from unprotected anal sex, teamed with knowledge of sex work amongst these groups, determine that further investigation along this corridor is required.

In the coastal cities of Lae and Madang we found small groups of MSM and TG people who are likely to be engaged in sex work on the streets. In Lae, MSM and TG people were easier to identify. We spoke with them on the streets as well as at particular venues (including the more expensive hotels) that have become popular meeting places for MSM and TG people (FGD3 Lae). The MSM we spoke to reported that married men are increasingly looking for sex with them (FGD3 Lae).

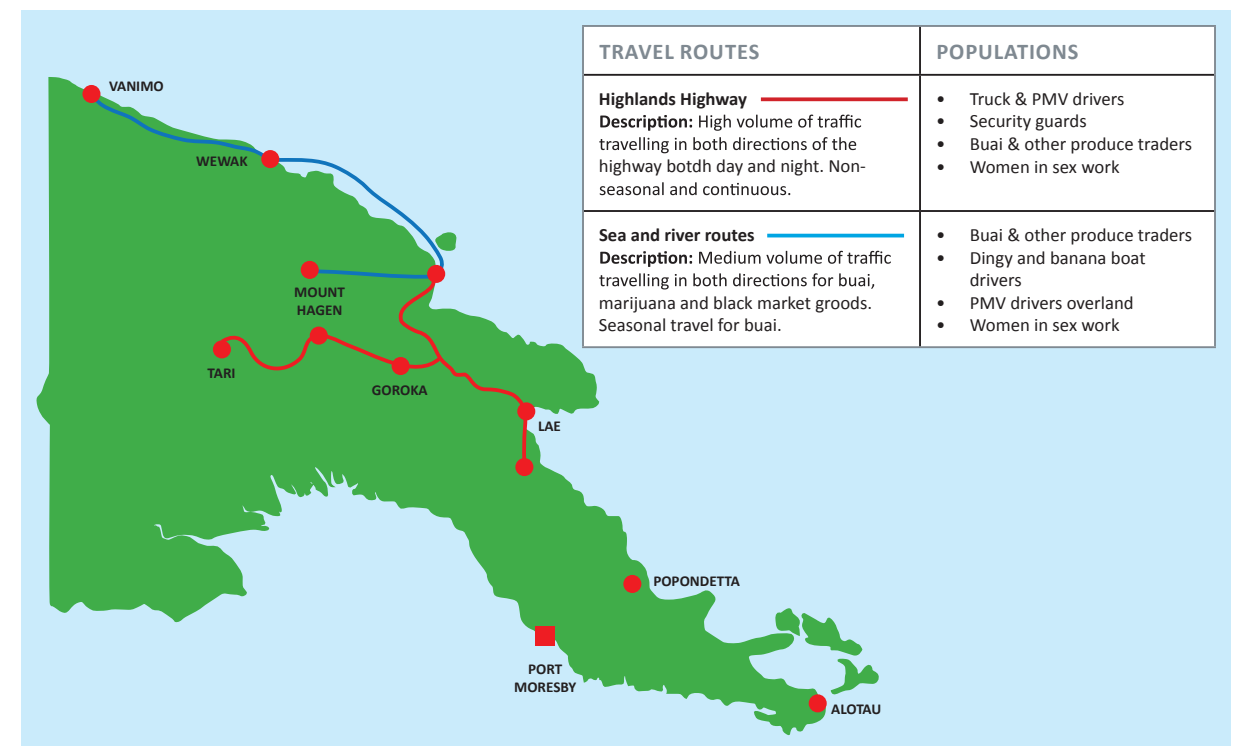
We established little about the context of sex between men along the Highway - how men are engaging in sex with other men, and how they define themselves and their activities. It was not clear from our field work what contribution sex between men is making to HIV risk and impact along the Highway.

MOBILE POPULATIONS AT RISK

High levels of mobility along the Highlands Highway are a relatively new phenomenon, with steady increase since completion of the roadway thirty years ago. In the past, people from the Highlands were connected to, and commonly remained on, traditional land. Their social networks were determined through clan lines and family relationships. Nowadays, large numbers of men and women travel almost continuously to access opportunities in mining, agricultural and other industries. Some exist as nomadic people. This increase in mobility and shift in lifestyle is transforming the way people live and the way in which sex occurs.

Highly mobile people along the Highlands Highway present emerging risks of being infected, and affected, by HIV. Continuous travel is described as hard and lonely with alcohol, gambling, new relationships and sex providing comfort and entertainment during life on the road. Mobile populations present as disconnected from health services. The particular mobile populations identified along the Highlands Highway were:

- Truck drivers
- Security guards
- PMV drivers
- Buai and fresh produce traders



TRUCK DRIVERS

The life of a truck driver on the Highway was described as hard, dangerous and lonely. These men are disconnected from their families and personal history, spending long months alone whilst travelling up and down the corridor in a continuous cycle. In Lae, truck drivers described working “seven days a week, Christmas, New Year, holidays – we don’t rest” (FGD1 Lae). One driver described himself as “homeless” and “always on the road” (FGD1 Lae). They complained of not receiving a travel allowance and stated that they “carry coffee, cabbage and kaukau [sweet potato]” with them, to sell along the way. “This extra income pays for our food on the road,” one driver explained (FGD1 Lae). The Highway is dangerous. Road accidents are common, especially “when drivers drink beer with women in the truck” (FGD1 Lae).

During field work, we estimated that roughly two hundred trucks were on the Highway in any twenty-four hour period. Private trucks have a crew of two men, whilst company trucks usually employ a single driver. Tari LNG, Porgera and Oil Search vehicles all have security escorts and tend to travel in convoys. This provides an estimate of between two and four hundred truck drivers and associated security personnel travelling the Highway, on any one day. They drive mainly for the LNG Pipeline Project, carrying cargo between Lae port and Hela province. The drivers will rest and party at known stop points, and also at company compounds, along the corridor. Other drivers operate between mine sites and plantations along the Highway route and are travelling to Goroka, Kainantu, Mt Hagen, Kundiawa, Tari, Porgera and Wabag.

Increased movement of people up and down the Highlands Highway has resulted in a complex sex work market. Truck drivers we spoke to suggested that there are hundreds of women waiting along the corridor for sex at any one time. The numbers are reported to swell seasonally and during school, college and university holidays. Women interviewed along the Highway describe travelling and partying with drivers. They sometimes accompany them for part of the route, drinking and gambling at truck and PMV stop points. The women then return to their place of residence alone (on a PMV), with money paid by their male client. Women in sex work from the Markham Valley said that many of their truck driver clients admitted to feeling lonely. The men are separated from loved ones, their place and family for long periods of time. One woman said that “they are on the road all the time. They have no time to be with their women. So we are their women” (PS2 Markham Valley).

Women reported long-term relationships with particular drivers that go beyond a commercial transaction of sex. The women stated they know “my truck driver” from the registration number of his truck. Other women on the Highway avoid sex with drivers once they are associated with a woman from their group. These close relationships on the road have resulted in partnerships and marriage between some drivers and women in sex work. It was commonly heard that, once a driver has been working the Highway route for a few years he may have two or three wives, some of whom he has met during his travel.

Through interviews and focus groups, with drivers and health workers, we found that truck drivers are generally not connected to HIV or health services along the Highlands Highway. Condom distribution systems exist at some company stop points, and the truck drivers from Lae told us they always have condoms on board. We identified one trucking company that provides boxes of condoms for all drivers, but this was not found to be

“When we walk around nobody recognises us. But when we are at the steering wheel of a Highway vehicle, all the women’s eyes are on us. A vehicle is poison for women. During the school holidays, the drivers are happy because that is the time [for] picking up young and tender women to have sex with”

Truck Driver (FGD1 Hagen)

a policy implemented by all trucking companies. This is despite significant work by the PNG Business Coalition Against HIV and AIDS (BAHA) in assisting employers to implement HIV company policies. There was a level of HIV awareness amongst truck drivers, however, they appear to remain disconnected from testing, diagnosis and treatment services, for HIV or other sexually transmitted infections.

Truck drivers we spoke to claimed that the number of colleagues assumed to be dying from HIV illness is high. Sex workers, with truck driver clients, reported knowing of many HIV related deaths. One truck driver estimated that “over the few years I’ve been driving, twenty to thirty drivers have died [from HIV]” (FGD3 Hagen).

Truck drivers travel continuously along the Highlands Highway with stop points providing access to sexual partners, sex workers, alcohol and gambling. Some drivers have multiple concurrent sexual partners along the corridor whilst others engage with sex workers at known stop points.

There are varying policies amongst truck companies regarding condom distribution, but there is a level of awareness amongst this population of HIV and STI risk and impact. Despite this knowledge, truck drivers remain largely disconnected from HIV and health services.

SECURITY GUARDS

Teams of security guards travel continuously along the Highway, providing protection for convoys of trucks and other vehicles. Our field work team travelled with one security detail from Mt Hagen to Goroka, to interview them and experience their journey. These men don’t see their wives or children for long periods of time. They stated having a girlfriend in every major stop along the Highway. We stopped at a place where one guard knew a local family. The guard admitted that “yes, this girl is one of my girlfriends ... but I [also] have four girls from Chimbu” (GT Hagen). Each time we arrived in small towns with this convoy, young girls were sitting by the roadside and the guards would sound the horn, put on double blinker lights and slow down. “Are you coming with us? We are going to Goroka,” one of them asked the girls (GT Hagen). Some mobile security guards appeared to be involved in procurement of female sex workers for truck drivers or the company men they are protecting (PS2 MV). Security guards are also clients of women in sex work themselves (FGD2 Hagen).

Security guards who travel the Highway wear uniforms with black boots and carry weapons. They project an image of masculinity and power. The uniform reportedly signals to others that they have a higher level of status and power. These men told us ‘big stories’ about a hard life of the road, as well as the power and freedom they experience within their positions. It was stated that raskol gangs avoid security details because they are believed to be armed, whilst local families and girls entice them with food and gifts because of the protection they can provide. One guard said, “This girl, the parents they like me, the parents give me banana and greens and I take them to Lae” (GT Hagen).

Other security guards along the Highway are employed in one local place, usually at towns or urban centres. These men protect company and government offices, storage areas, facilities and shopping precincts. Men and boys employed as stationary security guards are likely to have been unemployed for some time before the role, and we found that they usually have junior high school education (KI3, Madang).

In both Lae and Mt Hagen, security guards spoke of business and personal relationships with young women on the street. They claimed to provide safety and shelter to street women and adolescent girls. A wantok-style

“Last week, Saturday, a security workman from Jiwaka, a highway escort car ... has the money and he pays for the beers and women for the escort and the convoy of truckies”

Woman in Sex Work (PS2 Markham Valley)

relationship was described, in which these young women seek protection and access to closed, gated areas being guarded at night. Sex, food, alcohol, buai and cigarettes are the expected exchanges for this security.

Guards have a unique perspective on nightlife in urban settings along the Highway. “They see the range of activities that occur in the evenings in their place” (IC3 Goroka). Some security guards are involved in night activity, acting as pimps for women involved in sex work. They actively seek male clients for them and take a cut of the money at the end of each evening (FGD2 Madang). This seemed to be particularly prominent amongst security guards that are employed in dance clubs, bars, guesthouses or hotels - men from out of town ask them where they can find women (FGD2 Madang, IC3 Goroka). We heard about agreements where woman in sex work, unable to find a client, will stay with local security guards in exchange for sex (FGD3 Lae). In other places, security guards are regular clients of sex workers and will have a credit sex system with some women, with the guard repaying his debts on pay day (KI8 Hagen).

PMV DRIVERS

PMV drivers move constantly up and down the Highway. As they do not often stop to rest, these men will engage in sex with women during their journey. We heard stories of PMV drivers stopping to pick up a woman from the side of the road. Passengers are told that this is a woman from the driver’s family. Later the bus will pull over and the driver and woman go into the bushes to have sex. One passenger we interviewed said, “we sit in the bus and wait for them to finish and we continue our journey” (KI8 Madang). Our data was scant from PMV drivers as they were difficult to engage in interviews. When stationary at stop-points, they were busy taking fares and dealing with passenger requests.

BUAI TRADERS

Buai traders from the Highlands travel along the Highway in a seemingly continuous stream of purpose-hired PMVs. They depart from a number of bus stops and towns along the corridor. Some travel to Madang and further on to Bogia, then inland to villages along the Ramu River. Others continue to Wewak and then head down the Misinga River, for access to the cheaper buai available from the local Misinga people.

Another route is through Lae and onward by banana boat to Popondetta during June and July, which is peak buai season for the Oro region (Obs 4 Lae). An HIV community worker explained “there are betel nut buyers and sellers from the Highlands as well as vegetable sellers who come to the Lae Main Market to sell their produce – they are the common group that frequent the Highlands Highway ... they come for all sorts of reasons” (KI8 Lae). The HIV practitioners we interviewed identified buai traders as being at particular risk and impact for HIV along the Highlands Highway (FGD1 Madang, FGD1 MV, KI1 Goroka, FGD2 Hagen).

Buai traders travel in PMV convoys to avoid breakdowns, for protection if stranded and to deter armed hold ups by raskol gangs (KI20 Goroka). Despite this, there were many stories about the last vehicle in a convoy being held up by gangs, who steal buai and cash at gunpoint then force the travellers to strip down to their underwear.

There are popular stop points along the Highway for beer, food, sex and gambling. PMV convoys form at these stops in the early evenings with travellers engaging in sex with each other, drinking beer and gambling before

“Most buai buyers have sex along the Highway ... they pick up a woman or girl and travel together to Madang and drop her off on their return. Women are not faithful to our husbands. We have sex to earn our living. We cannot live without something back to earn a good living”

Female Buai Seller
(KI19 Goroka)

departure. Some female buai traders reported carrying condoms when they travelled so they are prepared for sex when it occurs. But because condoms are associated with promiscuity and sex work, other women we interviewed said they were “ashamed to go get them [condoms]” because “people will say I am a sex worker” (KI18 Goroka).

Male buai traders also take advantage of the female sex trade that operates along the Highway. We heard stories of men picking up women at Yang Creek who accompany them to their destination where they are paid and then make their own way home (Obs5 Madang).

In Markham Valley we encountered two, middle aged “well dressed ladies who looked like they were church ladies” (Obs5 Markham). At the time, they were playing darts and drinking beer. They were being well looked after by a handsome young man who did not appear to be a relation. They explained they were buai traders from Mt Hagen who “do the Hagen to Bogia route very regularly”. This run takes ten to twelve hours, with stop points at Yang Creek and Tapo River outside Madang. When asked how often they did this, they replied “all the time we are back and forth”. We asked if their backs get sore from the travel. “No,” they replied, “we have our medicine” and they opened an oversized bilum full to the brim with beer (Obs5 Markham). This example demonstrates the constant mobility, and the high use of alcohol, amongst some groups who travel the Highway.

THE MADANG-LAE-HIGHLANDS ROUTE

Some buai traders exchange fresh produce for buai, others trade marijuana from the Highlands. We heard of a 100kg rice bag of marijuana trading for three or four bags of buai (IC2 Goroka). Madang and nearby provinces produce high quality buai that is a valued commodity for Highlanders as there is poor growth of betel nut at altitude. A common story from Highlander buai traders detailed travel to Madang, purchase of buai at sixty to eighty Kina per bag and then a return up the Highway to sell at inflated prices. Time spent in Madang is minimal, with travellers loading up PMVs and directly departing for Goroka, Mt Hagen, Mendi or Tari. The trader commences sales at local markets immediately on return, with full sales reported to take between one and four days, depending on competition. Once sold out, this gruelling journey is repeated. A buai trader can make as much as K450 per bag of buai (if other traders are still out on the road) or as little as K200 per bag of buai, if the market is busy and full of other buai sellers (IC2 Goroka).

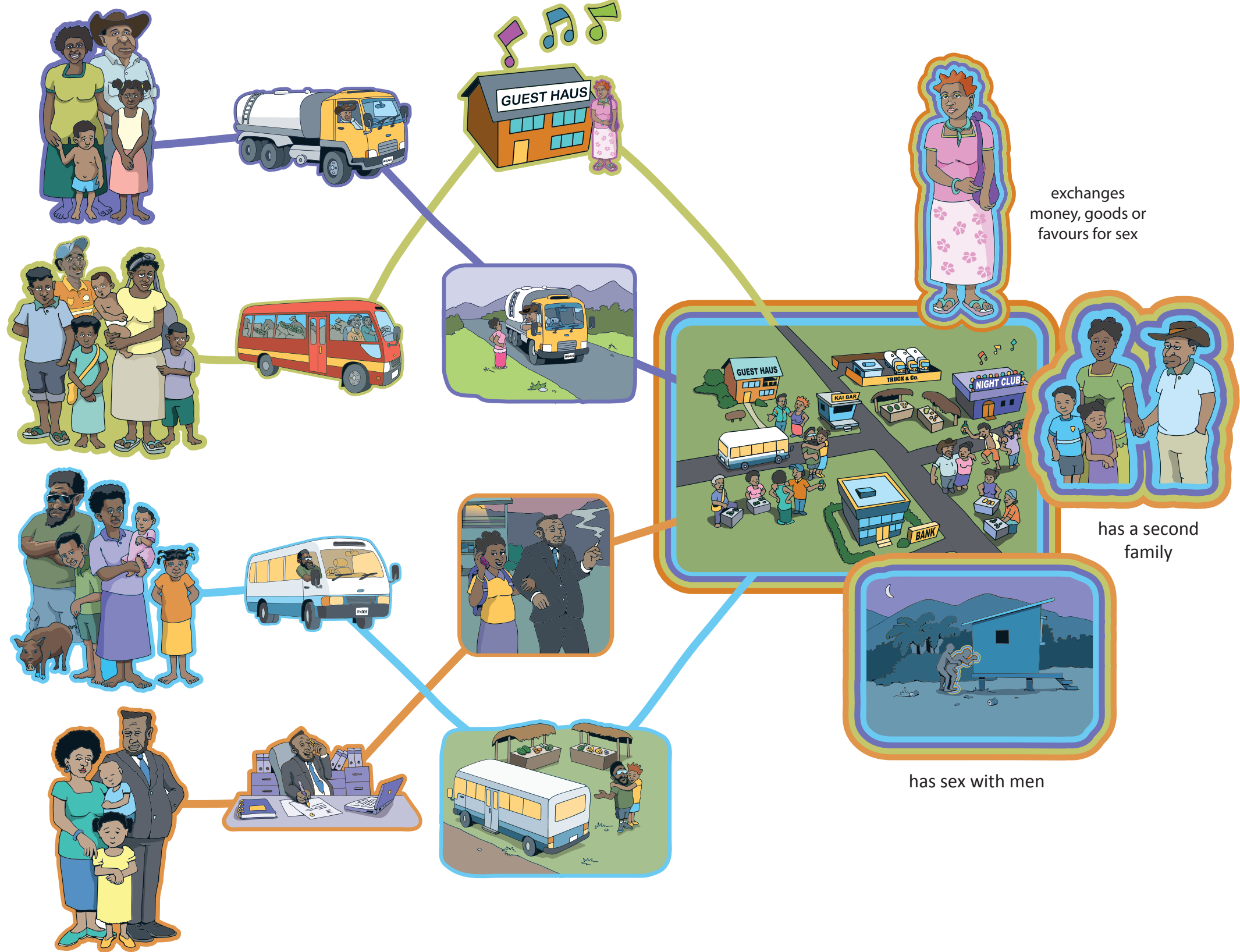
THE TAPO AND MISINGA RIVERS-HIGHLANDS ROUTE

Another group of buai traders takes a four-day return journey from Mt Hagen to the Misinga River. The journey involves PMV travel from the Highlands, through the Markham Valley with a first overnight stop (arriving after midnight) at the Tapo River just outside Madang Town. The night market at Tapo sells food, buai and beer but there is no electricity. A small house, built of bush materials, provides a male and female dormitory bed for K2 per person. Unlike other stop points on the journey, Tapo locals strictly forbid and enforce a no sex work rule. Local girls are restricted from mixing with outsiders and so male buai traders reportedly pick up women earlier along the highway to accompany this stop. Many of the buai traders described being drunk by this point of their journey, and they continue to drink around campfires before achieving a few hours of sleep. The following day of travel takes them through Madang town and up the coast towards Bogia, then inland to a base camp on the Ramu River. Here they meet with locals from inland villages such as Misinga, or the traders themselves travel up the tributaries to purchase buai. Other traders continue to Wewak for their buai purchase (Obs3 Madang). buai traders can purchase and load up to seventy bags of buai into a rented PMV. It is an arduous journey. Once home, each bag will bring in around K150 profit for the buai trader. Minus the K2,400 costs associated with travel, the traders make more than K8,000 in clear profit each journey (Obs4 Lae).

Buai traders travel continuously. Once they leave their local place, the rules change in relation to sex and relationships. Women seek to form relationships or have liaisons with the men they travel with on PMVs, whilst men seek out sex workers at stop-points along the Highway who travel, drink and have sex with them. Only one respondent amongst our sample of buai traders spoke about using condoms, and there was no evidence that condoms are used or available along the buai trader journeys.

SOCIAL AND SEXUAL CONNECTIONS OF MOBILE POPULATIONS ALONG THE HIGHLANDS HIGHWAY

These potential connections are only representative of the views and experience of the people we observed and engaged with.



- TRUCK DRIVER
- BUAI TRADER
- PMV DRIVER
- BUSINESS MAN

Mobile populations move constantly along the Highway and include security guards, PMV drivers and traders of buai and other produce. All present with a level of risk for, and impact from, HIV due to multiple concurrent partnerships, poor condom use and engagement of sex workers. These mobile populations present as disengaged from health and HIV services.

Security guards have a great deal of current knowledge about local areas, and can be mobile or stationary in their positions. Along the Highway, they are connected to women in sex work, young women on the street and mobile men with money – providing protection through both formal and informal arrangements.

PMV drivers were difficult to engage during this Social Mapping. Reports from passengers, of sex stops by drivers, indicates the need for further exploration and investigation with this population.

Buai traders move consistently along the Highway and across PNG. Frequent sex with each other, as well as use of sex workers at stop points, is reported to be unprotected with only one respondent claiming condom use during our field work.

A key challenge emerges, to orient HIV prevention and health services to these highly mobile populations.

A consistent supply of condoms at recognised stop points and through companies is an essential first step for HIV prevention along the Highway.

CONCLUSION

This chapter has explored how social development, life trajectories and sexual connections along the Highway relate to the risks and impact of HIV among particular populations. We found several populations at higher HIV risk and impact that could be targeted by Tingim Laip interventions. These included women working as sex workers (and their clients and sexual partners), other women regularly trading sex for cash, security or goods, raskols, mobile men buying sex and also maintaining concurrent longer-term sexual relationships along the Highway, and men having sex with men.

No evidence of injecting drug use was found along the Highway and injecting drug use does not appear to be driving HIV infection in these spaces. Whilst women in sex work certainly are a key affected population along the Highway, we also found a larger group of women engaged in high levels of transactional sex, who do not identify as sex workers.

A growing population of mobile men who have the money, time and freedom to maintain a set of concurrent sexual relationships were also identified along the Highway. These men are employed through mining, agricultural and other industries, and are developing short and longer-term relationships with adolescent girls as well as older women who sell sex.

We heard accounts from raskol gangs and marijuana users disengaged from health services and actively involved in frequent unprotected sex and sexual violence. We spoke with women associated with these men, and at great risk of HIV through sex, rape and lainaps. Mobile populations, including truck drivers, security guards and buai sellers are also involved in high risk behaviours for HIV.

This list of populations is not conclusive, and in many ways the findings resonate existing knowledge for this corridor. However, the depth of conversations held during our field work and the commitment of both research teams and respondents to the qualitative process has provided a rich story of life along the Highlands Highway. It has identified challenges and gaps within HIV prevention and healthcare services that are essential to accessing emerging mobile populations. The report also provides insights into risk and protective factors, as well as outlining opportunities, within the developmental pathways or trajectories of some of these populations.

Learning from this Social Mapping is integral to development of the Tingim Laip model of HIV prevention, providing guidance in the project's move towards working with key populations most at risk for, and impact from, HIV along the Highlands Highway corridor.

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Tingim Laip | PO Box 1402 | Madang | Papua New Guinea
(P) + 675 422 2192 | (F) + 675 422 0148
TLinfo@tl2.org.pg | www.tingimlaip.org