

Through peer education, the HIV prevention message has become a discussion in every place possible from church to the bus stop to the streets. One way to think about it is that peer education operates like a flood. A few young people are chosen from various groups and they are armed with information about HIV and prevention strategies. They share this information with their friends, relatives and acquaintances who then take their new-found knowledge to their own groups.

Because the facts regarding HIV and AIDS are being discussed at a personal level, people tend to have a more relaxed, accepting attitude towards the subject rather than making a discriminatory response, as is typical of mainstream behaviour.

In particular, it is the involvement of youth that makes peer education a ray of hope. According to Kefu, '57 per cent of Tonga's population are youth and they are the most sexually active out of all groups ... Therefore it is crucial to involve them because they have a higher chance of reaching their own groups then bringing someone from another group.'

This year the TNYC peer educators have made many contributions to HIV prevention all over Tonga. On Tongatapu, the peer educators won the award for best supporting float in the Galaxy pageant. With 'Condom Promotions' as the theme for their float, the Tongatapu peer educators were energetic in distributing brochures from the float, as well as in marching and shouting out messages.

In 'Eua the team took the message from school to school and gathered people together in town halls to continue spreading the message.

The Ha'apai team similarly employed outreach methods with school students and townspeople, as well as extending them to include weekly sessions with prisoners. The TNYC peer educators this year have worked towards and continue to try to put into action their theme of 'Exploding the Myths ... Let's Keep Talking'.

*For more information, please contact the Tonga National Youth Congress, Fakataha'anga Fakafonua 'a e To'utupu 'o Tonga  
Tel: +676 25 474,  
email: [tnyconf2010@hotmail.com](mailto:tnyconf2010@hotmail.com)*

## USP drama and dance troupe gets message across on HIV

Allan Alo, Oceania Dance Theatre, USP

**I**n this age of contracted attention spans, texting and information mobility, online chats, instant messaging and twittering, it is a minor miracle to hold the attention of hundreds of teenagers for even a few minutes, let alone in a performance that lasts for two hours.

But that's what happened in August in Nuku'alofa, Tonga, at a packed, standing-room-only Queen Salote College Hall. The visiting dance and drama group from the University of the South Pacific (USP) campus in Suva, together with their fellow students from the USP Tonga campus

and Tupou High School put on a mesmerising show that entertained, challenged and educated the audience on the complexity and heart-breaking consequences of contracting HIV.

In the presence of guest of honour 'Eiki Salote Lupepau'u Salamasina Porea Vahine Arii 'o e Hau Tuita, together with hundreds of senior high school students, the troupe told the story of 'A Love for Life – Silence and HIV'. At its centre is Mele, who left an abusive husband and found love again with Maika. But what should have been a moment of purest joy, as Mele and Maika find out from

their doctor that she is with child in her new marriage, turns out to be one of utter despair when she is also informed that she is infected with the HIV.

How Mele copes with the news of her having HIV and managing her relationship with her mother, two daughters ('Ofa and Moana), her new husband and a gossiping, finger-pointing and mocking community makes for a riveting and absorbing drama.

Interlaced with the intensely serious and emotionally charged episodes

are the dancers who seem to occupy a parallel universe, a spiritual plateau that provides the backdrop for enacting or perhaps manipulating in heaven, the conflicts in the affairs of humans on earth.

The dancing together with a recurring soundtrack of crashing waves and drums puts the action in the context of an island setting. It gives an eerie reminder that not all is well in paradise, and that there is an urgent need for more understanding, love and tolerance in our families and communities.

Although the spiritual and the temporal may exist in parallel, they converge, in this performance, on Moana, the younger daughter of Mele and her first husband. Moana is hearing voices in her head, and has conversations with three beings from the spiritual world, Fonua, Langi and Tahi.

As good students of English literature in the audience soon noted, they have encountered a similar device in their study of Macbeth with the three witches under Hecate. These modern-day 'witches' likewise provide a break in the tension, and move the plot forward with predictions about Moana and her family.

But instead of chanting 'Double, double toil and trouble; Fire burn, and cauldron bubble', as their counterparts in Shakespeare's play do, the spirits torment Moana with their riddles and claims.

While Moana is having her own internal conflicts, big sister 'Ofa, a student at the local USP campus, has to deal with the gossiping and mocking of her peers.

Mutterings of mala and her mother's alleged promiscuity are just too hard



The Oceania Dance Theatre Troup

to bear. 'Ofa's anguish and feelings of shame reach unbearable heights with the revelation that it was Sione, her father, who infected her mother with HIV.

With this production, advocates for the prevention of HIV have found a new and powerful tool to communicate their message to the vulnerable youthful segment of the population.

The production was well scripted, passionately delivered and tightly choreographed. And when the students rocked the stage at the end in a random act of sheer youthful exuberance, it was clear that the performance had connected with them in a special way.

In his words of welcome to the guest of honour, the Director of Education, Women's Affairs and Culture, Dr Viliami Fukofuka, paid tribute to the 'team from Fiji from the USP, welcome to this hall for this event, welcome to Tonga. For we are not only welcoming you as a team, and a very significant one at that, but also welcoming this real movement,

telling us that art is much more than what we think. We can use it for enjoyment, but we can also use it as a kind of media.'

The cast and creative directors and managers of 'A Love for Life – Silence and HIV' are to be congratulated for putting together a brilliant and engaging production that cuts through the barriers to communicating about such an important and culturally sensitive subject.

The production of 'A Love for Life – Silence and HIV' was staged in association with the Kava Kuo Heka festival, an event organised to celebrate cultural diversity in Tonga, and the UN International Year for the Rapprochement of Cultures.

*For more information, please contact: Allan Alo, Oceania Dance Theatre, USP*

*Email: alo\_a@usp.ac.fj*

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# Male circumcision: New public health intervention measure to reduce HIV in PNG?

Michelle Redman-MacLaren, James Cook University, Australia; Dr Tracie Mafile'o, Pacific Adventist University, PNG; Rachael Tommbe, Pacific Adventist University, PNG; and Dr David MacLaren, James Cook University, Australia

**H**IV prevention in Papua New Guinea is a complex and multi-faceted challenge. From 2010–2012 the 'Acceptability of Male Circumcision for HIV Prevention in PNG' study will investigate the acceptability and feasibility of male circumcision as a public health intervention measure to reduce HIV in PNG.

Dr David MacLaren, lead investigator for the study, explains, 'This is a joint study involving James Cook University, Pacific Adventist University and Divine Word University. The study will work with partners to collect data at four sites across PNG: at Pacific Adventist University in Port Moresby, at Divine Word University in Madang Province, at Porgera Joint Venture in Enga Province and Higaturu Oil Palms in Oro Province.' These are all sites where people from all over PNG come to work or study.

The study has three aims:

1. to describe male circumcision and other genital cutting at the study sites;
2. to understand how social, cultural and religious beliefs and practices of male circumcision influence the acceptability of male circumcision as a part of HIV prevention; and
3. to assess the capacity of health providers to deliver male circumcision services at the study sites.



Student cultural group leaders at PAU with some of the researchers. Right to left: Jeanette Selep, Kikila Yavase, Kunsy Donnie, Dr David MacLaren, Lester Asugeni, Franky Lapim, Rachael Tommbe

The World Health Organization (WHO) and United Nations Joint Programme on HIV/AIDS (UNAIDS) recommend considering the inclusion of male circumcision in a comprehensive HIV prevention package in populations with heterosexual epidemics, a high prevalence of HIV and a low prevalence of male circumcision. In PNG the foreskin is cut in various ways but rarely in hospitals and clinics. Before male circumcision is promoted as an HIV prevention method, therefore, it is recommended that acceptability and feasibility studies be carried out as there are many cultural, social and spiritual factors that contribute to the decision to be circumcised.

Fieldwork co-ordinator Ms Rachael Tommbe explains, 'Women will also participate in the study. They will be asked their ideas about circumcision and men as sexual partners, about

## Advantages

- ▶ Scientific evidence shows reduced risk of female-to-male transmission of HIV by approximately 60%.
- ▶ Most useful in populations where HIV is predominantly transmitted heterosexually.
- ▶ Common surgical procedure in many communities around the world.
- ▶ Removing the foreskin helps protect against HIV by removing langerhans cells in the foreskin to which the virus is specifically attracted and which enable HIV entry into the body.
- ▶ Recommended by the World Health Organization to be a part of a comprehensive HIV prevention package in high-burden settings where a substantial proportion of men are not circumcised.

## Disadvantages

- ▶ Does not provide complete protection. Needs to be incorporated into other HIV prevention measures such as reducing number of sexual partners, consistent use of condoms, HIV testing and counselling, and treatment of sexually transmitted infections.
- ▶ No protective factor for male-to-female transmission.
- ▶ Surgical intervention with risk of complications.
- ▶ May result in sexual disinhibition if sexually active males are circumcised.

infant circumcision for boys and who decides about circumcision in the cultural group they come from.'

In early 2010 the PNG National AIDS Council funded a pilot study investigating male circumcision at the Pacific Adventist University

(PAU), with support from colleagues from James Cook University. For Dr Tracie Mafile'o, Director of Research and Postgraduate Studies at PAU and a chief investigator on the study, 'The pilot allowed PAU academic faculty members in the School of Health Sciences to develop their research skills, whilst contributing to the HIV response in the PNG context through research.'

Student cultural and provincial group leaders at PAU have been pivotal in sharing information about the study and supporting participation in it. They have also shared valuable lessons between university sites. In May 2010 a PAU student cultural leader, Jeanette Selep, accompanied researchers to Divine Word University, Madang, to discuss how the cultural groups had

supported the PAU pilot study. The learning from the pilot study was also shared at the recent Research Training Workshop, held at Divine Word University, Madang from 9–11 August 2010. Fifteen researchers participated (Health Sciences lecturers, social workers and nurses), building on their extensive knowledge base. PAU researchers shared with their colleagues the lessons they had learned when facilitating such sensitive sexual health research using questionnaires, semi-structured interviews and focus groups.

Male circumcision could be an important public health measure to save lives in PNG and across the region. Describing and categorising male circumcision and assessing the

acceptability of male circumcision by both men and women will help inform policy and HIV prevention measures.

As Dr MacLaren concludes, 'It will help us understand if it is acceptable and feasible to include male circumcision in HIV prevention strategies in PNG.'

*For more information please contact:  
Dr David MacLaren,  
Lead Investigator  
'Acceptability of Male Circumcision for HIV Prevention in PNG' study  
James Cook University (Cairns)  
School of Public Health, Tropical  
Medicine and Rehabilitation Sciences  
Ph: +61 7 4042 1658;  
Email: david.maclaren@jcu.edu.au*

## Sharing information on HIV throughout the Asia-Pacific region

Nicole Gooch, Secretariat of the Pacific Community

**O**n the second day of the Australasian HIV/AIDS Conference, in October 2010, Marian Gigmai, a clinical nurse from a remote community in the Western Highlands of Papua New Guinea (PNG), is busy studying the dense conference programme of plenary presentations and satellite sessions.

Gigmai is making the most of the conference, having just finished an Australasian Society for HIV Medicine (ASHM) four-day course on HIV medicine. It has been an intense few days, 'but staying up to date with the latest research, and learning new skills is crucial', says Gigmai.

This is because Gigmai works in a clinic with only two doctors who provide health services to an area with more than ten thousand inhabitants. The clinic, supported by PNG's Catholic Health Services, provides services for a range of diseases, including HIV treatment and care, testing, counselling and prevention of mother-to-child transmission.

'It is challenging work, but in a good way,' says Gigmai. 'The only problem is that we have limited resources, which means we don't have enough trained personnel and equipment.'

Debbie Puati, Cook Islands' Department of Health HIV

Coordinator, says the scientific discussions taking place at the conference are very relevant to the Pacific. She argues that the lessons learned and new research findings need to be incorporated into decision-making processes in each country.

'As HIV coordinators, we do not get much mentoring, yet our islands are isolated and we can not expect to know everything,' says Puati. Gillian Duffy, conference representative for the Secretariat of the Pacific Community (SPC), agrees and says it is important to gather as much evidence as possible from other countries' experience so that

appropriate decisions can be made at both the regional and country level in the Pacific.

Puati and Duffy were struck by some of the similarities in characteristics of the HIV epidemic between remote indigenous communities in Australia and the Pacific Islands (excluding PNG).

Duffy attended a session on point-of-care testing, which she says was useful as 'the issues discussed were the same as in the Pacific, namely problems with confidentiality, a high risk of false-positive results, and low HIV prevalence.'

Puati was particularly interested in the ability of developed countries to tailor HIV treatment regimens to individual patients. 'In the Pacific, this is not an option just now as it would be too expensive, but we should nonetheless be aspiring towards it.'

Puati and her colleague Ana File, also an HIV Coordinator for Cook Islands, presented a poster at the conference on 'Using personal digital assistants (PDAs) for behavioural surveillance among men who have



ASHM Booth, © ASHM

sex with men (MSM) in the Cook Islands'.

In 2009, Cook Islands undertook the Pacific's first behavioural survey using a PDA, with support from SPC, the University of New South Wales and the Global Fund to fight AIDS, Tuberculosis and Malaria. The survey focused on transgender (akavaine) and MSM.

'The PDAs are useful because people can complete them on their own, which eliminates many of the barriers we normally face with surveys, such as administration, data entry and

recruitment of participants due to confidentiality issues,' said File.

Duffy says Cook Islands' poster and other posters presented by SPC have generated much interest and discussion among conference participants, a testament to the importance of sharing information between regions.

*For more information, contact Sophaganine Ali, STI Advisor, HIV & STI Section, Secretariat of the Pacific Community, SPC. Email: [SophaganineA@spc.int](mailto:SophaganineA@spc.int)*

## Perspectives on the HIV epidemic from the Australasian HIV/AIDS Conference

Nicole Gooch, Secretariat of the Pacific Community

**D**uring a session on the effectiveness of programmatic responses to HIV, Heather Worth, Head of the International HIV Research Group at the University of New South Wales in Australia, said the Pacific needed to

'step into a concern-based mentality' and move away from the prevailing 'crisis mentality'.

Worth argued that the 'apocalyptic headlines' deriving from a crisis

mentality will not bring about a long-term sustainable response to HIV in the region.

She acknowledged current evidence does create ground for concern,

with high levels of other sexually transmitted infections (STIs), an increase in HIV infections in Fiji and little social and political recognition of men who have sex with men, sex work, and pre-marital sex.

But, she said a crisis mentally tends to replace the need for hard data, yet the political response to HIV 'must be based on evidence'.

SPC conference representative, Gillian Duffy, presented a scientific poster on the need for epidemiological (presumptive) treatment for chlamydia in order to reduce the prevalence of STIs and prevent an increase in HIV in the Pacific Islands region.

Successive second-generation surveillance surveys conducted in the Pacific since 2005 have shown a high prevalence of STIs. Chlamydia prevalence among antenatal women under age 25 is as high as 40%, which is among the highest in the world.

On average, one in four sexually active young people in the Pacific has an STI. Duffy said that 'most chlamydia infections are asymptomatic, but if left untreated, can cause infertility in women as well as eye infections and pneumonia in newborns.'

Epidemiological, or presumptive treatment, is a short-term strategy that involves treating all couples

attending antenatal clinics. In combination with increased awareness and behaviour change interventions, it aims to rapidly reduce the chlamydia rate, halving the number of infections within the next two to three years.

However, any decrease in chlamydia prevalence in the population must be sustained through other measures such as behaviour change, including increased condom use and access for all to comprehensive STI services.

*For more information, contact Sophaganine Ali, STI Advisor, HIV & STI Section, Secretariat of the Pacific Community, SPC.  
Email: [SophaganineA@spc.int](mailto:SophaganineA@spc.int)*

# Reporting on HIV in Papua New Guinea newspapers

Associate Professor Trevor Cullen, Edith Cowan University

**F**or the past decade editors and journalists from PNG's two daily newspapers, the Post-Courier and The National, have done a great job of consistently tracking and reporting the spread of HIV in their country.

A longitudinal case study of The National and Post-Courier, conducted between 2000 and 2010, showed that over time they have increased their in-depth educational feature articles on HIV, and become more sensitive in reporting on people living with HIV. They are also providing more information on prevention.

Although it remains common to report harms, infection rates and

regional workshops, journalists in PNG have begun to connect the reporting of the disease to broader social and cultural issues.

There is, however, room to expand the links to HIV and to cover the issue in more detail. To meet this challenge, journalists may benefit from a good understanding of some HIV communication theories.

One theory in particular – Social Change Communication (SCC) – challenges the media to expand their coverage of HIV so that it is no longer primarily a health story but is instead linked to social, economic, cultural and political factors.

In contrast, Behaviour Change Communication theory (BCC) was found to be less effective because it was limited mainly to promoting knowledge and skills among individuals without taking into account their wider social and economic contexts.

Nevertheless, both SCC and BCC theories challenge journalists to rethink their approach when reporting on HIV.

From a broader perspective, too, serious consideration needs to be given to the role of journalism in health promotion and development contexts. For now, the most

challenging aspect for editors and journalists in PNG (and elsewhere), especially where HIV is a serious public health threat, is to realise the complexity and interconnectedness of the issues linked to the HIV epidemic.

In this way, the PNG experience of connecting HIV reporting to broader social and cultural issues may serve as an example to other nations that

are at an earlier stage of tackling this disease.

Indeed, the relationship between the disease and these macro issues is almost universal: HIV is not merely a medical problem but operates like a magnifying glass focused on the exploitation of women, domestic violence, gender inequality, illiteracy, the lack of health facilities and the kind of rampant poverty

that forces people to migrate. The connectivity of these issues has important implications for political and financial reporters, editorial page writers, television producers and radio journalists.

*For more information, please contact Associate Professor Trevor Cullen, Head of Journalism, Edith Cowan University, Western Australia, email: [t.cullen@ecu.edu.au](mailto:t.cullen@ecu.edu.au)*

## Qualitative researchers strengthen Fiji's response to HIV and AIDS

Lawrence J. Hammar (UNDP Consultant), Department of Sociology, Wittenberg University, Springfield, Ohio, USA and Ferdinand Strobel, HIV Programme Specialist, UNDP Pacific Centre

**P**ositive: *adj.*, having the mind set; confident; showing agreement; affirmative; optimistic; greater than zero; the opposite of negative

Training community members to use qualitative research methods and then conducting research with them on HIV and AIDS, gender and sexuality is life-affirming. *Positive Research for Positive People: Strengthening HIV social research capacity in Fiji* was a five-week part-training workshop, part-research project that was held in Suva, Fiji from 23 June to 30 August 2010 as part of a United Nations Development Program (Pacific Centre) pilot project. The project is supported by the Programme Acceleration Fund coordinated by UNAIDS and the Fiji Ministry of Health, and was cleared by the Fiji Research Ethics Committee. Tura Lewai, Sesenieli Bui, Elenani

Sotia, Rachana Kumari, Verenaisi Turagaiviu, Tuberi Cati, Jone Gucake and Vilisi Gadolo were well trained by Lawrence J. Hammar in short order.

The project has the following goals:

- ▶ to strengthen Fiji's response to HIV and AIDS by developing local research capacity;
- ▶ to collect qualitative data about Fijian perceptions of risk of HIV and STI transmission; and
- ▶ to foster a more collaborative atmosphere that valorises qualitative research.

Each co-researcher was provided with stationery, electronic equipment, a sterling morning tea (*Vinaka vakalevu*, Lily Goneroro!) and four notebooks filled with articles, book chapters and reports about HIV, AIDS and STIs in the Pacific; about Pacific Islander sexual norms and

forms; and about qualitative research methods and perspectives.

Each day was broken into morning and afternoon sessions during which we read, discussed and wrote about the research of anthropologists, clinicians and activists. Afternoon sessions were devoted to learning research methods that co-researchers then put into practice: for example, conceptual mapping of their own HIV risk perceptions, or taxi-cab driver facilitation of sexual encounters.

Rachana, Jone, Sesenieli, Vere, Vilisi and Lawrence worked with members of six 'target groups': people in sex work, gays and lesbians, Christian pastors, university students, taxi-cab drivers, and health-care workers – and their intimate partners. The team conducted 14 audiotaped focus-group interviews and 71 in-depth

one-on-one interviews. They collected 142 drawings by research participants that addressed 'Me, My Intimate Partner, and HIV' and 'How I Try to Prevent HIV Transmission'. The team interviewed 20 expatriate, Indo-Fijian and indigenous Fijian 'key informants', too.

This project, like others focusing on Intimate Partner transmission, signals a considerable change afoot in public health and epidemiology. Women in sex work and 'MSM' (men who have sex with men)

have been over-studied (and blamed for HIV transmission). Christian pastors, taxi-cab drivers and university students, by contrast, have been under-studied (and their HIV transmission risks ignored). By focusing on members of these and other target groups *and* their intimate partners – simultaneously but separately – we hope to find prevention methods that will work and uncover cognitive models of risk that don't.

Now the hard part begins: coding, analysing and writing up an ocean of data!

## The art of living

Angela Kelly, International HIV Research Group, UNSW

Recently the *The art of living* report was released by Professor Siba, Director of the PNG Institute of Medical Research (IMR); Associate Professor Heather Worth, Head, International HIV Research Group (IHRG), University of New South Wales (UNSW); and Angela Kelly, Research Fellow, IHRG.

The report is the product of the HIV Social Research Cadet Programme, coordinated by the PNG IMR and UNSW, with funding from AusAID. The study itself was funded by the PNG National AIDS Council with financial support from the Government of Australia.

*The art of living* was a mixed-method study exploring the social experience of treatment for 374 people living with HIV in six provinces. Issues explored included health and well-being, adherence, food security, alcohol use, sex and much more.

The report includes an executive summary and a page of recommendations; the recommendations were developed with Igat Hope, the National Department of Health and the World Health Organization.

*The art of living was a mixed-method study exploring the social experience of treatment for 374 people living with HIV in six provinces.*

The report was formally presented to and endorsed at the last PNG IMR Council Meeting and is now available for the wider HIV community to view. We hope you find it informative and that it provides the evidence required for care and treatment of people living with HIV in Papua New Guinea. Hard copies of the report can be requested by emailing or phoning James Neo at the PNG IMR:

James.Neo@pngimr.org.pg or james.neo26@yahoo.com, ph: +675 532 2800.

The report is available online at:  
<http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/IHRGPublications>

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Website: [www.spc.int/hiv](http://www.spc.int/hiv) – Email: [NicoleG@spc.int](mailto:NicoleG@spc.int) – Coordinated by Nicole Gooch  
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