



Contents:

Policing women's bodies in PNG	2	Stigma, discrimination and regionalism key challenges for Pacific AIDS work, says AIDS Alliance	16
Pacific must address gender inequality to fight HIV	3	Introducing Homo-Sphère – New Caledonia's first gay NGO	17
Tackling the Pacific's high rates of chlamydia	5	No time to waste in implementing second Regional Strategy on HIV and other STIs.....	19
Implementing HIV continuum of care in PICTs	5	ICAAP 2009 through the eyes of the Papua New Guinea Sexual Health Society	20
Integrated antenatal HIV and STI counselling	7	The Safe Festival Campaign – an essential ingredient of the Pacific Youth Festival	23
'Score': Vanuatu and Solomon Islands launch their first Pacific condom social marketing programme.....	8	World AIDS Day – Human rights in the Pacific.....	26
<i>Love Patrol</i> is on again!.....	11	Bored? Confused? Not any more!	27
<i>Komuniti Tok Piksa</i> : Voicing community stories on HIV and AIDS in PNG	12	Is it HIV? A handbook for health care providers	28
Stepping Stones evaluation: Reflecting on successes and challenges and the way ahead.....	13		
Mainstream media and behaviour change: Two sides of the communications coin.....	15		

Policing women's bodies in PNG

Recently, certain health-care settings in Papua New Guinea have taken a new policy approach to HIV testing based on an 'opt out' approach, rather than the historical 'opt in' approach. The 'opt out' approach is especially advocated in health-care settings such as antenatal clinics (ANCs), and is designed to increase HIV testing rates. The assumption is that increased opt-out testing will reduce mother-to-child transmission (MTCT) and increase the number of women on antiretroviral therapy (ART).

Angela Kelly has a dual appointment with the PNG Institute of Medical Research and the International HIV Research Group, at the School of Public Health and Community Medicine at the University of New South Wales. She is working on a number of projects, including one funded by AusAID: 'Women and men's experiences of PMTCT [prevention of MTCT] in Papua New Guinea: A gendered socio-cultural analysis of barriers and facilitators for program engagement 2009–2011'.

For Angela, this policy shift to 'opt out' in the PNG context has occurred without an evidence base of what the issues are for women undertaking HIV testing in ANCs and entering a continuum of HIV care. 'We actually know very little about PNG's HIV-positive antenatal mothers and why so many are declining to accept treatment, return for delivery or accept the care and support offered post-delivery. And we certainly do not know the clinical and social impact of the change to opt-in HIV testing for pregnant women. This is a large gap in our knowledge of the epidemic in PNG.'

Power differentials between health-care workers and female patients make it difficult for women to make choices to 'opt out' in the clinical encounter.

'There has been a long history of women who test HIV-positive in the antenatal setting who do not return for treatment or delivery, both in PNG and the developing world as a whole. While the numbers are improving as health-care providers adapt to the complex needs of women testing positive in this context, much more still needs to be done. As some have argued, great caution needs to be taken when only seeing success of the PMTCT program in terms of the number of women testing and on treatment.'

'International research tells us that women who test positive in an ANC are less likely to disclose their HIV status to their partners than women tested in other sites. We also know that women with HIV experience higher rates of intimate-partner violence than women who do not have HIV.'

Research in South Africa indicates that irrespective of their test results after undergoing provider-initiated counselling and testing in the antenatal setting, women said that they felt pressured by the health-care worker to undergo the test. In Botswana more than two-thirds of women testing for HIV under the 'opt

out' program initiated in 2004 felt that they could not refuse the test offered by the health-care worker. Power differentials between health-care workers and female patients make it difficult for women to make choices to 'opt out' in the clinical encounter.

'Until we can increase the number of women who return after their diagnosis for safe delivery and for ongoing follow-up, and improve the social and health outcomes for women and their children and families who have already tested positive with an opt-in, then it is neither ethical nor in the interests of maternal and child health to shift direction in HIV testing to opt-out,' argues Angela.

'It is not in the interest of women to advocate for scaling up efforts to test pregnant women for HIV if the unintended consequences of a positive result put the women at more risk of violence, abandonment and possible death. ANC testing makes HIV testing and disclosure a gender issue rather than a couple one. The lives of women and children will not be genuinely advanced until men are included in all ANC settings and made to feel equally responsible for HIV in their relationships.'

'We must also think about the 40% of pregnant women in PNG who never attend an ANC or have a supervised delivery. Antenatal HIV testing does not and will never reach those women who do not access antenatal care

services. We need to also think about what role increasing community awareness about HIV testing in ANCs plays in women's decision to avoid or delay entry into health care when pregnant.'

For more information, please contact Angela Kelly, Research Fellow, International HIV Research Group (IHRG), School of Public Health and Community Medicine, University of New South Wales, Sydney, ph: +61 (2) 9385 1396; email: ihr@unsw.edu.au

Pacific must address gender inequality to fight HIV

Tione Chinula (SPC)

As indigenous peoples around the world contemplate how to strengthen efforts to tackle HIV in their communities, an HIV advocate in the Pacific believes that more emphasis should be put on addressing the gender dimension of the disease. SPC Prevention Officer Jovesa Saladoka says that if efforts to curb the spread of HIV in the Pacific are to succeed, strategies on HIV must include gender equality.

Jovesa made the comments in relation to the 2009 theme of the International Day of the World's Indigenous Peoples (9 August): 'Indigenous Peoples and HIV/AIDS'. The day aims to strengthen international cooperation for finding solutions to the problems faced by indigenous peoples in areas including culture, education, health, human rights, the environment, and social and economic development.

The failure to address the gender dimension in the Pacific early on in the epidemic has contributed, to a certain extent, to the spread of the disease, Jovesa says.



'Most women who get the disease are infected by their husbands or long-term partners'



‘Unless the underlying attitudes and inequalities that allow gender-based violence to occur are understood and addressed, controlling HIV infection will remain a major challenge.’



‘New cases being recorded in the Pacific are showing a higher level of risk and vulnerability for women,’ he says. ‘Most women who get the disease are infected by their husbands or long-term partners. So an issue that particularly needs to be reinforced among men is responsible behaviour. Men can explore how they can create a culturally friendly, level playing field where everyone affected is empowered enough to be able to make a choice.’

The lack of women’s enjoyment of the right to equality manifests itself in areas such as sexual health, with many women not having the authority to influence the use of condoms. While the female

condom may go some way towards empowering women to make decisions about their sexual health, the public’s attitudes with regard to acceptability of this condom, which is relatively new, are yet to be seen. SPC’s Human Development Adviser (Gender Equality) Treva Braun says gender-based violence is another manifestation of gender inequality that needs particular attention in efforts to combat HIV.

‘Inequality between women and men has major adverse impacts not only on women but on whole communities,’ Treva says. ‘Among other things it makes women vulnerable to sexual violence, which in addition to violating their basic

human rights puts them at risk of contracting HIV. Entire societies are suffering the consequences. Unless the underlying attitudes and inequalities that allow gender-based violence to occur are understood and addressed, controlling HIV infection will remain a major challenge.’

Additional factors in the Pacific that contribute to the spread of the epidemic include high rates of sexually transmitted infections (STIs), which increase the likelihood of contracting HIV; low condom use; lack of rights for certain vulnerable groups in some countries, including men who have sex with men, and sex workers; lack of active engagement by leaders; and limited access to education, which subsequently limits access to information on HIV prevention or the ability to process that information by a significant proportion of the population in the Pacific.

For more information, please contact Tione Chinula, Human Development Programme Advocacy and Communications Officer, SPC ph: +687 26 01 57, email: tionec@spc.int

