State, Society & Governance in Melanesia

Anti-Retroviral Therapy and Social Danger in Papua New Guinea

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During fieldwork in Jiwaka Province in the highlands of Papua New Guinea in 2016, Richard Eves had a troubling conversation with a village court magistrate about the consequences of supplying anti-retroviral therapy (ART) to people infected with HIV.[1] This *In Brief* reports on what this conversation revealed about the new way that ART is being refracted through Christian moral discourses.

ART was first introduced to PNG in 2004 in the wake of the global campaign for universal access to treatment for people living with HIV. Until the wide distribution of ART, HIV infection was generally considered to be a death sentence. ART not only reduces mortality, morbidity and the costs of care, but it is now understood to be an important part of effective HIV prevention efforts (Kelly et al. 2009:14). It is estimated that approximately 40,000 people in PNG, out of a population of approximately eight million, are living with HIV (UNAIDS 2017). Of these, 32,852 know their HIV status and 21,198 are currently on ART (UNAIDS 2017).[2] Country wide, the HIV prevalence rate is estimated to be 0.8 per cent among men and women aged between 15 and 49 years, whereas in Jiwaka it is estimated to be 1.6 per cent (*The National* 2017).

New Forms of Risk

As Angela Kelly and colleagues observe, HIV is more than a biomedical issue – it is also a sociocultural issue (Kelly et al. 2009:14). It is important to understand the social effects of the widespread distribution of ART in PNG, as Eves's conversation with the village court magistrate showed. Rather than seeing ART as a life-saving medicine for people living with HIV, the magistrate saw its distribution as morally wrong and believed that it should cease. Similar points of view have been reported recently for Malawi where Amy Kaler and colleagues use the term social danger to describe how ART is generating a new fear among the public:

> the appearance of a new form of risk — people living with HIV who are on treatment may look sexually appealing, but are able to spread their HIV infection, and are thus perceived as dangerous (Kaler et al. 2016:71).

In the Malawi context the fear is gendered, since the fear is about women who are on treatment and who appear healthy but who, it is believed, are actually dangerous to men seeking a wife, girlfriend or casual partner (ibid.). Though women have often been popularly considered the vectors of HIV in PNG, the fear of the village court magistrate is more general, encompassing both men and women. Much as in the Malawian example, the magistrate emphasised how those on ART do not display any signs of their infection: 'Their bodies', he said, 'do not change and they look good. They take this medicine and their bodies are normal and their skins shine'.

Like many village leaders one comes across in PNG, this village court magistrate was nostalgic for a past when traditional rules and norms were respected. The young of today are rejecting the culture and standards of their ancestors, saying that they can do whatever they like, he claimed. He bemoaned the fact that leaders such as himself no longer have the power they had in the past and the young of today simply do not listen to them. While he felt that leaders had experienced a more general loss of power over the young, his main focus was on their inability to control the sexual activities of the young. From the very start, HIV has been closely associated with sexual immorality, or *pasin pamuk*, as it is usually called in Tok Pisin (Eves 2012; Wardlow 2017, 2008). Under the moral order that the magistrate espouses, having multiple sexual partners and sexual activity outside of marriage are considered immoral and condemned (Eves 2012:64). While this moral order often has some traditional basis, under the influence of Christianity the local moral frameworks were given a new force and authority in the context of modernity.

For some Christians, AIDS constitutes a stern wake-up call from God: become good Christians or face the consequences (Kelly et al. 2009:25; Wardlow 2008:188). Our respondent agreed, saying that deaths due to AIDS would

make people think twice about their sexual morality — that is, he saw the disease itself as the means of discouraging unacceptable behaviour. As the magistrate reasoned: 'Why does our government not stop this kind of medicine so that lots of people will die and others will be afraid and not engage in promiscuity?' He gave this blunt assessment several iterations, including, 'If a man dies others will be afraid. If a woman dies, others will be afraid'.

Further, stopping the supply of medicine would mean that those living with HIV would become emaciated and their skins would not shine healthily, so that others could see that they were infected and could avoid them (see Wardlow 2017:106).[3] He believed that the government had committed a great wrong in allowing the distribution of ART and that those who had developed ART will be punished by God.

Conclusion

Much of the focus of research on the supply of ART in PNG has been on the experience of people living with HIV. While this is extremely important, there is also a need for research into the social impact of ART and especially into the way that people not on ART understand and assess it. The magistrate's views show that what we may consider to be a beneficial and unproblematic health intervention may be seen quite differently by people of another culture. Other research has shown that the uncompromising approach of the magistrate to what he sees largely as a matter of sexual morality is not unusual in PNG (Eves 2012; Wardlow 2008). Obviously, the success of any projected intervention depends on having a prior understanding of how it may be interpreted and accepted by the recipient population, and especially in a case such as this which pertains to the sensitive issue of sexual behaviour. In this case, the alternative views we have described may interfere with the acceptance of interventions such as ART.

Notes on Authors

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Endnotes

1. Interview, village court magistrate Anglimp-South Wahgi District, Jiwaka Province, 8 April 2016.
2. The figures for people living with HIV are estimates with the low estimate being 37,000 and the high estimate being 44,000.
3. Based on clinical trials, where ART is taken regularly and HIV viral load remains supressed, HIV treatment has been shown to significantly reduce HIV transmission to a negative partner (Cohen et al. 2011).

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