

# HEALING IN THE CONTEXT OF HIV AND AIDS IN PAPUA NEW GUINEA

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## **Abstract:**

Although HIV/Aids is a worldwide phenomenon, the challenges they pose are always related to the particularity of peoples, cultures and spiritual traditions as well as the broader political and economic contexts that impact on behaviours, attitudes and social values. Here the author presents a practical and prophetic theological response to the challenges of HIV/Aids in Papua New Guinea—which have reached epidemic proportions. In particular, he explores how healing must not only be concerned with those who suffer the disease but needs to include the healing of communities, churches, gender relationships and the wider society. [Editor]

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## **1. Introduction**

AIDS was first detected in Papua New Guinea (PNG) in 1987 and in the last twenty years has developed into an epidemic with 18424 HIV/AIDS cases reported by the end of 2006. For 2006 alone there were 4,017 people who tested positive, 30% more than 2005. Since statistics depend on testing practices in each province and their manner of reporting, many cases are not recorded. However, the national HIV prevalence is estimated to be 1.28% among adults aged 15-49 at the end of 2006, which means there are about 46,275 people in PNG estimated to be living with HIV (National AIDS Council Secretariat, 2007). Indicators project increases in the future in the numbers of new infections, in the numbers of AIDS related deaths and in the numbers of orphans. AIDS is already a leading cause of adult medical admissions and deaths at Port Moresby General Hospital.

Behavioural surveys conducted in recent years have documented sexual behaviours that create high risk for HIV transmission. There is also the exchange and sale of sex, sexual violence, and multiple sexual partners, including polygamous relationships. It should be noted, however, that there are many other ways of transmission other than sex. Economic, political contexts are characterized by unemployment, poverty, and high population mobility.

PNG ranks lowest among its Pacific neighbours on the Human Development Index (UNDP 2005) with a life expectancy of at birth of 55 yrs (lowest in Oceania), an infant mortality rate of 69/1000 live births (highest in Oceania), and expenditure on health of US\$136 per capita (lowest in Oceania).

Gender inequity is normative in most parts of PNG, and physical and sexual violence are prevalent, including gang rape. This creates a heightened risk of HIV transmission through women's diminished power to negotiate about sex and through personal and physical trauma from forced sexual violence.

Papua New Guinea calls itself a Christian country. The preamble to the PNG Constitution pledges to “guard and pass on to those who come after us our noble traditions and Christian principles that are ours now.” The year 2000 census reveals that 96% of the population identifies with one of the Christian Churches, of which there are many. Considering the socio-cultural indicators show above, how can Christians in PNG talk about God (theo-logy)? Christians have responded with prevention and care. However, is the Church listening for what God might be saying through the crisis? Could the Church in PNG borrow an expression from Africa and say “The Church has AIDS”?

This paper is an attempt at an initial theological response to healing in the context of HIV and AIDs in contemporary PNG. I write from my experience as a Catholic priest, but do not intend to restrict myself to what might be considered an exclusively Catholic perspective.

## 2. Attitudes

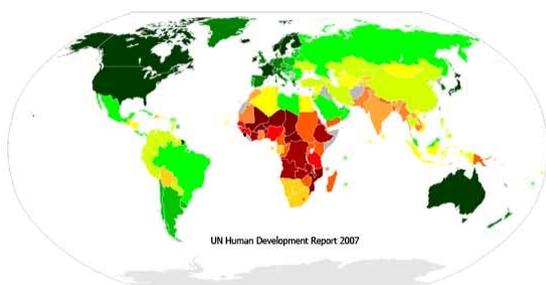


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Some Christians find the HIV and AIDS issue embarrassing because they think of it as linked to behaviour which the Church disapproves. Yet when one looks at the reality in PNG today the persons most “at risk” of contracting the virus are not so-called “high-risk” groups such as sex-workers or truck drivers, but, church-going married women. How does one talk of the goodness of God in a situation where a faithful wife tests positive, having been infected by her husband? How can

we talk about life when the very processes that we associate with life and love are bringing death?

Jesuit, James Keenan notes how HIV and AIDS tend to spread particularly where there is social instability; where that means those who are affected by civil strife or military action, or those in unstable worlds, where there is little law and order; where heads of families have to migrate for employment, and those at home await them; those who are pressured into sexual activity to support their children, their families, or their school fees; or those girls and young women who are faithful to their marriages or to other stable sexual relationships but whose husbands or partners put them at risk because of external sexual liaisons. These people are particularly vulnerable because their lives and their social settings lack the stability needed to live safely in a time of HIV/AIDS. That is what it is like in PNG.

In such an unstable situation it is tempting for Christians to keeping a distance, backed by a moral judgmentalism, whether explicitly stated or not. In his book, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, Donald Messer, Professor of Practical Theology at Iliff School of Theology, Denver, criticises a church leadership that stands pathetically aloof, righteous, and judgmental. He says that the Church is “missing in action” in the battle to have an AIDS free world. Messer appeals to several surveys, among them an informal one taken at a World Council of Churches gathering in Harare, Zimbabwe in 1998, in which 68 percent of the leaders said they believed the pandemic to be a punishment from God. Some Christians are of the opinion that since the condition is in many cases presumed to be sufferers’ own fault, it does not merit the sympathetic, supportive, humanitarian response that other catastrophes prompt.

No doubt there are Churches in PNG that do promote the view of AIDS as a punishment from God. However, my experience with Church leaders here has been quite the contrary. In November 2005 the Goroka Pastor’s Fraternal which includes Pentecostal Churches along with Evangelical and “Mainline” (Catholic, Lutheran, United, Anglican) Churches organised a week-long conference to which they invited speakers from Africa and persons living with AIDS (PLWA). It was held at the University of Goroka and the auditorium was full of Church leaders and laity from most denominations. The Africans presented an alarming but thought-provoking message, and a woman who is a PLWA shared in a way that moved the Pastors’ Fraternal to take practical action that continues today.<sup>1</sup> In 2006 the Catholic Bishops of PNG invited Bishop Kevin Dowling of South Africa and other

notable persons to lead them in a three-day workshop on HIV and AIDs. The workshop had a profound effect on the bishops and subsequently has led to enlightened leadership in this field.

### **3. The Church Contribution to the Struggle with HIV and AIDS**

The Church has come in for its share of criticism on its response to HIV and AIDS – some well founded and some bigoted and unjustified. If an atmosphere of healing is to prevail it is important that the Church admit its weaknesses and limitations, but also that society acknowledge the enormous contribution that the Christian Churches have made to HIV prevention, care, support, and treatment.

Bishop Kevin Dowling has said that God works through us in the way we treat each other. That ideal is behind the Churches' human rights based approach that promotes respect for the sacredness of the individual made "in the image and likeness of God."

The Churches in PNG play a major role in care for the infected and affected. The Catholic Church has initiated and administers the majority of Voluntary Testing and Counselling Centres and many Care Centres. Sisters at Church hospitals have taken the lead in promoting medication for preventing mother to child transmission of the HIV virus.

Christian Churches, particularly the Catholic Church with its long history of Social Teaching are also questioning solutions from outside that think it sufficient to address the epidemic with technological interventions of a condom, a test kit or an antiretroviral drug. While these all have their place, we need a holistic approach that addresses economic, political and social structures that are driving forces of the AIDS epidemic in PNG.<sup>2</sup> We also need better insights into cultural and communal causal factors (Spingler 2007).

Churches are also instrumental in helping to promote a sense of unity and social cohesion among the members. The support and health of a community has been identified as an important factor in slowing the rate of the spread of HIV infection. Helen Epstein in her book *The Invisible Cure*, tells how the hundreds of tiny community-based AIDS groups, that sprang up throughout Uganda, were instrumental in warning people about the dangers of casual sex, and addressing the particular vulnerability of women and girls to infection. Many of these groups were church based and similarly in PNG the immediate contact religious personnel maintain with people at the grassroots level is very significant – to give just one

example of this trend – we see community mobilisation at the Gol parish in the Simbu province, assisted by a priest who is both parish priest and a medical doctor.

Churches are also promoting the ideal of healthy families and opposing domestic violence in all its forms. Churches strongly oppose whatever degrades women or casts them in a humiliating light. They promote personal development and moral values too -- and while frankly acknowledging that not everybody lives up to what is expected – realise that to drop those ideals and high expectations would be to succumb to defeatism.

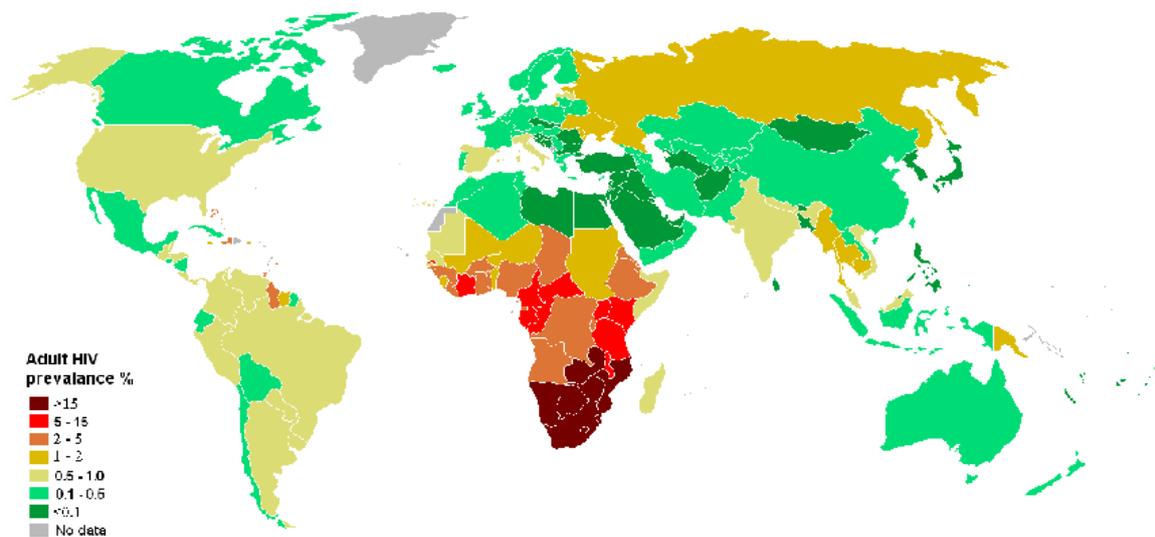


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## 4. Healing

HIV and AIDS takes a terrible toll on human life. Yet there is an opportunity for it to be life-giving rather than death dealing if we seize the opportunity it provides for healing across a whole range of life experience: in communities, in the context of gender relations, between churches, and in the wider society with it's secular organisations that sometimes appear to have values quite contrary to those promoted by the Church.

We must see the person rather than the disease. Jesus' mission and ministry provide the model for healing in the way he showed compassion for and solidarity with the sick. Our approach must give witness to our belief that nothing can take away the essential sacredness of who I am as a person. If we are to talk about God, then it must be about how God accepts us as we are and wants us to live in peace.

### 4.1 Healing Communities

Papua New Guinea society is community-based. Yet, ignorance and fear, stigma and discrimination are tearing these communities apart. External stigma affects people when community members brand a person they know or suspect as being infected with HIV as a danger or liability to the community, with that person being excluded or marginalised as a result. There are even accounts in PNG of such people being killed. People experience internal stigma when they themselves through fear or shame isolate themselves and perhaps also feel that they are being punished for something they have done.

There are attempts being made in some communities in PNG to respond to the situation by taking counter measures whereby the community leaders commit themselves to support and help those in the community who have been tested and found HIV positive. For example, the sister-in-charge at Yampu rural health centre in the Enga Province, got a surprise when she was asked if she and her staff would be prepared to test a whole tribe comprising some 6,000 people! Moreover they were asking that those who tested positive could have access to anti-retroviral treatment (ART). One of the neighbouring tribes had formed the Yakani Tambukini Gutpela Sindaun movement, and the leaders had agreed that they would convince their people of the importance of knowing their HIV status and that after testing (the results being confidential) anyone who admitted being infected would be supported in applying for ART, and also be eligible for micro-finance projects to help sustain themselves financially. The project, supported by Church leaders in the area is still in its early stages, however, it provides an example of positive action by a community, running contrary to stigma and discrimination. This is just one example of many initiatives within communities in PNG. More than 60 HIV infected people from Mount Hagen General Hospital and Rebiamul Catholic Care Centre have come out openly to testify that they are infected in an effort to bring awareness to the public forum.

In an attempt to heal possible divisions in the Church concerning HIV awareness, the PNG and Solomon Islands Catholic Bishops in a Statement of Concern (5 May 1995) said that, "...As there is still no cure, prevention of AIDS is the only way to fight it. Everyone has the right to honest and complete information – what HIV & AIDS are, how the virus is transmitted, and what are all possible means of protection."

#### **4.2 Healing Gender Relations**

All PNG traditional cultures are based on a strongly gendered division of roles and responsibilities. In most cultures, power was earned through prominence in ritual exchange ceremonies or warfare, or through skill in alliance building. Control of women and their labour was an important factor in attaining power. This association of men with leadership and decision-making in public life has continued in modern times. Under national law and the Constitution, women have equal rights to divorce, custody of children, a share in marital property, and protection from physical and sexual abuse including in marriage, but the complexities of the system, police apathy or outright brutality, prevent women from exercising their rights (National HIV/AIDS Support Project [NHASP], 2005).

In marriage, the tradition of “brideprice” can become a business. Polygamy is common, especially in the Highlands. Fidelity to one sexual partner is both the ideal and statistical norm for women, but not for men. Older men are seeking sex, and/or marriage, with very young girls, as a way of avoiding the risk of HIV to themselves. However, since these older men may well be already infected, the risk to young girls is much greater. Gender also affects people in how they bear the consequences of HIV/AIDS in their families. The burden of caring will fall disproportionately on women and girls. In a NHASP study of people dying with AIDS in villages in the Daulo district of the Eastern Highlands Province, all carers except one were women. The increased labour involved in carrying water to keep the sick person clean, and in meeting all the needs of the household, means more work for women and girls and increased economic hardship for the family. Breaking down gender barrier or stereotypes for both men and women will be important for healing in the field of gender relations in PNG. Church agencies are trying to find ways to bring about a vision of women and girls as valuable, rather than vulnerable.

Some people need to be reminded that gender relations involve both men and women, not just women. Bishop Gilles Côté of the Diocese of Daru Kiunga has begun a series of week-long workshops for men, called “Men Matters.” Male representatives from all the parishes of the diocese come together to share about what it means to be a true man and a good husband and father today. What used to unite men in society – warfare and initiation – are gone in many places. So, what takes their place? The men discussed various forms of violence. The seminars have been eye openers for the participants. For example many, with their understanding of male dominance in marital relations found it difficult to even conceive of what the term “marital rape” might mean. They looked at issues that stop men from taking

free and responsible decisions – issues like heavy drinking, unmanaged anger, fear, and lack of trust and agreed that the true man makes decisions that are free and responsible in relation to his life, and particularly with his wife and family. These and other efforts to work with men and women and to strengthen families are an essential dimension of the healing that forms part of the effort to reduce the prevalence and spread of HIV and AIDS in PNG.

### **4.3 Healing Churches**

Prior to World War I there were seven Christian denominational groups working in PNG. Now there are over 200 different denominations (Gibbs 2007). This sheer number and diversity of Churches can at times lead to friction and accusations over competition for funds, resources and personnel, and also differing approaches to dealing with the HIV and AIDS crisis.

In 2004, seven of the major Church denominations in PNG formed the PNG Church Partnership Program (CPP). The group comprises the Anglican, Baptist, Catholic, Lutheran, Salvation Army, Seventh Day Adventist and United Churches, which represent over 60% of the Christian population in PNG. The seven churches are collaborating together to share knowledge, planning, resources and action. The Program has brought about much greater understanding and in some cases healing of old wounds.

An important part of that collaboration is in the area of HIV and AIDS. Churches are co-operating in training, planning and the implementation of programs. Also in recognising the relative strengths of certain churches in some areas (Care Centres for example) they provide encouragement and support in those areas. This collaboration is helping to build a more caring and compassionate Church

### **4.4 Healing within the Wider Society**

The Churches are well accepted as part of the fabric of society in PNG. However, globalisation and secularisation are lessening ecclesial influence in the wider society. Also, in the field of HIV and AIDS, internationally based agencies come with personnel who often do not view the Church as the defender of reason, freedom and equality. Some see the Churches as conservative, discriminatory against women, moralistic and against freedom and individual

choice. These are the perceptions of educated and responsible people. We are dealing with ways of thinking that are rooted in the separation of faith and reason.

The Church tries to show how faith and a relationship with God can do an even better job than secularism can of validating, interpreting and safeguarding the very values that modernity treasures, such as life, love, freedom, tolerance, self-expression, participation, democracy, solidarity and human rights.

The most helpful response to heal this rift in PNG has been joint action, particularly in trying to encourage social movements that might influence economic, political and social structures that are driving forces of the AIDS epidemic in PNG. In 2006 at Goroka, Faith Based Organisations (FBOs) such as Catholic Family Life and Mercy Works, and Non-Government Organisations (NGOs) such as Save the Children and Family Voice jointly planned 16 days of activism to promote human rights. They started with Children's Day, then International AIDs Day, a Day Against Domestic Violence, and Human Rights Day. This involved meetings, prayer and public demonstrations through the streets of the town. At one forum the Government was petitioned for land suitable to construct a shelter for battered women and the request was granted. Working together on events such as these brings diverse groups together that might otherwise work separately sometimes resulting in unnecessary misunderstanding or conflict.<sup>3</sup>

## **5. Changing Relationships**

A common factor in the healing events noted above is the belief that people and communities can change and that change comes through strengthening relations between people. Enda McDonagh links this change to the values that are to be realised in the presence and through the power of God (Enda 1994 [2001]). These "kingdom" values are truth, freedom, justice and peace.

- Fears of contagion by family, friends and carers based on untruth can undermine social and personal responses. The truth sets us free to deal effectively with the crisis.
- Programs for mandatory testing for so called risk groups are an unfair restriction on people already restricted socially and physically.
- Many of the problems revealed by the pandemic are problems of personal and social justice.

- True peace involves healing reconciliation and forgiveness.

The kingdom of God seeks our participation in its growth. It is for all, but above all by Jesus' example and teaching for the least of our brothers and sisters including the poor, the socially excluded and the sick. At the present time all three are found in those with AIDS. Those who consider themselves followers of Jesus are called to respond by active caring, loving personal relationships and structural reform.

Compassionate companionship after the manner of Jesus and God, which involves co-creating, co-suffering and co-redeeming in the community of caring, may be the best description of the first moral obligation of disciples to people living with HIV/AIDS. (McDonagh 1994 [2001] 8).

## 6. Theology of Life



Image Source: [Wikimedia Commons](#)

The Book of Job is one of the most profound reflections we have in Scripture on the relation between human suffering and the healing presence of God. Job's physical suffering and mental anguish may stir up painful echoes in contemporary readers wrestling with the impact of HIV and AIDS.

Melanesians have their own traditions of life death and suffering which they merge with the Biblical tradition. Everything that exists shares in the same "life." This is what Ennio Mantovani calls the "biocosmic" experience with its stress on blood, the womb, the tomb, and the phallus (Mantovani 1984:32).

According to Mantovani, the one who was revealed as "Father in heaven" in one culture could have been experienced as "life" in another culture. Decrease and increase of life affect not only humans but the whole cosmos within which they live. Many myths tell how violent death and the shedding of blood produce the symbolic item of culture which stands for life.

The suffering and death brought by AIDS strikes a familiar but dissonant chord with the value of life in Papua New Guinea. Melanesians have always associated life and death with sexuality, yet AIDS seems to be coming from "without" and is labelled as a "new" illness or an illness brought by Whites. The traditional life/death paradigm did carry moral

overtones in a sense that someone who lived according to the cultural norms would live a long life, while the span of years of the antisocial person would be curtailed. Christian faith was seen as having the power to transform the traditional worldview into a vision of a fuller life in harmony with God. The Church has a responsibility to honour that vision of life which is true despite human suffering. That is why every effort must be made to incorporate people living with HIV and/or AIDS into its life and practices, establishing solidarity with them, making them welcome as integral and valuable members of the community, and making it possible for them to participate in real and meaningful ways in church and community life.

Up until now, such participation is rare. PLWAs still fear to speak out and church leaders too often remain detached from such matters. It is as though we are fumbling for the key and are still detached outside while the need gets greater everyday for faith filled and Spirit led people who can speak out compassionately and fearlessly about the epidemic and lead the way in promoting a positive view of life that is understandable in a world that has changed because of AIDS.

## **7. Prophetic Theology**

A liberating theology of life will emerge in situations where people, motivated by faith, are prepared to engage in prophetic action, deciding to change driving forces of the epidemic in communities, confronting gender discrimination, working together with other churches, and living in a way that witnesses to universal values such as life, love, freedom, tolerance, and human rights.

For a more effective healing response to the challenge of HIV and AIDS, it would be desirable if the Church would:

- Become better informed about the epidemic and how it effects people's lives through its close contact with PLWA and their carers, and in dialogue with health professionals and other knowledgeable people
- Overcome fear and denial and speak out honestly about the epidemic both within Church circles, in communities and in the public domain.
- Oppose every word or practice that carries any connotation of stigma or discrimination.
- Promote gender equity both within the Church and in the wider society.

- Continue with ever greater vigour to support programs aimed at eliminating poverty.
- Move its members into action for the reduction of HIV transmission, the promotion of a healthy sexuality, and the provision of care and support for those infected or affected by HIV and AIDS.
- Work to right the present inequalities in access to anti-retroviral therapy.
- Have Christians working in cooperation among the church denominations and other groups and associations.
- Maintain a multidimensional response to HIV/AIDS at the top of its agenda and as an integral element in its seminary and other training programmes.

## **8. Healing and Humanness**

As Christians, we must participate in a human response to the epidemic. The focus of that response need not be on HIV as a problem to be fixed or a menu of interventions, but rather as an integral part of the transformation of the world into one exemplifying truth, freedom, justice and peace. Relationships are important in a world being healed, but the focus must be on communal rather than just individual relationships. As an integral part of the community the Church will find its healing mission in a changing world. Only then might we say that the “Church has AIDS.” In Papua New Guinea the Church is not “missing in action” but it is having difficulty mustering its troops and identifying the target.

We read in the Gospels of Jesus’ own ministry to the sick. However, one can go beyond that to the mystery of God entering fully into the human condition, even to the point of taking on human suffering and dying in the passion and death of Jesus Christ. God was close to us in a special way in Jesus life and death and in the light of this mystery the Church has the task of discerning what God might be saying through the crisis of HIV and AIDS today. This paper is an initial attempt at discernment.

God works through us in the way we treat each other. In the present situation we need to go beyond ideas to action and a lifestyle transformed by the challenge that HIV and AIDS poses. That is a challenge of what it means to be truly human amid the perplexity, the suffering and the mystery of the era of HIV and AIDS.

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<sup>1</sup> Set of DVDs from this event, called "Prescription for Hope" (7-11 November, 2005) are available from the National Catholic Family Life Office, [cfla@online.net.pg](mailto:cfla@online.net.pg)

<sup>2</sup> A similar view from Zambia may be found in Kelly 2006.

<sup>3</sup> The events may be viewed in the video "Making Rights a Reality" available from National Catholic Family Life Office, [cfla@online.net.pg](mailto:cfla@online.net.pg).

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