

## Urbanization, youth and sexuality: insights for an AIDS campaign for youth in Papua New Guinea

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As the AIDS (acquired immune deficiency syndrome) pandemic matures, it has become apparent that young people are increasingly at risk. In many countries, 60% of all new HIV (human immunodeficiency virus) infections are among 15-24 year olds, with a female to male ratio of 2 to 1 (1). In Papua New Guinea (PNG), the AIDS epidemic is ripening rapidly (2), as shown in Figure 1.

For this reason, the Papua New Guinea Institute of Medical Research, at the request of the World Health Organization, entered into a comparative multisite study of youth and sexuality. Along with 5 other countries, we have conducted an 18-month study of the meanings and contexts of sexuality among young people.

In our study design young people living in rural, periurban and urban environments were compared. The rural sites were Lufa, the Upper Asaro Valley, Bena and Henganofi from the Eastern Highlands Province; the urban sites included the town of Goroka and its periurban settlements and, for the city urban environment, the settlement of Morata in Port Moresby. The study began with a rapid assessment process, in which rural areas were quickly examined for comparability. In the first main phase, public norms were investigated largely through focus group discussions with both young people and adults. In the second main phase, private lives were recounted and media exposure examined. In the third phase, vignettes were used to elicit information on issues which are difficult to discuss or secret, especially for young women, such as masturbation, homosexuality, group sex and rape.

The resulting data comprise a rich collection

of information on the contemporary cohort of young adults and are as yet only incompletely analyzed. We present some of our preliminary findings and speculate how they may inform a campaign to prevent the spread of HIV and other sexually transmitted diseases (STDs) among the nation's youth (3).

In this study we sought to understand the situational and emotional contexts of the individual's identity as well as his or her sexuality. Education emerged as a central focus of identity. Being a 'skul mangi' or an out-of-school youth played a major role in personal identity, particularly since one's own educational situation was seen to influence one's economic future. This problem was more acute for boys than girls, who could envisage marrying up, i.e. marrying an educated man who could make a good living. Therefore, sex was more easily available for men with money, status and education. Of course, sex also took place simply for fun, but many young men justified rape on the grounds that they could not compete financially to obtain sex. Therefore, whenever an opportunity arose – 'sans ya' – it had to be acted upon.

We found that the use of marijuana was greater than the use of alcohol. Marijuana is perceived as a drug which enhances disinhibited sexuality and has become associated with the disco or 'six-to-six' scene across all environments. While pornography is widespread, a significant proportion of young people are ambivalent about it and do not wish to look at it too much. It is, however, one of the only sources of information available on sex in all areas. Rural males, in particular, reported no other type of reading material which provided information about sex and sexuality. Basically, young people want to learn about sex and not

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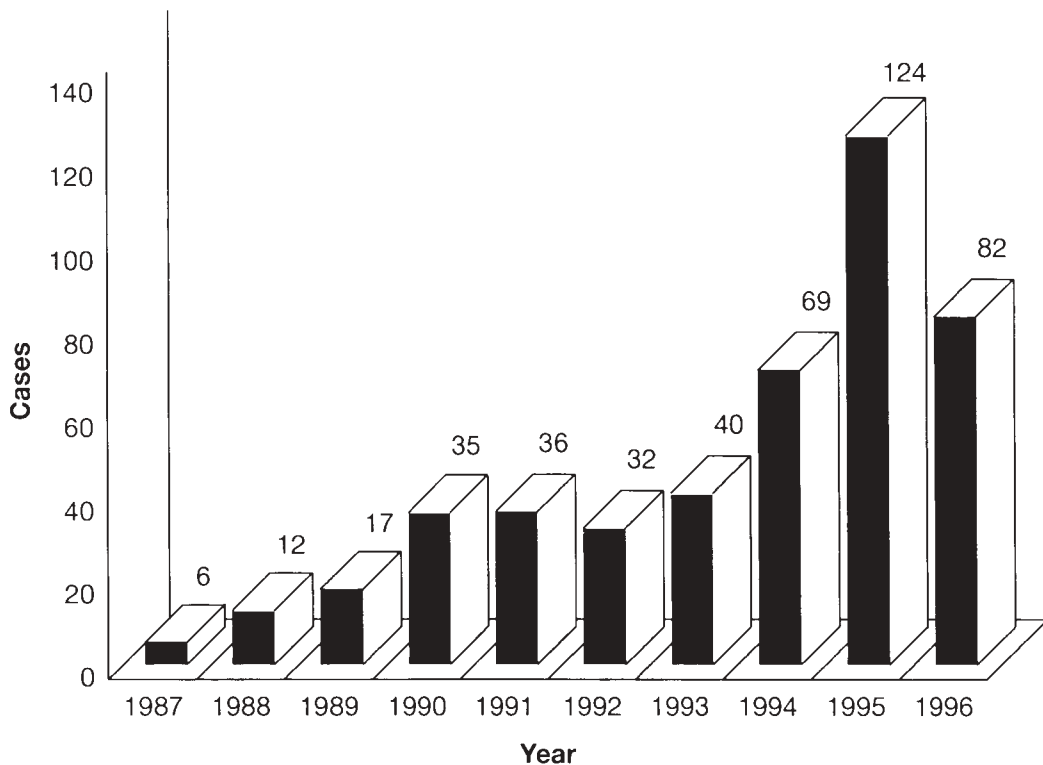


Figure 1. Confirmed incidence of HIV-infected persons by year in PNG. The data are taken from reference 2. The numbers for 1996 are through June only.

simply become erotically aroused. As there are no interesting sources of accurate information, they scour what they can find – comic books, women’s magazines, playing cards, anything with a sexual content. For some, the erotic state which may ensue leads to sexual experimentation, either with masturbation, homosexual activities or types of group sex, including rape.

For most young people, sexual encounters predate the emergence of deep feelings for one another. Romance, in the western sense, does not figure prominently in the discourse of either male or female informants, but young women speak of longing for their boyfriends in terms similar to those found elsewhere. Young men, however, seem to have no vocabulary of love, no way to talk about their deeper feelings except in terms of sexual pleasure, i.e. ‘kisim piling’.

Condoms are widely known and appreciated as protection against STDs among young people in all environments, but are not used

consistently, in large part because they find it difficult to obtain them. Even if young people manage to seek treatment for STDs, few health workers will give them condoms. In the same way as adults, many young men do not perceive a need to use condoms if the girl is clean or well-known to them. Another very dangerous trend is for young men to become circumcised in an effort to prevent STDs and AIDS. This practice is apparently widespread in all areas and promoted as a substitute for condom use.

In general, there were few differences between urban and rural young people’s values. In all areas, young men are more closely bonded to each other than to young women or to parents. They are strongly subject to peer pressures and, in an atmosphere of violence and crime, need each other for protection.

Concerning their dreams of the future, none of the young women wished to live a village life. Young men were far more concerned with

their capacity to earn a living and a significant proportion of those living in Port Moresby spoke of returning to the village, often with an unrealistic notion that food was 'free' in the village. Young men living in the village dreamed of becoming businessmen. Future financial security was highly valued in all situations.

Religious values were also frequently mentioned in the context of acquiring a Christian spouse in the future, which we interpret to mean a faithful partner. Yet, in most cases, Christian values did not strongly influence current behaviour, with the exception of a few young women. Strong traditional values regarding the necessity of receiving a brideprice before a sexual relationship could be legitimized did seem protective, at least temporarily, of girls in some rural families. Mainly, however, young women were scared of becoming pregnant, not of acquiring STDs or AIDS.

Compared to older cohorts of informants, it appears that the age of first sexual intercourse is decreasing, while, though still seriously deficient, young people have a better overall grasp of sexual issues that did their parents at the same age. Nearly all the young people in our study stated that their getting AIDS would greatly disappoint their parents. Most expected that such an event would lead to their being banished from their family.

This set of findings has certain implications for the design of a prevention campaign targeted at young people. First and foremost, this study tells us that we must design simple, interesting printed media, such as comic books, which state clearly the facts about the sexual transmission of STDs and AIDS, and we must have them distributed widely, without restrictions, in all areas. One designed specifically to address the circumcision story would be a good idea. Peer education programs, as used widely in other nations, may not be effective here unless the sexual behaviour, including condom use, of peer educators is carefully screened and monitored. A poor example is no example at all. The risky behaviours that young people engage in are the same as those that adults engage in. Pornography is frequently blamed by adults for new and dangerous sexual behaviours but, in

fact, many adults are viewing the same pornography as their children, which seems to do no more than teach different sexual positions and acts. These are not per se what place people at risk of acquiring STDs or AIDS. HIV infection can be acquired from any sexual act in which sexual fluids or blood are exchanged. The more sexual partners one has, the greater the likelihood of acquiring it.

Young people need to know the facts, not the prejudices of their parents. Since most care deeply about education, dream of a financially secure future and do not wish to bring shame to their parents, these issues can be appealed to in designing prevention messages. It is the responsibility of the parental generation to learn the facts about STDs and AIDS and convey them clearly to the highly vulnerable cohort of young people today. Using the language that young people themselves use is essential. Simple romantic statements, such as "Love Carefully", do not seem appropriate here. TV in urban areas and video everywhere are excellent media for portraying the situational and emotional contexts in which HIV is spread. But drama is not the best medium for the dissemination of facts. It may be very useful for creating awareness, but well-trained educators who can answer questions face-to-face remain the best medium for STD/AIDS education, backed up by printed materials which do not present contradictory information. Keeping young people, especially girls, in school, is one of the best ways to invest in AIDS prevention. A campaign designed for parents on this topic would be valuable. Finally, it is a matter of urgency to bring about the widespread, free or inexpensive distribution of good quality condoms and condom education to all communities in Papua New Guinea, without any restrictions for the young or for women. The tragic effects of AIDS on today's generation of young parents in other countries should teach us clearly that we must invest now to save the lives of PNG's youth.

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