Raitman Olgeta: Negotiating What it Means to be a 'Good' Man in Contemporary Papua New Guinea

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Declaration of Originality

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed: On: 26/11/2018

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Abstract

This thesis investigates ambivalences and tensions in the ways that men and their communities frame what it means to be a *raitman*, a 'real' man or 'good' man, in contemporary East New Britain, Papua New Guinea. In looking at the refraction of aspirational masculinity through lived experiences of men and their communities, I argue that to affect change, there is a need for more nuanced and politicised conceptualisations of masculinities in the context of campaigns for equal gender rights.

The figure of the *raitman* is a common trope in Papua New Guinean and international campaigns to address HIV and AIDS, *sikAIDS* in Tok Pisin, and violence against women. This figure is imagined as a perfect role model who is compliant with the directives of prevention slogans: a wearer of condoms, a faithful partner, non-violent and in control of everything from anger to sexual appetite, to alcohol consumption.

In reality, these tropes manifest unevenly and ambivalently in the lives of men, their partners and their broader communities as they are refracted through personal and collective aspirations; loving and complex relationships with peers, families and intimate partners; existing normative ideas of the most esteemed way of being a man; and collective efforts to navigate structural violence and uncertainty.

Within this milieu, I consider how men's efforts to navigate ideas of aspirational masculinity, and their desire to position themselves as *raitman,* impact upon how they relate to and position women, and what this can tell us about efforts to address issues of gender violence and inequality in Papua New Guinea.

The thesis takes the transnational campaign framing of good masculinity as a starting point and asks how these attempts to influence gender norms and practices are heard and adopted, or subverted, in everyday encounters. The research draws upon ethnographic fieldwork conducted in urban, semi-rural and rural-remote field sites in 2012-13. The thesis is anchored in feminist scholarship and engages with literature from anthropology, geography and development studies to complement the narratives of women, men and communities heard through the fieldwork. In doing so, the thesis provides an account of how gendered norms intersect with, and are made malleable by, individual and collective development aspirations, and experiences of structural violence and precarity.

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List of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
CIMC	Consultative Implementation and Monitoring Council
ENBSEK	East New Britain Sosel Ekson Komitee
ENBSHIP	East New Britain Sexual Health Improvement Project
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family and Sexual Violence Unit
HIV	Human immunodeficiency virus
IPO	Interim Protection Order
JJ	Jungle juice
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, questioning, intersex
LLG	Local-level government
LRC	Law Reform Commission
MoU	Memorandum of Understanding
MP	Member of Parliament
MSF	Médecins Sans Frontières
NAC	National AIDS Council
NCR	North Coast Road
NGO	Non-government organisation
PAC	Provincial AIDS Council
PALJP	Papua New Guinea–Australia Law and Justice Partnership
PMV	Public motor vehicle
PNG	Papua New Guinea
RPNGC	Royal Papua New Guinean Constabulary
SOS	Sexual Offences Squad
STI	Sexually transmitted infection
TB	Tuberculosis
VCCT	Voluntary confidential counselling and testing

Referencing of Interviews

Most interview subjects, participants in focus group discussions and members of communities where I conducted field research are referred to by pseudonyms. To minimise the risk of interview subjects and communities being identified, I have not provided a schedule of interviews as part of references in the thesis.

A table listing focus group discussions with security guards and the central topics for each discussion is included at Appendix 1.

Note on Translation

Interviews and focus group discussions were conducted in either English or Tok Pisin. Where direct quotes or Tok Pisin terms or phrases are used in the text, they are presented in italics, with the English translation provided in brackets. Where words or phrases from local language groups are used, the language (either Kuanua or Lote) is noted with the translation.

Note on Use of Acronyms

I have chosen to spell out in full several terms that are commonly referred to by acronym in other texts. These include Papua New Guinea and East New Britain, which I write in full as a show of respect; as well as violence against women, people living with HIV and AIDS, female sex workers and men who have sex with men, which are often abbreviated in policy documents. I spell them out here to emphasis the personhood of those referred to with these terms. However, I have made exceptions where research respondents are directly quoted and have used acronyms, or where organisations or government bodies are commonly referred to with acronyms.

Prologue

Towards the end of my time working with a sexual health project in East New Britain, Papua New Guinea, my friend Rose came into the office asking for money to run a workshop. Rose urgently needed to run an 'awareness': an education session about the signs and symptoms of sexually transmitted infections (STIs), getting tested for HIV, treatment for STIs and safe sex. She was hoping to conduct the public talk that night at the health centre next to our office, for a group of young men who were frightened that they had been exposed to HIV.

Rose was a volunteer peer educator with the project. She and her fellow *stret toker*s [straight talkers] had received five weeks of training over six months. This training taught participants how to talk to their peers in the community about how to prevent, recognise, seek help for and treat STIs, with confidence and to a project-approved script. The curriculum gave comprehensive attention to gender sensitivity training and discussion about prevention of, and responses to, violence against women, particularly physical violence within families and sexual violence. Rose was known as one of the most active *stret toker*s, not only in her community but across the programme. She volunteered considerable amounts of time and her own resources to give public talks, organise DVD presentations and theatre performances about sexual health in villages, and speak with people individually or in small groups about what she had learned as a *stret toker*—activities collectively referred to as 'awareness'. Rose referred people with suspected STIs for testing by qualified health staff. When requested, she also accompanied them to a local health centre to consult with sexual health clinicians. It was at one such clinic that she had met the young men who were concerned about their health and for whom she wanted to run the awareness workshop.

The young men had engaged in a *lainap* with a single woman at the beach below the health centre. *Lainap* is a Tok Pisin term for a group of men having sex with a woman. The term is also commonly used to refer to gang rape (Jenkins 2010, Lepani 2008b). For many people, the word rape had particular connotations of physical violence being used to force a woman into submission. Other forms of coerced sex, including blackmail or fear of potential violence if the victim refused to participate, were not necessarily acknowledged in definitions of rape or sexual assault. It could therefore

be difficult to establish whether there had actually been enthusiastic consent for sex when a *lainap* was talked about as group sex rather than gang rape. According to Rose, the woman in this situation had allegedly taken money after having sex, which Rose insisted implied consent—although she conceded that this might have been an attempt by the men to buy the woman's silence and make her vulnerable to counter-accusations of engaging in sex work if she were to make a complaint to the police. Regardless, for Rose these considerations were of lower priority with respect to public health and safety than the issue of how the group had engaged in sex.

The men had only one condom, which had been rinsed in the sea and reused by each man as he took his turn to have intercourse. When they later reflected on what they had done, the men realised that this fell into the category of risky behaviour as defined by HIV prevention campaigns. At least one had heard about proper use of condoms in an awareness, which included that condoms should be used only once and then disposed of safely. Additionally, the men reasoned, if the girl had had sex with them, she had probably been with other men and potentially contracted an STI. She might have HIV or another illness, which meant that she may have passed it on to one or more of the men who had had sex with (or assaulted) her.

Rose lauded the men for knowing enough about sexual health to be concerned about what had happened. They were 'good' for standing up and being responsible for their bodies and taking action to prevent the potential spread of HIV and other STIs by getting educated and tested. By her account, men were often disengaged from attempts to learn about STI and HIV prevention; Rose and other *stret toker*s said it could be difficult to convince men to attend awareness sessions. Conducting a comprehensive education presentation for the men who had been on the beach, including instructing them about their options for testing and treatment of HIV and other infections, was, in her opinion, a matter of urgency.

Rose's account of why they were worried revealed much about the complex ways in which 'good behaviour' is framed and gendered with respect to sexual health and gendered relationships. It crystallised the fact that while men were hearing messages aimed at preventing both HIV and gender-based violence, there were many questions about the ways in which those messages were being interpreted, and acted upon.

I agreed with Rose's assessment that increasing men's engagement in promotion of sexual health, as an active part of the HIV response, was incredibly important. However, there were many uncomfortable silences in this story. Did the men know that they might have been exposed to viruses or infections hosted by one another as a result of unprotected group sex? That it was not just women who had sex with them outside of marriage who were potential vectors, but also men who did not know whether or not they were living with HIV? Was there going to be any conversation as part of the awareness presentation about the importance of consent, indeed, enthusiastic consent, in sexual relationships; or at the very least, a discussion of laws about sexual assault and violence against women? Why was the potential harm of infecting a group of men prioritised so much more than investigating whether the same harm and the additional trauma of a possible assault had befallen the woman they were with? Asking for information about sexual health after the event was unquestionably a positive step—but surely we could expect more from these men?

This was one of several similarly themed encounters that sparked my research interest in men's engagement with public health campaigns in Papua New Guinea, centring upon a key question. In the context of twinned attempts to address the syndemic effects of HIV and violence against women in Papua New Guinea, what did being a 'good man' look like—for men, for their partners and families and for their communities?

Chapter 1: Introduction

This thesis considers how communities and people position themselves as 'good' in the context of behaviour change for prevention campaigns. It explores the different ways that being good is defined in communities in Papua New Guinea, the ways that those definitions are gendered, and the global, national and historic sources that are drawn upon to build those definitions. More particularly, it considers how intersecting international and local discussions of HIV and AIDS prevention and efforts to address violence against women have joined this milieu and affected how men see themselves and who they want to be. How have decades of awareness raising around these two issues influenced what it means to be a good man in East New Britain?

Campaigns designed to address HIV and violence against women[1] centre upon women's and men's equal rights to health and safety. More particularly, behaviour change for prevention campaigns aim to encourage attitudinal and behavioural shifts in ways that will reduce risk of infections being transmitted or violence perpetrated (Adams and Pigg 2005, Dickinson 2009, Wardlow 2011). In this thesis, I show that these narratives around physical safety, disease prevention, risk and bodily autonomy have become integrated

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[1] The thesis looks predominately at violence against women perpetrated by men, given that this is the main focus of international and national interventions focussed on gender-based violence. However, I acknowledge throughout that violence against women sits within a wider spectrum of gender-based violence, including violence committed on the basis of sexual orientation and non-binary gender identity, against and between men and between women. This spectrum is also intersected and amplified by violence perpetrated on the basis of class and ethnicity (Merry 2009, Scheper-Hughes and Bourgois 2004). There is a range of harm and abusive behaviour that is classified as violence against women, including emotional and spiritual abuse (e.g., humiliation, belittling, insults, denial of right to practise religion), property damage, social and economic abuse (e.g., controlling behaviour, damage to reputation, controlling or denying access to money, forced high levels of unpaid care and household work) and physical abuse, including sexual assault or use of threats against women, their children or other loved ones, their property or their reputations (Reid et al. 2013, United Nations Commission on the Status of Women 2013).
Throughout the thesis fieldwork, respondents tended to focus more on physical and sexual abuse against women, and framed a kind of hierarchy of abuse from so-called 'serious' harm (rape using physical force, any kind of attack that led to hospitalisation or lasting injury) to 'disciplinary' force, which might be slapping, punching or kicking that resulted in minor cuts or bruises (Ellsberg and Heise 2005). Police and health workers, and, after more extensive conversation, often women and men in communities, acknowledged that an incident of 'serious' abuse within an intimate and family relationship almost always followed extended patterns of other articulations of violence, both physical and otherwise. Further, it has been well documented that social norms that foster unequal gendered power relations facilitate dynamics that deny women's right to bodily autonomy. This can result in a range of behaviours classified as sexual harassment, from unwanted comments or touching, verbal abuse, stalking and physical assault.
Given that the awareness materials addressing violence against women in PNG tended to focus on physical and sexual assault, it is unsurprising that respondent narratives tended to address these articulations of violence too. However, the nuances of the spectrum of abusive behaviour that upheld, and that are upheld by, unequal gender power dynamics were both visible and implicit in these discussions.

into collective imaginings of the type of masculinity men aspire to embody, and the kind of person that families and communities hope that their men will be. Further, I show that these themes have been incorporated to varying degrees into collective development aspirations in contemporary Papua New Guinea; in political narratives, across the national media landscape and in different local settings. However, for individuals, local communities and the nation, these processes of adaptation have occurred unevenly; access to information (and updated information) and access to services is shaped by geography and rural or urban location, government function, funding, and political will. Prevention discourse in Papua New Guinea sits within broader social, cultural, economic and political contexts in which masculine prestige often remains contingent on men having greater social power over women. Indeed, it can also rely on men proving their masculinity through enacting violence against other men or against women, or surviving physical harm; the gendered contours of these kinds of violence should not be discounted. Men's positioning against ideas of good masculinity is, thus, a constant negotiation between collective development aspirations and different sources of power and prestige. Men are able to position themselves as 'good' while holding seemingly contradictory positions: simultaneously espousing the projects of violence-free communities and HIV prevention while participating as apologists, enablers, bystanders to and perpetrators of values and practices that undermine those collective aspirations. My research contributes to existing scholarship on the production of masculinities in contemporary Papua New Guinea, and indeed more generally, through examining how men navigate overlapping and seemingly oppositional definitions of male 'goodness.'

I examine how these tensions are played out and resolved—or at least, held together and negotiated—in everyday encounters. Research was conducted at three research sites in East New Britain: one remote; one rural with road access to district centres; and one urban. Societies in each site have historically used matrilineal systems to organise land ownership, although increased private ownership in urban and more accessible rural areas has been altering inheritance and land organisation for some decades (Epstein 1969, Martin 2013, 2008). Nonetheless, research respondents said that matrilinearity conferred greater rights to women and girls, implying that it moved social organising more generally closer to matriarchy. However, political representation of women remains low (no electorate in East New Britain has ever had a female member of parliament [MP] for example) and rates of family violence and sexual assault as a result of both physical

coercion and blackmail were reported as high, especially by women, health workers and police officers.

The first site was urban Kokopo Town, where I engaged primarily with men working as entry-level security guards with a local firm. The second site was a rural village in a cocoa and copra plantation on the North Coast Road (NCR) of Rabaul District where incomes were primarily dependent on cocoa, copra and sale of garden crops, with a small number of community members engaged in formal employment. Most respondents in each of these sites were Tolai, the majority ethno-linguistic group in East New Britain. Last, I stayed in a remote rural village in the Melkoi local-level government (LLG) area on the south-west coast of Pomio District, accessible only by sea and where services and income-earning opportunities were scarce. Most people in this area speak Lote, one of the many micro-language groups scattered across the sparsely populated Pomio, although there are several Tolai men who had married into the area—some for love, and some in the hope that they would gain better access to land, a response to shortages on the increasingly crowded Gazelle Peninsula. Throughout the thesis, I employ the stories and experiences related by men and women in these places—both lay people and service providers from health, law and justice and community development—to examine the contexts in which awareness messages arrive and consider how they have been incorporated into everyday behaviours and ideas about positive expressions of masculinity. In doing so, I ask how men's navigation of social, health, economic, emotional and environmental uncertainty shapes aspiration and what it means to be a 'good man'.

In this chapter, I introduce the key concepts used in the thesis. I first describe the connections between HIV prevention and violence against women prevention campaigns, which are discussed in more detail in Chapter 2. Second, I assemble a framework for thinking about how men navigate ideas of 'good' masculinity in Papua New Guinea, introducing the idea of aspirational masculinity (Howson 2014). This extends the notion put forward by Connell (1995) that men (and women) position themselves against hegemonic masculinity in a hierarchy of gender norms. Hegemonic masculinity posits a normative model for the traits that men should embody and practice in order to maintain esteem. This means, and has historically meant, maintaining dominance over women, non-binary and trans people, and men who don't conform to prescribed gender norms (Demetriou 2001, Connell and Messerschmidt 2005). Aspirational masculinity moves

beyond positioning against hegemony and looks at the relational and future-looking dimensions of gender norms. In using aspirational masculinity as the framework here, I ask what a society wants men to be: what kinds of masculine traits are framed as being beneficial for individuals, families and communities. As I will demonstrate, these framings and the ways that men position themselves against them are not static or morally neutral but are relational, porous and shifting, and shaped by the way men, women and communities as a whole traverse the challenges posed by experiences of economic, social and environmental precarity.

In the third section I expand on how navigating precariousness effects how the communities I encountered frame aspirational masculinity, and how men position themselves against this framing. In the Papua New Guinea context, precarity is expanded from its original application by European activists and social scientists who used precariousness and precarity to describe the uncertainty of lives and livelihoods created by insecure labour in post-Fordist economies (Casas-Cortés 2014, Lorey 2015, Schierup and Jørgensen 2016). As will be described in more detail below, precariousness that is the direct result of global capitalism is not limited to contexts where an historically secure formal economy and tradition of labour organising is now being eroded. Precarity is situationalised and takes on, 'different shapes in different parts of the world, on different scales and in different socio-economic contexts and yet they appear to share common features' (Schierup and Jørgensen 2016, 1). All manifestations of precarity are linked to the structures and effects of global capitalism.

I investigate precariousness in Papua New Guinea through the experiences of un- and under-employed men and their families and communities. Many of the Papua New Guineans interviewed during my research had limited access to jobs in the formal economy. They come from families who historically made their living (or supplemented other wages or livelihood streams) from natural resources or small-scale agriculture, and for whom livelihoods, wellbeing and social security are indelibly linked to social structures shaped around access to customary land (see Sharp et al. 2015). Their experience of insecure employment dovetails with the way that European scholars and activists have traditionally considered precarity. In Papua New Guinea, as in much of the Global South, the contemporary reverberations of colonialism and continuing impacts of capitalism create added dimensions of precarity (Neilson and Rossiter 2008). These include land shortages due to land grabs for large scale development, environmental

degradation, climate change and population growth (Filer 2011); government corruption and mismanagement and the negative effects that this has on accessibility of vital services for many, particularly in rural areas (Howes et al. 2014); and various iterations of foreign aid projects in which heterogenous community perspectives are silenced or sidelined in planning and decision-making (Appadurai 2004, Stella 2007, Nakata 1993, West 2016).

Next, I provide a more detailed description of the research sites and the research methodology, focussing on how different settings necessitated different research approaches and how this shaped my findings. Finally, I provide an overview of the remainder of the thesis, and the themes on which I focus to explore how contemporary masculinities in Papua New Guinea have intersected with efforts to prevent HIV and violence against women, and the effects of that blending with ideas of being a good man.

1.1 Symbiosis of HIV and Gender-based Violence

I use the lens of public campaigns aiming to stop HIV and violence against women to consider ideas of being a 'good man' in Papua New Guinea for two key reasons. First, such campaigns have had international and local saturation: transnational tropes have been applied in communities across Papua New Guinea even while they are interpreted, remembered, applied and subverted in different ways. Second, each campaign has had an explicit focus on changing men's behaviours and influencing how Papua New Guineans think of 'good' masculinity in a way few other public health and safety initiatives have.

HIV prevention and anti-violence against women campaigns have each been key focus areas for development support from the Papua New Guinea government, donor partners and non-government organisations (NGOs) over the past 20 years (AusAID 2007, 2009a, 2009b, Ballard and Malau 2009, Carlson et al. 2012, Luker and Dinnen 2010b, Papua New Guinea National AIDS Council Secretariat [PNG NACS] 2010). As social and health issues, and as public campaigns, HIV and gender violence have historically been intertwined. Since the late 1990s, HIV and AIDS have been the focus of much public debate, including discussions about community loss, community risk and community protection. In Papua New Guinea, HIV is commonly transmitted via heterosexual encounters; surveillance figures indicate higher prevalence among men who have sex with men, however many of these men are also likely to be heterosexually active (Carlson et al. 2012, Kelly-Hanku et al. 2017). Conversations about HIV commonly point to the

ways that social conditions that normalise the threat of violence against women can reduce their ability to negotiate use of condoms or lubricant during sex, or to negotiate how and if sex should happen (Bell 2002, Dworkin and Ehrhardt 2007, Dworkin et al. 2012, Eves 2010, Hunter 2010, Lepani 2008b, Reid 2011). Precarious working conditions for sex workers, including threat of violence from clients, can similarly reduce power to negotiate for protected sex (Hammar 1996, 1999, Kelly et al. 2011, Stewart 2012, 2014). The role of men who are heterosexually active as bodies vulnerable to HIV and as sexually active people already living with HIV and AIDS are often rendered curiously invisible (Dworkin 2015). In the focus on risk behaviours within awareness narratives, the acknowledgement of HIV transmission via consensual, loving and pleasurable relationships tends to be sidelined (Hirsch et al. 2009, Jenkins 1996, Lepani 2010, Reid 2011).

Figure 1: Anti-violence awareness posters and banner inside Kokopo Police Family and Sexual Violence Unit.

Preventing violence against women has been the subject of community activism for many decades, but has received renewed public policy and advocacy focus in recent years, including greater emphasis on targeting and involving men as 'partners in prevention' (Cornwall, Edstrom and Greig 2011, Eves 2010, Greene and Barker 2011, Morrell and

Morrell 2011). Advocacy messages authored by women's movements, the law and justice sector and international donors in Papua New Guinea around stopping violence against women have largely focussed on three main themes. The first is the legal consequences, as per the common slogan 'wife bashing is a crime'. The second is human rights: for example, the slogan 'a life free from violence, that's everybody's right!' and the last is ideas about good masculinity, such as having sporting stars saying variations on the phrase, 'real men don't hit women' (Eves 2010, Flood 2003).

In the context of HIV prevention, the same themes have been adopted to give particular consideration to women's sexual agency (although this is usually interpreted as the right to say 'no' rather than to say 'yes' to sex) and prevention of family and sexual violence. The latter is often talked about in appeals to men to be responsible, disciplined Christian fathers. That is, to be a 'real man' who does not bash his wife and who is faithful to one partner—until he is not, in which case, he uses a condom.

As these examples show, notions of what makes a real man, a good man, or *raitman*—the Tok Pisin term that effectively combines the two—are central to communicating prevention messages. The figure of the 'real man' is used worldwide in similar campaigns, adopted and vernacularised into different local settings (Merry 2006, Salter 2016). He is imagined in discursive spaces created by transnational health and human rights campaigns as a perfect role model who is compliant with the directives of prevention slogans: a wearer of condoms, faithful partner to one, non-violent in his behaviour towards women, and in control of everything from anger, to sexual appetite, to alcohol consumption. His opposite is a perpetrator of violence, a promiscuous and callous vector of disease and someone who blatantly disrespects women's rights to safety and bodily autonomy. In reality, these tropes manifest with ambivalence in the lives of men, their partners and their broader communities as they are refracted through lived experience, existing normative ideas of the most esteemed way of being a man and efforts to navigate uncertainty and aspiration. While men were alternately appealed to and threatened in awareness messages, it is often unclear if and how men identified with the characterisations of Melanesian masculinity portrayed in advocacy. The *raitman,* as he appears in discourses around prevention, reflects what advocacy programme designers imagine represents Papua New Guinean communities' aspirations for their men.

Figure 2: Photograph of awareness poster outside Kokopo Police Family and Sexual Violence Unit offices
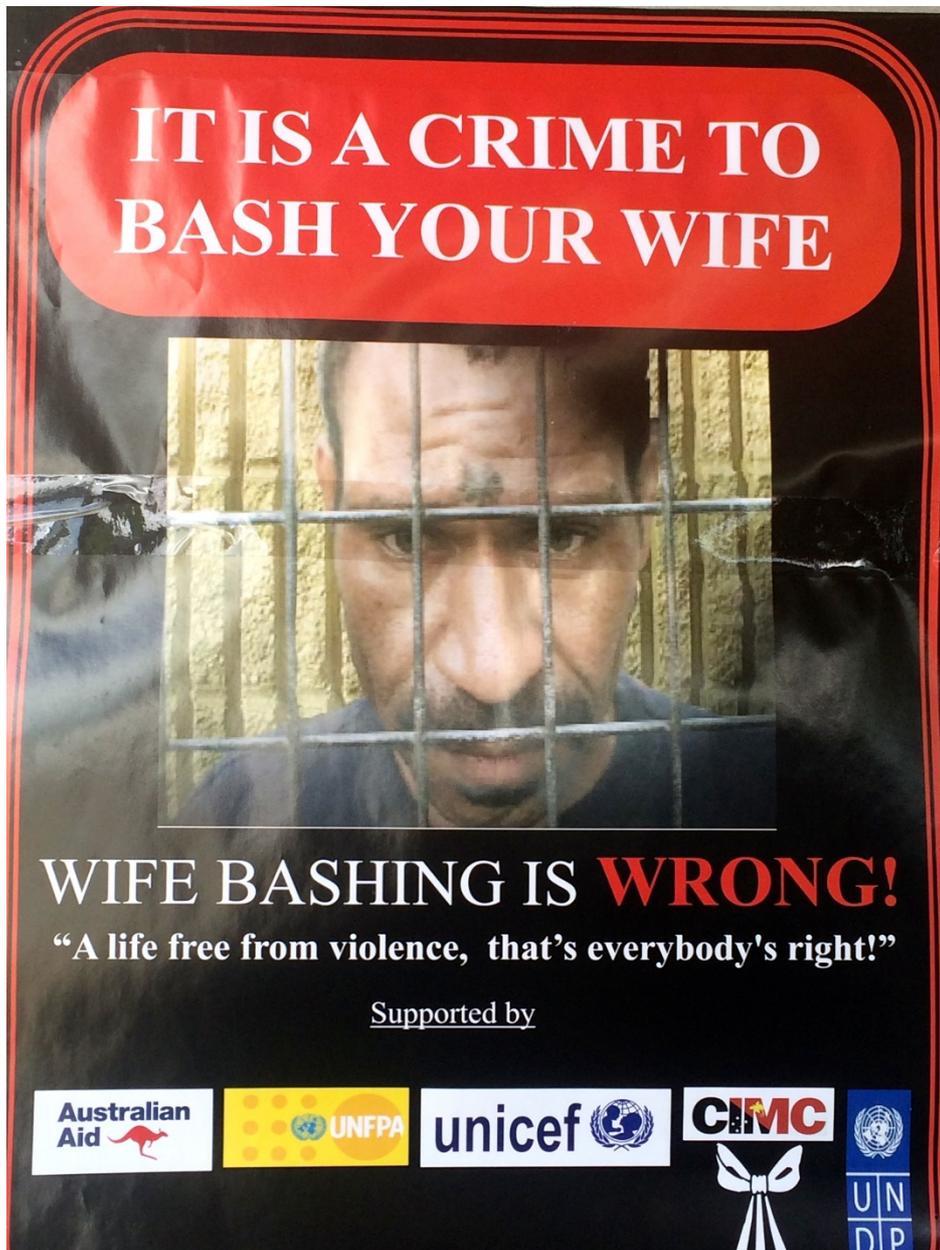
This thesis examines how these aspirations intersect with embodied, historic ideas about how to be a man and contemporary experiences of economic, social and environmental precarity. It starts from the understanding that aspirations are formed from lived experiences of individuals and communities. They pertain to what is seen to be achievable and desirable in particular contexts. Through the research, I ask how HIV and violence prevention messages intersect with men's aspirations for, practice of and narratives about being a good man in today's Papua New Guinea.

1.2 Masculinity, Aspiration and Precarity

The men who participated in this study said that they wanted to be good: good citizens, fathers, husbands, church congregants, clan members, friends and co-workers. Each of these labels contains different frameworks of aspiration and different ways of negotiating the precariousness of livelihoods, government support and social positioning. The ideas of goodness contained in each are indelibly tied to collective aspirations for the development and improved wellbeing of local communities and the nation.

Men and women were concerned about high rates of violence against women and HIV as a threat to community wellbeing. Some men wanted to play a more active role in conversations about prevention but were often unsure about how they might do so, and where to find support. Others feared losing the social power conferred through patriarchal privilege as a result of shifting gender roles, felt more urgently as whole communities are forced to navigate changes in how economic, resource and political power is shared. Maladjustment to these changes, and especially women's changed behaviours, were commonly blamed for men's acting out; that is, their illicit or drunken (but consensual) sexual encounters, sexual assault and 'illegitimate' acts of violence against women (those that could not be claimed as provoked or disciplinary), all of which were framed as practices informed by frustration and melancholy. Men talked of feeling 'caught in between' social dictums from *kastam* [custom, cultural values and practices], church and state authorities and the new ideas and opportunities presented through access to communication technology, media and physical mobility—often collectively referred to as 'modern influences'. These struggles for identity, power, social value and wellbeing occurred alongside expressions of regret for the high incidence of violence against women in Papua New Guinea—generally and in local settings—and expressions of fear about what HIV meant for Papua New Guinea. They happened within aspirations of being non-violent family men with fulfilling livelihoods and strong social standing; within struggles for land, money and social currency; and in the midst of loving, companionate, complex relationships with women. I describe the embodied and relational navigations of these vulnerabilities as the affective dimensions of precarity. These are critical in understanding how men position themselves against ideas of aspirational masculinity. I examine these complicated and often seemingly contradictory ideas in more detail using the perspectives of men and their communities. It is important that I first describe the key concepts that I

will use to explore these ideas through the thesis and how they relate: economic and social precarity, masculinities and aspiration.

Schierup and Jørgensen (2016, 1) write that precarity, 'refers to a multidimensional 'weight of the world,' embodying 'social suffering' through degradation of work, a fractured and racializing citizenship, excessive human vulnerability and 'unequal burdening of toxic risk'.' Since the mid-twentieth century, precarity and precariousness have been used in social science literature and activist discourse to describe contemporary imbrications of vulnerability and the social, political, affective and relational repercussions of these configurations (Bourdieu 1963, 1999, Butler 2009, Casas-Cortés 2014, Lorey 2015, Schierup and Jørgensen 2016, Neilson and Rossiter 2008, Waite 2008, Kanngieser 2013).

In its original use, precarity refers to a symptom of increasingly insecure, flexible and uncertain labour conditions in post-Fordist economies and collective dissent against those conditions (Waite 2008, Casas-Cortés 2014). Precarity has become a focus for political activism and political identity, most visibly across Western Europe and Latin America. This has been especially notable since the rolling recessions that started in the early to mid-2000s, and the global economic crisis of 2008 (Casas-Cortés 2014). The notion of precarity was further popularised as a rallying cry during the Occupy! Movement that gained traction first in the United States in 2011, and then transnationally, including in Papua New Guinea, Europe, Australia and the Middle East (Ettlinger 2007, Neilson and Rossiter 2008, Butler 2009, Kanngieser 2013).

Other observers consider precarity as a more pervasive issue than casualised or increasingly insecure work, 'engendered by a wide range of processes and, as it extends across space and time and also materializes (differently) in social, economic, political, and cultural spheres…an enduring feature of the human condition' (Ettlinger 2007, 324). Recent scholarship has noted that definitions of precarity that are confined to the particularities of post-Fordist Global North are too narrow and fail to acknowledge the situationalised and often long-standing experiences of precariousness of the developing states. As Kanngieser (2013, 80) writes, 'historicity is absent in these discourses in that they often fail to address historical and non-Western precarious labour conditions'. Further, as Louise Waite (2008, 419) observes, 'the particular development trajectories of countries in the Global South have meant that the "precarious condition" is rarely even

noted, perhaps because it is so ubiquitous'. Brett Neilson and Ned Rossiter (2008, 54) concur with this point, writing that, 'if we look at capitalism in a wider historical and geographical scope, it is precarity that is the norm'.

To history and geography, we must also include gender as part of our widened view of how precarity manifests. Uncertainties faced by whole communities often disproportionately disadvantage women and people of non-binary gendered identities (Dworkin, Fleming and Colvin 2015, Klugman et al. 2014, Merry 2009). Broader experiences of precarity felt by whole communities interplay with other factors that shape privilege and disadvantage; such as class, access to education, ethnicity and urban/rural location, which are experienced by men and women in different combinations and with different consequences (Binoy 2014, Besnier 2014, Butler 2009, Lee and Kofman 2012).

Throughout my research, men talked of feeling 'caught in between' social dictums from *kastam* [custom, cultural values and practices], the church, and state authorities and the new ideas and opportunities presented through access to communication technology, media and physical mobility—often collectively referred to as 'modern influences'. This tendency to conceptualise social governance in distinct, but linked, categories—tradition, Christianity, government and latterly, contemporary media and technology—is common across Melanesia. It risks reification of each category, however, which in reality overlap and shape each other in processes of continuous change.

Nonetheless, men's sense of being 'in between' identifiable authorities, and therefore not fully benefiting from the anticipated rewards or benefits of any, is, I argue, an expression of the affective dimensions of precarity. That is, if as Isabel Lorey (2016, 12) writes, 'precarity denotes the striation and distribution of precariousness in relations of inequality,' the in-betweenness of these men describes the felt and embodied experience of their 'social positioning of insecurity' (ibid).

The way that men experience precarious conditions, and particularly young men's disenchantment with their roles and power in contemporary society, has been explored extensively in research around men and violence, and was proposed as an explanation for anti-social behaviour by men I encountered during the research (Bourgois 2003, Dworkin et al. 2012, Eves 2006, Merry 2006, Taylor 2008a). Laura Zimmer-Tamakoshi (2012) provides examples from Papua New Guinea, writing about Gende men's 'uneasy

encounters with modernity', resulting in 'troubled masculinities'. She observes that men's feared or actual loss of the means to achieve prestige in customary cultural economies have combined with their simultaneous inability to live up to globalised ideas of desirable masculinity such as affluence, assertive power and being attractive to women. This denial of access to the power perceived as a man's birthright can result in anger, frustration and humiliation and backlash (see Taylor 2008b). This is especially true when perceived shortfalls of personal power or achievements are set in comparison with women's increased agency; these feelings of shame and disappointment are often reacted to through punitive acts of violence against women (Eves 2010, Merry 2006).

Richard Eves identifies similar issues, observing that 'a man's status is based on forms of achievement and [where] the contemporary context is not providing opportunities to attain these ideals, it is easy to see why so much anger and frustration is being expressed in various negative or destructive ways by young men … Many young men are becoming disenchanted and as a consequence disruptive in their communities' (Eves 2006, 45).

While precarity is a useful lens to attempt to understand how men who perpetrate violence or other anti-social or reckless behaviours narrate their own experience, it needs to be viewed critically. Again, women who are experiencing the same uncertainties have their safety compromised further as a result of men's responses to shared problems; the affective dimensions of their experiences of precariousness are therefore different and indeed amplified by the ways men try to navigate insecurity. Crucially, we must also acknowledge that anyone, rich or poor, is susceptible to HIV if exposed to the virus and that it is not only marginalised men who perpetrate violence, nor are only poor women subjected to violence. Further, where gains are being made by women's activist movements and their partners in church and government to improve women's access to safety and equal rights, this can precipitate backlash from some men and claims to protect culture and masculinity from being destroyed by neo-colonial human rights agendas and feminism (George 2016, Taylor 2008b). In these examples, some men and groups of men see their masculinity as threatened by the prospect of women's equal access to power and the potentially disruptive effects this will have on the distribution of authority in decision-making spaces from the household to elected leadership positions.

My desire to understand the ways that masculinities and gendered relationships change, and the tenacity of patriarchal power, is informed by a rich history of feminist,

sociological and anthropological scholarship. The concept of hegemonic masculinity is a key theory from this literature (Connell 1995, Connell and Messerschmidt 2005, Demetriou 2001, Moller 2007, Wetherell and Edley 1999). Hegemonic masculinity refers to norms that together form the most esteemed way of 'doing' masculinity in a particular time and context, against which men and women position their gender identities. Although few men enact hegemonic masculinity, that ideal—affluent, assertive or aggressive, heterosexual, cis-gendered—becomes the apex of a gender hierarchy and a way of structuring and considering gendered power dynamics (Connell 2011, Connell and Messerschmidt 2005). Positioning this hegemonic ideal as the apex of gendered identity and relations results in the subordination of women but also illustrates how different articulations of masculinity are subordinated, as gender intersects with power dynamics of race, class, experiences of poverty, disability, sexuality or other areas of marginalisation.

Connell and Messerschmidt (2005, 832–3) write that 'hegemonic masculinities ... came into existence in specific circumstances and were open to historical change. More precisely, there could be a struggle for hegemony and older forms of masculinity might be displaced by new ones'. They assert that hegemonic norms are the product of relational encounters, and therefore subject to change, potentially meaning that 'a more humane, less oppressive, means of being a man might become hegemonic, as part of a process leading toward an abolition of gender hierarchies' (Connell and Messerschmidt 2005, 833). I argue that this is a tacit goal of behaviour change campaigns based around the idea of the good man, both in Papua New Guinea and elsewhere—to make the most honoured way of being a man that is non-violent, respectful of women's bodily autonomy and a responsible sexual citizen (Lepani 2010). However, as explored through the thesis, the realities of gendered relations are more complex, and the roots of patriarchy too deeply embedded to be truly displaced. Rather, hegemony can appropriate and use elements of subordinated masculinities, as they gain social cachet, but without necessarily reorganising the strata of power.

Demetrakis Demetriou (2001) refers to this as a 'hegemonic bloc', moving away from the implication that hegemonic masculinity is a reified set of norms that other expressions of masculinity are necessarily in protest against or subordinate to, but that gendered power is relational, contextual and able to change to maintain power. He gives the example of hegemonic masculinity in Western popular culture in the late twentieth century, which

was predicated on whiteness, heterosexuality, capitalist shows of affluence and physical dominance. As elements of African American masculinity and gay culture gained cachet in popular culture, these were appropriated and used without acceding power or destabilising marginalisation on the basis of gender, race or sexuality (Demetriou 2001, 349-355).

Throughout the thesis, I draw on the idea of hegemonic masculinities as a flexible set of practices and norms that both are agreed upon as the most venerated way of being a man, and work as the most effective way of protecting patriarchy. Being able to maintain power through change requires internal flexibility and hybridity; therefore, hegemonic masculinities at global, regional or local levels cannot be considered a reified list of characteristics. In East New Britain, historical processes have allowed the reproduction, combination and reinterpretation of different fields of influence that affect the shape of localised hegemony. These include aspects of *kastam,* Christianity, legal governance and other state systems, and the various trappings of modernity—from economics, media, changed social configurations and new technologies, all of which in their isolated forms contain different versions of what being a man *should* look like.

Individual and collective hopes or aspirations, and how efforts to meet those aspirations are shaped and affected by experiences of uncertainty underpin these processes. Richard Howson (2014) reminds us that aligning with hegemonic principles can itself be an aspirational goal for men, but stresses that ideas of how best to align with those principles can differ according to cultural, social, economic and geographic contexts. Aspiration enables processes of defining and working towards achievable and desirable gendered identities and behaviours: 'aspiration reflects the enabling of men's subjectivity about their masculinity to be directed towards the objectivity of hegemony' (Howson 2014, 27).

In assembling a working definition of aspiration here, I follow Howson in looking to Arjun Appadurai's writing on communities' 'capacity to aspire' (2004) as a critical element in how development is conceived of, through processes of future thinking and how plans for development and improved wellbeing are acted upon. Appadurai frames his exegesis of aspiration and development by considering how marginalised and disadvantaged communities (and members of communities) engage with, and negotiate around, resource shortages; and how these negotiations occur at the same time as people engage in ambivalent relationships with social norms, where 'even when they are not

obviously hostile to these norms, they often show forms of irony, distance, and cynicism about these norms' (2004, 65). Howson applies this same logic to gender norms, and how women and men navigate their personhood in relation to hegemonic masculinity, at once critiquing and wanting to address elements that are experienced as counter to wellbeing but still positioning gendered identities and relationships in relation to those same principles. The ability to navigate and to change norms, no longer seen as part of definitions of 'the good life', is only possible where marginalised groups—those who benefit less from hegemony—are empowered to voice their dissent and build their capacity to aspire (Appadurai 2004, Farmer 2005, Ignatieff 2004, Reid 2010b).

I argue that, although behaviour change for prevention interventions targeting men have not yet facilitated a wholesale rejection of unequal gendered power structures, they have nonetheless opened up spaces for conscious consideration of what forms of gendered relations will improve community futures. In these spaces, questions about gender roles and cultural integrity, religion, national development, international citizenship and social unity are all discussed. Questions around navigating precarity and negotiating collective wellbeing are considered by individuals, peer groups and broader communities up to the national level: how will this benefit or cause problems for me/us?

Considering collective, developmental aspiration as a part of how masculinities are negotiated emphasises the importance of relationships in shaping and legitimising gendered identities. This relationality is not only between other members of a society, but also between the intersecting sources of social power that shape 'the practical ability to make the future—the capacity to imagine it in the present [which] depends on the everyday material experience of uncertainty' (Narotzky and Besnier 2014, 11). Part of envisioning that future is determining values that govern behaviours, including gendered behaviours, how intimate relationships are framed as legitimate or illegitimate and how these values will allow communities to overcome precarious circumstances. This practical ability, framed by Appadurai as the capacity to aspire and by Narotzky and Besnier (2014, 5) as 'the objective and subjective possibilities to project life into the future (hope)', is also part of the reproduction of social practices, the processes of consensus and dissent through which social values and behaviours are adapted across changes in time and environment. There are ongoing negotiations, tacit and explicit, through which communities decide what social norms will be reproduced as different

streams of influence come into contact with one another—what values shape aspirations and what challenges or uncertainties unsettle them or allow them to be re-interpreted.

These spaces and negotiations are what behaviour change for prevention interventions endeavour to influence. Critically, these interactions where individuals, families and communities—be they village, church, ethno-linguistic or national communities—negotiate how to achieve these aspirations become sites of contestation over which values are prioritised and made normative. These contestations are always gendered. Aspirational masculinity is part of negotiating towards shared goals and ideas of better futures in the face of precarity, but it also remains a way of positioning men against principles of hegemonic masculinity and maintaining what Connell (1995) refers to as 'the patriarchal dividend'.

1.3 Masculinity in Melanesia

In Papua New Guinea, and in much of the scholarship about Papua New Guinea, the figure of the 'Big Man' is central to descriptions of aspirational masculinity (Clay 1992, Godelier and Strathern 1991, Lindstrom 1981, Zimmer-Tamakoshi 1997). The historic role of men as leaders in clans and communities varies significantly among ethno-linguistic groups and locations. Over time, an archetype of a Melanesian Big Man emerged from interactions and cross-pollination of perceptions of masculinity that came through colonialism, missionisation, migration and trading encounters, and interpretations of culture from foreign observers reflected back through media and colonial and aid policies (Sahlins 1963). Men in East New Britain had their own interpretations about what it meant to be, or aspire to be, a Big Man, which became some of the factors that shaped their positioning against broader ideas of 'good' masculinity. To consider these more nuanced and emplaced interpretations and how they sit against a national imaginary throughout the thesis, it is useful to first describe what a Big Man is in more general terms.

Richard Eves writes that 'at the forefront of the characteristics that make up the dominant, exemplary form of masculinity in Papua New Guinea are assertiveness and strength' (Eves 2006, 25). He cites Paula Brown to say that the ideal man in Papua New Guinea is 'a strong warrior and orator, a "Big Man" directing and leading a group of men in warfare and ceremony' (in Eves 2006, 25). In all three of this study's research sites, the historical

Big Man is remembered as not only key to fights and ritual, but also peace keeping and building, mediation and maintaining community ties and mutual respect. In its broadest definition, the Big Man is a leader, sufficiently well-resourced to be a community patron, and holding enough political and social cachet that his decisions will be acted upon and his negotiations—and conquests—successful.

Historically, a Big Man developed his power and his resources through cultivation of complex relationships of exchange (Martin 2013, Strathern 1991, Zimmer-Tamakoshi 2012). His power was not his alone, but was shared and supported by clan, tribe and family. Maintaining status was contingent on organising (and resourcing) *kastam* events, arbitrating in intra and inter-group conflict and encouraging or coercing others in the community to participate in building community wellbeing through practical and sociocultural acts (Epstein 1999, Martin 2013). In East New Britain, both among the Tolai and the Lote, this coercion is said to have been usually (though not always) through exchange relationships rather than physical force (Banks 1993, Epstein 1999). Drawing on the work of Marshall Sahlins and others, Keir Martin (2013, 183) concludes that:

> the Big Man, as someone who makes himself Big by extending and drawing upon gift–debt relations … constantly have to prove their ability to organise the relations and transactions that make them valuable to their followers … The Big Man may occupy a particular position within the network of debts and obligations that make up village life, but like everyone else he is enmeshed within them. His authority, such as it is, is an outcome of the special position that he has made for himself within those networks, not the result of an independence from them.

The Big Man of history, living within the relatively contained social settings of village and clan, built wealth and prestige from relationships and social power through cultivating loyalty and accumulating debtors. Such loyalty was not fixed, however, and failure to fulfil obligations to the community would mean a loss of status. As Martin writes, '[the Big Man's] power was not an external force that can sweep away the opposition of a community' (2013, 191).

Various ethnographic accounts since the 1960s have described the decline of this traditional type of Big Man, whose power was accumulated through reciprocal exchange (Epstein 1969, Martin 2013, Neumann 1992). Martin's respondents go so far as to say that, 'all the Big Men are dead' (2013, 208) and that claims to being a Big Man now are

only a 'pastiche', subject to the selective processes of social mores and behaviours being made and remade in response to historic change (2010, 2013). Nonetheless, permutations of Big Man-ness remain visible in constructions of idealised masculinity and indeed in communities' aspirations for their men. Throughout the field research, the term Big Man was used by research respondents to describe good leaders: men of power and influence in church and village communities or clans, or elected political leaders locally and nationally. This is true even where all of the historic conditions of clan cohesion and reciprocal practices that gave traditional Big Men power were no longer in place, or, as was reported among the Lote during data collection in Pomio District, where elders had died before passing on relevant knowledge about leadership, land and spirituality. Moreover, characteristics of a Big Man—such as power from gift–debt relationships; assertiveness and bodily strength; respected moral values drawn from *kastam* and Christianity; and strong social cachet—were all included in discussions of what a good man is in Papua New Guinea. Breadwinning is not only about supporting a nuclear or immediate family, but having enough resources to contribute to clan and church activities, support family members and cultivate gift–debt relationships. Aggression takes the shape of assertiveness, strength and strong oratorical skills, but violence is only employed 'where necessary'; an idea that is unpacked further in terms of its implications for gendered violence in later chapters. Heterosexuality is bounded in Christian morality that is increasingly focussed on companionate marriage rather than relationships of male dominance and coercion (Cox and Macintyre 2014). However, here too, the principle of discipline in the family and the man as responsible for family discipline are employed to legitimise violence (Banks 1993, 2000, Bradley 1990, Wardlow 2006). Heterosexuality also emphasises the importance of expanding clans to help maintain ownership of land, organised along lines of matrilineal descent in which, practically and socially, women play a key role (Banks 1993). All of this is to say that the contemporary imagining of a Big Man may be a pastiche, drawing on all of the historic and modern influences listed above but important all the same in terms of how the men I spoke to position their own masculinity and aspiration.

The other side of this, as apparent throughout the research, is a sense of entitlement to the material and social benefits of being a Big Man: in particular, power over others and respect or regard from the community; access to land; and material wealth. This idealising of security, wealth and prestige, as well as individualism and capitalist consumerism—

rather than the Big Man who earned respect through networks of reciprocity—can be seen as a direct response to experience of precarity, changing economies and changing systems of land ownership (Martin 2007, 2010, Robbins 2005) and speaks to the claims made by Martin's interlocutors that all the Big Men were dead (Martin 2013). Martin explores the rise of a derogatory term for this kind of man in East New Britain, a Big Shot or *biksot*. They were generally businessmen, professionals and high-profile public servants. As mentioned, Big Men got their power from engaging in complex networks of reciprocity and exchange, allowing them to accrue stores of traditional shell money, called *tabu*, which allows participation in, and control over, important customary ceremonies. This is done through years of working to earn respect from fellow community members and represents continuous processes of growing and maintaining social capital. In contemporary East New Britain, *biksots* were able to buy shells to make *tabu* from the overseas sites where they are harvested, using money that they earned through business or employment. They existed in different political economies that bypassed the need to recognise obligations to others in the community as a prerequisite for wealth and status (Martin 2010).

The comportment and style of these men in many ways matched the stereotype of the 'real men' shown on posters about HIV and violence against women prevention, which, like so much prevention imagery, was developed in cosmopolitan settings, transposed into Papua New Guinea and then reframed for local settings, or vernacularised (Merry 2006). The men posed as positive role models in awareness campaigns are affluent and urbane; sporting heroes and elites (see Figure 3). Calling the men on the posters 'real men' tells audiences that these are the type of people, and are possessed of the kind of success, that every man should aspire to be or achieve.[2]

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[2] Conversely, the models used to demonstrate criminality in posters about violence against women look poor, unsmiling and dirty—the opposite of a *biksot*, but, framed differently, a man whose soiled clothes are the result of work to support his family in agricultural blocks and roadside businesses, a figure who is common across the country.

Figure 3: Image of HIV Awareness poster from the *gutpela man tru* [he's a really good man] campaign
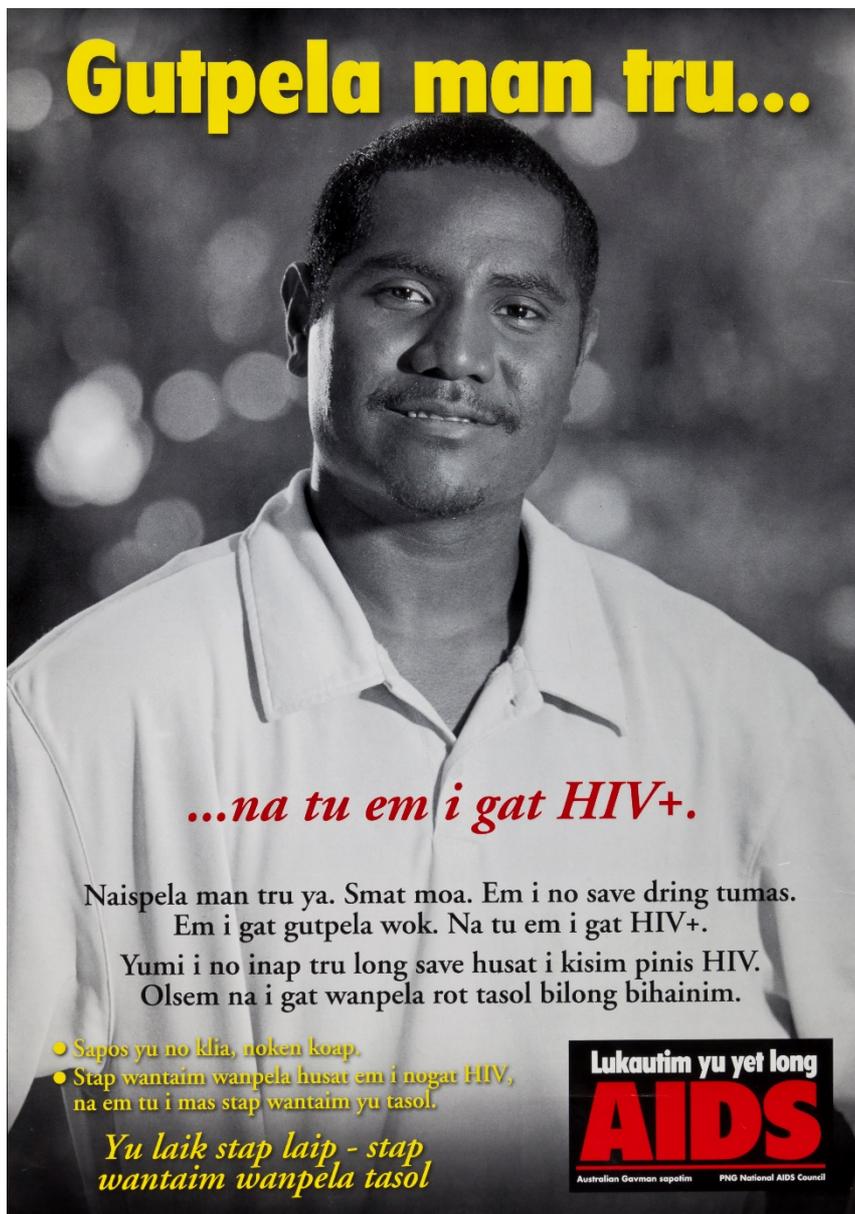
The awareness campaigns implied that part of the successes of these men is that they were non-violent/used condoms/lived a full, successful life, defying stigma if they were living with HIV. However, in real life, *biksots* were not necessarily seen as wholly upstanding citizens who consistently practised habits that HIV and anti-violence campaigns might categorise as good. As will be explored throughout the thesis, the affluence of *biksots* meant that they were figures of aspiration and envy. However, these men are also witnessed engaging in extramarital affairs or paying for sex; sexually assaulting women and using their social and financial power to coerce sex; over-consuming alcohol and

acting in anti-social ways as a result. In many cases, these men face few if any sanctions as a consequence. Nonetheless, one of the faces of good masculinity invoked by men during my research was the ability to show off accoutrements of twenty-first century wealth. This included buying caches of *tabu*, which in certain contexts or narratives is prioritised over being someone who respects and is respected by women and men in their community.

At the same time, men who thought to be 'money minded' and overly individualistic were roundly criticised throughout the research, even as some respondents fetishised the idea of wealth and prestige. Gentler and humbler visions of positive masculinity were offered by those asked directly about what it meant to be a good man.

One security guard, a Tolai man around 25 years old, responded to this question during one of the first discussion groups by saying:

> In my family, there are five siblings, three brothers and two sisters. Out of all of us, the one that I like best is the third-born brother. He's younger than me. Because this boy, he's the kind of man who thinks of other people. For example, if he looks inside the house and there's no food there, he'll go to the garden and find food. If there's no firewood at the house, he's the one that gets firewood. Also, he always shows respect to the rest of the family. In return, we all have a lot of respect for him. This kind of leadership quality, he's got it inside him.

This young man is described as good because of his thoughtfulness and helpfulness. He gains respect from doing work that was described throughout the field research as women's work. However, in this account, he is not considered less of a man for doing so.

I include this vignette here to demonstrate that versions of these three variations of being a good man—Big Man, *biksot*, humble helper—are held together and invoked by men in various combinations and in different settings as aspirational. Demonstrating the importance of context and relationality, they call upon modified versions of 'good' at different times and for different purposes and audiences by men throughout the research. In this research, I consider the effect of this milieu on interpretations of developmental discourses about improved gender equality and respectful sexual relationships promulgated through HIV prevention and anti-violence against women campaigns. I

examine how those different interpretations manifested in men's lives as they seek to become a good man or *raitman.*

To help understand how this played out in the communities where I conducted the research, I now turn to a description of the research contexts and my efforts to navigate and make sense of encounters found within them.

1.4 The Research in Place

Figure 4: Map of East New Britain Province
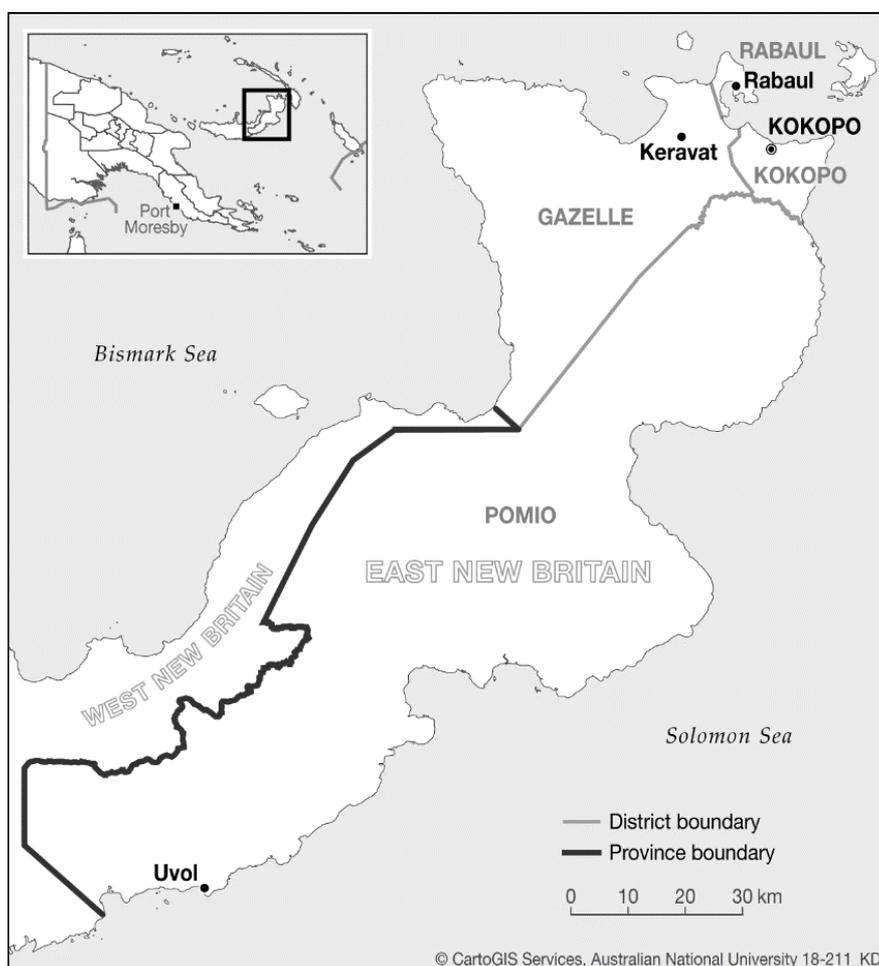
East New Britain Province is part of the Niugini Islands Region of Papua New Guinea, situated to the north-east of the main island of Papua New Guinea (see Figure 4). Most of the population live on the Gazelle Peninsula, which encompasses parts of Rabaul, Kokopo and Gazelle Districts; the former political and economic capital of Rabaul Town; and the current capital, Kokopo Town. The dominant cultural group on the Gazelle Peninsula are the Tolai, who are said to have come from Papua New Guinea's New

Ireland Province to colonise East New Britain some centuries ago. In doing so, they pushed local indigenous groups, which they collectively termed the Baining or 'bush people', inland into the mountains of Gazelle District (Epstein 1969, Fajans 1983, 1997). Other minority indigenous groups lived in the more remote areas of Kokopo District, and in Pomio District, the most sparsely populated and underserviced area of the province.

East New Britain has historically enjoyed a reputation as a more peaceful and better managed province than many other parts of the country (Epstein 1992, 1969, Howes et al. 2014, Martin 2013, Regan 1997). Nonetheless, stories of Tolai war, violence and malicious sorcery from centuries past were still told. Despite these old histories, Tolai regarded their cultural character as fundamentally more enterprising, less violent and having a better capacity to organise than groups elsewhere. In interviews and discussions, Tolais speculated that their longer history of exposure to and trade with diverse groups of seafarers, European colonialism and missionisation were also factors in contemporary East New Britain's better development outcomes.

The egregious reports of the torture and sexual assault of women that appeared in national media from Highlands provinces were seldom reported from East New Britain. Since the beginning of the scaled-up response to HIV in Papua New Guinea that began in the early 2000s (Carlson et al. 2012), there had been a much lower recorded rate of HIV in the province than found in many parts of the mainland (PNG NACS 2008). The matrilineal nature of social organisation (which sees children born into the clan of their mother) is used as evidence to claims that women have greater agency and opportunities to voice their opinion in decision-making processes in East New Britain. This is in contrast to other parts of the country where patrilineal organisation of land and inheritance amplifies and plays into other structural sources of power disparities between men and women. Basic service delivery, such as health and education, is considered more functional in East New Britain than in many other provinces of Papua New Guinea (Howes et al. 2014).[3] Indeed, Noah and Mark—friends of mine who provided significant assistance to me throughout my research—teased me one day when I was half-way through the data collection: 'Why did you come here? You've come to the Paris of Papua New Guinea!

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[3] This is a long-standing perception about East New Britain. Locally, it is often attributed to the bureaucratic legacy of German colonialism and the social cohesion of the relatively homogenous Tolai public service. Large-scale investments in infrastructure and government services as part of post-eruption reconstruction efforts also likely had a significant effect (Martin 2013, Regan 1997).

You'd have got much more interesting stories if you'd gone to the Southern Highlands or something—the Afghanistan of PNG'.

Noah and Mark were in large part making fun of me for not being a sufficiently intrepid ethnographer. They were teasing me in the middle of an excellent debate we were having about gender politics, while riding on the back of a truck along a beautiful stretch of coastal road, at sunset, looking through palm trees at a calm harbour in front of an impressive volcanic cordillera. It is a lovely memory and I was very content. However, implicit in their good-natured teasing about me taking an easy option was also their defence of their communities and peers, and a critique of my investigation: certainly, acts of gendered violence and inequality are committed in East New Britain and HIV has an effect on individuals, families and communities here too; but things were better than elsewhere. What is so interesting about interrogating the idea of the good man in the good province?

I argue that this context makes the research more, rather than less, intriguing. My thesis demonstrates that models of a *raitman* in East New Britain are not clear-cut, but can shift in comparison with men from other places, and even other periods of history. Definitions of *raitman* are framed in relation to the behaviours of peers, family members, government, media and women; of known individuals or generalisations made about a group. Men's aspirations are interrupted by the inability to finish education, by income insecurity and reduced access to land. Pride in being from a place with better development outcomes overall coexist with feelings of frustration at not experiencing those benefits in one's own life. I consider how these interruptions and dissonances are navigated and the effect of those navigations and attempts to maintain personal power and pride in relationships: with women, with other men and in terms of their general social positioning. Situating my investigations within the East New Britain context allows for an exploration of nuance, relationality and different sources of power and insecurity, and how these intersect with the transnational dictums of HIV and violence against women prevention campaigns in men's personhood.

Geographic location, and the ways that different environments affect exposure to awareness programmes, livelihoods and socio-political environments, is also a crucial variable in considering what it means to be a good man in East New Britain. The dynamics of what is expected from men, what men expect for themselves and factors that frame and

interrupt expectations and aspirations are different according to geography, socioeconomic dynamics, availability of transport and availability of communication. To capture these differences I conducted field research at three sites in East New Britain: in Kokopo Town, the provincial capital, in a cocoa-growing village situated on the NCR that traversed Rabaul and Gazelle Districts, and in coastal hamlets of the Melkoi LLG area in Pomio District. Collecting data across these three settings allowed me to access a cross-section of men's experiences and therefore consider how transnational and national tropes, which, I argue, permeate and shape what it means to be a good man, intersect with the particularities of local realities.

Residents of all field sites had participated in peer education training—which had included training about prevention of violence against women—and had been exposed to media campaigns, posters and public awareness events as part of the HIV response. Some of this training had been delivered through the sexual health improvement project, with which I had worked before beginning my doctorate. Connections through colleagues with local communities, health and government workers and peer educators helped to facilitate my conducting research at each site. Government community development and law and justice sector agents, and civil society organisations had also conducted direct advocacy and education about responses to and prevention of violence across the sites. Men's exposure to both HIV and violence against women prevention messaging was uneven, however; as was access to health and justice services in the different communities.

Here, I detail the particular dynamics of each site, and the ways in which these dynamics shaped data collection for the thesis. I discuss the three sites in the order in which I visited: first Kokopo Town, then NCR and finally Melkoi. Throughout the fieldwork, I used traditional techniques of ethnographic enquiry—participant observation, interviews and discussion groups—to build a picture of how men in East New Britain positioned themselves as *raitman* in relation to transnational prevention dictums. However, I used different approaches at each site. These approaches were shaped by social contexts, varying levels of exposure to and saturation of awareness campaigns, my different existing and developing relationships with people in each place, and the ways in which I, and the research, were introduced.

Inevitably, establishing the particularities of the research approaches was an iterative process. By discussing the research settings and methods in the order in which I visited

them, here I illustrate how my methodology was adapted to and shaped by place, people and my position as a researcher.

1.4.1 Kokopo Town

Kokopo Town is the largest urban centre in East New Britain, a status endowed in the years after a massive volcanic eruption decimated the historic provincial capital of Rabaul in 1994. Most provincial government department headquarters, including police, and the largest market in the province, are located in Kokopo. Commerce is centred upon Kokopo Town, with all major bank branches for the province located there, as well as business houses (although Rabaul remains the main shipping port in East New Britain because of its access to Simpson Harbour, and many business houses have offices there as a result). Although the major government hospital, Nonga Base Hospital, is located close to Rabaul, structural damage caused by volcanic ash fall following the 1994 eruption meant that the Catholic hospital at Kokopo, St Mary's Vunapope, was heavily relied upon by patients from across the province during the research.

In comparison to the number of people who frequent Kokopo Town for work, commerce, or studies, relatively few people live in town proper—many commute from surrounding villages, and further afield across the Gazelle Peninsula. There is significant strain on transport infrastructure as a result, evidenced by the crowded bus stops and scramble for transport at the close of business every day; commutes could take several hours each way, longer if roads flooded due to rain, which happens regularly. Some workers across government, private sector and Catholic health and education services are provided with accommodation. However, as Kokopo continued to grow, housing—especially affordable housing—was increasingly difficult to find. Kokopo is nonetheless home to several nightclubs and bars, which are particularly busy on pay fortnight weekends.

The working and resident populations of Kokopo are predominately Tolai. There are small numbers of minority indigenous groups from around East New Britain who live, work or trade in Kokopo, as well as migrants from other areas of the New Guinea Islands and mainland Papua New Guinea who moved for work, relationships or had stayed after finishing school or university in the province. Some people who had come to East New Britain as refugees during the civil war in Bougainville had never returned. There is also a significant diaspora made up of ethnocultural groups from mainland Papua New

Guinea. Labour migration from the Sepik and Western Highlands to East New Britain's copra and cocoa plantations began in the mid-twentieth century. The local diaspora is made up of their descendants, as well as subsequent and more recent arrivals. Though they are represented at all levels of socioeconomic status and in villages across the province, high numbers of itinerant labourers and traders can be found looking for work in town. Many families from the Highlands and Sepik regions live at Raniola, a squatter settlement within Kokopo Town (United Nations Human Settlements Programme [UN-HABITAT] 2010).

Tolai men, especially, tend to claim that the historical legacy of matrilineal social organisation and land ownership contributed to the more equitable, or at least less repressive, attitudes towards women than are found in other parts of the country. There are several women in senior leadership positions in the public service, including, at the start of my fieldwork, the senior magistrate in the province.[4] It is notable, however, that no women had ever even stood for national election in Kokopo Open electorate seat up to 2012; there has never been a female MP from East New Britain in the national parliament. Even if they worked in town, most women I spoke to during the research reported that they still carry the majority of caring responsibilities. Husbands cited, as catalysts for violence, jealousy about their wives' success at work, the time that they spent away from the family or suspicions about the relationships that their wives had with work colleagues. The Family and Sexual Violence Unit (FSVU) at Kokopo Police Station had been consistently busy since its inception in January 2012. However, police were confident that many cases went unreported to law enforcement. Higher rates of sexual violence and family violence were reported from health centres, particularly from the major hospital in the area, St Mary's Vunapope. Despite the majority of these reported crimes being committed by Tolai men, such crimes are often blamed on 'outside influences', usually referring to Highlands migrants and diaspora populations.

Tolai and other indigenous islanders tended to express particularly prejudiced attitudes towards Highlands and Sepik diaspora. As in other large towns or cities in Papua New Guinea, Sepiks and Highlanders are blamed for bringing trouble from their own areas to new locations—from tribal fighting, HIV and sexual violence to excessive littering and

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[4] The Senior Magistrate was seconded to a more senior national position early on in my field work, and was replaced with a male magistrate.

public nuisance. In reality, there were little more than prejudicial anecdotes to back these claims. Men from Eastern Highlands living at Raniola laughed when I asked if fights from their home province affected life in Kokopo. They said that the diversity of squatter and settlement populations means that there were simply not the numbers or shared histories among migrants that would lead to taking up fights that had begun in other parts of the country. There is little to indicate, too, that there were proportionally more HIV patients, arrestees or direct complaints against non-Tolai residents of Kokopo. Rather, in interviews and conversation, police and health professionals related perceived increases in crime and other social problems to common tropes of urbanisation: reduced access to land because of overpopulation, difficulties in accessing employment or other means of making an income, uneven access to opportunities from urban growth and rising costs of living. Others suggested that 'modern influences' were to blame for sexual violence (or extramarital sex more generally), which could relate to anything from mobile phone use, listening to contemporary music or women wearing 'six pocket' trousers (long, baggy cargo shorts) and t-shirts instead of 'modest clothing' of a *meri blouse* and *laplap* (Cummings 2013, Spark 2015).[5]

1.4.1.1 Men in Kokopo

Men in Kokopo Town have more opportunities to hear and see prevention messages than those in rural areas. Improved access to radio, television and newspapers means exposure to campaigns by the National AIDS Council (NAC), and the Family and Sexual Violence Action Committee (FSVAC), the international donor agencies who assisted their efforts and provincial actors working on local responses. There are HIV prevention billboards and posters on roadsides around town. During World AIDS Day and the 16 Days of Activism to End Violence Against Women, there are often marches through town, speeches and even government vehicles decorated with red or white ribbons, respectively, to signify what they are raising awareness about. The key provincial agencies working on the prevention response and main service providers in health, community development and law and justice are based in Kokopo Town. Accessibility of, and exposure to, prevention campaigns does not necessarily mean that all audiences are pushed to think deeply about the messages conveyed. For example, people do not necessarily reflect on the billboard they see everyday urging them to *lukautim yu yet long HIV and AIDS* [look

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[5] The shapeless smock and long wrap-skirt combination introduced during missionisation.

after yourself, or protect yourself when it comes to HIV and AIDS] and what this principle could mean for day-to-day behaviours and relationships.

Many of the men who participated in the thesis research in Kokopo Town are salaried workers with government agencies, the Catholic health services or NGOs working on the HIV response. Others are volunteer peer educators or have their own community-based organisations that conduct awareness, predominately about HIV but also stopping violence against women. These men provided valuable insights in interviews and discussions, about their work and how women and men responded to prevention messages. They also responded as themselves, as men who live in and whose families live in communities affected by prevention campaigns and the issues that those interventions seek to address. They were mainly older; generally between 35 and 60 years of age. The vast majority of salaried workers had received a high school education, and many had been to university or other tertiary training institutions. The standard of education among peer educators is more varied. Nonetheless, all those I encountered in Kokopo, who had remained actively engaged in their programmes after completing training, are literate, numerate and had completed school to Grade Eight or above. They are confident and articulate in communicating core principles from transnational prevention doctrine: abstinence, marital fidelity and condom use for HIV prevention and protecting women's universal rights to safety. These were filtered through caveats drawn from religious and sociocultural beliefs about appropriate gendered behaviours, dress and roles within families and society.

James, for example—a man in his fifties who had worked with the Provincial AIDS Council (PAC) for several years as a peer educator—offered opinions that to me seemed to oscillate across a broad spectrum of conservative and cosmopolitan. James spoke of the challenges that he faced in gaining community trust when he wanted to speak about HIV. People were scared, he said, and thought that it was immoral and against cultural values to talk openly about sex, even in the context of preventing HIV. This came from Christian and Tolai values, James told me; to attempt to separate the two in contemporary East New Britain was moot, as they had become almost totally entwined over the many decades since missionisation. James had had his share of girlfriends and had made mistakes. He had drunk excessively and he had hit his wife. He was happy and now felt lucky that he had come through that period of his life without having contracted HIV (although he did not discuss in detail about the effects of his behaviours on the women

he admitted to mistreating). It was now a duty to use what he had learned through life and as a peer educator to help others. People needed to move past the shame and taboos of *kastam* to 'talk straight' about sex, to obtain information. Repeating a phrase used often in HIV prevention discourse in Papua New Guinea, James told me that 'HIV has no respect for *kastam*', meaning that cultural taboos should not remain an obstacle for people learning how to protect themselves. In keeping with this, James conducted awareness-raising talks inside the secret men's spaces, the *taraiu,* into which he was initiated as part of the Tolai *Tubuan* Society,[6] saying that if *kastam* was flexible enough for men to now permit themselves to drink beer in the *taraiu,* they could hear about how to protect themselves. At the same time, James bemoaned the corrosion of cultural values of respect, particularly between men and women. He said that women dressed as if they were going to the beach in public now, which tempted men to be sexually aggressive and even to commit sexual assault. Young men and women needed to learn self-discipline and *kastam* could help with that; but 'anything could happen' so they also needed to have the right information about safer sex and how to access support from health centres. These themes of tensions and resonances between *kastam,* Christianity and modernity, of directing blame for men's sexual aggression onto women's behaviours, and middle-aged men reforming their youthful misbehaviours to become upstanding moral citizens, recur throughout the thesis.

These observations from James, collected and repeated over the course of several conversations at various points during the fieldwork, echoed those of other men of similar age and similar levels of familiarity with prevention discourses. The behaviours of young people, and of women, were usually problematised in these discussions. Women working as public servants and service providers, as well as in communities and in market places also participated in the research and, as expanded upon below, were easier for me to

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[6]The *Tubuan* or *Dukduk* society is a Tolai men's cult. The *tubuan* is the leader, and represents a female ancestral spirit; at the beginning of each season of *kastam* activities when new members were initiated, the *Tubuan* would give birth to new *Dukduks* (Banks 1993, 106)*.* Young men need to pay to be initiated, and need to be sponsored by existing members of the *taraiu,* which meant men with limited means, who were of mixed ethnic background, or who were adopted could be excluded. This prohibited access to *kastam*, political and business networks. It is forbidden for women or uninitiated men to walk on the *taraiu,* or for women to get too close to *Tubuan or Dukduks*. Doing so was said to result in her next child being deformed, for example being born with the head of a lizard or snake. More commonly in contemporary East New Britain, women said that they would be threatened with sexual assault or demands for compensation if they happened upon *Dukduks* and did not hide. Historically, the Society acted as law enforcement for the Tolai, and the Lote had similar male cults. Today, it maintains important customary and spiritual value, as well as powerful networking and relationship building opportunities (Epstein 1999, Martin 2010, Tateyama 2006).

access as a female researcher. Accessing young men was a more difficult proposition; however, in the interest of balance, it was important to also include the voices of younger men not working directly in HIV and violence against women prevention in the research.

Finding a cohort of young men with whom I could spend regular time in Kokopo Town proved challenging. Already a figure of suspicion and curiosity as a white Australian woman, I was old enough during the fieldwork to be called 'auntie' or 'ma'am' by boys at the main bus stop in town (in addition to the *missus* title that was used for all white women regardless of age). I experienced this as an additional social distance between myself and the young men when compared to how I had been able to relate to a similar cohort during my time working in the province a few years earlier. At the same time, as I was still in my late 20s, I was not old enough to be treated as someone with real authority.

These young men who go *raun nating* [hanging around aimlessly] in town, without regular or fulltime employment were the target demographic for my research. Few belong to any fixed group that they regularly attend, such as a sporting team or church. The spaces in which they do congregate are usually informal and single sex. My attendance and attempts to 'hang out' in such spaces would be unlikely to elicit the kinds of everyday insights into men's personhood and relationships that I hoped to uncover. This was compounded by the size of Kokopo; the socioeconomic divisions that persist between most Papua New Guineans and the white and Asian migrants and diaspora in East New Britain; and the mostly transient nature of the daytime population of young men in Kokopo. I did not know who to ask to be a 'gate-keeper': someone to broker an introduction and explain that this Australian woman wanted to ask them about their sex lives and how they treated women—but that she, I, wanted to do so as inconspicuously as possible.

1.4.1.2 Researching conspicuously

Gary Dowsett (1996) provides an excellent cautionary example of how not to conduct research into sex and sexuality. Dowsett starts with a description of two men meeting to have sex in a gym change room, written as erotic fiction. He interrupts his story at a particular racy juncture with the line, 'At this point, yours truly, the intrepid social researcher, reaches for my trusty instrument and enters the shower' (Dowsett 1996, 29).

Dowsett imagines himself, clipboard and questionnaire in hand, interrupting the two naked men to quiz them about their sexual habits, using the prosaic and clinical language of sexual health research. The satirical dialogue, which includes only the researcher's imagined questions and responses, is both funny and cringingly plausible. Dowsett (1996, 30) concludes the vignette by quipping, 'I am sure my research will be a successful contribution to HIV prevention: those two men will probably never have sex again!'

This essay stuck with me as I tried to ascertain how I might access research participants. My thesis research depended on being able to access discussions about family violence, intimate relationships and HIV, to consider how—or indeed whether—transnational prevention messages had been incorporated into everyday views. In particular, I needed to hear conversations that took place between men; to witness, hear reports of and create spaces that facilitated conversations that were as natural as possible at each of the research sites.

Agnotti and Kaler (2013) argue that particular research methods, such as observational journals or participant observation, facilitate a lower level of 'research awareness' among research participants than, for example, a formal interview or survey. That is, the constructed environment and relationality that comes with a formal research tool may result in greater self-censorship and presentation of more normative points of view. Depending on the relationship between them and the researcher, respondents may be more likely to attempt to provide the 'right' answer, or the answers that they believe their questioner desires to hear if the setting is more artificial or structured.

The term 'deep hanging out', first coined by American anthropologist Renato Rosaldo (Clifford 1997, 56), captures the reflexive, multisensory and reciprocal nature of the participant observation that I endeavoured to practise throughout the thesis fieldwork. Agnotti and Kaler (2013) note, however, that no interaction is 'free of contextual pressures that may influence [research participants] to articulate certain views and suppress others … all [research methods] represent socially constructed situations; none of them provide access to participants' authentic or unmediated beliefs' (967). This reminder of the importance of contexts and positionality is pertinent given that the relationship between researched and researcher during the data collection for my thesis was always defined by several kinds of difference: ethnicity, age, gender, culture, marital status, mother tongue and livelihood.

Many of the ethnographies from which I took inspiration during the research involved 'men who take on the role of an apprentice to access the male-dominated world of street life' (Soyer 2014, 460). Phillipe Bourgois' (2003) extended fieldwork in inner-city New York produced important insights into how precarious livelihoods and opportunities thwarted by poverty shaped cycles of violence among Puerto Rican men. Although he remained as an outsider during his stay, Bourgois was nonetheless able to drink and laugh with his interlocutors; in their homes, on the street and in the rooms where they sold drugs. Gaining entry to men's sacred spaces or spaces that are otherwise socially taboo for women to enter has been central to the work of anthropologists working on matters of male identity, sexuality and violence throughout Papua New Guinea (Dinnen 2001, Epstein 1999b, Eves 2006, Martin 2013, Reed 2004). To gain entry to groups these researchers needed to navigate across various sources of difference, most notably language, race and nationality. However, the added layer of gendered difference presented particular challenges here. If I could not be 'one of the boys', but needed to avoid the clipboard artificiality of public health surveys, what kind of rapport would enable access to relaxed conversations with men?

1.4.1.3 Security guards

I was offered a solution, and a cohort of younger men to talk to, during an interview with Michael, a businessman who provided considerable support to the HIV response in East New Britain. Michael owns a security firm which employed more than 100 guards. Most of the rank and file guards are under 35 years old. Although few lived in Kokopo when they were not working, these guards were able to offer perspectives on the challenges of being a 'good' man in an urban setting. Further, Michael provided in-house education programmes about HIV and violence against women, which would provide the basis for discussions about awareness messaging.

Most of the regular guards (as opposed to operations and staff managers) were under 35 years of age and paid around minimum wage, which at the time of the research was K2.20 (0.45 USD) per hour. The majority are Tolai men but a small number identify as indigenous minorities from other parts of the province. Some men are migrants from neighbouring West New Britain, New Ireland and mainland provinces. Others are part of the Sepik and Highlands diaspora whose families had settled in East New Britain decades before, or are of mixed Papua New Guinean ethnicity. Most had left school at Grade Eight

or earlier, usually because of problems with finding the school fees necessary to continue. Many have poor literacy skills and struggled to engage in paid work outside of the security sector. They had some access to land but found it difficult to make a living from it and complained of land shortages catalysing conflicts. These conflicts could involve physical violence and litigation, as well as the use of *poison,*[7] sorcery or witchcraft (see Banks 1993, 107–9, Epstein 1999a for discussion of Tolai sorcery, Eves and Forsyth 2013 for discussion of definitions and use of sorcery and witchcraft; see also Mitchell 2000, 199 for a discussion of sorcery and urban violence in Vanuatu). Some of the guards had been disenfranchised from land and communities as a result of past poor behaviour, distancing them from their families, although some of these relationships were said to be possible to redeem. Others said that they had had limited access to customary fraternities, either because as migrants they were away from their clan or ethnic groups, or as locals because they did not have enough family resources or connections to sponsor initiation into the Tubuan society (Banks 1993, Epstein 1999, Tateyama 2006). The guards said that adopted children who had mixed ethnic parentage or divorced parents were more likely to be excluded from initiation.

The company deliberately fostered a militaristic workplace environment, with attendant prioritisation of discipline and loyalty. Guards were punished in approximations of codes used in military units (see also Macintyre 2008, Mitchell 2000). During their working week, guards were expected to salute on the approach of the company owner, either on foot or as his car passed; they did this by leaping to their feet, hands clasped at chest height and loudly saying, 'boss!' Failure to do so resulted in having to drop where they stood and do a number of push-ups. Less innocuous forms of discipline were also used. Although the guards were only supposed to work eight-hour shifts, they said their relieving shift often would not turn up. If they left their post before someone else took over or if they fell asleep while on duty and were caught, this might be cause for a beating from a superior officer. However, although the guards reported dissatisfaction with many aspects of their work, including the threat of violence from members of the public while on duty, I have no record of them complaining about being physically 'disciplined' in the workplace, suggesting that it was accepted on some level.

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[7] *Poison* is the word used to describe malevolent magic that used substances such as food, *kambang* [lime used to chew betel nut] or physical traces that the victim had left behind such as loose hair, waste or even footprints or the imprints of where one had been sitting.

The guards worked for a full week, during which time they stayed at the company barracks in Kokopo Town, and then had a week off during which they were able to go back to their home villages. Michael described this as a deliberate policy to allow staff to tend to their family and community commitments, but some guards said that working these hours made it difficult to earn enough money to support themselves. In 2012, men slept at one of two locations. There was the main barracks housing the company offices, administration block, garage and, somewhat incongruously, a nightclub that was open to the public Thursday through to Saturday, and which space was used for training and meetings during office hours. A couple of kilometres away, there was also group accommodation close to the beach. It was rumoured that new barracks were being built, although progress had been slow. The sleeping arrangements were basic. Men slept where they could find space on the floor at the beachside houses. At the main barracks when there was a club night, guards would be working as security as well as collecting glasses and ashtrays. Once guests left and the nightclub and bar closed at 3–4 am, guards would help to sweep and mop the dance floor; several would sleep there if they could not find other bed space, their heads cushioned on rolled up shirts, backpacks or towels.

Shift changeovers took place on Wednesdays, which was also payday each fortnight. On Wednesday mornings, there was usually a sizeable group of guards waiting on the large field at the front of the main barracks to be paid, hear any announcements from management and be able to return home. Michael gave me permission to approach the guards on such occasions and ask them to participate in the research.

It took several weeks of trial and error before a first successful discussion group took place with the guards. Jamie, an operations manager, gave valuable critical feedback on my early attempts at discussions with smaller groups of guards. Between those early trials and the later discussion groups, I became more familiar to many of the guards. We had informal conversations when I saw them on duty at various businesses around town. The national election took place during this period and I participated in electoral observation research around Kokopo Open electorate.[8] I met guards while they were queuing to vote, watching campaign events and supporting their favoured candidates. We joked and gossiped and exchanged views on the likely outcome. These interactions gave useful

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[8] This observation research was part of Australian aid program support for the national election, and was conducted by State, Society and Governance in Melanesia Program at The Australian National University, in partnership with Cardno.

context and insight into the day-to-day experiences of the guards. It also meant that the men were more familiar with me when I arrived to speak with them at their workplace.

I conducted a discussion group once a week for nine weeks, amounting to four sessions with each shift rotation, and a final summary session with guards from both groups (see Appendix 1). I continued to have incidental conversations with guards when we met by chance, including while they were on duty but not busy (I was careful not to compromise their position with their employer). I made my mobile phone number available for any of the guards to call if they had questions or queries. For the most part, this information was treated with respect (although several crude messages were sent during the year after I had given out my number). Men called or messaged to check what time I would be coming to the barracks or to suggest a particular line of questioning that the caller thought might be useful or wanted to discuss. At Jamie's suggestion, each of the discussions was framed loosely around a different theme: being a man in East New Britain; health; violence; relationships; and HIV. Although the issues raised tended to come up repeatedly, the framings helped to retain interest, gave a sense of focus to the discussions and often emphasised, or drew out, different perspectives on similar topics.

The makeup of the groups differed each week. There was normally a group of 20–30 men sitting in the yard when I arrived. I would come out and sit on the ground near some of the guards with whom I was already on speaking terms. I would introduce myself, explain why I was there and what the contents of the conversation would be used for, and ask for permission to record the conversation. Anyone was welcome to come and go, or to listen to the conversation but not participate if they were concerned about recording. Normally, there were between 10 and 20 active participants in each group, with the whole group including up to 40 or 50 men.

1.4.2 Feminist Research with Men

Michaela Soyer (2014) writes about the different ways that women might attempt to manage gendered and potentially sexualised interactions with men when conducting research in hyper-masculine settings. She notes that emphasising or de-emphasising particular traits in different contexts can present benefits or risks, both to personal safety and to research. Based on a review of the literature, Soyer (2014, 461) identifies three dominant ways in which women might frame their femininity and interactions:

Women can de-emphasise their femininity by dressing or acting a certain way. They can work their female attributes to their advantage by enduring sexist remarks and playing into stereotypes. Finally, they can decide to establish boundaries by limiting interactions and self-disclosure, which may protect them from unwanted attention but at the same time limit the data they can collect.

Drawing on her own research experience, Soyer identifies a further option for women to 'manage their vulnerability … emphasizing desexualized aspects of femininity such as being a mother or sister'. She had undertaken early research in inner-city Chicago where attempts to create research relationships with young men had been misread as opportunities for sexual advances, despite her publicising that she was married. Repeated instances of unwelcome comments or advances had encouraged Soyer to become more formal and distant in the way that she related to research participants, which she feared had an adverse effect on the information that she was able to gather. On returning to the field after having a child, Soyer found that perspectives and ways of relating to young men and their families opened up to her in ways that had previously felt inaccessible. She was no longer targeted for sexual advances and felt that she was 'now perceived within the "mother framework" rather than in the "girlfriend" category' (2014, 269). As a result, young men allowed themselves to be more open and vulnerable with Soyer, providing her with different kinds of data than would have likely been accessible had she been a man 'apprenticed' to the streets, or while she was attempting to keep the level of distance necessary to stave off sexualised advances. She was able to strike a more natural rapport and conversational rhythm with the youths and their families that elicited information and insights that became crucial to her research.

My natural inclination with the guards was to take a joking and friendly tone, particularly in the earlier discussions when we were getting to know each other. I prefaced my conversations by talking about my former role with the sexual health project. I was very clear that it was important that I did not just collect stories and take them back to Australia, but that I was keen to share important insights that I heard during the research process with service providers. In particular, I told them that I met regularly with FSVU police officers, and with health and community development workers, triangulating and checking findings. Although any such disclosures were de-identified, it was important that the men knew that what they said might be repeated in those contexts. If anything, this made the guards who participated in the research more eager to talk to me, as they

saw the research conversations as a way of giving back to the community. In terms of 'managing vulnerability', the framing of the work in institutional terms and the mostly group settings of the discussions made our conversations less open to misinterpretation.

These acts of distancing, however, meant that initially I was concerned that men would be reluctant to disclose facts about their role in incidents of family violence or sexual assault; that their responses would be initially—or completely—sanitised. When, early on, I found their responses to be very candid indeed, I was surprised to find that the real problem was that I was not prepared for how to react and engage with such frankness.

The guards were, in almost every interaction, excellent company. We made jokes, shared food and laughed together. They were alternately joking and respectful in their interactions with the older women selling cigarettes and *buai* [betel nut] on the outside of the fence. They were conscious of my comfort and safety at all times, even to the point of fussing: in one audio recording of a particularly interesting discussion, the sun kept moving the shadow of the tree under which we were sitting. My attempts to continue digging into the points being made by the men were periodically interrupted by '*surikim i kam!*' [move over here] as they urged me bossily into the shade, concerned about sunburn and disregarding my exasperated, laughing assurances that I had sunscreen on and I wanted them to keep talking.

However, in one of my early discussions with the guards, it became apparent that managing my vulnerability, being respectful of the guards' responses and managing the ethical and interrogative demands of the research would not be simple. It was difficult for me to process accounts from perpetrators, enablers and accomplices of violence against women who were also mostly young men who, so far as I knew them, I liked. They were funny and bright and talked about their aspirations and how much they loved their families. Their stories were troubling because of the crimes they described and the often derogatory ways they talked about women with whom they had had sex or were interested in having sex with, and because of the essentialising and damning ways that they talked about themselves as a demographic in the context of violence. For example, in one conversation the guards said that when they were drunk and wanted to have sex with a woman they were 'like dogs' who 'couldn't help themselves'. I saw them showing care and respect to each other, to women, to children. They talked about their loving, respectful relationships with women in their communities, their wives and family members.

However, they then told me horrific stories in ways that not only implicated them but also seemed to negate their own recognition of their capacity for goodness. The first time that this happened, during an extended conversation about sexual assault, I could not decide how to react. I eventually landed upon a performance of anthropological distance: a neutral face and asking probing but what I hoped were non-judgemental questions. What I actually wanted to do was to ask these men, with some anger, what they had been thinking when they abused or did not discourage the abuse of women who they said had been raped or bashed or abandoned with a child whose father denied paternity.

I left this discussion frustrated, upset and unsatisfied. Ethics, good manners and desire to undertake 'good' ethnographic research (including not biasing responses or shutting down conversation) meant that one does not say everything that comes into one's head during an interview. However, I also felt that there was an ethical issue in misrepresenting how I had heard, and therefore how I might use, the information that they had shared. In attempting to censor the expression of my own ethical response, I had effectively precluded creation of a conversational space that would allow the guards to explain their actions or responses.

Nancy Scheper-Hughes' call for 'good enough' ethnography argues the compatibility, and indeed the necessity, of acknowledging and using subjectivity and emotion in fieldwork practice, as well as in the presentation of research findings. To work ethically and to have any chance of standing in solidarity with the communities we research, whether our own or those in which we are visitors, fieldworkers need to participate not as 'spectators', but as 'witnesses' (1995, 419); that is, to not pretend neutrality, but to be morally engaged with the situations where we have chosen to make relationships; collect stories; interpret goings on; and, in interpreting, make judgements and take a stand. In attempting to come to terms with ethical quandaries in his work with drug addicts in the United States, Bourgois writes that 'As academics we tend to misread the real world stakes and ethical quandaries of our research. Anthropological fieldwork ethics do not need to be in substantial contradiction with commonsensical, spontaneous human ethics' (2011, 2). What is 'common' in 'commonsense' differs according to social setting and it is important for researchers to be curious, to learn ways of engaging appropriately and to adapt approaches. This is not, however, the same as uniformly attempting to self-censor in an attempt to assume a false neutrality (Avishai, Gerber and Randles 2012).

In future sessions with the guards, I worked hard to be more mindful of my emotional responses, questioning them but also allowing those reactions to influence my analysis and lines of questioning. I pushed harder, I spoke out more, made jokes with and teased the guards and took their teasing in return, and countered hard-to-hear stories with hypothetical perspectives of a victim of violence, a single mother, a gay man, an HIV patient. The conversations became livelier and more open. The guards told me when they thought I had things wrong, and we each applied our own political and social framings of how relationships, sex and sexuality played out in their communities and laid them out in conversation.

Allowing 'good enough' ethnography to guide the research practice assisted in negotiating and navigating how the guards related to me. There were pragmatic reasons for them to be conscious of my wellbeing while I was with them: I had been introduced to them by their employer and was a foreign white woman who had connections with government authorities. As was said more explicitly to me at other field sites, anything that happened to me could reflect badly on the whole group and town. Nonetheless, the rapport that we had was friendly and familiar with mutual respect for particular taboos and boundaries. In later discussions, this familiarity placed me in the somewhat awkward position of 'agony aunt': the phrase 'that's something that you should visit the health centre about' occurs frequently throughout the transcripts. Finding ways to navigate how I was seen, how I wanted to be seen and how others might want to be seen by me were valuable learning processes that I endeavoured to put into practice throughout the research.

1.4.3 North Coast Road, Rabaul

Residents at the second research site lived in a rural area within commuting distance from the district capitals of Rabaul and Kerevat, as well as Kokopo Town (see Figure 5).

Figure 5: Map of Gazelle Peninsula showing North Coast Road (Rabaul–Kerevat)

With the exception of a family of refugees from Bougainville, all of the residents of the main village where I conducted the research were Tolai. Tok Pisin is spoken widely, though not universally; Kuanua is the other main spoken language. Most people earn money by processing cocoa and to a lesser extent, copra. The family with whom I stayed buy cocoa from their neighbours, which they dry and sell to exporting companies. When it was time to prepare for children to return to school, groups of villagers, mostly women, would harvest coconuts and spend days working together to process copra to pay for students' fees, uniforms and transport.

Some families had also diversified into balsa wood or leased oil palm smallholdings in West New Britain. Women sell cooked food, garden produce, *buai*, cigarettes and sweets by the side of the NCR, where there is consistent traffic. Most people live between 15 and 60 minutes' walk from the roadside. There are few permanent structures or water tanks in most of the hamlets inland from NCR; during dry periods people walk to the beach to wash and access public water pumps and then carry containers of water home for drinking

and cooking. Some people commute to Rabaul or, more commonly, Kokopo for work, which can take two or three hours one way, longer if there is flooding or other blockages on the road or in the late evening, plus the time spent waiting for a vacant seat in a PMV (public motor vehicle).

Incomes from copra and cocoa have declined dramatically since the turn of the century. An agricultural pest, the cocoa pod borer, had ruined cocoa crops throughout East New Britain in the early 2000s. Although some plantations were in recovery, the cost of treatment and replanting was too great for many of the farmers that I encountered during the research. Additionally, international commodity prices had fallen. I heard that some families made and sold illegal homebrewed alcohol—*JJ* (jungle juice) or *yawa*—to cover costs. People said that this was new and shocking, being once only the domain of young men who made it for their own consumption or for their friends or criminal gangs. Whenever we stood by the road, sometimes waiting up to an hour for transport, people would talk about how before, when prices for cash crops and crop yields were good, there were many more cars and many more people wanting to go into town to earn money. Things were much harder now, they said; it was difficult for most families to find money.

1.4.3.1 Families at NCR

I lived with a family on the outskirts of a village, in a house around 15 minutes' walk from the NCR. There are seven siblings in the family and I had worked with two of the brothers: Benny during my time with the sexual health project and his older brother Noah, who had assisted with electoral monitoring. The lives, relationships and histories of the family members provided a snapshot of the heterogeneous livelihoods and ways of being in the world in contemporary East New Britain, where the majority of people experience the benefits and hardships of both rural and urban life.

Noah, the oldest, was in his early forties. He had previously worked in the public service, and had been married before. Noah talked about having been a *bikhet* [big head, wilful, disobedient] when he was younger—going on days-long drinking binges. He and his first wife had had a turbulent relationship and they eventually separated. Noah had become committed to evangelical Christianity, married Angeline and stopped drinking when he was in his thirties.

Noah no longer worked fulltime. He said that he had tired of the poor work ethic of his colleagues and the day-to-day grind of being in a public service job. He worked hard as a community leader: an elder of his church; sitting on a school board; mentoring other community groups in administration and business management; and managing clan and family affairs from conflict resolution to collective savings plans. Noah had various entrepreneurial activities as well, including buying cocoa to dry and sell from the house and fixing old cars to use and sell from time to time (although this was more of a hobby). The most regular income came from wife Angeline, who had a senior position in the public service in Kokopo. Angeline had also been married previously at an early age. Her first husband had been abusive and she eventually left him. Angeline enjoyed her work but it was very demanding, requiring long days and long commutes. Working fulltime meant that she missed out on being able to attend or contribute to women's church fellowship activities or fundraisers with local women. Sometimes this sparked jealousy and gossip among other women, which Angeline, being good humoured and pragmatic, was largely able to brush off. It could be wearing all the same. She and Noah joked about retiring to an island to live off the proceeds of a pineapple patch. However, their respective work and the support that it meant they could provide to extended family and church networks tied them to Noah's family land at NCR.

Benny, Noah's brother, grounded his understanding of the world much more in local spirituality than Christian spirituality. Benny lived next to his mother's house up the hill from Angeline and Noah and much closer to the main village. He had worked as a community development specialist and researcher with local organisations, and with international development projects around Papua New Guinea. In between jobs, Benny stayed in the village and helped work the family garden block, and was involved in local council politics. He had a crew of local youths that he went around with and from time to time they would go out drinking together. Benny would buy a case of beer or they would source homebrew; their singing would echo down the hill late into the night. Benny too, talked about having been a *bikhet* when he was young and having lots of girlfriends. He had eventually settled down with Connie, a pragmatic and wryly funny woman whom he met while she was at vocational school in Kokopo. Connie earned money by selling market food and was an active member of the local church group and the Uniting Church women's fellowship.

Their siblings were in vocational training, worked as fulltime farmers or, like Connie, were engaged in market gardening and fulltime caring duties. Their parents were separated; their father had been abusive towards their mother and Noah had eventually helped his mother to leave when he was a young man. Most of the family still lived on their mother's family land.

Noah and Benny's marital relationships are indicative of the different permutations of Tolai marriage in contemporary East New Britain, blending aspects of historic social structures with Christian forms of patriarchy and more latterly, companionate marriage, and pragmatic ways of organising relationships amongst the requirements of earning a living and being part of family, church, work and local communities.

Tolai society is organised into two moieties, Marmar and Pikalaba, according to one's matrilineage. Marriage or sexual relationships within the same moiety was historically strictly forbidden—it was treated the same as incest and punishable by death (Banks 1993). In contemporary East New Britain, intra-marriage is still taboo; a police officer who was from mainland Papua New Guinea said that it was difficult to investigate reported incest cases at times because people use traditional and legal definitions interchangeably. However, it is also possible to *baim sem* [buy shame] to make a relationship between two people of the same moiety less dishonourable. Noah and Angeline said that this meant that the man's clan would give a substantial amount of *tabu* to the woman's family, and usually happened because young people had got pregnant out of wedlock. Noah blamed carelessness and insufficient sex education, but he and others during the fieldwork also talked about intra-marriage as related to people marrying without their families' approval, referred to reprovingly as *marit lo laik* [marrying whoever one wanted to].

Tolai women are expected to practice avoidance of their in-laws, such as not eating with male in-laws and referring to her husband's family members as *tambu* rather than by name. They are also expected to defer to brothers and maternal uncles. However this is not enforced universally or with the same degree of strictness observed historically and as described by Bradley (1985) and Banks (1993). Angeline talked about how these rules had relaxed. She compared contemporary practices with the lengths that she would go to as a young girl to avoid breaking taboos around what could be viewed by or exposed to her mother's male relatives. She laughed telling some stories, like the times she would

run from the garden to get washing from the line so that an uncle wouldn't see her underwear when he walked by the house. There was real fear too, however, of shaming or physical punishment for breaking taboos.

Today, women are still expected to move to their husband's land and his family were expected to pay bride wealth to her family. People discussed bride wealth payments as a contributor to family violence, because it could mean that women were treated as property by their husband. Many people described this tendency as having become worse in recent years. However, the same attitudes and behaviours were found by Banks (1993, 109) in her analysis of historic observations of Tolai society and by Bradley (1985) from her research in the early 1980s.

Inequality associated with bride wealth is amplified by Christian discourses about men's role as the head of families and women's duty to subordinate themselves to husbands. These attitudes are widespread among older couples in particular, but are by no means universal.

1.4.3.2 Reciprocity in research

Noah and Benny were the two greatest sources of information about men and men's lives in NCR. I was able to interview and spend time with men of different ages while living with Noah and Angeline, with meetings usually facilitated by one of the brothers. They both acted as mentors and advisors to younger men, but in very different ways, and shared insights and observations about what they heard. Where my attempts to ask questions or discuss an issue with young men were unsuccessful, Noah and Benny were able to step in and assist.

Unlike the security guards with whom I had already spoken and developed relationships, younger men at NCR were wary of me and what I might want. There were obvious contributors to this: for one, I was a *missus* who was living at a church elder's house. The way my research had been introduced had been another complicating factor. To try to capture the quotidian understandings of HIV and violence prevention, I had highlighted my desire to have, as much as possible, informal relationships and conversations. Noah and Angeline's approach was to introduce me to as many people as possible (out of politeness to those in the village as well as to assist me) but to let me forge my own relationships, assuming that I would ask for help when I needed it. Benny was concerned

that in the short time that I had available my indirect and gradual approach would not work. He set about doing the groundwork for me, advising people—women in particular—that I would want to talk to them about HIV and violence. While this did make many women and older men interested in speaking with me, I suspect that in the eyes of younger men, this made me less appealing: a *missus* living with a church elder who would talk about condoms all the time and wanted to ask embarrassing questions.

Introducing my work in this way placed it into a framework that was familiar to many people in the village, which indicated the saturation of HIV prevention advocacy in the area. This was an issue for me, however, as it raised the expectation that I was in East New Britain to 'do awareness *wantaim ol mama* [with the women]' rather than discover what people, and especially men, thought of the awareness messaging that had gone before. Initial discussion groups with women therefore needed to be reframed to allow for mutual information sharing—having been told that I would do an awareness, leaders of the women's fellowship informed me that it would not be right to withhold information that could help them. Accordingly, I spent a morning as the guest speaker for a women's fellowship meeting. After watching a DVD about family violence services in Bougainville, we had a discussion driven by mutual questioning. In this way, I was still able to gain some insight into what kind of information, services and assistance the women had had access to before, but still fulfil my obligation to provide something in exchange. This paved the way for future conversations and opportunities to spend time with various women in the group at later times.

I shortly return to the implications for the research of the relationships that I did, and did not have, with different demographics at NCR. First, however, I turn to a description of the rural research setting at Melkoi. Although there were distinct differences in circumstances, there were many similarities in how relationships and expectations played out in Melkoi and NCR. Therefore, I discuss these together below.

1.4.4 Melkoi

The research in Pomio took place in a number of small hamlets situated between several hours' and several days' walk along the coast from Uvol Health Centre and the LLG offices (see Figure 6 for location of Melkoi LLG and Uvol Station). Two of these hamlets were a day's walk inland into the mountains.

Figure 6: Map of Pomio local-level government boundaries
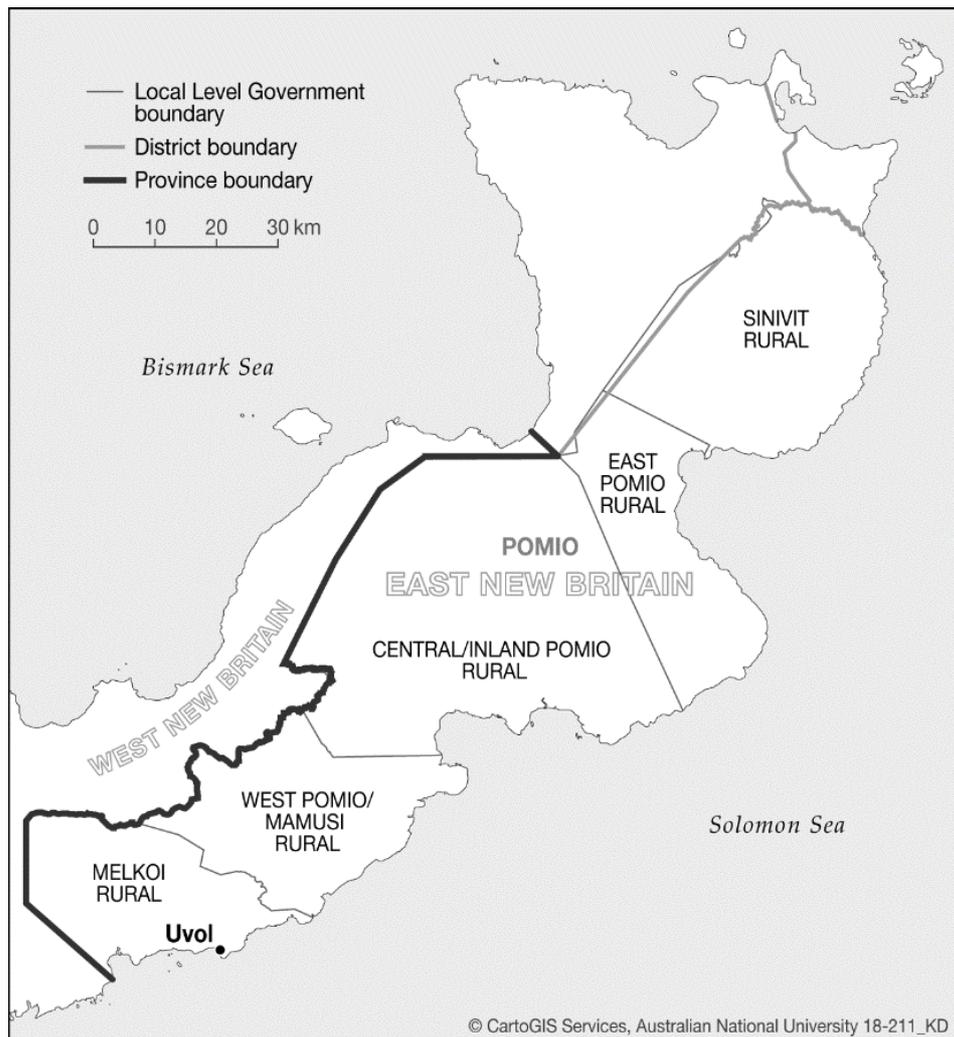
Most people in the area are Lote and speak the Lote language. Lote pride themselves on being peaceful. Reports of fighting between men that resulted in physical injury are uncommon, as are complaints of problematic consumption of alcohol or marijuana. In the coastal areas, people said that they had lost the ability to do *moko* [sorcery, in Lote language] when the previous generation of elders had died without passing on their knowledge. This makes them vulnerable to attack from people who lived in the mountains and it was therefore important for them to maintain good relationships with mountain people as a means of avoiding dangerous conflict.

Lote women and men joke a lot, making fun of each other and themselves (and, naturally, of outsiders: I quickly earned the Lote nickname *molok* [motor-mouth] for my habit of asking long-winded questions). Many families are very large, with up to 14 children. Catholic aversion to contraception was one reason for this, along with widespread reports

from women of husbands forcing them to have sex. However, some women also told me that they felt the numbers of Lote people were too low and that they wanted to repopulate their villages. Like the Tolai on the Gazelle Peninsula, Lote land ownership is organised matrilineally. Women are seen as the custodians of the land but men are the public face of decision making about land and other family and community concerns. In contrast to the Tolai, however, there is less discussion about matrilineal land organisation contributing to gendered equality among the Lote. Despite often having publicly open and convivial relationships, the husbands or male family members of most of the women I met had overt control over their activities and freedom of movement. Women, particularly older women, are vocal participants in community meetings, but these are normally only discussions. Men said that actual consensus on decisions usually came from meetings with men only, although women would tell their husbands or relatives what they wanted to be said in meetings. Most men reported that there is a very low occurrence of sexual assault and family violence in the area. Women said that violence in the home such as hitting and kicking is common, as is marital rape as mentioned above. Jonathon, the community development officer at the LLG validated these reports. He said that he received a steady stream of complaints and reports every day at his office, and even at his house.

There are a significant number of Tolai men who have married Lote women and moved to Melkoi, which Lote men claimed was at least partly motivated by the possibility of accessing local land, something that was corroborated by several of the Tolais. Some of these women said that they had been tricked into their marriages via *malira* [magic] and that they were being taken advantage of by their Tolai husbands. Fewer Tolai women had married and moved to Melkoi—the Lote women said that these women often cried when they first came because they had to work so hard. Young adult women told me that they thought married life was a hard life and that they were not in a hurry to be married. However, underage marriage was said to be troublingly common, and usually meant girls under 16 marrying boys in their late teens and early 20s. These marriages usually happened as a result of parents' suspicions that sexual relations had already taken place.

Marketing of fresh produce within and between hamlets, particularly at the Uvol Mission Station and Health Centre, provides some income for most families in the area. Some also sell clothes, fuel and trade store goods for additional income. Most research participants took pride in the fact that they were able to feed and house their families for free—there

is abundant land for gardening, access to fresh water and salt water fishing and timber for houses. Nonetheless, poor access to other markets and the high cost of transporting goods to market or raw materials to communities was consistently cited as a major impediment to development in the area (Scales 2010). In the main hamlet, aside from the church, there is one permanent structure, a community guesthouse, with a connected water tank. During dry periods, which people said were increasingly erratic as a result of changing weather patterns, many families within a radius of several kilometres used the tank water. Few families had the capacity to save enough money to buy roofing iron and a tank in other areas.

During the research period, Melkoi was only accessible by boat, followed by travel on foot for hours or days to inland communities. A cargo ship travelled between West New Britain and Kokopo via Melkoi most fortnights; however the schedule was particularly unreliable in 2012–13.[9] Robert, the ward councillor who lived in the main hamlet, had custody of a motorised dinghy that could be used to reach the District Capital of Palmalmal, some three hours away if the sea was calm and there was fuel available.

Motorboats were also used to take cargo and vendors to the end of a logging road that lead to Kimbe, the capital of West New Britain. If the cost of petrol was prohibitive, others might walk for up to several days to get to a truck. People in Melkoi use Kimbe more frequently than Kokopo or Palmalmal as a market for *buai*; there is a large market in Kimbe because of significant numbers of migrant workers from the mainland who work on oil palm plantations. This, along with remittances from family members working for logging and oil palm operations in neighbouring areas or in West New Britain, are key sources of funds coming into communities. 14 clan groups in the area had come together to form a Wildlife Management Association and had established a 32,000 hectare land and marine protection area. This was earmarked for participation in a carbon finance initiative, which included training on a mobile sawmill with a view to using and selling

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[9] *MV Rabaul Queen*, a ship belonging to Peter Sharp Shipping, which ran the ferry to Pomio, sank and killed as many as 161 passengers, mostly school students, in February 2012 (Andrew 2012). Legal and retributive action against the company (including burning of vessels) affected the operations of their other routes for several years afterwards.

certified sustainable timber.[10] The carbon financing plus profits from timber production would, it was hoped, contribute significantly to income in the area in coming years. Through the process of negotiating the carbon financing agreement, Councillor Robert had helped to broker several other relationships with international NGOs that had resulted in provision of the motorboat, the guesthouse and water tank, construction of a health aid post (not yet finished or staffed at the time of the research), solar electricity at the guesthouse and funding for a women's centre. There was minimal resourcing support from the government to communities for livelihood development or improving market access, or to support the work of community groups such as women's or youth organisations. Jonathon, the LLG community development officer, was very engaged with his work. He was also under-resourced and attempting to fulfil a demanding remit across a large area: from welfare officer to government law and justice representative (there were no police stationed in Melkoi or surrounding areas) and support contact for youth, women's and sporting organisations.

1.4.4.1 Gossip as ethnographic method

Men and women in Melkoi provided important insights to the research through sharing their life histories. As in NCR, however, it was difficult to find many younger men who were comfortable to discuss their intimate lives with me and as part of my research project. They, and others, preferred to share stories and observations about other people than about themselves. In Melkoi and at NCR, gossip became as important to the thesis research as direct interviews, participant observation and group discussion in gathering information. In Kokopo too, many of the stories shared by the security guards might be classified as gossip. Even where I suspected that some stories were in fact about the speaker themselves, they were often said to be about a friend or someone that the speaker knew. The issues investigated in this thesis are concerned with sensitive topics able to

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[10] There was some contention between the landowner groups who were part of the Wildlife Management Association and neighbouring communities who had leased their land to Malaysian logging and palm oil development interests. Environmental damage from the logging operations threatened the viability of the land management area and the clan groups at Melkoi had partnered with international activist organisations to protest against the companies. This had resulted in threats of violence from the pro-logging landowners and company representatives against the Wildlife Management Association and the NGOs with which it partnered. Clan representatives who were part of the Wildlife Management Association hoped that involvement in the carbon financing project would help them to avoid the social issues of increased alcohol abuse, sex work, long-term environmental damage and poor land productivity that had allegedly resulted from the logging operations. Other Melkoi landowners wanted logging to go ahead, however, as they argued it would bring necessary income quickly into communities where it was needed.

cause shame and embarrassment when made personal, but titillating and interesting when talking about another—the collective values and constructions of moral judgements about behaviours in intimate relationships. The content of gossip, therefore, provides valuable insight into how HIV and violence appear in day-to-day interactions (see also Hemer 2015, Kaler 2003, 2004, Kroeger 2003, Lwanda 2003, Stadler 2003a).

Niko Besnier writes that 'gossip embodies the complexities of social life … Through gossip, people make sense of what surrounds them, interpreting events, people, and the dynamics of history' (Besnier 2009, 4). Gossip takes place in intimate spaces and provides a mechanism for translating high-level discourses and political attempts at precipitating social change into everyday lives (Besnier 1994, Brison 1992). Gossip, of course, spreads; intimate talk is shared, repeated and becomes public discourse, taking on political and cultural power. As Besnier observes, 'talk both reproduces and produces its context' (1994, 195). Krista Van Vleet (2003, 492) explores the importance of these effects of gossip in fieldwork, identifying gossip as 'culturally and linguistically situated sets of practices that shape moral discourses and social relationships (including that between the ethnographer and her interlocutors) in particular cultural contexts'. Her analysis shows the ethnographic importance of informal encounters that might be classified as gossip; that is, conversations that occur outside of interviews or focus group discussions where the lives and experiences of participants and their neighbours are discussed and analysed. Far from being simply background information, when examining the kind of gossip to which one is exposed during fieldwork demonstrates, 'the politics and power relationships involved in how an ethnographer comes to know, what an ethnographer is permitted to know, and how these might be incorporated or left out of an ethnography' (Van Vleet 2003, 492). In the context of my thesis research, who was 'good' or not and why; whose relationships were violent and who was to blame for the violence; who might have HIV or AIDS; who had illicit relationships; and who had been affected by or who practised sorcery were all talked over in the *haus kuk* [cooking hut], at nightclubs and dances, on lazy Sundays after lunch, when walking back from the garden, standing in front of a supermarket or leaning under trees while waiting for the bus.

There were certain times that I was allowed into men's spaces, and was able to access gossip there. For example, my caffeine habit meant that I had brought a large supply of instant coffee, sugar and powdered milk with me to Pomio and groups of men were keen to share my supplies and tell stories. Nonetheless, women's perspectives, translations of

public conversations and explanations of events were often shared in spaces that were more naturally inclusive for me, particularly at NCR and Melkoi.

Having the opportunity to spend time with women as well as men was critical to the research. The central concern of the thesis is to investigate how men and masculinities are constructed in contemporary Papua New Guinea, in the shadow of attempts to stem the entwined crises of HIV and men's violence against women. This is an inherently feminist endeavour, aimed at contributing to efforts to realise gender transformative interventions (Cornwall, Edstrom and Greig 2011, Dworkin 2015, Gibbs, Vaughan and Aggleton 2015, Soyer 2014). Men's safety and wellbeing is harmed by toxic masculinities and the violence between men and communities engendered by these dynamics; the harms it causes to families and societies are writ large. Women are affected in wide-reaching ways as a result of physical, sexual, social and economic violence (Jolly et al. 2014; Macintyre 2012, Médecins Sans Frontières 2011) and we know that in Papua New Guinea's predominately heterosexual epidemics, women are more likely to contract HIV and to be blamed for its spread (Eves and Butt 2008, Jenkins 2000, PNG NACS 2010, Reid 2011, Wardlow 2007). Women's voices and perspectives were therefore central to this project, providing context and depth. Women spoke about how they experienced men's behaviours, how they experienced common challenges and what they wanted from their men as husbands, children, leaders and members of their community. The findings in the thesis draw out the ways in which women's and men's perspectives overlap, contradict and mirror each other.

As I lacked Kuanua and Lote language skills, any conversations that were not in English or Tok Pisin, I heard through translations. Different motivations could alter the ways in which I was allowed to hear gossip: sometimes people framed talk in ways that they thought might be more interesting for my research; sometimes they withheld details or particular information because it was not a subject that people wanted me to explore in further detail. In Melkoi, for example, during my last evening in the village, I had a discussion with Robert, the ward councillor and Jonathon, the community development officer, about conflicting accounts of the occurrence of family violence I had heard during my stay. The longer I stayed in Melkoi, the more candid women became about how often their husbands might hit them, force them to have sex or control their movements and self-expression in ways the women thought were unfair. More extreme acts of violence were said to be less common; most men denied any issue of family violence at all.

However, Robert informed me that in fact, most mornings, I was in earshot of conversations in local Lote language about arguments, fights and acts of violence that had happened among couples and families the night before. Despite what I experienced as relatively open conversations and interactions in Tok Pisin throughout the time that I was in Melkoi, speaking in a language that I, as researcher, did not understand provided a way of maintaining privacy and closeness and a curated presentation of the community, even when I was physically present. Throughout the fieldwork and writing of this thesis, I have remained conscious of the power inherent in being a researcher, of being the person responsible for representing the stories and experiences that people in East New Britain shared with me. It is also important to understand that those who chose to speak with and translate for me have, in different ways, chosen the particular representations of truth that I was able to record.

1.5 The Thesis Structure

Men and women, and communities as collectives, at each of the three research sites described particular dynamics and challenges that are context specific, and that shape what being a *raitman* meant. These often are themed around common issues that came up repeatedly throughout the research in discussions of awareness. The thesis chapters have been organised around these overarching themes. Each explores a different perspective on the ways that men assemble, negotiate and justify notions of being a good man. Further, through the chapters I examine how these assemblages both incorporate and subvert messages of gender equality, safe sex and violence prevention.

Before discussing how the content of awareness campaigns has been incorporated into gendered identities in Papua New Guinea, I first provide an overview of responses to HIV and violence against women in Papua New Guinea. In *Chapter 2: 'Doing Awareness'*, I demonstrate the linkages between transnational forums and tropes used in prevention, and the challenges of attempts to make relevant global messaging in new and diverse contexts. I also introduce the agents and service providers in Kokopo, NCR and Melkoi who have been charged with delivering prevention campaign messages and who are responsible for delivering on the promises of service delivery and response that those campaigns promise.

In Chapters 3–6, I demonstrate how men's navigation of precarity, aspiration and gendered personhood play out in their social, sexual, political and intimate relationships,

through examination of different themes and the ways that 'good man' tropes in prevention campaigns shape these interactions. In *Chapter 3: Men and Health*, I consider the ways in which the characteristics of being a good man reverberate through men's narratives about their own and other's health priorities, and play out in health-seeking and risk-taking behaviours. I describe the different ways that people source healthcare in East New Britain, including from health centres and bush medicine practitioners, and consider the ways that health system service shortages and costs, narratives of shame and people's understandings of the causes of illness influence their health-seeking behaviour. I then focus specifically on men, considering two health issues that were consistently raised during the research as priorities for communities. The first, maternal health, allows men to position themselves as *raitman* by looking outward, advocating for the rights of women and whole communities to protect the health of mothers and children; although this public discourse sometimes contrasts with private behaviours towards women as partners. The second issue, use of alcohol and marijuana, speaks directly to how men view their own corporeality and physical vulnerability and their culpability for behaviours discussed widely as amplifying risk of violence against women and the spread of HIV. Here, tensions in definitions of what it means to be a *raitman* are realised, as the negative narratives around substance abuse are placed next to the important social role of sharing and enjoying intoxicants for many men.

Chapter 4: HIV Risk and AIDS Fear builds on discussions of risk and responsibility raised with regard to health and health-seeking behaviour and considers how this plays out in narratives about HIV. Here I ask what it means to be a good man in the shadow of *sikAIDS*, in communities where the known prevalence of HIV is low; however, fear and stigma around HIV and the anticipated threat of HIV and AIDS for communities, economies and bodies is, I argue, part of the affective experience of precarity. The slippages or apparent inconsistencies in what it means to be a *raitman* introduced in Chapter 3 are expanded upon here and their gendered contours described in more detail. Again, men are shown to participate eagerly in advocating for greater community protections as part of their positioning against ideas of aspirational masculinity. This takes place in the context of an HIV Response that is predicated on a drive to measure and quantify those living with HIV in Papua New Guinea. I argue that the push from transnational and national awareness directives to 'know' an epidemic that for reasons both structural and social is full of silences and hidden knowledge in Papua New Guinea

exacerbates fear and discrimination in ways that are deeply gendered. These feed into moralising narratives around sexuality and sexual behaviours that are disproportionately targeted at women, which silences much of the possible discussion about men's vulnerability and culpability and allows them to be positioned as good men in comparison with 'bad' women.

Chapter 5: Good Men, Bad Women and Narratives of Violence investigates these narratives of good men and bad women in closer detail. I examine how the idea of discipline, which is central to the ideals of aspirational masculinity for men across the research sites, is used to explain and even excuse acts of violence when positioned as a response to the transgression of social mores. I show that these accounts are gendered, whether they are applied to descriptions of violence between men, violence between women, violence against women perpetrated by men, or violence or attempted violence by women against men. In each of these categories of violence, gendered power differentials, class and experiences of precarity shape how violence occurs and how bystanders respond to it. Again, even while describing behaviours that respondents acknowledge as criminal and that are counter to what they themselves advocated for publically—increased safety for women and harsher responses from state law and justice—men who admitted to perpetrating or being complicit in acts of violence against women were nonetheless able to position themselves as good (or at least, better than bad) by claiming that by disciplining 'bad women' they were engaged in efforts to protect their communities from risk of HIV and moral decline.

In *Chapter 6: Narratives of Justice,* I take up the suggestion of men, as reported in Chapter 5, that inadequate legal consequences and lack of opportunities to seek justice are a crucial contributor to high rates of violence against women in East New Britain. I start the conversations in this chapter by recognising the fact that awareness prevention around violence against women is predicated upon the reliability of state legal responses to violence and respect for the international rights-based conventions to which Papua New Guinea is a signatory. Justice according to awareness is therefore reliant on the functionality of police and courts and their ability and willingness to act in the interests of ensuring the rights of women to safety and bodily autonomy, regardless of claims of provocation or immoral behaviour. As illustrated with regard to health services in Chapter 3, I demonstrate the ways that state justice mechanisms work alongside locally based mechanisms (including the state-authorised village courts) that use knowledge of social

mores and the imperative to maintain community peace rather than national laws to arbitrate or mediate disputes. Following the work of Michael Goddard (2013) and Melissa Demian (2003), I show how the functions and philosophies of different categories of law and justice providers influence each other and are shaped by societal power dynamics, from the national to the local. Again, these dynamics are shaped by understandings of gender roles and gendered power, which can influence the ways in which women and men are treated in mediations and in legal decision-making processes.

Here too, whether or not people access local mechanisms or state authorities can be a reasoned choice based on what is considered appropriate or useful, but is often also a choice shaped by experiences of precarity—whether poor access to state services because of geographic location and cost; or feared negative consequences for the complainant as a result of pursuing punitive justice or for the community as a result of inviting police inside. Nonetheless, I am able to describe positive advancements in state responses to violence against women, including ways in which police are actively working with, and engaging, community-level law and justice committees in the project of preventing and responding to complaints of family and sexual violence. These are framed by an example of the (at times uneasy) marriage of state and local justice mechanisms, which I illustrate using an account of responses to a threat of rape that took place while I was resident at Melkoi. This vignette draws out the ways that the different sides of aspirational masculinity, including the public advocate, protector of *kastam*, community protector, strong father and family protector can play against each other to form definitions of justice that are as malleable as are definitions of violence—or definitions of a *raitman*.

1.6 Conclusion

Throughout the thesis, I show the various ways that men, and their communities, attempt to hold together and make sense of juxtaposed ideas of what it means to be a good man. I argue that central messages from HIV and violence against women awareness campaigns are held as part of aspirational masculinity. The constant, and accelerating, sense of precariousness, of insecurity in social relationships and power, livelihoods and future potential that was articulated by most research participants did not necessarily preclude participating in collective discussions about preventing HIV and violence against women. At the same time, there were distinct differences in expectations of others and what was seen as possible for individual selves.

To examine how the thread of transnational awareness campaigns appeared through these different aspirations, struggles and negotiations, I first turn to an exploration of what it means to 'do awareness' about HIV and violence against women in twenty-first century Papua New Guinea.

Chapter 2: 'Doing Awareness'

In this chapter, I consider what it means when people talk about 'doing awareness' about HIV and violence against women. Throughout the thesis I explore how behaviour change for prevention initiatives, referred to in Papua New Guinea as awareness, have influenced the aspirations that men have for themselves and that communities have for their men. These effects have manifested in different and sometimes unexpected ways, shaped by the social, economic and political terrain; that is, the contexts in which the implementation of awareness initiatives take place. The ways in which awareness messages are interpreted are shaped by individual and collective experiences of social and economic uncertainty. These conditions are best described by the term precarity, which encompasses the structural and social relationships that lead to uncertainty in people's living conditions, and their agency, shown in how they resist and cope within precarious circumstances.

Here, I describe the logic and form of awareness initiatives and the central messages popularised in HIV and violence against women prevention campaigns across Papua New Guinea since the mid-1990s. I explore the historical dynamics and the interplay among transnational, national and subnational levels that have shaped the awareness landscape in contemporary East New Britain. In doing so, I establish the contextual framework for the discussions presented throughout the thesis of the effects of awareness on ideas of being a good man in Papua New Guinea.

'Doing awareness' is shorthand in Papua New Guinea for programmes that are focussed on public awareness raising and information sharing. Awareness is a central component of programmes to address many issues in Papua New Guinea, from civics education to prevention of disease. Internationally and across Papua New Guinea, it has become especially prevalent in responses to HIV and violence against women (Campbell and Cornish 2010, Carlson et al. 2012, Dickinson 2009, Dworkin et al. 2012, McPherson 2008, Reid 2011). Awareness is geared towards encouraging individuals to change their behaviours and encouraging communities to change social norms that facilitate violence and the spread of HIV. Awareness for behaviour change initiatives are broadly founded on the theory that 'the chosen target audience will then make appropriate decisions based purely on the logic of the messages' (Dickinson 2009, 33). This simple exchange—where

new, prescribed, 'good' behaviours are immediately prompted after hearing awareness messages—rarely (if ever) eventuates. This is not to say that there is no value in sharing information about prevention and available response services. However, the processes of behaviour change are much more complex than audiences hearing or seeing messages and accepting that the information presented is correct, and then altering their practices according to the prescriptions of the messages. Rather, awareness messages variously compete, merge with and refract existing and co-introduced knowledge and beliefs, creating new sets of practices and ways of understanding behaviours and power. The resulting changes in how personhood and lifeworlds—defined by Buttimer (1976, 277) as 'the culturally defined spatiotemporal setting or horizon of everyday life'—are constructed are complex and not necessarily in accordance with the aims of behaviour change campaigns.

Constructing awareness messages is a process of spiralling communication. Ideas from local interventions are shared in transnational spaces and combined and negotiated into dominant ways of framing knowledge and good behaviour, as formulated by 'experts' (Adams and Pigg 2005, Dickinson 2009). Knowledge as practice is then re-applied in new 'local' spaces where it is remade again or, to use Sally Engle Merry's term, 'vernacularised' (Merry 2006, 2009). Observations of local encounters with awareness, including this thesis, are then fed back into transnational arenas in reciprocal processes of knowledge exchange. These multiple spaces of translation carry core elements of transnational awareness language into new settings; promoting monogamy and condom use, for example, and the language of universal human rights. The meanings and understandings of this language vary greatly as they intersect with different histories and experiences of power and insecurity, across class, race, religion and gendered dynamics (Cornwall, Edstrom and Greig 2011, Farmer 2005, Kaler 2004, Lepani 2016, Wardlow 2011).

2.1 Presenting Awareness

Information about preventing and responding to HIV and violence against women is delivered using various methods. Information and communication materials such as pamphlets and posters, public service announcements in newspapers or on radio and television spots, billboards and fictionalised morality tales made into films, comic books and serialised stories have all been employed across Papua New Guinea in the past 30

years. Marches and rallies take place in villages, towns and cities for World AIDS Day and during the 16 Days of Activism to End Violence Against Women. Public lectures, workshops and sermons by local activists, health and law and justice professionals, representatives of international development NGOs or church groups and community educators are also common. These can include screenings of films themed around warning people about 'risk' behaviours (Darius 2006, 2008) or presentations of similarly themed, self-devised theatre pieces to help draw a crowd, followed by a discussion led by peer educators or health workers and a community forum. For the most part, these public performances of lecture, film or theatre, which revolve around an address to a crowd and a community forum, comprise what constituted 'doing awareness' throughout the research. These are supported by ephemera like posters, billboards and pamphlets, referred to by distributors and audiences as 'awareness materials'. Ideally, all of these technologies and techniques are geared towards connecting the public to service providers: health centres and HIV clinics, police, welfare offices and courts. In contexts such as Papua New Guinea, particularly rural Papua New Guinea where accessing services is difficult, doing awareness relies heavily on lay community members trained in peer educator programmes, a strategy that I discuss in more detail presently.

David Dickinson (2009, 97–9, 205–6) identifies different categories of interactions where awareness activities take place, which he labels as front stage and backstage spaces. Front stage spaces refer to public performances of awareness, 'modelled on the classroom lesson, the church sermon, and public speeches … [they] present information … but provide no guarantee that anything will change because such performances are largely unconnected to the lives of the audience' (Dickinson 2009, 205). In front stage interactions, hierarchies are established between experts delivering information and largely passive audiences who 'display a polite public reception, learn the correct responses, but do little more once the lecture is over' (Dickinson 2009, 13). This is not to say that front stage awareness efforts have no utility: throughout the research, respondents used slogans heard on the radio or seen on billboards as a starting point for conversations about family violence and HIV. However, the distant or public nature of front stage performances of awareness can prohibit open, informed discussion about what the information presented means for people's day-to-day lives (Campbell and Cornish 2010).

Peer education programmes are, in principle, a way of bridging this space. The value of peer educators is that they are able to translate and relate information to their communities

that has been issued by transnational experts, using shared language and idioms, cultural cues and knowledge of social contexts. In Dickinson's framing, where peer educators are able to have private conversations with peers in comfortable circumstances, more effective 'backstage' information exchanges take place: 'Away from the staccato volleys of AIDS facts delivered through formal educational interventions there are countless moments when the same information can be woven into the routines of everyday life: at work, at leisure, at worship, or at the bus stop—anywhere' (2009, 206).

Throughout the fieldwork, people reported such interactions taking place alongside 'front stage' performances. Indeed, the design of one of the largest peer education initiatives in East New Britain, the *stret toker* programme, part of the East New Britain Sexual Health Improvement Project (ENBSHIP) [11] was predicated on encouraging almost entirely 'backstage' forms of awareness (Butcher and Martin 2011). In practice, however, most peer educators feel pressure to perform awareness in more public ways. Women in particular said that they wanted to show that they were being 'active' and not lazily squandering the education and opportunities that they had been afforded by participating in peer educator training. Spreading awareness was talked about in ways that evoked Christian evangelism (Eves 2012b, Wardlow 2008), with a moral imperative to reach as many people as possible and reducing HIV prevention messages to commandment-like behavioural proscriptions. One-to-one discussions are less effective in reaching this goal than, for example, a DVD screening that might attract a whole village. Attracting larger crowds to be counted as participants in awareness was historically important to donor-funded prevention programmes also: counting numbers of attendees in project reports could be a crucial measure of success and contribute to securing further funding, even where the quality and effect of information was not interrogated (Carlson et al. 2012, 41–2).

Ideally during these awareness sessions, peer educators are supported by service providers who could answer more complex questions and act as a referral point for those who needed legal support or an HIV test. The next best option might be that peer educators are supported enough that they feel able to admit limits to their knowledge or

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[11] This was part of a country-wide initiative of five projects funded by the Australian aid programme as part of the Papua New Guinea–Australia Sexual Health Improvement Program. ENBSHIP was managed by Australian NGO the Burnet Institute, and operated in partnership with the East New Britain Provincial Health Office.

ability to provide help without losing face, and can direct those asking questions to seek assistance from health centres or police stations. In practice, peer educators often felt that their credibility might be undermined by admitting that they did not know particular facts, and would piece together answers using their own beliefs or best guess (Wardlow 2011). Additionally, in some areas there are no service providers available to refer people to; or service providers that are in place may not have effective relationships with, or ways of relating to peer educators.

Research respondents' recollections of how they had encountered awareness messages reflected the variability of support from service providers. They also revealed the differences in the degree to which information content and methods of delivery were monitored, supported and updated across field sites. These factors speak to the different experiences of disadvantage felt across research sites, which are affected by geographic location; access to transport, political attention and resource distribution; and local incomes. These factors, as much as cultural and social norms, shape how awareness messages are translated, understood and applied to ideas of what makes a good man. In the next section, I discuss the key themes of HIV prevention and violence against women prevention in Papua New Guinea in turn, and the historical trajectory of each intervention over recent history. I then consider the aspects of the responses that were emphasised at each of the research sites and the awareness and service provision contexts within which they are presented.

2.2 Conventions in Awareness Messaging

Particular ways of framing prevention education were canonical in Papua New Guinea during the fieldwork. With regard to HIV, awareness tended to revolve around discussions of hierarchies of safe sex: abstinence being the optimal choice outside of marriage; monogamous fidelity framed as the best alternative within marriage; and condom use promoted if one is unsure of a partner's HIV status (Eves and Butt 2008, Hammar 2008a). Peer educators and health workers tended to frame this with the slogan 'ABC' (Abstinence, Be faithful, use a Condom). Even if, as happened at all three field sites, other research participants did not use or recognise 'ABC' as a prevention acronym, when I asked them about HIV prevention, these three prevention tenets were the key points raised and—often with regard to condom use—problematised (see Hammar 2010, Lepani 2008a, Wardlow 2007). Prevention of violence against women was most

commonly discussed within legalistic frameworks that focussed on the criminality of 'wife bashing', and women's rights to freedom from violence (Consultative Implementation and Monitoring Council [CIMC] and FSVAC n.d). When asked about anti-violence awareness messages, almost all research respondents in Kokopo and at NCR repeated the slogan '*i tambu tru long paitim meri*' [it's against the law to hit women], which was most commonly heard via radio public service announcements. In Melkoi, fewer people had heard the slogans, and fewer women in particular.

Each of these approaches to HIV and violence against women prevention have a decades-long history in Papua New Guinea. They were some of the first national public health messaging campaigns and had become deeply engrained by the time that I conducted my thesis research. As more was learned about the changing contours of the epidemics across Papua New Guinea, and as international ideas of what constituted best practice changed, national policies and strategies introduced other, more contextualised and more nuanced ways of discussing prevention and community responses to HIV and violence against women. Papua New Guinea's *National HIV and AIDS Strategy 2011–2015* had an increased focus on the rights of people living with HIV and gender equality in HIV responses, for example, and no use of the ABC slogan (PNG NACS 2010). I argue that attempts at reframing have occurred alongside continued use of the original awareness messaging in East New Britain. New ways of conceptualising prevention and behaviour change have not displaced, but rather have intersected with, the existing dominant ways of talking about prevention. Moreover, as discussed, communities have had different levels of access to, and opportunities to discuss new permutations of awareness approaches. Sedimentation of ways of presenting information and different access to trends in behaviour change prevention have provided additional layers through which communities and individuals translate transnational awareness messages. Throughout the thesis, I explore how men have engaged with these layered messages and how different elements have been included as part of aspirational masculinities. In the remainder of this chapter, I examine key concepts used in HIV prevention and anti-violence against women prevention campaigns. I then consider how these concepts manifested in the awareness provision and service delivery contexts in Kokopo, NCR and Melkoi.

2.3 HIV and AIDS Awareness

The first cases of HIV and AIDS were confirmed in Papua New Guinea in the late 1980s (Ballard and Malau 2009). Since that time, there have been significant efforts from national institutions, the private sector, civil society and church groups, international agencies, and some members of parliament to coordinate responses to HIV and AIDS. During the early 1990s in particular, key research into the social factors shaping the PNG epidemic was conducted (Jenkins 1994), and there were major developments in coordinating a national HIV response, including establishment of the first NAC, and the first six PACs (Ballard and Malau 2009, Carlson et al. 2012). The first education for HIV prevention activities, which were largely focussed on basic education about condom use, were implemented during this period also (Lepani 2015).

Despite these important first steps, HIV was not recognised as a significant health and development challenge by the Papua New Guinea government until the mid-1990s. Several years of low government funding had corresponded with rising rates of infection since 1993 (Ballard and Malau 2009). National and international recognition of the potential scale of an HIV crisis and a change of government in 1997 precipitated an escalated donor and government response that would last for more than a decade. Epidemiological prevalence estimates, primarily drawn from antenatal testing at Port Moresby General Hospital, suggested that HIV was becoming more widespread across Papua New Guinea. By 2002, estimates from this same data led the World Health Organisation to name Papua New Guinea as one of four countries in the Asia-Pacific region classified as experiencing a generalised epidemic, meaning that more than 1 per cent of the population was thought to be living with HIV (Government of Papua New Guinea and United Nations in Papua New Guinea 2004). Fears of an epidemic of the same magnitude as sub-Saharan African countries materialising in Papua New Guinea were well publicised in national media reports and political conversations (Ballard and Malau 2009, Cullen 2006, Eves and Butt 2008, Luker and Dinnen 2010b). HIV and AIDS was recognised as an impending catastrophe for the already overburdened and underperforming health system; ill-equipped to manage testing, surveillance, treatment or care for the current and expected load of new patients. The social consequences of HIV—from AIDS-related deaths leading to a proliferation of witchcraft accusations (Andersson 2002, Ashforth 2002, Bawa Yamba 1997, Haley 2010, Thomas 2007) to

singling out of particular groups as causing HIV (Jenkins 2010, Stewart 2010), as well as the burden of care for the sick and increasingly marginalised AIDS patients—were growing in visibility across the country during this period also. All of these effects were deeply gendered. Women were (and indeed remain) disproportionately affected by the HIV epidemic in Papua New Guinea. They were more likely to contract HIV (Higgins, Hoffman and Dworkin 2010, Quinn and Overbaugh 2005), carried most caring responsibilities and were more likely to be punished for extramarital sex (even when that sex was not consensual) or otherwise blamed for HIV being introduced to communities (Reid 2011, Wardlow 2006). Men who identified as gay, those who had sex with other men, and transgendered people were also made more vulnerable to HIV- and AIDS-related discrimination and violence (Kelly et al. 2011, Reid 2010a). Throughout the thesis, I show that violent and discriminatory responses to HIV were often a result of male-centric readings of potential threats to social order posed by *sikAIDS*. These responses, as much as HIV as an illness, affected women's experiences of precarity (Reid 2011) and negatively shaped men's and whole communities' sense of safety and security. Men's vulnerability to HIV, and their fear, was, I argue, commonly projected outwards to be about protecting whole communities from external threats: that is, women and other men who were acting outside prescribed gender roles (Higgins, Hoffman and Dworkin 2010, Wardlow 2006). As is explored in subsequent chapters, these dynamics helped to shape claims to masculine goodness by action against others rather than through changes to men's behaviours as individuals.

The projected national catastrophe and increasing evidence of AIDS-related tragedy already affecting communities drove considerable action within Papua New Guinea during this period. The NAC was formalised as a statutory body by Parliament in 1997. After comprehensive consultation and multi-sectoral engagement, the first national strategy as part of the national HIV response, the *National HIV/AIDS Medium-Term Plan 1998–2002*, was launched in 1998 (Ballard and Malau 2009). Under this plan, and with significant resourcing and input from the Australian aid programme—in particular, education and information sharing efforts—awareness was greatly increased. Legislation protecting the rights to safety, non-discrimination and access to treatment for people living with HIV and AIDS—the *HIV/AIDS Management and Protection Act*—was passed in 2003. It was during this period that ABC was embedded as the dominant way of discussing HIV prevention.

2.3.1 Problematising ABC

A contingent from Papua New Guinea had visited Uganda to learn from the HIV response in that country and on returning home had recommended that Papua New Guinea use Uganda's plan as a template for their own (Ballard and Malau 2009). Uganda introduced the ABC slogan and framing of HIV prevention in the mid-1990s. The ABC campaign was credited with greatly reducing rates of HIV infection in Uganda between 1997 and 2003, although these claims have since been debated in public health literature (Dworkin and Ehrhardt 2007, Okware et al. 2005). This success meant that ABC was widely adopted by international agencies and in different national contexts, such as Papua New Guinea. Like in Papua New Guinea, the epidemic in Uganda was predominately a heterosexual epidemic. The context in which ABC was employed in Uganda was, however, different from Papua New Guinea in important ways.

When the strategy was introduced in Uganda in 1997, an estimated 15 per cent of the population had tested positive for HIV (Murphy et al. 2006). Most people had first-hand experience of AIDS-related loss, as friends, relatives and neighbours fell ill and died. The visibility and urgency of the AIDS epidemic drove political leadership and community mobilisation around prevention. This social mobilisation allowed for national, community and interpersonal discussion about what each tenet of ABC meant, and the nuances related to each. Abstinence, for example, was talked about particularly in terms of young people delaying first sex. The broader implications of fidelity in a country where polygamous marriages were common were discussed. There was and, as with many other parts of the world, continues to be robust discussion about the moral implications of condom promotion (Murphy et al. 2006, Okware et al. 2005).

The apparent efficacy of the ABC model of HIV education saw it adopted by international agencies and translated into new national contexts. The different social readings and contextually nuanced discussions of what abstinence, fidelity and condom use meant, which were key to Ugandan successes, were more difficult to replicate. In principle, there was consensus that distinct, localised responses to HIV were critical to success (Campbell and Cornish 2010, Eves 2012b, Jenkins 1996, 2004). These responses needed, however, to hold true to the medically proven principles of prevention: not having sex (or delaying first sex), limiting the number of one's sexual partners and using a condom correctly. In the ways that experts in epidemiology and disease control framed ABC for broad

consumption, the concepts necessarily assumed a kind of medicalised neutrality where key discussions of morality and potentially diverse social meanings were glossed over.

Vincanne Adams and Stacey Leigh Pigg (2005, 2) provide an important reminder that the amorality often assumed by, or applied to, biomedical knowledge is false. They explain that:

> Science, medicine, and technology … generate specific procedures for knowing, manipulating, and managing bodies … an implicit set of moral assumptions about the purposes of sexual relations and the nature of the person is concealed in rational projects of social and medical welfare that give the appearance of moral neutrality.

Often used with an additional 'D' for 'Delaying first sex' (Dworkin and Ehrhardt 2007, Wardlow 2011), there are a number of reasons why ABC became the default HIV prevention lesson and the assumed correct way of talking about prevention in Papua New Guinea. It was introduced at the height of the emergency response when there was a significant and conspicuous increase in awareness efforts and broader public discussions about HIV and AIDS. Deliberately framed as the first acronym most people learn, the ABC campaign is easy to remember and easy to repeat. It is also now embedded in the collective psyche, making it hard to re-imagine ways of communicating prevention messages away from simply stating these purported epidemiological truths. They are messages, however, that are at the same time didactic and abstract: directives handed down without providing space to consider how they might look against the complexities of relationships and differing levels of personal agency (Butt 2008, Dickinson 2009, Dworkin and Ehrhardt 2007, Hammar 2007, Lepani 2008a).

In Papua New Guinea in the 1990s and 2000s, the ABC slogan in behaviour change discourse combined with another key message, '*Lukautim yu yet long HIV and AIDS*' [look after yourself, or protect yourself when it comes to HIV and AIDS]'. This self-focussed idea of disease prevention suggests that the priority is to stop oneself from contracting HIV; there is no mention of relational considerations such as, for example, obtaining consent for sex (Eves 2010, Lusby 2013a, Reid 2011). ABC became a kind of pro-forma, or 'how to' guide to *lukautim yu yet* (Hemer 2015, McPherson 2008, Wardlow 2011). On the surface, this advice seems pragmatic, geared towards limiting viral transmission occurring through unprotected sex. Such simplicity is seductive; it is also misleading and potentially damaging. Crucially for the arguments made in this thesis, it

does not challenge gender norms or the ways in which men and women might experience agency, choice and power differently in sexual encounters or relationships.

Lepani (2008b) observes that, 'The language of HIV awareness in PNG, and elsewhere, persistently aligns sex with deviance, disease, and death while ignoring the dimensions of sexual desire, consensus, and pleasure' (152). She writes elsewhere that, 'The spectre of AIDS confronts people with moralistic and authoritative judgements about their lives and ways of being' (Lepani 2012, 39, see also Eves and Butt 2008, Kelly-Hanku, Aggleton and Shih 2014). These comments are particularly potent in the context of Lepani's work in the Trobriand Islands, where there is a historical, cultural precedent of openly celebrating sexual exploration and pleasure within the confines of agreed-upon social conventions. In East New Britain, and particularly around Kokopo and NCR, men also expressed concerns about being able to show women pleasure. Similar findings relating to men and women in East New Britain are documented by other scholars and practitioners (Holmes et al. 2012). The orthodoxy of HIV prevention awareness asks audiences to reconfigure ways that they think about sex and sexuality to focus primarily on an axis of disease risk and prevention, which is underpinned by moralising (and indeed, pathologising) judgements about sex outside of monogamous relationships.

The combined effect of this prevention narrative is that it is everyone's individual responsibility to protect themselves from HIV and that they must do so by behaving in the 'right' way—not having sex, only having one partner or, in what is often implied as a last resort, using a condom (Lepani 2008b). However, women may be unable to negotiate abstinence with regular partners that they suspect are having unprotected sex outside the relationship: reports of marital rape are common in East New Britain and Papua New Guinea more generally, and many other rapes occur in the home and go unreported (Amnesty International 2006, Médecins Sans Frontières 2011). When women would like to use condoms, either as a prophylactic against pregnancy or infection, this can be difficult to negotiate without threat of violence. In a relationship where male dominance is maintained through violence, if attempting to enforce 'A' or 'C' is almost guaranteed to result in a beating, even though 'B' may be outside of her control, a women is presented with a difficult choice: likely, immediate harm or the more abstract threat of contracting HIV (Campbell and Cornish 2010, Eves 2006, Wardlow 2007). Equally, and returning to the story of young men in a *lainap* presented in the prologue of this thesis,

men choosing to use condoms does not mean that sex is non-violent, respectful, mutually pleasurable or consensual.

In that example, even though it was not clear whether the woman had consented to have sex with any or all of the men, it was incorrect condom use, rather than the potential sexual assault, that primarily alarmed peer educators and health workers. The men were conscious of the benefits that condom use might provide for their own health but this did not extend to consideration of the woman's health, safety or whether she consented to having sex with any or all of the men. The awareness message of ABC was sometimes interpreted to mean that a sexual encounter (or non-encounter in the case of abstinence) that ticks any one of the acronymic boxes is therefore legitimate and 'good'. These dilemmas indicate the complexity of people's sexual and intimate lives and the intersectional power dynamics through which epidemiological dictums are refracted.

Juxtaposed with the implicit attempt at gender neutrality of ABC and *lukautim yu yet* is the fact that discussions of sex and gender differences have been central to HIV awareness since the early years of the epidemic. For peer educators, a significant part of their training was about breaking taboos regarding naming sexual organs, genitals or talking about sex in public: it was important that they 'talk straight' and not rely upon euphemisms, so that audiences did not get confused. They were taught the difference between sex and gender and discussed the fluidity and flexibility of gender norms. Discussions about 'gender roles and responsibilities' were used in training curricula as a way to introduce the sexual health implications of family and sexual violence and to explore ways that violence could be prevented (Butcher and Martin 2011, Carlson et al. 2012, Wardlow 2011). There was effective diffusion of the terms into communities: in interviews and discussions throughout East New Britain, the English word 'gender' was recognised and used to a similar degree as the terms HIV and AIDS were, even in communities where English and even Tok Pisin were not universally spoken.

Arguably, and positively, the increased discussion of gender in communities in the context of HIV education programmes contributed to enhanced national responses to violence against women. Donor acknowledgement of gender-based violence as a driver of HIV (AusAID 2009b) meant that there was greater funding available from within the HIV response for violence prevention initiatives and programmes targeting men. However, generally, I argue that discussions of gender with men in the context of HIV

prevention remained additions to ABC and *lukautim yu yet.* That is to say, conversations about gendered equality and women's rights to safety and bodily autonomy have not been prioritised in the same way as debates about condom use, adultery and discourses of blame about HIV. Moreover, in peer educator presentations, interpretations of gender roles and responsibilities are filtered through people's own beliefs and prejudices. It is not uncommon to hear about a woman's responsibility to avoid violence by dressing modestly, keeping her house in order and obeying her husband or father in conversations about gender responsibilities. Women's expression of agency could, it seemed, give rise to a backlash: women are blamed for sexual assault because of how they dressed, where they went and how they behaved. Efforts to raise gender in HIV awareness do not necessarily disrupt framings of 'good' and bad femininity. A good woman who was living with HIV was posed as a victim whose philandering husband passed on the virus, whereas it was bad women who tempted men into illicit sex (and in some accounts were to blame for their own sexual assault) or provoked a husband's violence. While testimonies of men changing to practise non-violent, ABC-compliant behaviours are held up as examples of hope in peer educator discussions, there are often notable silences around men's mutual responsibility in relationships with so-called 'bad' women, an issue discussed in greater detail in later chapters.

The social interventions discussed here form vital context for the arguments made in this thesis. The assumed neutrality and moralised hierarchy of abstinence, fidelity and condom use framed in ABC; the individualised focus of *lukautim yu yet*; and the behavioural caveats read into discussions of equal rights to safety and bodily autonomy for men and women, have all shaped and been shaped by ideas of what it means to be a good man in East New Britain. All of these interventions are affected by the accessibility of and changes to sexual health service delivery and service capacity at each of the research sites. It is to a discussion of these factors that I now turn.

2.3.2 Clinical Services and HIV Surveillance

Critically, education and coordination efforts since 1997 have been matched with improved clinical resourcing and training for health centre staff in counselling, testing and treatment for HIV and AIDS patients. Stand-alone HIV and sexually transmitted infection (STI) clinics, as well as voluntary counselling and testing within health centres, were established around the country as part of the emergency response (Carlson et al.

2012, National HIV and AIDS Support Project 2006). However, the functionality and reach of these clinics vary; a point to which I will return to shortly.

The effects of improved clinical resourcing were profound. By 2009, significant improvements had been made in the amount of testing that was being done across Papua New Guinea, and the availability of HIV services more generally. A review of Australian overseas development contributions to the HIV response in Papua New Guinea noted a 260 per cent increase in total HIV testing between 2007 and 2009 (Carlson et al. 2012). This was coupled with massive increases in the distribution and accessibility of condoms and of antiretroviral (ARV) drugs in many parts of the country. The improved surveillance saw HIV prevalence revised to below levels considered a generalised epidemic: to 0.9 per cent of the general population in 2009 and to around 0.6 per cent in 2013 (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2013). While this clearly represents positive developments, the same report states that the bulk of these tests were still being done as part of antenatal clinic visits. Even if increasingly sophisticated means of estimating prevalence meant that men (and indeed, women who did not become pregnant) were captured in the national surveillance statistics, it was still difficult to attract most people to health centres for testing and treatment. Similarly, although ARVs were made much more accessible throughout the 2000s, existing issues in medical supply lines that affected all areas of health continued to create bottlenecks that stopped drugs from reaching HIV clinics (Gerawa 2015, Howes et al. 2014).

Even with these ongoing challenges, improvements in HIV surveillance, testing and treatment since the 1990s meant that, among policy makers and international observers, understandings of Papua New Guinea's HIV epidemic had shifted by the time I conducted fieldwork in 2012–13 (Carlson et al. 2012, Luker and Dinnen 2010b). Crucially for the issues discussed in this thesis, however, many of the awareness materials and prevention campaign messages still in use while I conducted my research were authored and placed into circulation throughout Papua New Guinea in the early years of the emergency response period. Changed understandings of HIV's presence in Papua New Guinea were met with suspicion, confusion or assertions that, in East New Britain, people's shame and reluctance to seek testing meant that no one could possibly know that things had changed. This is a direct impact of the transnational and national push to 'know' or quantify the epidemic in Papua New Guinea, in ways that are unrealistic in terms of both logistics and available resources. Health workers and peer educators referred to HIV as a 'sleeping

giant' that had not yet reached disaster potential but soon would because people would not *bihainim awareness* [follow the directions from awareness campaigns.] I was told repeatedly that the actual prevalence of HIV in East New Britain was likely to be 10 times, or more, the official recorded rate; a rule of thumb popularised in the early 2000s prior to improvements in surveillance methods and technologies (Carlson et al. 2012, Eves 2003). In all of the communities visited throughout the research, HIV was referred to as 'the dreaded disease' and 'a death sentence'. To be clear, HIV remained—and remains—a risk for Papua New Guineans, and the harm to people, families and communities as a result of AIDS-related illness and poor access to HIV treatment should not be understated (Aggleton et al. 2009, Hammar 2010, Haley 2008, Jenkins 2004, Reid 2010a). However, as in so many parts of the world, the fear and stigma related to HIV represented one of its greatest threats for those living with HIV and AIDS and their loved ones, for those suspected by others to have *sikAIDS* and for those judged by communities as being an HIV risk because of rumoured behaviours. In East New Britain, where there was a low known prevalence of HIV (National Health Information Systems 2013c), fear was the most obvious and widespread effect of *sikAIDS* among research respondents. On that basis, in this thesis HIV and AIDS are examined as a source of precarity and uncertainty that feeds broader discourses of risk and impending disaster from consecutive, sedimented awareness campaigns delivered over the preceding decade.

There is little conclusive evidence that attempts at behaviour change for prevention initiatives have reduced HIV infection in Papua New Guinea. Continuing high infection and prevalence rates of other STIs suggests that there has been little effect on people's sexual practices as a result of awareness interventions (Carlson et al. 2012, 41). The urgency of the emergency response and years of the national discourse about the contours and potential effects of the epidemic have left a tangible legacy in the ways that people talk about sex, risk, gender and relationships (Lepani 2012, 2016). Each altered aspect of education and prevention approaches were layered on top of, rather than taking the place of, former programmes. New ways of framing understandings about HIV and AIDS are enmeshed with the different ways that local development aspirations interacted with preceding national development strategies. In this thesis, I examine the interpretation of cumulative messages, heard, understood and supported with service provision in uneven and unequal ways, and their effects on shaping ideas of good masculinities.

2.3.3 HIV Services on the Gazelle Peninsula

During the research period, areas of East New Britain in the vicinity of Rabaul and Kokopo Towns were well populated with HIV service providers—both medical and awareness focussed. There were 13 health centres with specialised HIV voluntary confidential counselling and testing (VCCT) clinics (most of which were located within an hour's drive of Kokopo or Rabaul Town). Two of these were designated HIV treatment clinics, located at the major government and Catholic hospitals in East New Britain: Peter Torot Resource Centre at St Mary's Catholic Hospital at Vunapope in Kokopo Town (often referred to only as Vunapope) and Maravut Resource Centre at Nonga Base Hospital, the government-run provincial referral hospital situated a 10-minute drive from Rabaul Town.

VCCT services were advertised on large billboards outside health centres visible from the road in an effort to encourage people to present themselves for testing. Relatively few people referred themselves, however, with most tests initiated by healthcare workers as part of antenatal care, blood donation screening or as part of testing for other STIs or tuberculosis (TB) (National Health Information Systems 2013c). Peer educator training programmes endeavoured to build relationships between VCCT clinicians, other sexual health staff and peer educators. In this way, groups of peer educators could confidently refer people to seek advice, testing or treatment, and clinical staff could monitor and ideally participate in the 'awareness' that was delivered in communities. The success of these strategies varied across clinics, depending on personal relationships between peer educators and clinicians, staff attitudes about the value of peer educator programmes and the staffing capacity of clinics. Staff at Maravut and at Peter Torot Resource Centres had strong relationships with peer educator groups. Clinicians at both centres gave particular support to the East New Britain Friends Association—a collective of people living with HIV and AIDS in the province who provide awareness, including personal testimonies, on radio, at public events and in partnership with other peer educator groups. Alongside the PAC coordinator and her officers, clinicians provided resource support and advice and where possible, accompanied peer educators to awareness events. Peer educators reported that other clinical staff could be inaccessible or dismissive; similarly some health workers complained of 'un-active' peer educators. Invariably, peer educators, health staff and members of the general public said that more awareness was key to reducing threats posed by HIV and AIDS.

East New Britain had a well-functioning and well-resourced PAC. They supported various peer educator groups that were formed and whose members were trained as part of the national HIV response, either by the PAC, the Catholic AIDS Office or NGO initiatives, the biggest of which was the ENBSHIP *stret toker* programme (Butcher and Martin 2011). The PAC coordinator and her staff worked to coordinate activities with other NGO groups working on the HIV response, the provincial and district health offices and the HIV response coordinator employed by the provincial government. In Kokopo and Rabaul, and on major roads, there were large billboards displaying HIV prevention slogans. Business houses hung large, red-looped ribbons on the front of their buildings and there were parades through the town centre and public speeches at the market to commemorate World AIDS Day. The visibility and familiarity of HIV as something that was a presence and a threat to communities, to development and to individuals (Lepani 2010, Piot 2008) was apparent throughout East New Britain. Understandings about HIV and AIDS prevention were uneven, however, both across urban demographics and between urban, rural and remote research sites. This was reflected in the different ways that men discussed their engagement with awareness messages, and the ways that they experienced prevention dictums influencing their choices and practices, or those of their peers. The ways in which these differences play out are explored throughout the thesis.

2.3.4 Responding to HIV With Basic Healthcare

Most health centres that did not have VCCT facilities still had staff trained as sexual health clinicians. They were the key contact point for peer educators in settings such as Melkoi, where the nearest HIV clinic was in Kimbe, West New Britain, approximately a day's travel away provided that the necessary boat and road transport were available and affordable. Nursing staff at Uvol Health Centre told me that there were high numbers of clients, mostly women, who attended the clinic with STI symptoms. However, any discussion of STIs outside the clinic in Melkoi tended to be couched in terms of the national HIV response, despite there being no HIV testing available.

Because of its distance from Kokopo, there had been very few attempts at peer educator-led awareness in Melkoi prior to the *stret toker* programme training in 2010–11. People heard awareness messages from time to time on radio programmes or when they travelled to Kimbe or Kokopo to sell goods or work. The Catholic AIDS Office had done some training of peer educators at Uvol, although community members complained that this

had not been followed up and those trained had not shared what they had learned after the workshop.

18 months after they had completed their training to be peer educators, the *stret tokers* to whom I spoke in Melkoi said that the people they tried to do awareness for were often frustrated that they were not able to talk more about HIV. They were trained to educate their peers about signs and symptoms of other STIs and to connect people with suspected infections to health centres.[12] With the basic HIV education that they received, *stret tokers* were able to tell people what the letters HIV and AIDS stood for, the Anglo-medical language standing out in the midst of Lote or Tok Pisin discussions. They could describe the immune system as a barrier that HIV broke down, making bodies vulnerable. They could reinforce that *sikAIDS* had no cure, that it was a 'dreaded disease' and that other STIs could make it easier for *sikAIDS* to infect bodies. They could describe the ABC of HIV prevention: the *stret tokers*' mandate was to discuss other STIs and safe sex more generally. However, people wanted to know more details about what *sikAIDS* was and what it did to bodies.

In Melkoi, there had been a decade of fear and discussion about HIV but it was also something of which people knew very little. People die from preventable or treatable illness regularly: dysfunctional government distribution chains mean that the health centres regularly run short of medications; environmental factors affect access to clean water or ability to escape mosquitos, infection or other disease vectors; and distances from homes to healthcare providers are prohibitive when people were sick and weak. However, dying as a result of *sikAIDS* was talked about as a more feared cause of death, equivalent to dying as a result of malevolent sorcery. In Melkoi as in other parts of Papua New Guinea, trajectories of fear framed in narratives of protecting communities and families often disproportionately blame women for unsanctioned sexual relationships (Eves 2010, Hemer 2015, Jenkins 1996, Macintyre 2012, Wardlow 2006). As well as being accused of presenting a moral risk to communities, in the shadow of AIDS talk, women are a corporeal threat. Men's invisibility in these discourses of blame meant that they could hold together identities as good men, *raitman*, who combated threats to community wellbeing by punishing or 'disciplining' women who move outside of

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[12] In later years of the programme, which ran from 2007 to 2011, *stret tokers* in some areas of Kokopo, Gazelle and Rabaul Districts were also trained to provide drug and alcohol, TB and HIV awareness.

approved gender roles. There was only selective acknowledgement of their own vulnerability to HIV, or responsibility for perpetrating violence or participating in unsanctioned relationships. This occurred at the same time as disavowing so-called 'unprovoked' violence against women. Throughout the thesis, I expand upon how these mixed, and even seemingly oppositional points of view were held together and combined by men to piece together aspirational masculinities in processes of navigating uncertainty. To understand this better, I now turn to a discussion of interventions aimed at stopping and preventing violence against women in Papua New Guinea.

2.4 Awareness and Violence against Women Prevention

Violence against women was a long-standing problem across Papua New Guinea prior to the advent of HIV and AIDS. However, prevention attempts and legal responses had historically received limited government attention, despite repeated calls for greater action from women's and church groups (Bradley 1992, 1994). In 1982, the National Council of Women in Papua New Guinea wrote to then Minister for Justice Tony Bais. They argued that Papua New Guinean legal systems and agents provided inadequate protection for women and asked that an investigation be conducted, focussing on state responses to male violence against women. Subsequently, the Law Reform Commission (LRC) was tasked with conducting an inquiry into the extent of domestic violence across Papua New Guinea and making recommendations to improve treatment of women by state law and justice mechanisms. After 10 years of research, in 1992 the LRC released the *Final Report on Domestic Violence* (Bradley 1992). The report found that on average, two-thirds of women across Papua New Guinea had experienced physical violence at the hands of their husbands.[13,14]

The LRC worked from the premise that domestic violence is not just a private issue, but a community concern that warrants state responses. Domestic violence had previously gone largely unquestioned in public forums (Bradley 1992, 18). The authors of the LRC

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[13] Surveys did not include questions regarding violence between co-wives or a wife and her husband's other sexual partners, or violence encountered outside the home (including sexual assault). Subsequent studies have shown that these are also major issues across PNG (Amnesty International 2006, Fulu, Warner et al. 2013).

[14] There have been no studies of similar scale attempted since the LRC report was released in 1992. Many reports continue to repeat that two-thirds of women in PNG experience violence in the home because of a lack of more recent, nationwide figures. However, given that it has now been 30 years since the LRC research began, this figure can no longer be considered accurate.

report, in partnership with local civil society actors, sought to undermine the widely held perception that domestic violence was of small importance by explaining the effect on victims and families and how acts of violence in the home contributed to wider issues of social instability (Bradley 1992, 22).

As a result of the LRC focus on violence against women, there was a comprehensive national awareness campaign about addressing family violence during the late 1980s and early 1990s. This included posters using the slogan 'wife bashing is a crime' and 'wife bashing is wrong', which was still used widely during the research period (see Figures 1 and 2, Chapter 1). There were also pamphlets explaining laws and available legal actions pertaining to family violence. Film, theatre, songs, radio plays, public debates and t-shirts were other methods of public outreach used.

Bradley (2001, 71–2) writes that after the final report of the LRC was released, they were required to reduce their focus on family violence. The momentum that had been in place prior to 1992 was lost, largely because no government body or department stepped in to act as a coordination point. Nonetheless, important cultural shifts had taken root:

> On the plus side, the level of public concern about domestic violence has remained high, and there is a vast reservoir of men and women around the country with the willingness to take action if they are offered the opportunity (Bradley 2001, 72).

In 1999, resurgent public concern about violence against women resulted in the formation of a national Family Violence Action Committee, which later became the FSVAC. With government and donor support, the FSVAC has since acted as the umbrella body for efforts to promote structural and systemic change to improve responses to violence against women and increase public awareness efforts aimed at behaviour change for prevention. Most of the anti-violence awareness materials and messages discussed by respondents during the research period were those produced by FSVAC; these predominately referred to 'wife bashing' although there were some pamphlets available at health centres addressing sexual assault.

Bradley writes that during the 1990s, East New Britain Province had some of the most comprehensive and effective anti-violence programmes in the country, delivered by the East New Britain Sosel Ekson Komitee (ENBSEK). It delivered awareness to schools and communities around the Gazelle Peninsula about stopping and preventing various forms

of family and sexual violence. This awareness was tailored to the particular issues faced in East New Britain as well as the sociocultural contexts within which these issues occurred. ENBSEK also provided counselling and legal aid to women throughout the Gazelle Peninsula and was credited with a perceived reduction in the incidence of violence against women and children in the 1990s (Bradley 2001, 83–5).

2.4.1 Political Change

These efforts within Papua New Guinea occurred within a context of increasing international focus on gender equality as a pillar of development during the 1990s (Merry 2006). Over subsequent decades, this created an environment where promoting, or at least being seen to promote, women's rights had growing political legitimacy. Participating in conversations about gender inclusion was a way for leaders to demonstrate cosmopolitan attitudes and modern development aspirations. At the same time, conservative attitudes among constituents and political peers meant that moving beyond talk to implementation of policy has remained a slow process.

This is not to downplay the importance of more progressive political rhetoric and policy. The September 1995 ratification of the United Nations *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) by Papua New Guinea is one example. Although the Preamble of the Constitution of Papua New Guinea (1975) explicitly protects the 'equal participation by women citizens in all political, economic, social and religious activities', previous governments had declined to ratify CEDAW on the basis that eliminating gender inequality may be counter to cultural traditions (Amnesty International 2006, Government of Papua New Guinea 2009, Macintyre 2000, Papua New Guinea National Council of Women 2010). Similar attitudes persist in Papua New Guinea and elsewhere (see also Taylor 2008b); the risks to cultures, families and the nation as a result of allowing actions of *bikhet* women to go unpunished were put to me throughout the research. Nonetheless, CEDAW ratification represented an important symbolic step forward in further formalising the illegitimacy of violence against women and recognising women's right to co-participate in processes of determining cultural legitimacy.[15]

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[15] It is worth noting, however, that it took a further 15 years, until 2010, for PNG to provide its First, Second and Third Periodic Reports to the UN CEDAW Committee (Amnesty International 2009, Kidu 2010, Papua New Guinea National Council of Women 2010, Varolli 2010).

Legislative change is critical to creating environments that enable shifts in cultural values (Stewart 2010). In 2002, the *Criminal Code (Sexual Offences and Crimes against Children) Act* (PNG) was amended to include provisions for prosecution of marital rape. In January 2009, the chief magistrate issued *Practice Directions for Family and Sexual Violence Protection Order Rules* that were 'intended to provide consistency in the District Courts and to enable the District Courts to issue Interim Protection Orders expeditiously at any time and at no cost to the applicant' (2009, 1). To improve police responses to violence against women, between 2007 and 2013, the Royal Papua New Guinean Constabulary (RPNGC) established 11 FSVUs in police stations across the country. In September 2013, Parliament passed the *Family Protection Bill*, 20 years after such legislation was first proposed in the LRC report (Bradley 1992, Chandler 2014). This Bill explicitly frames acts of domestic violence as criminal offences and outlines more stringent rules regarding protection orders than were previously in place.

The way in which this Bill was passed by Parliament is indicative of the extent of the shifts in public political rhetoric about violence against women in Papua New Guinea since the 1980s. The *Family Protection Act* was passed 65:0 by members of the national parliament. The unanimous support from members who were present for the vote illustrates the growth in public support, and therefore the available political cachet, for responding to violence against women.[16] This stands in stark contrast to the reported dissent from members of the all-male parliament in 1987, when the LRC presented their interim report:

> Several [Honourable Members] asserted that there is nothing wrong with wife beating provided the husband has good reason for it, and a Minister even went so far as to claim that paying bride price makes the man head of the family, so that husbands feel they 'own the woman and can belt her any time they like'. Another Honourable Member was annoyed that the nation's leaders were being asked to discuss something as trivial as wife beating: 'We are wasting our time instead of discussing the development of the country. We should have something better to discuss than this!' (Bradley 1992, 18).

The tone of political discourse around family violence has changed significantly. Public speeches from MPs in the 2010s are more likely to discuss the national importance of

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[16] This paved the way for a new *Gender Violence Strategy,* launched in 2016 (however, crucially, action plans for the strategy had not been funded at the time of writing) (Government of Papua New Guinea 2016).

addressing violence against women (see O'Neill 2015). There has been important grassroots action, which, supported by efforts from international actors, has created pressure for increased state attention to addressing gender-based violence. This has resulted in significant policy and legislative change (Biersack 2016, 273-291). However, throughout my thesis research, the sentiments expressed above in 1987 reverberated through explanations and justifications of family violence, and in some cases, sexual violence. Many people across Papua New Guinea hold similar points of view. For example, the *Bougainville Health and Safety Study* found that 72 per cent of women and 85 per cent of men agreed that a woman should obey her husband. Forty-five per cent of women and 60 per cent of men agreed that if a woman does something wrong her husband has a right to punish her (Jewkes et al. 2013). Throughout the thesis, I consider how these apparently inconsistent views are held together and navigated in ideas of what it means to be a good man.

2.4.2 Service Delivery

The pervasiveness of social and cultural norms that enable violence against women to continue mean that, despite improvements in legislative and policy arenas, attempts to address family and sexual violence face many challenges throughout Papua New Guinea. These issues are compounded by challenges of service delivery and service access across the country (Government of Papua New Guinea 2009, Lewis and Bradley 2013, Papua New Guinea–Australia Law and Justice Partnership [PALJP] 2013). Many areas of the country have no, or minimal, police presence. Even in urban centres, where district or provincial headquarters are stationed, police ability to respond to crime is limited by staff shortages and transport costs (Luker and Dinnen 2010b). When police receive reports of family and sexual violence, resourcing constraints can combine with lack of willingness of police officers to respond (Dinnen 2001, GHD 2015, Mcleod and Macintyre 2010). The culture in many RPNGC barracks reflects, and in some cases magnifies, the normalisation of violence in the wider community, perpetuating a violence-supporting culture and particularly the normalisation of violence against women. The RPNGC remains a male-dominated workforce, with reports of heavy drinking, sexual assault and family violence in barracks common across the country and reports of injuries suffered by police wives appearing regularly in local media (Banks 2009, Human Rights Watch 2005, Jenkins 2010, Macintyre 2008, Mcleod and Macintyre 2010, Patrick 2010).

2.4.3 Violence Against Women Responses in East New Britain

Many of the gains made in terms of community responses to violence against women in the 1990s in East New Britain were not evident in 2012–13. During the thesis research period, ENBSEK closed down because of lack of funding. The counselling and legal aid services had not been in place for several years and the organisation had not provided focussed training on family and sexual violence for some time prior. Some people remembered awareness songs and messages that had been played on the local Radio East New Britain in the 1990s about preventing violence. However, no research respondents mentioned the services that had been in place during the 1990s that were lauded by Bradley (2001), although several at Kokopo and NCR spoke about how there had been less violence in the early 2000s compared with when they were interviewed as part of this research some 10 years later.

Across the research sites, redress for family and sexual violence was sought through a combination of state services, community-based justice systems recognised by the state and family, clan and church networks. At the time of the thesis research, there had been resurgent support from international donors for law and justice infrastructure addressing family and sexual violence. In Kokopo, there was an FSVU at the police station, established shortly before I began my fieldwork in January 2012. There was also a Sexual Offences Squad (SOS) and during the research period, a provincial police commander who was proactive and vocal about wanting to improve justice outcomes for women in the province and attitudes towards women in his forces. District court magistrates were based in Kokopo and mandated to issue Interim Protection Orders (IPOs) to women who had been subject to family violence. The district courts also engaged two volunteer counsellors to support survivors of violence and provide anger management counselling and drug and alcohol counselling to some perpetrators. Community development welfare officers were often approached in cases of violence related to adultery[17] and for assistance with maintenance payments and child custody after a separation. The local FSVAC representative also ran a private trauma counselling service servicing the Gazelle Peninsula.

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[17] This could mean that a wife was assaulted by her husband because he had learned, or suspected, that she was unfaithful; that a wife was assaulted because she learned that the husband had been unfaithful and had confronted him about it; or a woman confronting and assaulting another partner of her husband or a women accused of enticing her husband to commit adultery (see *Adultery and Enticement Act 1988*).

FSVU and SOS provided considerable assistance to women across the Gazelle Peninsula. A 2015 newspaper article indicated that East New Britain had one of the highest numbers of reports and arrests in Papua New Guinea, second only to the more highly populated National Capital District (Faiparik 2015). This indicates growing faith in police from the public and responsiveness to complaints of violence against women. Nonetheless, these specialty units were overburdened. The police to whom I spoke in Kokopo, particularly those working with the SOS and FSVU, reported that under-resourcing in terms of staffing and transport was one of their biggest challenges. This, combined with high numbers of complaints every week, meant that it was often difficult to balance hearing new reports with making investigations, arrests and preparing cases for prosecution. FSVU officers also reported frustratingly retrograde attitudes from some magistrates. For example, one magistrate decided that, rather than providing IPOs to women when they reported to the court, it was better to send the accused away with a legally informal 'warning'. He reasoned that if it was a genuine issue of ongoing abuse, the woman would come back but if it was only a single incident he did not want to waste court time processing the order. As the police officer who recounted this to me pointed out, this denied the fact that for most women, making an official report of violence happened after repeated incidents. Denial of assistance could also deter subsequent requests for help.

At NCR, the closest police station to the village where I stayed employed five officers. Most of the cases that came through their office concerned addressing the local production and distribution of illegal homebrewed alcohol. They also reported a high number of disputes related to accusations of sorcery and fights over land. These police told me that they saw a number of family and sexual violence cases, but that most women would not report either because it was a private matter or they were ashamed of having been assaulted. Cases handled locally were seldom progressed to the prosecutions office because, the officers said, women were scared of losing their family's security if their husband was jailed. Rather, when cases were reported, the officers would sometimes try to counsel fighting couples themselves, but said that this was usually a short conversation where the couple were advised of laws about 'wife bashing' and adultery; but also given advice on 'root causes of violence'. These 'root causes' laid blame with women for being, for example, too cross with their husband or for talking badly about him in public.

The officers at NCR preferred to refer complainants up to FSVU in Kokopo. However, they complained that 'those FSVU ladies' did not always see the clients: they were too

busy or not in the office. This meant that women had to spend K12–15 on bus fares—more if they had to take children with them—with no progress on their complaint. They would then sometimes also have to explain to their abuser why they spent a whole day away from house, garden or market. This issue, of course was the result of overburdening of the FSVU because other police stations across the Gazelle Peninsula were not processing complaints.

In Melkoi, there was no formal police presence at all for most of the year. Approximately once every 12 months, a police delegation would arrive at the LLG office to follow up on any outstanding unresolved matters. In the event of a crime considered especially serious, police might be radioed to travel from the district headquarters of Palmalmal to make an arrest.

These rare occasions usually related to acts that threatened the whole community. I was often given the example of a young man, considered by those with whom I spoke to be mentally ill, who had burned down the local primary school. The risk to surrounding houses and the long-term effect on the community's children meant that people were angry enough to demand state justice. Cases of domestic assault, incest or rape were reported to Jonathon, the community development officer at the LLG. Jonathon provided counselling where he could and said that he was thankful for his wife's patience: sometimes women would come to find him at his house on the weekends to report incidents. However, few of the reports recorded were ever followed up by police. Public advocacy about prevention of violence against women, even in the context of HIV awareness, was rare.

At all of the field sites, community mediation was the main mechanism for seeking justice or resolution after a complaint of family violence. This might be taken to the village court for arbitration by village court magistrates (Goddard 2013) or settled by a local councillor, clan leader or church elder. Although village courts are not mandated to hear criminal matters such as assault, in places such as Melkoi where there are few other options, serious cases might appear before a village court magistrate regardless. Women and men felt that village court decisions at NCR and Melkoi tended to favour men, saying that rulings were often guided by *pasin sori long ol man* [biased sympathy towards men.]

Pasin sori long ol man was invoked in conversations with interlocuters who were generally critical of what they saw as high and unacceptable rates of violence against women in their local area and Papua New Guinea more broadly, and who were critical of village court arbitration of cases of family violence or marital disputes. In their telling, *pasin sori long ol man* reflected generalised tendencies within society to attribute fault or blame for provocation to women. Some suggested that a tendency to show *pasin sori long ol man* from one elderly (male) village court magistrate in particular was suggested to be a way of normalising and avoiding accountability for his own alleged domineering behaviour within his family.[18]

Positively, FSVU officers reported that by doing awareness themselves in communities around the Gazelle Peninsula, they had mitigated the tendency for *pasin sori long ol man* among some community leaders. One of the female officers told me that:

> In Papua New Guinea, lots of men don't understand about the need to respect the dignity and rights of women … men look at women like we're nothing. But here now, even though there are lots of cases coming in still, we've been going out and doing awareness in communities. Through the awareness, lots of councillors have come up to us and said, some of your talk really resonated, you've won the hearts of the men in the village community and so there is less domestic violence. Some people have got it.

At NCR, Conrad, the local ward councillor, affirmed that he had become much more proactive about reporting cases of violence to police in his community since the FSVU officers had given a presentation in the village. It was important to make men scared of the consequences, he said, so that they would not beat their wives. There was some backlash, however, with men reporting that women were now not scared of being *bikhets* because men could not 'discipline' them; men needed to be able to assert themselves as heads of families. These comments highlight the complexities of sustaining cultures that do not support violence, even where legal responses are improved and embraced.

2.5 Conclusion

This chapter has discussed various aspects of what people in Papua New Guinea mean when they talk about 'doing awareness'. I have described the key methods of delivering

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[18] I did not encounter any corresponding suggestions that any courts showed *pasin sori long ol meri* in any of the research sites.

awareness encountered during the research: mass media, posters, public talks, peer education and outreach by service providers. The key messages that remain current in much of HIV and violence against women prevention advocacy—ABC and 'wife bashing is a crime'—and human rights-focussed campaigns have been placed in historical contexts from the transnational to the local. Crucially, here, I have highlighted the complexities and nuances that have been produced in the interactions with diverse levels of service accessibility, and with the different social, cultural and economic contexts. Moreover, we have seen the effects on how public perceptions of issues, responsibility and 'good' and 'bad' behaviour have been shaped by and around syndemic awareness campaigns.

In the next four chapters, I consider how these ideas play out in narratives about men's behaviour, as described by men themselves and by women and men who are members of their communities. In the following chapter I begin by examining how ideas of risk, responsibility and safety play out in men's discussions of health and health priorities in a more general sense, before turning to perspectives on HIV more specifically.

Chapter 3: Men and Health

In this chapter I explore how ideas of being a good man put forward through HIV and violence against women prevention awareness reverberate through men's broader narratives around their own and other's health. I focus particularly on the directives about health management that are key tenets of HIV awareness: seeking and adhering to advice from medical professionals and avoiding known risks to one's own health or behaviours that might risk harm to others. In doing so, I explore the ways that men prioritise and navigate risks to their health, and the health of their families and communities. I examine how men encountered through the research spoke about experiencing individual and collective vulnerability with regard to health; how they assigned responsibility for preventing and addressing health issues; and how they assigned blame. Moreover, I address how men's reflections on their health and the health of others in their communities shape categorisations of what it meant to be a good man, and how they position themselves against those categories.

This chapter begins by outlining how people in East New Britain seek healthcare, including from medical institutions and 'bush medicine' providers, and how different types of care and advice can work together or clash. Second, I detail how men, women and health service providers describe priority health issues in their communities. I compare men's perceptions of how they acted upon the ways that they prioritised their own healthcare and that of their families, with patient attendance statistics from health centres at the research sites. I use this to introduce the ways in which healthcare was framed by men in conversation as an issue that was centred on children and on women as mothers. These framings could allow for men to easily position themselves as performing aspirational masculinity, as discussions of maternal health sit comfortably with ideas of men as protector, provider and working towards collective development goals. These discursive framings are not necessarily borne out in men's broader behaviours however, either towards women who need maternal healthcare—including women who had been their sexual or romantic partners, regarding avoiding illness or injury themselves—or avoiding passing on illness or injuring others.

As explored further in the next chapter, during the research, men often attribute responsibility and blame for HIV and for violence against women, to women. Women, or

more accurately '*meri nogut*' [bad women], are variously blamed for their sexual desirability, their promiscuity, their poor choices or their argumentative natures for inviting sex out of wedlock (even in cases of rape or sexual assault) or for domestic violence. By positioning themselves in relation to alleged *meri nogut*, it is easier for men to frame their own behaviours as justified or at least acceptable. I briefly discuss some of the ways that this played out in discussions of health that were centred on maternal health. Although poor access to clinical services and government neglect were discussed as critical contributors to maternal health issues, men also blamed pregnant women and mothers as being centrally responsible for unplanned pregnancies. Women were judged for not regularly attending antenatal clinics or for waiting until labour was too advanced before attempting to travel to clinics for delivery. I argue that these judgements obfuscate men's own responsibility as fathers, partners and family members, and allow men to rationalise their own behaviours when they contradicted their claims of living up to aspirational ideals.

These relational dynamics and the way that discussions of health and HIV are gendered are critical to the arguments of this thesis. Equally, however, it is crucial to acknowledge that men's regard for and discussions about their own health and that of their peers are also gendered, and reveal much about framings of masculinity. To explore these themes, in the remainder of this chapter, I concentrate on how men discussed the health implications of a predominately homosocial activity: to *kamap spak nating* [get intoxicated for intoxication's sake]. Using the lens of men's attitudes and behaviours around consumption of alcohol and marijuana, I focus on how men navigate ideas of health in terms of perceptions of risk, social relationships with peers and ideas about the community good and aspirational development.[19]

Drinking alcohol or smoking marijuana were linked throughout the research to many of men's health problems and to health and social problems to which men's behaviours contributed, including violence against women and the spread of HIV. Men said that they used intoxicants for a variety of reasons, from relaxation and fun to using it as a form of

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[19] There is a low recorded, and reported, prevalence of illegal drug use other than marijuana or homebrewed alcohol in East New Britain and in PNG generally (i.e., amphetamine-type stimulants, ecstasy/MDMA, cocaine, heroin/opioids and hallucinogenic drugs). PNG has an ongoing problem with illegal street sales of pharmaceutical drugs (Nanoi 2012); however, there were no reports of these being sold for recreational use during fieldwork. The greater issue with regard to illegal sales was misuse of antibiotics and antibiotic resistance, counterfeit drugs being sold and black market trade in abortifacient drugs such as misoprostol (see Asa, de Costa and Mola 2012, Vallely et al. 2015).

escapism in the face of disappointing or difficult day-to-day lives. Most said that they drank alcohol or smoked marijuana while socialising. Sharing the experience is a way to build social relationships and a sense of belonging; being the person who supplies commercially made alcohol in particular is a way of demonstrating wealth and building social cachet.

However, women and men discussed alcohol and marijuana as being a catalyst for social and health problems such as violence between men, vandalism and petty crime and accidents and injury, including road accidents. People interviewed across the province, including HIV educators, police and clinicians drew links between men's intoxication and increased likelihood of domestic violence. Intoxicated men were said to be more likely to perpetrate sexual assault and rape, and intoxicated women were discussed as being more vulnerable to assault. Alcohol in particular was said to increase the chances that unwanted or unprotected sex would occur. Clinical staff and some members of the general public related men's health issues, including diabetes, liver problems, impotence and mental illness, to patterns of excessive consumption of alcohol and marijuana (see Australian Drug Foundation 2015, World Health Organisation 2014).

Conversations throughout my research demonstrated that there were varying degrees of shared general knowledge about the health effects from consumption of alcohol and marijuana and the effects of intoxicated people's behaviours. Moreover, these effects might be downplayed or deprioritised by men to justify their own level of consumption. Though public health education about drug and alcohol use was not as widespread as HIV and violence against women prevention initiatives, discussions of substance abuse intersects with both campaigns. Health warnings used by alcohol companies and the government repeat the same messaging about real men, who in this context drank responsibly, did not drink and drive and, in explicit acknowledgement of the ties between alcohol and the likelihood of violence, did not hit women.

Examining how men discussed health and health-seeking behaviours in relation to substance use and intoxication provides a lens to examine men's broader reflections on risk, responsibility, blame and being a good man. This then provides a foundation for later chapters in the thesis to examine the ways that these discussions are re-shaped and took on different dimensions as they are amplified through discourses about HIV and violence against women.

3.1 Healthcare in East New Britain

Health service delivery in East New Britain from both government and church services is well resourced and supported relative to many other provinces of Papua New Guinea (Howes et al. 2014). There were 31 health centres in the province in 2012, including two hospitals. Rural health clinics were charged with supervising aid posts—simple clinics in rural areas that were staffed by one or two community health workers—and providing basic healthcare support and education.

Access to healthcare varied considerably across each of the thesis research sites. Kokopo Town housed a Catholic-run hospital, St Mary's Vunapope, as well as a government-run urban clinic at Butuwin and various private clinics. Arterial roads linked communities along NCR to a rural health centre at Livuan, Rabaul Urban Clinic and Nonga Base Hospital—the government referral hospital for the province. However, access to transport could be difficult, as there were often too few PMVs to meet demand during the day and public transport was rarely available after dark. Additionally, there could be a walk of several kilometres for people living inland from the main road, which was an additional barrier to seeking healthcare for people with acute illness or injury and for mothers in labour. A government aid post within the ward area where I stayed had been under construction for more than a year before October 2012, but progress had been slow. At Melkoi, there was a Catholic health centre at Uvol, which is anywhere from several hours to several days' walk from the villages where I conducted fieldwork. Those who lived further away had aid posts that were constructed and gazetted by the district and provincial health offices. However, during the research period, these aid posts were not staffed. Community members alleged that community health workers had arrived but found the location too remote and too poorly supported in terms of the quality of accommodation provided and clinical facilities, and lack of supervisory visits from nursing staff at Uvol. One health worker had reportedly left saying that she needed to visit family a month after arriving at her post and never returned. That had been between six months and a year before I visited the community and there had been no community health worker stationed at the aid post since. For coastal communities that had a motorised dinghy, urgent cases might be taken to hospital by boat if there was petrol available and affordable. Otherwise, people needed to walk or be carried; men and women discussed this as a particular issue for pregnant women in pre-labour. Many women went into

labour, suffered from birth complications and delivered babies while on their way to hospital.

Access to medicine and other medical supplies is a constant issue for all health centres, but most notably in remote areas. At the time that I was conducting the thesis research, construction of an area medical supplies storehouse was underway at the provincial health administration offices on the outskirts of Kokopo Town. This building was to replace a storehouse that had been located in Rabaul Town, but had burned down several years prior. Slow progress on the building, as well as bottlenecks in pharmaceutical supplies across the country, had a considerable effect on patients' access to medications. Even in Kokopo, it was not uncommon for clinical staff to have to purchase supplies from privately owned pharmacies at considerable cost after the hospital or health centre stock had run out. In Rabaul, problems with access to drugs and medical supplies were compounded by the effects of considerable structural damage to Nonga Hospital, the result of corrosive ash fall from the nearby volcano. Reports of ward closures and equipment damage affecting patient waiting periods for treatment were common. In Melkoi, provincial supply bottlenecks were made worse by their general limited access to cargo transport during the research period. The main shipping provider, Rabaul Shipping, had reduced its trip schedule in response to fallout from one of its passenger ferries sinking in 2011 (Andrew 2012). Prior to this, ships had run weekly or fortnightly, delivering medical supplies to Uvol on most trips. In 2012–13, these trips became more erratic and it could be three or four weeks between cargo deliveries from Kokopo to Uvol. Increased demand for cargo space because of the reduced number of trips meant that medical orders did not always make it on board. As a result, even the most basic of drugs such as paracetamol (fevers and pain relief), choloroquine (malaria treatment) and amoxicillin (a broad-spectrum antibiotic) were out of stock or in short supply during my time at Uvol.

Patients do not always seek out medical advice for ailments. Bush medicine, which combines locally found plant-based medicines, local spiritual practices and Christian faith-based healing were in widespread use (Macfarlane 2005, World Health Organisation: Western Pacific Region 2009). These practices, discussed in more detail presently, are used independently or in combination with each other and with clinical medicine. Poor affordability or accessibility of clinical care is a dominant reason for using alternative treatments. Other reasons are a lack of faith in health workers' discretion and

protection of patient confidentiality, shame at seeking health in a public place for particular ailments or combative or unwelcoming attitudes from health workers (Hemer 2015, Holmes et al. 2012, Larsen et al. 2004). Crucially, when an ailment is understood as resulting from sorcery, witchcraft, *poison* (see Eves and Forsyth 2013) or *sik bilong ples* as a result of transgressing on a *masalai* [spirits that inhabited or guarded particular places, plants or waterways], clinical medicine is viewed as having little efficacy. In these situations, people seek what they believe to be the appropriate therapy to address their concern, usually from bush doctors and spiritual healers (Cox and Phillips 2015, Epstein 1999a, Macfarlane 2009, Macintyre et al. 2005).

3.2 Men's Health-seeking Behaviours and Health Centre Attendance

In interviews and conversations, men claimed that they were less likely than pregnant women or children to go to health centres. They suggested that this was partly a conscious choice to prioritise women's and children's health over their own, positing such decisions as part of being a responsible family man and good provider. Most men who said this came from families with limited cash incomes. Government clinics were not supposed to charge for basic care but many did because the government grants they required to operate were often significantly delayed. Transport and medications also needed to be purchased. As a result, men said, families had to make decisions about who should be given priority for money spent on healthcare.

Men and women said that they felt that clinics were dominated by, and were predominately for, women, particularly mothers. Most days, particularly when regularly scheduled antenatal clinics took place, clinics have queues of women in their waiting areas, often with small children in tow. Men claimed that they felt they were more likely to encounter female health workers at their local clinics and anticipated being scolded or embarrassed by nurses if they presented at a clinic with STI symptoms or injuries that occurred while intoxicated, or for being time wasters if they were not acutely unwell or hurt. Men said that much of the time their concerns about the risk of being shamed by staff meant that it was more likely that they would seek out bush medicine rather than go to clinics.

Health centre reports did not necessarily corroborate these claims, however. In 2012, outpatient numbers across East New Britain showed an almost equal number of male and

female new and repeat patients.[20] These admissions were for common ailments including skin, ear and respiratory infection, malaria and other fevers, TB, STIs, and accident or injury (National Health Information Systems 2013b). Although numbers included patients of all ages, meaning that a significant number of outpatients were children, these reports suggested that, in general, almost equal numbers of men and women visited health centres. When numbers of women from antenatal visits were added (and acknowledging that some of these would double up in outpatient figures), numbers of female patients were around 16 per cent greater than numbers of male patients. While significant, this did not seem to support the sense from men that health centres are overwhelmingly feminised spaces.

Perspectives from health workers, however, provide more insight into the interpretation of report numbers. They suggested that women are more likely to attend as primary care givers where children were patients, but that women's general health is not prioritised over men's when it comes to family expenditure on clinical medicine. A senior clinician at Nonga Base Hospital expressed frustration that women and men would use bush medicine to treat illnesses and that when these remedies did not work—or made things worse—health staff would have to attempt to address serious, preventable symptoms. Additionally, antenatal attendance across the province was in fact low relative to the number of pregnancies and births reported each year. Many women either do not go for antenatal check-ups or attend irregularly because of lack of support from partners or family in terms of assisting with transport costs, caring duties or excusing them from household and income-generating work (see Holmes et al. 2012). While this lack of support is a barrier to women's access to healthcare, it is important to note that women also made their own choices to seek non-clinical medicine prior to, or instead of, going to health centres, often for the same or similar reasons that men did: embarrassment, fear of being reprimanded by health workers or because they did not believe that the help that they required would be available at the clinic.

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[20] There were 157,325 males and 152,945 females who attended as outpatients in 2012. These numbers included infants and children, new patients and return attendance. Across each of these categories, numbers of male and female patients were approximately even. There was a greater number of males admitted because of accident or injury, and greater numbers of women seen with STI symptoms. Numbers of female patients were inflated through inclusion of obstetric malaria cases.

3.3 Maternal Health

Maternal health and the way it is discussed by men in East New Britain provides insight into the range of ways that men, even the same men, positioned themselves with regard to individual and collective aspiration and responsibility for health. General inaccessibility of healthcare and medicines, and absenteeism or perceived poor attitudes of health workers was held up as a key example of government neglect and successive failures from elected leaders to deliver on development promises. Men said that they considered the effects of this on pregnant women and women in labour and on infants, including preventable deaths, as the most telling and damning evidence of these failures. This position was unequivocally personal—such tragedies affect men as fathers and family members, and are an effect of corruption and mis-spending that translates into experiences of precarity felt by whole communities. It is also explicitly political, a point of lobbying and complaint against all levels of government and government officials, and a key campaigning point for most candidates during the 2012 national election in Kokopo.

Participating in public dissent about the generalised poor treatment of women as mothers allows men to position themselves as good in ways that are congruent with the *raitman* of awareness campaigns. They advocated for women to be able to access clinical care, they talked about rights to healthcare and rights to transport to ensure safe delivery. For the men with whom I spoke during the research, the language of human rights and the benefits of medical supervision and treatment were in the most part unproblematised during conversations about government responsibility and maternal health. Indeed, during a conversation with Noah and Angeline, my hosts at NCR, Noah characterised local women's insufficient access to supervised delivery as an egregious example of state violence against women, a sentiment that was echoed at other research sites. This was in contrast with the common debates that I heard about the neo-colonial contours of rights when it came to women's recourse to justice or right to safety in the event of family violence and sexual assault (Biersack and Macintyre 2016, Merry 2006, Taylor 2008b). Calling for better service provision related to maternal health spoke directly to ideas of aspirational masculinity. It allowed men to take up the role of protector and provider, and of advocate for the community good, as well as engage with contemporary transnational framings of what good development means and how it is spoken about.

Positions became more complex when conversations turned to men's personal behaviours and responsibilities. The ways in which men discussed how they, as individuals, could provide better support to expectant mothers—whether as fathers to be, family members or as part of their community—and what support should be available to women more generally, were wide ranging. The role of men in improving or hindering improvements to maternal health outcomes, and the potential for gender transformative outcomes as a result of well-executed involvement, has been well documented (Barker, Ricardo and Nascimento 2007, Comrie-Thomson et al. 2015, Mbizvo and Bassett 1996). In an East New Britain study, where men provided financial and practical assistance and participated in antenatal care—accompanying women to their appointments and preparing themselves for fatherhood with better information—women were more likely to regularly attend their check-ups during pregnancy (Holmes et al. 2012). Public advocacy and protest against poor standards of maternal and infant health made in political forums and community meetings proved an accessible way for men to participate in what might otherwise be termed 'women's business', without having to transgress social taboos about men's role in pregnancy and childbirth. Nonetheless, interviews with men and with health workers suggested that many men would like to do more to help support their wives during pregnancy, suggesting that the idea of a good man with regard to pregnancy and childbirth could be someone who is hands on and present, rather than holding to macho stereotypes of an absent and stoic father.

Men identified barriers to providing such support as again structural and social. Their own experiences of labour precarity and limited incomes could make it difficult to support women to pay for transport or fees or to take time away from income-generating activities to accompany them to health centres. At the same time, fear of *sem* [shame] or of gossip and losing face were strong deterrents to their increased involvement (Epstein 1984, Fajans 1983, Holmes et al. 2012, Strathern 1975). Men, and their partners, weighed up the personal negative effects of being made fun of or having people 'talk at their backs' against the benefits of being better informed about pregnancy, fatherhood and how to help their wives and babies. The risks to social cachet were often weighted more heavily, perhaps as a consequence of men not realising the positive benefits of more comprehensive engagement with antenatal and post-natal care. This was balanced and excused by pushes to make government and health professionals provide better assistance and more resources. *Sem pasin* [aversive attitude resulting from shame] was informed by

persistent interpretations of hegemonic masculine norms of stoicism, not asking for help and avoiding or reacting aggressively to perceived or feared ridicule that were talked about as problematic and as a source of community disharmony. Younger men in particular said that they found it difficult to see how to behave in a different way.

At the same time, in discussions with security guards in Kokopo, some men were explicit about the lengths that they and their peers had gone to in avoiding claims of paternity from unwedded partners, even when they knew those claims were likely to be true:

> *Man ken talk, 'meri i giaman, em kalim nem nating bilong me na em i no pikinini bilong me'. Sapos yu no usim kondom wantaim meri, yu bai tok 'nogat' lo dispela bebi. Putim nem olsem lo narapela, tokim em tasol givim bel long em. Olsem, tok piksa...Man i givim bel tasol, i no wari long em. Meri nau bai wari long em, laka? Olsem, taim bilong em long hamamas i pinis nau. No bai stap isi nau...Man i no wari bilong em. Bai go painim narapela meri.* [The man can say, 'this woman's lying, she's saying my name for no reason, it's not my kid'. If you don't use a condom with a woman, you'll just say 'no' about her baby. You could put out the name of another man, say that he got her pregnant. But if a man gets someone pregnant, it's not his problem. The women will have to deal with it you know? Like, her happiness is finished now, she won't be free anymore … The man doesn't have to worry. He'll go and find another woman.]

In such scenarios, women were blamed for the pregnancy and placed in the financially and socially precarious position of raising a child as a single parent or arranging adoption. Men were able to capitalise on their greater opportunities for mobility to escape parental responsibility (see Lepani 2008b). Paternity might otherwise be denied through deliberate and malicious claims about the mother's sexual history. In these situations, men's extramarital sex and abandonment of expectant mothers was not necessarily condoned, but neither was it condemned. Rather, men distanced their own culpability or that of their peers by blaming women for having been irresponsible and promiscuous.

These discourses of gendered blame, which deflected men's own role in worsening health outcomes for women and infants—those that they simultaneously identified as the most vulnerable and neglected by government services—recurred in conversations about HIV and about gendered violence. I raise them here to show that even in more general discussions about health and wellbeing men often drew on gendered relationship dynamics to provide examples of health issues, as well as culpability and responsibility

for creating and resolving those issues. I argue throughout the thesis that men's discussions of responsibility and accountability tends to render invisible the negative contributions of their own actions and behaviours. Aspirational masculinity is performed through declaiming government inaction, service shortages and the irresponsible behaviour of others, particularly *meri nogut*. Men's own actions, as individuals and as peers, were discussed far less and when they are discussed, are mitigated through comparison with bad women or examples of worse behaviour from men who were known rapists, *raskols* [petty or street criminals] or had been convicted for violent crime.

So far, I have considered the spectrum of ways that men narrate the health priorities of women and their families, viewed through the example of maternal health. In the remainder of this chapter, I examine how men prioritise their personal risk. They navigate these priorities within the many social, economic, geographic and cultural dynamics that come into play when they considered when and how they would seek assistance for health issues. I do this through consideration of how men consume alcohol and marijuana and why; how they view the effects of consumption; and the ways in which these discussions act to reframe and reinterpret the idea of being a *raitman* or good man in East New Britain.

3.4 Marijuana and Alcohol Use in East New Britain

The effects that getting *spak* have on men's health and the health of their communities intersect with a broad range of other social, cultural and economic meanings that come together to shape men's personhood and the role of alcohol in masculine identities and conceptions of goodness. Alcohol, and to a lesser extent marijuana, is consumed widely across Kokopo and North Coast Rabaul. Although less prevalent in Melkoi, drinking in particular is still a central part of socialising for many men, especially when they travelled away from home or during special occasions. Alcohol is widely available, legally as commercially produced drinks and illegally as homebrewed spirits. When people speak about illegal drugs, they refer to marijuana, which grows easily across the Gazelle Peninsula and is smoked especially by young men.

Despite their widespread presence across the country, alcohol and marijuana use receives limited attention in the *National Health Plan 2011–2020*. The most direct reference to substance abuse factors is in *Key Results Area 7*, where Objective 7.1 is to 'reduce morbidity and mortality from non-communicable diseases'. The first strategy listed

towards achieving this objective is to, 'Increase the focus on population based health awareness interventions designed to reduce the impact of substance abuse, increase the level of physical activity, and improve diet' (Government of Papua New Guinea 2010a, 28). Drinking is noted as one of the 'personal choices' that affect health, along with diet, exercise, chewing *buai* and tobacco smoking; however the report notes that there is limited information quantifying the extent to which these factors are affecting the health of Papua New Guineans.

Other sources show that abuse of alcohol and marijuana are frequently linked to trauma admissions in hospitals and clinics. Intoxication is a factor in injuries from domestic violence, motor vehicle accidents, accidental injury and fighting between individuals and groups either while people are intoxicated or as a result of what they did when intoxicated (Adu-Krow et al. 2013, Bradley 1992, Dernbach and Marshall 2001, Iamo and Ketan 1992, Macintyre 2008, Marshall 1982, 1987, Riley and Marshall 1999, 115–33, World Health Organisation 1999). However, aside from accident and injury, there remains little reporting on the burden of alcohol and drug-related disease in Papua New Guinea, despite several calls for improved national auditing and response strategies over the past decade (Devaney, Reid and Baldwin 2006, Kelly et al. 2012, McDonald 2005).

Marijuana and alcohol use is regularly identified in awareness workshops as a 'root cause' and part of 'risk behaviours' for both HIV and for violence against women. Across the thesis research sites, men almost universally declaimed the negative effects of alcohol and marijuana on communities, both on the bodies of those who consumed these substances and on those around them who suffered from the anti-social behaviours of intoxicated people. The effects of substance abuse regularly featured in conversations about sexual and domestic violence. Men and women, as well as service providers, reported that intoxication was a common factor in many attacks and altercations that resulted in spousal abuse, incest and rape. Men blamed intoxication for instances when they had had unprotected sex with new partners. Although they said that they were scared of HIV prior to going out drinking, if they were drunk and desired someone, they would forget about their fears (and condoms). Police and health workers provided more nuanced perspectives about intoxicants as amplifiers, rather than causes of anti-social behaviour, noting that unprotected sex and violence against women happened without alcohol or drugs. Nonetheless, stopping people from drinking or taking drugs was often posited as a critical step to improving community wellbeing.

The effects on men's own health, whether long-term overconsumption resulting in illness, or fights, injuries or accidents that occurred while intoxicated, were not usually raised by men as health issues that affected them, other than in oblique mentions to alcohol as a cause of diabetes. However, health professionals nationally and in East New Britain identified alcohol in particular as posing a major health risk to men that was a concern across different ages and socioeconomic brackets.

Many of the men who spoke out against the ills caused by substance abuse still drank or smoked marijuana. Sharing a smoke or a drink is an important aspect of socialising with peers for many men. Commercially bought alcohol is a marker of affluence: being able to share beer, for example, is a way to earn social currency in a society where reciprocity is greatly valued (Martin 2013, Wardlow 2007). Selling homebrewed spirits especially, but also marijuana, is a way to supplement incomes made unreliable as a result of falling commodity prices for the key cash crops of cocoa, copra and balsa wood. Alcohol and marijuana are thus simultaneously experienced as a cause of health uncertainty, and means of shoring up social status and finances. Being a *raitman* can mean speaking out against their presence or at least their misuse in communities. It can also simultaneously mean personally enjoying sharing and becoming intoxicated from drinking or smoking, benefiting from the social cachet of supplying drinks to peers, or earning income from selling alcohol or marijuana—in other words, occupying the subjectivity of *biksot*, even if fleetingly while windfall money or a fortnight's wage was in hand. In the following sections, I examine how use of marijuana and alcohol were discussed by research respondents, and how men positioned their use of intoxicants, the effects of substance use, their health and moral judgements of their behaviours within these discussions.

3.4.1 Spak Brus

Usually called *spak brus,* [*spak* is Tok Pisin for drunk, and *brus* means tobacco], marijuana is normally smoked as hand-rolled cigarettes, with or without tobacco or in homemade pipes. Marijuana use is widespread across Papua New Guinea and is more prevalent among men (Kelly et al. 2012, Thomas 2006). There is limited data on whether it is used more in rural or urban areas. However, ethnographic research from rural areas where the drug is grown suggests it is almost ubiquitous among men, but this is likely to vary in different settings (Halvaksz and Lipset 2006, Lipset 2006). Marijuana plants grow easily in many parts of the country, making it cheaper to buy than alcohol, which some

reports say has contributed to a rise in use (Kelly et al. 2012, Lipset 2006, McDonald 2005, Thomas 2006).

Chronic marijuana use has been blamed for perceived rises in mental health issues among young men and anti-social behaviour including violence (National Department of Health 2008, Thomas 2006). Police tended to take a hard-line approach to growers and dealers during arrests. Regular users were often referred to as 'drug bodies' and *long longs* (a pejorative term for people with mental illness or cognitive disabilities). Clothing and jewellery decorated with marijuana leaves in East New Britain as elsewhere around the world went hand in hand with reggae-style music and were part of what Macintyre refers to as 'youth polyculture'—the globalised, semiotic reproduction of counter-culture and rebellion (2008, 183). In Papua New Guinea, this also fed into the stereotype of a *rabisman* [rubbish man] or *pipiaman*, a disdainful label usually applied to young men who were unemployed, seen to not contribute to communities and with a reputation for regularly smoking marijuana and drinking (Martin 2013, 183).

Research respondents said that they thought the use of marijuana was increasing across the Gazelle Peninsula, particularly among young men, and more drug crops were being cultivated locally. Patterns of use were said to be changing, from recreational or occasional to chronic use. For example, an informant aged in his forties at NCR complained that 20 years ago, he and his friends would smoke *spak brus* at parties or on a weekend night, but that now young boys smoke all the time. Marijuana use was primarily social with pipes or cigarettes passed around, but this informant and others suggested that increasing numbers of young men smoked by themselves on a regular basis as well. Informants in Melkoi claimed that some youths had tried to grow marijuana plants in the surrounding mountains but were unsuccessful, and only small amounts of the drug were brought into their communities from Kimbe or Rabaul. As such, marijuana was not said to be causing significant problems in the communities that I visited in the area.

3.4.2 Bia, Yawa, Stim

Men are generally perceived as being more likely than women to drink alcohol. However, alcohol use among women, particularly in urban areas, has been reported to be increasing across the country, as is underage drinking (Adu-Krow et al. 2013, Kelly et al. 2012).

Those living in urban areas tend to drink more than their rural counterparts. Beer, specifically the locally produced SP brand (produced by South Pacific Breweries in Port Moresby and Lae) is the most commonly consumed alcoholic drink, particularly in areas of the province connected by roads around the Gazelle Peninsula. There are various names for, and types of, homemade spirits in East New Britain, all of which are made and consumed across the province and Papua New Guinea more generally (Bourke and Harwood 2009, Kelly et al. 2012, Riley and Marshall 1999). *Home bru* or homebrew, is a catch-all term for homemade alcohol. *Yawa*, named after the small, sugary bananas fermented to create the alcohol, was said to be the endogenous way of making homebrew on the Gazelle Peninsula. Men in East New Britain claimed that it had a lower alcohol content than *JJ* or *stim* [steam], which was made with yeast, sugar and various fruits in homemade steam distilleries. This was a method introduced, allegedly, by migrants from Highlands provinces and research respondents thought that it was more likely to produce dangerously high concentrations of alcohol than the local *yawa*. Around Kokopo Town and nearby villages, and on the North Coast, beer or other commercially available alcohol (especially rum, or locally made alcoholic 'punch', a spirit flavoured with vanilla, coffee or cardamom) is drunk when available. Those with reduced income, particularly men, drink homebrew, which at NCR sold for between one and two-thirds less than the cost of the cheapest 'green cans' of SP Lager. As homebrew is more likely to have a higher alcohol content than commercial drinks, those who were drinking to get drunk, *spak nating*, can become more intoxicated more quickly. Men would binge drink as a social activity if the opportunity presented itself but said that they would only drink alcohol 'for refreshment' if by themselves. Drinking excessively alone was said to be a sure sign of alcohol dependency. Women also drank at clubs, bars and parties; some middle-class or wealthier women said that they consumed wine and pre-mixed drinks to relax at home.

In Melkoi, women rarely drank. Most said that they abstained altogether and others that they would not drink locally, where they may be seen and punished (i.e., beaten) by their husband or other relatives. Limited incomes and access to trade stores in Melkoi means that men consume beer only rarely, mostly around Christmas and New Year celebrations that coincided with major *kastam* events such as bride wealth exchanges or boys' initiation ceremonies. However, neighbouring communities that had allowed logging companies to operate on their land were said to have problems with growing levels of alcoholism as a result of increased cash flow. Other than in these places, however, alcohol

consumption was not considered concerning in communities, and making, selling and consuming homebrew was said to be relatively uncommon in Melkoi. Men said that they were more likely to drink when away from home, such as when in Kokopo or Kimbe to sell goods at market, attend meetings or work, when they would also have access to money from wages, or government or NGO travel allowances.

3.4.3 Health Impacts

The high prevalence of binge drinking reported by men suggested that there were likely to be attendant incidences of alcohol-related illness and injury (Riley and Marshall 1999, World Health Organisation 2014). The effects of alcohol abuse on bodies are well documented. Sustained, heavy drinking has been linked to liver disease. It has also been linked to risk of cancer—notably liver, mouth, throat, bowel and breast cancers—as well as increased susceptibility to cardiovascular illness (which can contribute to sexual dysfunction in men), anaemia, depression, cognitive dysfunction and mental illness (Australian Drug Foundation 2015, Donato et al. 2002, National Health and Medical Research Council 2015, World Health Organisation 1999). Injuries generally account for around 8 per cent of admissions to health facilities around the country (Government of Papua New Guinea 2010b), but there is little reported detail about specific causes of injuries; that is, whether injuries occur as a result of general accidents, fighting, motor vehicle accidents, work-related accidents (including work in homes or gardens) or family violence. Research respondents said that men were far more likely to fight if they were intoxicated: security guards talked about seeing their peers and guests at nightclubs where the guards were on duty getting into fights with knives and guns. They further talked about there being few legal or social penalties for driving under the influence of alcohol or marijuana, despite many road accidents and fatalities being attributed to driving under the influence of alcohol in particular.

In a discussion group with security guards framed around issues of health, participants identified that long-term heavy drinking could have negative consequences for people's health, but noted that this did not happen to everyone:

> *Yawa* made [some men] sick. Not for others though, it depends on the body of the individual. Some, if they keep drinking, when they get old, it ruins their eyes or whatever. Others, they're ok.

Respondents talked more about the immediate adverse effects of binge drinking, such as impaired cognitive function, anti-social behaviour and alcohol poisoning.[21] Guards told me that the high alcohol content of *stim,* described as being '100 per cent,' was to blame for much of the poisoning. One guard explained that:

> there are two types [of homebrew], you can't just say *yawa.* The real Tolai *yawa* is just banana. It's pure. The other one is water, yeast and sugar … then they put in a bit of flavour, pineapple, banana, mango, whatever. So this sugar one is more dangerous because you don't know the amount of anything that's been put inside … this is the one that's making people sick in villages … their bodies can't process it.

In the same discussion, I asked the guards if they knew anyone who had had health problems because of homebrew, giving examples of blindness or liver problems. There was a collective 'yes' and then several men answered at once:

> Lots! Yes, lots. Some people die. This is a problem too. Some people lose their lives. Some people die. This is a really big problem.

Another man said:

> it's a big problem, but it's the kind of man where, they don't always mix it well,[22] the *yawa.* They drink it pure, that kind of thing. But a normal guy, you know to mix it well, get rid of some of the strength before you drink, that's normal, that will be fine. But if you're the kind of guy where you want to *kamap olsem yu man* [act macho], drink it pure, that will, you know … [make one sick.]

Poor knowledge of the long-term effects of alcohol abuse is one of the main causes of morbidity and mortality in men, according to a doctor employed by the World Health Organisation working at St Mary's Vunapope. He estimated that at least one adult male death at Vunapope each week could be attributed to alcohol-related disease. Moreover, he argued that it was beer, not homebrew that was the main culprit:

> We have one patient admitted in the medical ward. He is just 19 years old, very bad liver, cirrhosis and he was laughing the other day when we were doing a scan, saying that he had been drinking for almost four or five years continuously, every day. And he

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[21] Methanol poisoning is recorded in the literature as a risk from drinking improperly distilled homebrew (Bourke and Harwood 2009, Riley and Marshall 1999).

[22] Mix, in this context, referred to adding soft drink, water or fruit juice to the alcohol to dilute it.

said that he'd stopped it for three months now. But he used to drink a lot. And if a 19-year-old boy is getting liver cirrhosis, it means that the alcohol intake in Papua New Guinea is quite alarming.

In his experience, this doctor saw that commercial alcohol was more of an issue than homebrew in terms of creating chronic health issues:

[Bottled] water, beer, Coca Cola, everything is [priced] at the same rate. If you choose a drink of SP beer, you'll get it … at the same rate as you get Coca Cola. So if something is going to give you a high, who will take Coca Cola?'

He attributed problematic levels of drinking to what has been referred to as 'the culture of intoxication' in Papua New Guinea that encourages binge drinking, and poor enforcement of regulations around the sale of alcohol (see Kelly et al. 2012, 47 n.8). There was also limited public health focus on the effects of alcohol. Most public awareness came in the form of health warnings on commercial alcohol advertising, urging customers to 'drink responsibly,' with limited discussion or explanation about what that might mean. The doctor saw that there were particular gaps in knowledge and understanding of the risk of liver disease and commensurate lack of training of clinical staff about diagnosis and treatment. Even where liver disease was identified, he suggested that it was under-attributed to alcohol consumption because of comorbidity or suspected comorbidity such as scarring as a result of chronic malarial infections or hepatitis B, an infection that is endemic across the Pacific (Crouch-Chivers 2010, Riley and Marshall 1999, World Health Organisation 2014).

A contributing factor to poor or delayed diagnosis of alcohol-related illness was that men would not seek clinical care. Here, men used many of the same explanations for their decision to avoid health centres as were introduced earlier in this chapter with regard to maternal and child health; this came up time and again with regard to HIV and other STIs. Shame and gossip avoidance is a key deterrent for men with regard to healthcare, particularly around issues that were likely to attract moralising judgement such as substance abuse or intoxication. Men claimed that if they attended at the health centre with alcohol-related illness or injury, clinical staff may become angry at them and send them away without proper care because the problem was self-inflicted. Patients might only consult health staff about particular symptoms and not discuss others out of embarrassment. They might omit discussion of, downplay or deny behaviours that might

have contributed to the symptoms. Health staff also stated that many patients with alcohol-related illness would wait to present at the health centre until symptoms were well advanced. In these cases, it was common to hear that they had attempted to treat ailments using bush medicine.

Those who positioned themselves as 'traditional' practitioners [23] were commonly consulted instead of, or alongside, health centres for a variety of reasons, from poor access to medical facilities, embarrassment at being seen at a health centre to the belief that an illness was caused by *poison* or sorcery. Many of the symptoms of alcoholic liver disease, for example gastrointestinal illness, anaemia and general malaise, are also associated with the effects of sorcery. As a result, rather than acknowledging that their health problems might be because their drinking or marijuana use had become problematic, many men would first attempt to resolve suspected *poison* attacks. ToRavian, a bush doctor at NCR, informed me that he was able to discern when substance abuse was part of a patient's problem, especially if he knew the habits of local youths:

> *Em nau! Bai mi tokim em. Dispela samting, em save, uncle save. Sapos mi wok long em na mi lukim dispela sik i kamap long wanem samting, mi yet bai me stopim, bai mi tokim em. Dispela sik, yu mas stop lo drink. Or wanem ia, simuk o. Em bai mi tok save long em.* [Of course! I tell them. Uncle knows about this kind of thing. If I'm working on them and I look at this kind of illness that happens because of substance abuse, I'll tell them to stop drinking, stop smoking. I'll give them that advice.]

His patients did not always listen, and sometimes wanted herbs as medicine, insisting that sorcery was at the root of their illness. ToRavian gave the example of a young man who regularly drank *yawa* infused with marijuana. The young man had bad stomach pains and had gone to a local clinic and received medicine, but it had not cured him. Believing the issue to be *poison*, he went to ask ToRavian for help. ToRavian examined the man and said that he believed there to be a lump and holes in his stomach and that his liver was damaged. He told the youth:

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[23] Traditional or bush medicine usually referred to a melange of influences. My interlocutors claimed that endogenous malicious sorcery practices had changed as a result of travel, domestic and international migration and access to information through media. Bush medicine practitioners therefore needed to learn and incorporate new ways of combating sorcery. These borrowed from practices of different Melanesian groups, but also Christian faith healing, tropes from popular international film and television programs and transnational 'wellness' trends that posited local and internationally sourced herbal remedies as cures. As a descriptor, 'traditional' in this context might be more accurately replaced by 'non-clinical'.

Na mi tok, ol i no bagaraupim yu! Yu yet yu bagarapim yu, dispela samting ia yu wok lo usim em bagarapim liver bilo yu. [I'm telling you, no [sorcerers] have done anything to hurt you! You're the one who hurt yourself, this stuff you drink, it's ruining your liver.]

ToRavian gave him herbs to help his recovery but also, he said, to give weight to his advice. More importantly, the youth stopped drinking. He also returned to the *haus sik* for more medicine, after which he began to recover.

3.4.4 Spak Nating

Different kinds of alcohol in Papua New Guinea are linked to categories of economic class and geographic location (Rooney 2015). Despite its reported prevalence, beer consumption is limited to where it was available for purchase or to those able to travel to where it is sold, and depended on how much one can afford to buy (or how much canbe enjoyed from friends' purchases). Most research respondents associated it with people, usually men, drinking away from family homes: at nightclubs or in gatherings of friends or work colleagues (Wardlow 2007). Although beer was not absent from rural areas, people linked excessive spending on beer and public drunkenness to urban areas and waged income.

Martha Macintyre (2008, 188) writes that:

> Beer drinking is a form of conspicuous consumption that in PNG denotes modern masculinity. It is the way that many men display their economic achievement. Flamboyance and generosity are essential components of the display. Drunkenness and the uncontrolled behaviours that attend it are embraced democratically, so that the drunken comportment of senior politicians is replicated by police and civil servants, unemployed young men, or rural 'landowners' from mining areas on a spree with their compensation payments.

Macintyre's observations of the democracy of drunkenness and beer drinking as ways of displaying modern masculinity were replicated in East New Britain. To be able to shout beer for one's companions is a way of asserting social power. It is also an expression of individual aspiration, a way of playing the role of a *biksot*—someone who can afford the luxury of spending money on something as transient as funding a night of hedonism for him and his friends. Perhaps more than other consumables, beer highlights the

ambivalence of what being a *raitman* means. On the one hand, out-of-control drunkenness, spending families' limited incomes on what were regarded as selfish desires and the visible links between excessive drinking and violence against women, against children, against property and against selves were not part of aspirational masculinity. On the other, being able to participate in drinking parties with a group of other men, especially as someone who could contribute materially, is a way to practise belonging and reciprocity, which are central to ideas of good masculinity.

Sharing alcohol and marijuana (and, to a much greater extent, *buai*) is central to definitions of being a *raitman* or *trupela man* [real man]*,* particularly in groups of younger men. It speaks to generosity and sociality. Drinking tended to be social, done in groups and with the aim of becoming drunk by drinking until the available alcohol supply (and money to buy alcohol) is exhausted or until one passes out (Kelly et al. 2012, Riley and Marshall 1999, 121). Becoming intoxicated was thus spoken about as being both anti-social behaviour and an inherently social activity. Although public drunkenness—and drunken fights or brawls—were accepted and normalised, particularly in towns (Macintyre 2008), the issue of violent and disruptive behaviour by rowdy drunks was discussed as a major social issue by women and men. Losing control of one's body, desires and self, showing a lack of discipline and regard for community mores, runs counter to awareness campaign framings of aspirational masculinity as responsible citizen. These behaviours also contravene endogenous ideas of desirable masculinity for Lote and Tolai men, and in national narratives of how a good, Christian Melanesian behaved, where discipline and acting in the name of the community good are prioritised

Drinking and smoking drugs to excess are also framed as an act of rebellion and risk taking for younger men, both against community and the temperance messages of evangelical and mainline Christian churches. The middle-aged men spoken to in all sites during the research spoke fondly of their youthful ability to go on drinking binges lasting for days or even weeks. I expand on some of these stories of change presently, but note here that the sense of nostalgia and recollection of strong social bonds with those with whom they would drink was the same whether interviewees were abstainers or still drank at the time of the interview. They and young men who discussed their present experiences indicated that within the social spaces created around excessive drinking as a reaction to experiences of precarity, being a *raitman* could mean encouraging and participating in reckless drunkenness, as opposed to showing restraint.

When asked about how they felt about drinking, security guards said 'if you take one [beer] it will taste so good, you'll have to drink more', but that, 'It depends on money'. Another said that it was hard to stop drinking once a session had started: 'When we taste it, it's like, it's on now'. I then asked what would happen if they were with a group and did not feel like having more than one or two drinks. Several respondents said that at least some of their friends would pressure or force them to drink more, to 'join in', but added that if someone passed out, he would be left alone.

Of course, participation in excessive drinking as an act of social conformity is not unique to Papua New Guinea. The guards and I had conversations where we found many parallels between their experiences of drinking and what I had witnessed and participated in as a young person in rural Australia. There too, boredom, anxiety about future opportunities and resource security fed into decisions to drink alcohol or take drugs. Refusing to commit fully to the project of extreme intoxication could lead to accusations of thinking one was 'better than' one's friends or peers. The guards discussed binge drinking as something born out of ennui. They explained this sense of despondency and powerlessness in terms of feeling 'caught in between' *kastam,* church and modern mores, which I argue describes the affective experience of precarity for men in contemporary Papua New Guinea. Guards talked about not being able to access what they saw as their *kastam* birthright of land and social power and their modern birthright of an education, steady employment and economic security in a resource-rich province and nation (Eves 2006, Zimmer-Tamakoshi 2012, see also Bourgois 2003). Intoxication was a form of escapism, where men's regular or expected boundaries of respect and shame were suspended. In these circumstances, for the Kokopo security guards, the ideals of restraint and discipline as aspirational masculine behaviour were set aside as sociality and acting as part of a collective with peers was prioritised. Definitions of being a good man, a *raitman*, are thus shown to be malleable according to context, relationships and the different social spaces through which men move.

This malleability and the refracted ideas of what being a good man looks like complicates community and public health discussions about the social and bodily dangers of excessive drug and alcohol consumption. Public morality, church morality and health and safety messages of moderation intersect with different kinds of aspiration and desire. As above, one such desire is that of wanting to belong and share sociality with a group. Another is to be the kind of man who has enough cash income to buy beer and earn the social cachet

that comes alongside being the provider. This desire intersects with HIV and anti-violence awareness posters and images. The stereotype of the 'good men' shown on prevention posters or described in workshops has been, like so much prevention imagery, developed in cosmopolitan settings, transposed into Papua New Guinea and then vernacularised. The men in the *raitman* campaigns who were remembered by the guards as looking affluent and urbane were sporting heroes and look like elites; aspirational figures, but also the Big Shots who at the same time are regarded with disdain for their prioritising of individual gain over community needs (Eves 2010, Flood 2015, 2003, Martin 2007)

The security guards at Kokopo saw *ol biksot lain* blowing off steam while the guards were stationed at nightclubs and at guesthouses; they laughed at how the moneyed classes did not necessarily practise habits that HIV and anti-violence campaigns might categorise as 'good'. Big Shots were not known, for example, to practise moderated drinking or while drunk, be careful to be non-violent, faithful to their wives or conscious about engaging in sex in ways that mitigate risk of HIV transmission. However, they could afford to buy beer, to act out and to get away with their behaviour—even while maintaining their public face of righteousness by castigating and penalising so-called *rabisman* or *raskol* youths who did the same after drinking homebrew.

If beer is a sign of being able to be extravagant, homebrew could be a way to garnish limited finances. Each type of substance—different kinds of alcohol and marijuana—was considered to have particular social effects, on a graduating scale. Wine, pre-mixed drinks and imported spirits are associated with luxury and seldom factored into conversations about drunkenness and public nuisance. As introduced above, beer and locally produced commercial spirits were associated with drunkenness and associated fights, property damage and sexual assaults in town areas, as well as poor government performance (public servants were said to drink too much, especially during pay fortnight). They occupy a middle ground as a class signifier; they require income to buy in any significant amount, but are still widely accessible to many people. Men and women across the field sites linked excessive beer consumption to being overweight and developing diabetes. These connotations speak to narratives of middle-class corpulence and excess that, despite its ready availability as noted by the doctor quoted earlier, implies the continued position of commercial alcohol as a prestige item, especially for those who are unwaged (Foster 2002, 57, Macintyre 2008).

When I asked the Kokopo security guards if there was anything good about homebrew, many respondents said that homebrew caused nothing but trouble. Although knowledge of clinical consequences of alcohol in individual bodies varied, use of intoxicants was almost without exception regarded as something that was damaging to communities. However, there was some ambivalence behind this position. For example, in spite of the health issues related to homebrew consumption, some claimed that *yawa*, at least, had health benefits too. These men said that *yawa* could be a means to help lose weight and even to cure diabetes, maintaining that doctors of both clinical and traditional medicine were known to prescribe 'a cup a day', as a remedy.

Homebrew not only made alcohol more affordable for those who did not have regular incomes, but could also be used to generate cash. Making and selling *yawa* brought in money, supplementing family earnings that had suffered as a result of falling commodity prices and failed crops (Bourke and Harwood 2009, 328–30, Curry et al. 2012). Villages along the NCR were especially affected by crop production and price issues, particularly in the past 6–10 years, as many families relied on small-scale processing and sale of cocoa and copra to support livelihoods. Women in most families sold fresh garden produce or cooked food at markets, but homebrew provided an alternative, potentially more lucrative means of bringing in money.

Homebrew is illegal, and the presence of manufacturing operations in communities was highly contentious. For example, shortly before the national sporting festival, the Papua New Guinea Games, was held in East New Britain in 2012, there was a community dispute at a village in the North Coast area. Someone had told the police that youths in the community were 'cooking' homebrew. There had been a police crackdown in recent months, which started with an amnesty where mostly young men handed over their brewing equipment to police teams in front of their communities and media in conciliatory ceremonies. However, police had a reputation for using excessive force when apprehending those who made, grew or sold homebrew or marijuana. After the amnesty and before the games (when the province wanted to show its best face), people considered that whoever had informed police that someone in the village sold *yawa* had put everyone in danger of raids, road blocks and police brutality. A meeting was held, involving members of the ward council, Uniting Church elders and the mostly young men who were considered likely to be selling *yawa*. I was told afterwards that the youths had become agitated and said that they were sick of being blamed for everything. They pointed out

the open secret that one of the biggest producers of *yawa* in the area was an older married couple and that it was the wife who did most of the brewing. The youths also turned on the church representatives, suggesting that if there were not constant demands for contributions to church fundraising drives, people would not have to sell *yawa* to pay for school fees and put food on the table.

3.4.5 Men's Mental Health

Even with the visibility of intoxicated and badly behaved waged workers and *biksots,* un- and under-employed young men were a common focus of discussions about drug and alcohol use; particularly in terms of how it affected their mental health and social behaviours. A commonly repeated truism throughout the research was that almost all mental health issues in men were caused by excessive consumption of alcohol (especially homebrew) and marijuana, or the result of *poison.* There is little support for detection and treatment of mental health problems in medical facilities: women and men were more likely to seek psychosocial support from community leaders, church leaders or peers. Nonga Base Hospital had a mental health unit up until 2006, when it was closed because of the general degeneration of hospital facilities and infrastructure. In 2012, it employed two psychiatric nurses, but no psychologist or psychiatrist (Adu-Krow et al. 2013). Under the guidance of a former district court magistrate (who had been promoted to a national position shortly before I began fieldwork), two ex-social workers had been engaged by Kokopo District Court to provide in-house counselling ordered as part of sentencing provisions. Magistrates could order counselling to address alcohol and drug problems or anger management, or relationship counselling in response to domestic violence and welfare complaints. Counselling support was available for victims of sexual assault and family violence through the police FSVU or with a private provider, run by a sole counselling practitioner who specialised in trauma counselling. Many women were referred to local church leaders, who often did not have full understanding of women's rights under law or training in survivor support. There were no formal services for mental health support for men who had not perpetrated a crime, or who were not considered disabled as a result of mental illness or impairment.

Men in Kokopo reported that although suicide was still more commonly attempted by women and associated with poor treatment from husbands or partners, there were increasing stories of men self-harming or attempting suicide because of depression.

Critically, these comments came out of more general discussions about a desire for more forums in which men might discuss personal problems and ways of changing social behaviours, including excessive drinking, that they felt were getting out of control. Some of these men wanted to change their behaviours or ways of approaching and responding to challenges, but were finding it difficult to navigate shame, peer pressure and the paucity of services in ways that would make change possible.

3.5 Behaviour Change and Claiming Respectability

Several men across the three research sites spoke about having been able to address problematic behaviours. All of them had begun to alter their behaviours in their mid to late 30s. This was an age at which they had started to take on greater family, church and political responsibility, but also had cause for increased self-reflection. It is of note, however, that all of them had at least a decade worth of stories of excessive drinking, of benders and parties and misdemeanours, which, as noted earlier, still afforded them bragging rights in conversations about alcohol.

Silas, for example, had been a public servant and used to drink with colleagues in town. He claimed to have an incredible tolerance for alcohol—he would drink for days, but not feel as though he was incapacitated or out of control. Silas told me that the occasion that stopped him for good was when he had been drinking steadily, non-stop for a week. He said he had stayed away from his family for the whole time, although his wife had also told me stories about this period: about violent outbursts that Silas did not remember, about one of Silas's relatives, who also drank heavily, threatening her with a knife and about damage done by Silas and his drinking companions to their house and garden. Silas said that one day he realised that he could just drink and drink and that he had no limits, and it scared him. He stopped drinking at that point and soon after became very involved in an evangelical church that promoted temperance. He had been more or less teetotal since. Silas expressed frustration that his former drinking companions continued to spend windfall payments they received from itinerant work on cases of beer, while their wives laboured doing gardening, market sales and copra processing to meet day-to-day needs for the family.

Felix, a career public servant, had had a similar experience. However, during his drinking binges, lasting several days, he told me that he did not eat anything, but only drank,

smoked cigarettes and chewed *buai.* He developed throat and stomach issues, leaving him coughing blood and passing blood in his stool. After he was released from the health centre, he called a family meeting to apologise for his actions. This turned into a frank conversation with his wife and daughter, during which they confronted him about some of his behaviours that they did not like, and he aired his own grievances. After that, he only drank a few cans of beer in any one sitting and usually when he was away from his family for work. He still contributed to buying cases of beer for men in his village, however, on special occasions.

Both of these examples are typical of the redemptive stories that men told about leaving behind reckless youthful behaviours. For Silas and Felix, quitting drinking was framed as part of realising an aspect of aspirational masculinity. Silas tied this explicitly to Christian notions of being a good father and provider (Eves 2012a). It showed a greater capacity for self-control and the ability to be a better provider and a more responsible member of the community. In my conversations with each of these men, they spoke with regret about their past behaviours, in particular that they had caused hurt to their families, especially their wives and children. They both, through their work with the church and the government and informally in their communities, tried to counsel young men about drinking and smoking in moderation, or as Silas put it, getting *spak* only at parties rather than every day.

At the same time, despite having assumed a more sober lifestyle as they reached middle age, both Silas and Felix were still able to lay claim to the other side of the *raitman* persona, the flamboyant and generous social person described by Macintyre (2008). Moreover, these changes took place after years of heavy drinking, which had affected both men's families and relationships. Felix recognised the physical toll that drinking had taken on his body, but Silas talked about becoming sober because he had not found his physical limit, not because of illness or injury. Despite being part of a lifestyle he now eschewed, this claim to bodily toughness was still something of a source of macho pride.

3.6 Conclusion

Men's framing and positioning of what it meant to be good in relation to health are full of ambiguities and seeming contradictions. The primary position that most men took when the subject of health was raised was that of concerned citizen and family member.

Improving health services, particularly those services that should be available for mothers and children, was posited as a central and shared development aspiration both locally and nationally. Men's role in this is political and also driven by intimate concern for their partners, children and other family members, and the wellbeing of their communities. It intersects directly with their experiences of precarity and was used as a gauge of government neglect. Talking out about the need to do better for mothers and children allows men to show themselves as active and responsible leaders in their families and communities. However, even while talking about the need for improved government assistance for maternity care, research respondents described how women were denied help to reach the care that was available and could also be denied social support by the men in their families and communities.

For many men, socialising is centred around becoming intoxicated in ways that are known to cause illness and increase the likelihood of injury to themselves and others. Although the health effects are known and acknowledged, the social and economic meanings and potential benefits of drugs and alcohol (as well as enjoyment of being intoxicated) are often enough to offset the risks. Through providing and sharing commercially produced alcohol especially, men are able to perform their generosity and affluence, which fits into particular framings of aspirational masculinity, best captured by the term *raitman*. Even where these positionings seemingly contradict other key elements of being a good man as identified by men in other conversations—such as self-discipline and privileging family needs over desires characterised as selfish and hedonistic—they are posited as enough to, at least, offset these behaviours. Moreover, for some men, being able to talk about changing their behaviours from recklessness and overindulgence to being more health and family focussed creates a redemptive narrative. These men are able to capitalise on their histories of risk taking and acting as *raitman*, showing that they are macho enough to participate in those performances of masculinity but also strong enough to embrace the discipline and responsibility of aspirational masculinity.

In the first part of this chapter, I explained how throughout my research, men tended to default to discussions about maternal and child health when asked about their health priorities. Using drug and alcohol consumption as a lens, I show how men thought about their own physical vulnerabilities and how their behaviours and desires affect those around them. Critically, the findings from these discussions are no less relationally focussed, gendered and complex than when men were discussing the different health

priorities of women versus men. They show the multifaceted and malleable meanings of aspirational masculinity and what it means to be a good man, and the shifting ways that public health ideas of good masculine behaviour are prioritised or hidden.

In the next chapter, I take these different threads of meaning and the ways in which ideas of health and risk were gendered in men's discussions and behaviours, and examine how they played out against fear of HIV.

Chapter 4: HIV Risk and AIDS Fear

Over the next two chapters I ask: what does it mean to be a good man in the shadow of HIV and AIDS; and how does this shape the articulations of and narratives around violence against women in Papua New Guinea? As I argue throughout the thesis, the varying ways that men interpret and apply aspects of aspirational masculinity—being a good man or a *raitman*—can be inconsistent. These seemingly contradictory interpretations are nonetheless held to be simultaneously true, pieced together and rationalised by individual men and men in peer groups and as part of communities. That is, aspirational masculinity is seen from different vantage points that shift according to what kinds of power, status and privilege men need to sustain and protect. This results in tensions and slippages in the meaning of, and men's positioning against, what it means to be good.

I explore the effect of these different meanings and positions by focussing on two interrelated issues. In this chapter, I examine fear and stigma related to HIV and AIDS or *sikAIDS* in East New Britain. I examine the different ways that fear shapes narratives about HIV, and affects treatment of people living with HIV and AIDS and peer educators working as part of the national HIV response. I pay particular attention to how these narratives are gendered. In the next chapter, I show how these gendered narratives of fear and HIV risk combine with existing unequal gendered power dynamics and are used to justify and precipitate acts of violence against women perpetrated by men.

Here, I show how fear of HIV and AIDS is central to the affective experience of precarity in Papua New Guinea. Fear of HIV overlays and exacerbates people's experienced and anticipated reduction in economic or livelihood opportunities; overburdening of medical facilities; and physical safety and security. Men's attempts to position themselves as prosperous, as in control and as effective citizens—as good men—are shaped by how they navigate experiences of precarious circumstances. I consider how collective fears about HIV and AIDS shape these navigations, and what fear of HIV means for aspirational masculinity and how men perform goodness. I argue that HIV is both a source of uncertainty for men and their communities and is used as a lens through which different interpretations of *raitman* behaviours are refracted.

During fieldwork, most men expressed fear about their vulnerability to HIV and about the vulnerability of their families and communities to illness or the attendant social and economic upheaval that they feared would accompany a worsened epidemic. However, public health discourse about vulnerability to, and causality of HIV, tends to focus on women. During the research, many men interpreted this to mean that women who had sex outside of the socially sanctioned parameters of marriage—even if that sex was not consensual—were considered vectors of disease. These *meri nogut* were thought to be 'tempting' men into sexual encounters that would be defined as 'high risk' in the global AIDS discourse (Campbell and Cornish 2010). As a result of their extramarital sex, the wives of the men who contracted HIV were classified as victims; and it was these women's vulnerability that received the most attention in public conversations and awareness raising about HIV and AIDS in Papua New Guinea (Higgins, Hoffman and Dworkin 2010).

This conceptualisation of HIV, envisaged as moving in straight lines through communities from female 'vectors' to 'victims' (Lepani 2008b), renders men, particularly heterosexually active men, relatively invisible in conversations about HIV prevention. This makes it difficult for men to find ways and spaces to discuss, explore and address their own fears and vulnerability, and reflect on their own responsibilities and behaviours in HIV discourse (Dworkin 2015, Higgins, Hoffman and Dworkin 2010). As such, I show that men's action towards HIV prevention tends to focus outwards on the behaviours of others, particularly women, rather than examining or addressing the 'risky' behaviours of themselves and their peers. In accord with transnational epidemiological prevention messages, *ol raitman*, as good citizens, encourage other people in their communities to change their behaviours (Dickinson 2009, Wardlow 2011). At the same time men could blame actions that contravened global AIDS doctrines on the *meri nogut*, or bad women, whom they accused of tempting good men into poor behaviours: from extramarital sex to sexual assault. The at-times violent outcomes of these narratives of blame are introduced here and explored in greater detail in the next chapter.

I consider the different dimensions and contributors to HIV-related fears and how these play into broader experiences of precarity. I begin by exploring the drive to quantify the effects of the HIV epidemic. International communities of epidemiologists and policy makers from government and donor agencies in Papua New Guinea are behind this impetus, part of a global push to understand the effect of interventions, where targeted

attention is needed, and to understand the threat posed by HIV internationally, regionally and locally. I show how historically, the epidemic in Papua New Guinea has proved difficult to quantify and how the legacy of public knowledge about unreliable HIV reporting data has contributed to popular fear of and uncertainty around HIV. I then examine how peer educators deliver messages about HIV prevention and awareness: the challenges that they face in translating and vernacularising medicalised messages and speaking through local taboos about sex and sexuality (Merry 2009, Wardlow 2011); how these challenges are different for men and women working as HIV awareness volunteers; and what misunderstandings about and reinterpretations of HIV prevention and awareness messages by peer educators can tell us about perceived threats from HIV to communities and individual bodies.

In all of these discussions, I foreground the gendered contours of interactions and consider their implications for men's positioning against ideas of aspirational masculinity. As I argue throughout the thesis, aspirational masculinities are formed through the interplay of global, national and local social norms. In the context of HIV, men seek to balance aspirational qualities of sexual attractiveness, active sex lives and potency with those of being a responsible citizen. Such a responsible citizen is engaged in a project of community protection, and at the same time is navigating their vulnerability to a virus embedded in social, economic and physical precarity. Here, I show how men work to hold these tensions together. Through these discussions, the flexibility of how aspirational masculinity is defined and, correspondingly, how men position themselves as *raitman* is revealed, as are the effects of these different positions on how men relate to women.

4.1 HIV as Precarity

HIV represents different kinds of uncertainty. There is the obvious threat to bodies and health posed by what is still commonly referred to as the 'dreaded disease' in Papua New Guinea. As Kelly-Hanku, Aggleton and Shih (2014, 106) write, 'by bringing together fears of germs, sex and death … HIV even at this late stage in the epidemic holds the potential both to terrify and to confuse'. Fear of HIV intersects with other sources of uncertainty. AIDS has historically been posed in prevention rhetoric as a physical manifestation of moral and sexual corruption (Eves 2003, Hammar 2010, Wardlow 2008), as a harbinger of increased economic hardship and as a threat to national and international security (AusAID 2009a, Caldwell and Isaac-Toua 2002, Cullen 2006).

Even where official rhetoric has moved on from moralising or disaster scenarios (PNG NACS 2010), narratives of fear continue to echo in public discussions.

Further, concerns about HIV-related threats combine with existing experiences of precarity, which I use throughout the thesis to describe not only the livelihood dynamics and economic conditions faced by those in precarious labour, but the structural and social relationships that lead to uncertainty in people's living conditions and in their ability to act in the world. Gendered power dynamics are especially pertinent when precarity is viewed through the lens of fear of HIV, given that this fear is indelibly tied to sex and sexuality (see Jenkins 1993, cited in Lepani 2010). Framed within these broader contexts, in this section I specifically focus on the uncertainty surrounding the ways that the HIV epidemic is understood in Papua New Guinea, particularly in East New Britain communities. This focus on uncertainty forms the basis from which to explore how men's reactions to, and fears of, HIV were incorporated into their navigations towards aspirational masculinity, and how these manifested throughout the research.

4.1.1 Measuring HIV

Much of the fear that surrounds HIV discourse has its roots in misunderstandings about HIV and what it means for bodies and communities. There remains much about HIV that is mysterious. The way that the virus behaves in bodies is complex. HIV changes the DNA of healthy cells and lays dormant in lymph nodes until triggered to replicate—something that took medical science more than a decade to understand (Rosengarten 2009). In most cases too, there is a significant time lag between when a person first contracts the virus and when they become unwell (Lepani 2012). This time lag means that when someone unknowingly carries HIV in his or her body, the virus can unwittingly be passed on to sex partners encountered between infection and a positive blood test. There are no conclusive, visible symptoms of HIV infection. Despite concerted efforts worldwide and escalating breakthroughs in creating new drugs and interventions for treatment and prevention of HIV, there remains no cure.

Nonetheless, there have been many improvements to the accessibility of HIV testing and treatment, particularly during the twenty-first century with increased resourcing from donors, government and churches. However, many challenges remain. Many people still face barriers to accessing testing and treatment (Gerawa 2015, Kelly-Hanku et al. 2017).

These barriers exist within a context of ongoing shortfalls in clinical and administration capacity in the Papua New Guinea health system in general, particularly issues with drug distribution channels and the lack of public confidence in and uptake of services discussed previously (Howes et al. 2014).

Since HIV and AIDS surveillance was first attempted in the mid-late 1980s, up-to-date and comprehensive surveillance data have remained difficult to obtain across Papua New Guinea, though there have been many improvements in this area (Ballard and Malau 2009, Carlson et al. 2012, PNG NACS 2006, 2010). Estimates made during and since this thesis research was conducted indicate HIV concentrates in particular areas of the country and within particular demographic sub-groups (Kelly-Hanku, Aggleton and Shih 2014, Kelly-Hanku et al. 2017, Lepani 2015, PNG NACS 2014). Within the parameters of these revised estimates, East New Britain was not classified as an area of high prevalence. Nonetheless, throughout the thesis research, HIV and AIDS were often referred to as a 'sleeping giant', an issue of unknown proportions that would rise and take the province unawares if not addressed.

These fears are a carry-over from comprehensive public information campaigns during the incipient emergency that sparked the heightened HIV response at the turn of the century (Ballard and Malau 2009, Caldwell and Isaac-Toua 2002). Early feared projections of the potential extent of the epidemic overshadowed discussions of what HIV might become in East New Britain, even as late as 2012 and 2013. Prevalence estimates were revised down in 2012, which contributed to funding support for the NAC from government and donors to be reduced considerably; this in turn affected staff numbers and scope of operations. Nonetheless HIV and AIDS continued to be a source of human tragedy for families and communities across the province and the country. There remained an overwhelming sense from both volunteers and staff working directly on the national HIV response in East New Britain, and regular citizens who feared contracting HIV, that no one knew the size of the problem that they were attempting to contain (Carlson et al. 2012, Lepani 2015).

For much of the twenty-first century, UNAIDS has admonished nation states to 'know your epidemic, know your response' (Wilson and Halperin 2008). Despite improvements in surveillance, epidemiological understandings of HIV continue to be problematised and debated in Papua New Guinea—its epidemic(s) are not fully known. The tacit implication

that precise enumerated contours of the epidemic are required to respond adequately to HIV continue to cloud discussions about how to manage responses to HIV and AIDS.

The inability to concretely identify the prevalence rate as a percentage of the population was discussed as a problem by almost all of the people working in the HIV response who participated in interviews. Wep Kenawi, the then director of the NAC gave a speech in 2012 at the East New Britain Provincial AIDS Council (ENB PAC) office, where he said that for every positive test, there were 10 other people living with HIV who were undetected. Similarly, most research respondents attested that the reduced prevalence figures represented inadequate levels of testing across the country rather than a reflection of improved data estimates. Of particular pertinence in the East New Britain context, the reduced percentages were attributed to the small numbers of men who accessed voluntary counselling and testing at local clinics.

The regional STI and HIV medical officer for the New Guinea Islands Region acknowledged that men's low uptake of testing was an issue. She told me that she felt this was a particular problem in East New Britain, saying 'it's not like other places. Like in Moresby and Hagen, where they just walk off the street to get a voluntary test quite easily'. However, this doctor also affirmed that another difference between East New Britain and other places that she had worked in Papua New Guinea such as Port Moresby and Mt Hagen, was that HIV was much less common. There were fewer patients as a proportion of the total population who attended at HIV clinics; fewer HIV cases diagnosed at the busy TB clinics at the main hospitals; and fewer anecdotal reports of illness resembling HIV symptoms from communities.

All the same, the unreliability of surveillance data—the inexact readings that for many people represented thousands of untested bodies including partners of those confirmed to be living with HIV—were experienced as further evidence of a failing health system unable to deal with a burgeoning crisis, and as a threat to lives and livelihoods. This uncertainty around who, and how many, had HIV and the fear that the hidden dimensions of HIV might be beyond their control, was central to the experiences of precariousness for women and men in East New Britain.

4.1.2 Contours of Fear and Understanding

Talk of the high prevalence of hidden HIV and its feared consequences was common among senior officials and resonated through communities. Security guards in Kokopo consistently spoke about *sikAIDS* as the illness of which they were most frightened. When asked why HIV and AIDS were more concerning than, for example TB—a considerable health issue across the province and country—one answered:

> We're scared of HIV because there isn't medicine for it. TB, it's a bit ok, there's medicine. But this other sick, *sik nogut, nogat marasin bilong em. Olsem, mipela poretim dispela* HIV [it's a really bad illness, with no cure. That's why we're scared of HIV.]

Fear was used to try to scare the population into practising behaviours that were promoted by the HIV response, but which might be viewed with distaste or apprehension by men and women, such as using condoms or getting tested for STI. Men were reluctant to attend at HIV or STI clinics for fear of being seen and gossiped about (Holmes et al. 2012). In almost every conversation about HIV prevention (or family planning), men prefaced discussion with the feared loss of sexual pleasure as a result of using condoms. Time and again, respondents said that condoms were unpopular because men preferred to have sex without them, *skin tu skin* or *mit tu mit* [meat to meat] (Hammar 2008b). Women also expressed concern about condoms—in Melkoi, women said that they were scared of condoms. These fears were related to unfamiliarity and concern that condoms would cause adverse physical effects or become stuck inside them. In predominately Catholic East New Britain, many people also had moral and religious concerns that stemmed from the church's position on contraception and the widely expressed opinion that condom availability precipitated promiscuity and adultery (Eves 2003, Kelly 2008, Wardlow 2008).

Facing such excuses from the population, most health workers I interviewed said that they used discourses of impending wholesale catastrophe as shock tactics, to illustrate what might happen to these reluctant men and their families if they become ill and die as a result of contracting HIV. They believed that this was an efficient and effective way to change 'risk' behaviours and push people to prioritise health over pleasure. The regional medical officer explained that she greatly preferred the occasions when she had the opportunity to talk through facts about prevention and testing and the realities of living

with HIV and relate them to a client's personal experience. Among other benefits, she believed this to be a more effective way of making lessons about prevention relevant. Nonetheless, in light of the difficulties of getting men in particular to clinics and her considerable workload, this doctor said that fear felt like the most promising and efficient way to encourage behaviour change:

> Sometimes you might have to scare them … say if this doesn't happen and *this* happens! So you have to know your status … Eventually you have to make it hit home, or something.

4.1.3 Knowing HIV Risk

Using behaviour change logic based on fear reinforces HIV as a 'dreaded disease' and a threat to the viability of the nation as a whole. This intersects with ongoing, generalised fears about Papua New Guinea's erstwhile inability to meet its post-colonial development potential: a resource-rich country where the 'grassroots' continue to be deprived of the benefits from the sale of those resources at the hands of opportunistic foreign-owned companies and international creditors, economic mismanagement and corrupt politicians and so-called 'elites'. HIV has become ingrained as part of broader experiences of precarity, as something to navigate through and protect against. The letters pages of national newspapers regularly reflected this perspective, with readers calling for a national register of HIV-positive citizens or for those who had HIV to be rounded up and corralled in their own communities (Lepani 2010, Stewart 2010). Such opinions centred upon a desire to concretely identify risk to avoid it, to know where HIV was in communities; they were repeated to me by police, community workers and health workers during the research.

In Melkoi, for example, where there was no HIV counselling, testing or treatment facility, research respondents told me that there was not really any HIV or AIDS in the community; they considered it something that happened to people in town. Nonetheless, people had heard enough about *sikAIDS* to consider it a frightening threat that might affect them eventually as a result of community members' labour and trade-related travel to and from urban areas. However, one woman, Rachel, was regularly pointed out to me as someone who might have HIV. Those who did so usually suggested that I find Rachel and interview her, not only for my research but to discover her serostatus and then report back to the community. It was important to know for sure whether or not she had HIV,

so that everyone would really know the contours of risk in the community (see Hemer 2015).

Rachel was tall, thin and frail, with thinning grey hair. She looked to be an old woman; her teenage granddaughter provided most of her care. I was very uncomfortable with her neighbours' suggestion that I should target Rachel for an interview based on rumour but found it difficult to articulate the reasons for my discomfort or why I would not interview her. I usually ended these conversations with a non-committal response and changed the direction of the conversation with a question about something else. No one who alleged that Rachel had AIDS could say whether or not she had been tested for HIV. Neither could I determine the basis of the rumour, other than Rachel's current unwell appearance and conjecture about her sex life during periods when she had lived away from the village. People implied that I should use my position as a social researcher and as someone with a history of working with a sexual health project to determine 'once and for all' whether Rachel knew if she had HIV or not. Despite being a sick and vulnerable member of the community, broader discourses of collective health and moral risk were mapped onto Rachel's body as a result of her suspected HIV. If she confirmed that she was living with HIV or AIDS, it would make visible and known something that was for many an invisible and abstract—though much talked about—threat to community and national wellbeing.

Many of the people, men and women, who encouraged me to speak with Rachel had been trained as peer educators, in programmes funded under the national HIV response. I return to her story (as it was recounted to me by men in her community) later in this chapter. Here, I wish to use this example of gossip about Rachel to introduce the ways in which people, specifically men, engaged with the aspiration to protect their communities from HIV. I argue that engaging me with speculation about the cause of Rachel's illness was, at least in part, motivated by desire to contribute to the transnational and national project of making HIV more 'known'. Mapping HIV risk in communities—even by mapping that risk onto particular bodies—and providing warnings could be a means of demonstrating good citizenship and a desire to protect communities, families and selves. As much as HIV was woven into broader experiences of precarity, preventing the spread of HIV was positioned as a key collective aspiration in Papua New Guinea. In the next section, I consider how men engaged with this work as peer educators and how it contributed to positioning against *raitman* tropes.

4.1.4 *Tok aut, tok stret*—Peer Education and HIV Prevention

Peer education programmes have been central to government, church and donor efforts to break open silences about HIV for decades (Carlson et al. 2012, Dickinson 2009, Hemer 2015, Wardlow 2011). Peer educators in Papua New Guinea are usually volunteers, although similar kinds of awareness are also undertaken by community leaders, government employees and staff of community-based organisations who had been exposed to peer educator training. In East New Britain, volunteer peer educators are usually un- or under-employed men and women nominated by community leaders to undergo training with organisations that were funded under the national HIV response. The main source of peer educator training in East New Britain during the research period was PAC, which often partnered with Red Cross and the ENBSHIP, managed by Australian NGO the Burnet Institute, which provided clinical training support to STI clinicians and response coordination support to the Provincial Health Administration, in addition to volunteer training. The PAC provided nationally accredited HIV- and AIDS-specific training workshops lasting approximately a week. Each week-long training delivered a different module in graded levels, from *Introduction to HIV and AIDS*, which was the most commonly attended, through to *Home-Based Care for HIV and AIDS Patients*. After attending the initial training, volunteers were encouraged to share what they had learned with their communities, working with local healthcare providers and PAC to conduct awareness events. Those who continued as peer educators also attended further training sessions and information-sharing workshops, where they learned skills such as theatre and role-play performance that they could use to enhance their work. ENBSHIP provided a series of five, week-long workshops over a period of 12 months to volunteers known as *stret tokers* [straight talkers] about identification and prevention of STI other than HIV. However, as *stret toker* audiences inevitably had questions about HIV, *stret tokers* in most districts were offered PAC training as well so that they could provide better-informed responses.

After attending training, PAC volunteers were tasked with explaining what HIV and AIDS were and how HIV was transmitted; and educating audiences about the importance of not discriminating against those who were living with HIV. Peer educators are valuable to behaviour change for prevention initiatives because they are able to bridge gaps in communication between formal institutions and their family, friends and other networks through their superior social, linguistic and geographic access (Dickinson 2009). They

also work to traverse and translate conceptual differences in understandings of disease causation and treatment—explaining biomedical facts about how infection occurs and what happens when the virus is in the body, framing sexual risk and rational behaviour from awareness curricula, and making them accessible to their audiences. They are also charged with the task of making those ideas compelling enough 'to cultivate HIV "responsibilization" so that audiences will come to see their social practice first and foremost through the lens of health risk, and will act to minimize this risk' (Wardlow 2010 407). Thus, peer educators have the task of encouraging communities to, if not eliminate taboos about speaking openly about sex, at least broaden the parameters of what is considered acceptable to make discussions about HIV prevention possible.

Figure 7: Performance of an HIV awareness drama targeting men's behaviour change at Malaguna High School, Rabaul on World AIDS Day, 1 December 2012

4.1.5 Peer Educators as *Raitman*

Health workers play a vital part in supporting peer educators and conducting awareness as part of health patrols, both about HIV and other health issues. For the most part in East New Britain, health workers were provided with transport and remuneration for their work (Howes et al. 2014). Their vital role in communities was recognised and their training respected; even if people had low faith in health systems, something was certainly better than nothing at all. When health staff talked about HIV and safe sex, although still fraught, statements that were contentious or seen by some in the community as scandalous were given legitimacy by their official position. For peer educators, however, the process can be more precarious—physically, socially and financially.

Volunteer peer educators are 'low in the hierarchy of the global AIDS establishment', despite playing 'an important role in the AIDS knowledge economy' (Wardlow 2011, 404). Some women working as *stret tokers* spoke of having been threatened with rape and other violence if they continued to use 'sinful' words in public and were gossiped about as adulterous. Men were critiqued as being disingenuous, with gossip about their sexual relationships used to discredit them. Gender and discussions of gender relations were widely regarded as 'women's issues', which made public discussion of them a source of social discomfort for some male volunteers and could earn them teasing from men and women (Dickinson 2009, Lusby 2013b).

There was considerable attrition of volunteers, especially male volunteers, when there was insufficient institutional support, the threat of social and physical harm and no opportunity for financial reimbursement for their work. This attrition was caused by a mixture of factors. Men were more likely to move to find work outside the district or province where they were trained, or to take up fulltime work that restricted the amount of time that they could dedicate to 'doing awareness'. Younger men in particular were concerned about attracting shame or gossip as a result of participating in awareness-raising activities, either for providing unsolicited advice about STIs to peers or becoming known as someone who talked about sex all the time. This was true both with regard to what David Dickinson (2009) refers to as 'front stage' events—such as public addresses, workshops and film screenings—and one-to-one information sharing, or 'backstage' awareness activities (see Chapter 2 of this thesis).

Some men and women took the risk of gossip in their stride however and publicly claimed being a peer educator as a part of their social identity. I came across many men who took great pride in their work as peer educators and community volunteers. Being part of networks and associations of peer educators could be immensely valuable on a number of levels. For men, active participation in the work of combating the moral, health and socioeconomic threat of HIV plays directly to the idea of a *raitman* as a good, responsible citizen and leader. Taking on the identity of peer educator as part of local associations formed under PAC or as *stret tokers* represented belonging, purpose and power. It demonstrated participation in the national and global project of AIDS elimination and therefore in protecting the wellbeing of communities. As with the examples of men's maternal and child health advocacy discussed in the previous chapter, being a peer educator provided a way to publicly demonstrate one's commitment to community building. The interplay of these factors provided necessary fortitude to speak against social, cultural and religious taboos in public forums. Their work was powerful, gaining strong support from the provincial administration and even winning over some conservative clergy who had previously opposed public discussions about sexual health but began incorporating knowledge learned from peer educators into their sermons. After completing their training with ENBSHIP, many peer educators reflected on how before they started they had been afraid (women) or ashamed (men) to speak in front of a crowd—especially about sex, STI or condoms—or to name 'private parts'. Such stories invariably ended by stating how liberating it was to now be able to give awareness and be part of the important work of protecting the health of their communities.

Still, opposition to 'straight talking' remained. Peer educators and PAC in general were accused of cultural insensitivity, focussing too much on condom use and distribution: critics accused peer educators of catalysing promiscuous behaviour among young people. Talking about sex, whether as sex education in schools or conversations about safe sex in the context of HIV prevention, was said by some to be exacerbating rather than addressing the problem. Most such arguments were framed in terms of protecting religious and cultural sensibilities and have been well documented across Papua New Guinea and internationally (Eves 2012b, Hammar 2008a, Kelly-Hanku, Aggleton and Shih 2014, McPherson 2008, Wardlow 2008). In East New Britain, where Catholicism is the dominant religious denomination, much of the dissent against HIV awareness focussed upon church doctrine forbidding use of condoms. Condom promotion was said to

encourage promiscuity and even the turning away from God. This could be expressed in extreme ways: for example, I witnessed one street preacher outside a supermarket in Kokopo giving an impassioned speech against condom use:

> Do prawns swim in reverse or go forward? They go in reverse! Because *pekpek stap insait hed bilong kendam* [prawns' heads are full of shit.] If you use condoms, you are reversing from God's light; like a prawn, your head must be full of shit also!

Even community leaders who believed more should be done with regard to prevention of HIV told me that the approaches that were taken by peer educators, especially in rural areas, could be inappropriate. A community activist from a remote community in Pomio described health workers and peer educator volunteers arriving at her village and throwing out condoms to the crowd assembled to watch a DVD. When done from a parade float in urban Rabaul, this kind of exercise was a success—it was funny and a little taboo, but could help to normalise condoms for people who were apprehensive about them. However, when done in the rural village, it scandalised and reportedly made people disinclined to heed what prevention advocates had to say. Community leaders and some health workers said that more care should be taken to work within the sensitivities of local social mores, especially when entering into an area that had had limited or sporadic exposure to HIV prevention campaigns (Hammar 2010, Wardlow 2008). Many communities saw that they needed more quality information; people wanted to protect themselves and their families. However, many were also fatigued by repeated waves of the same abstract slogans adopted from the transnational prevention repertoire. Given that the advice was rarely accompanied by access to HIV testing or other support, such as in places like Melkoi, these slogans had little relevance for audiences.

The potentially controversial dynamics that surrounded communicating messages about a sexual health epidemic meant that the NAC and international organisations working within the HIV response stressed the importance of adhering to technical, medical definitions in awareness workshops—straight talk. The sensitivities around communicating messages play out unevenly, however. I witnessed and heard accounts of peer educators who would call a community meeting and begin their address in the local language but would answer their own question of 'what is HIV and AIDS' by spelling out the meaning of each letter of the acronyms in medicalised English: 'it means "human immunodeficiency virus" and "acquired immunodeficiency syndrome"'. These

elaborations were made with varying degrees of accuracy, usually, though not always, with some explanation in Tok Pisin or local language of what an immune system was, and what it meant when it was compromised. Using medical jargon is part of peer educators establishing the protective guise of 'expert'. Further, in sticking to literal, medically correct expansion of the HIV and AIDS acronyms, peer educators are able to fulfil directions from training to 'talk straight'. For many in their audience, however, the meanings of English medical vernacular are anything but clear, and instead add to the mystery and foreignness of HIV and AIDS as both conceptual threat and embodied illness. These terms, and the ways that they were sometimes presented, also highlight the exceptionalism in how efforts to address HIV have been attempted (Piot 2008). In contrast, I never heard of anyone entering into a community explaining TB in terms of *Mycobacterium tuberculosis* or anticipating that prefacing a lesson on how to avoid infection with an explanation of biomedical jargon would assist audiences' understanding, empathy or preventative efforts.

Peer educators trained by PAC and ENBSHIP were encouraged to focus their awareness-raising efforts on people of their own gender and age demographics. In lieu of the social cachet that protected the men described above, this helps to mitigate embarrassment, harassment or risk of being accused of transgressing cultural taboos. The conceptual paradigm that shapes peer educator training is predicated on the fact that there was a knowledge deficit that needed to be filled by transmitting transnationally authored prevention dictums into communities (Adams and Pigg 2005). This framing makes it difficult for peer educator encounters to be anything other than didactic. Peer educators are established as experts and while their central value is to translate prevention knowledge so that it was accessible for their peers, they are also required to ensure that the central messages of global AIDS talk remain intact. However, as Wardlow (2011, 408) writes:

> a number of factors work to destabilize fidelity in translation. First, the incompatibilities between the information with which HIV educators are equipped and the conceptual frameworks underpinning the questions of their audiences often propel them into at least a little improvisation. More importantly, at least in the Papua New Guinea context, there are silences in the handbook just where participants and instructors hope for more answers—particularly when it comes to questions of ultimate causality and ethically meaningful modes of prevention.

These silences contribute to the mysteriousness or abstractedness of HIV awareness in communities. Most peer education encounters include examples of hybrid knowledge about HIV and AIDS (Wardlow 2011, 408), delivered as lectures or sermons addressing perceived lack of knowledge. This mode of delivery can prohibit audience interaction and questioning, and therefore comprehensive conversations about what prevention might look like in the audience's own lives and relationships. Silences and the need for improvised understandings are in this way replicated and multiplied, which reinforces and feeds into existing power dynamics, bias and understandings of illness causality—as well as narratives of blame, something examined further in this chapter and the next.

In some cases, peer educators drew on their own knowledge, biases and understandings of the world to supplement gaps in what they had been taught, in their own comprehension and to answer audience questions. In one instance, I was standing in a small crowd next to a peer educator, AnnMaree, a middle-aged woman, while we listened to a representative of ENB Friends Association, Samuel, testifying about his experiences living with HIV. I overheard AnnMaree augmenting Samuel's presentation with her own advice as she spoke with a group of men standing to her side. She pointed out how normal Samuel looked and how it was important not to discriminate. Samuel posed no danger, she said, and was on regular medication that he needed to obtain from the clinic. According to AnnMaree, the medication helped to protect everyone because it lowered his libido and meant that he did not want to have sex with anyone, so could not transmit HIV.

It is possible that this untruth stemmed from AnnMaree learning how antiretroviral treatments reduce the viral count in infected bodies, making it much harder to transmit to other people. The knowledge that there might be a reduced, even undetectable viral load in Samuel's body, however, did not change public perception of him as an object of both fear and pity. Rather, this information was filtered through moralising conceptions of people with HIV as necessarily promiscuous and irresponsible, resulting in the suggestion that their desires and sexuality needed to be externally governed. As such, Samuel was made 'good' through framing his masculinity, his sexual agency and desires as curtailed and contained by his compliance to an approved treatment regimen.

People living with HIV and AIDS who were engaged as peer educators can benefit from the work: it is a source of income, camaraderie and a sense of purpose from contributing

to worthwhile community work. Nonetheless, the moralising subjectivities that are pervasive in the wider community, even among peer educators, can be damaging, adding to the emotional and affective labour of negotiating stigma in already challenging contexts. The positioning of people living with HIV and AIDS as object lessons for people who did not know themselves to have HIV affected the personhood and social positioning of people living with HIV and AIDS encountered through the research. Their goodness in the eyes of the public was made contingent on proving their worth, moral standing and community mindedness through public performance as compliant HIV patients (Wardlow 2017).

There is little empirical evidence from Papua New Guinea demonstrating that advocacy from people living with HIV and AIDS necessarily helps to encourage people to change their behaviours in sexual relationships (Carlson et al. 2012). Nonetheless, calling on people living with HIV and AIDS to act as advocates was employed widely as a critical element of awareness campaigns in East New Britain during the research. Advocates, and those who travelled to workshops with them, hoped that their testimonies would help to build empathy—normalising those living with HIV and at the same time providing behavioural warnings that might help in HIV prevention efforts. Peer educators who spoke about living with HIV were usually welcomed by communities and people said that they were curious to know what a person with HIV looked like.

Men encountered during the research reflected positively upon times when they had heard people living with HIV speak about their experiences as peer educators. They told me that hearing such testimonies could help to build empathy and ground the realities of how HIV was transmitted in lived experience. For example, men in Melkoi discussed having attended an awareness event conducted by PAC, where a man with HIV came and addressed them. The men said that despite being conscious of AIDS as a threat, they had never met anyone with HIV. They found his story interesting and sad. The peer educator had, I was told, talked about having had 'multiple partners', an English phrase that stood out in our Tok Pisin discussion as having come straight from the global AIDS vernacular. Nonetheless, the story resonated—what had happened to him, the men told me, could happen to anyone. This sentiment echoed a slogan on a NAC poster released in the 2000s that stated, 'It can happen to anyone ... and it can happen to you' (Hammar 2008a, 46). The advocate's main message was cautionary and the men thought it admirable that he was using his hardship as a way to help others. They said that they saw that people with

HIV needed to be helped, not shunned, and believed that if anyone in their community disclosed that they had HIV, people would do their best to assist them. These attitudes speak to distinctly Melanesian ideas of wellbeing as relational and reliant on inclusivity and mutual obligation, as well as notions of Christian charity (Lepani 2015). However, the broader sense of precariousness stemming from HIV, and fear of HIV, could refract and subvert these intentions as people sought to protect themselves and their families from the so-called 'dreaded disease'.

So far in this chapter, I have demonstrated how and why fear of HIV manifested across East New Britain. I have introduced the ways that fear was gendered, but also shown how men participated in the collective aspiration of protecting communities from HIV through projecting information outwards as part of awareness efforts. In the next chapter, I argue that this was not necessarily accompanied by self-reflection but rather resulted in mapping blame and causality for HIV and HIV risk onto bodies of individuals—more commonly, of women.

First, I illustrate how these dynamics play out by returning to the story of Rachel, the woman in Melkoi suspected by some in her community to be sick because she was living with HIV. This is a story primarily about fear of HIV and AIDS, which articulates as gendered violence. It foregrounds the ways that narratives of AIDS fear were entangled in justifications of violence against women. Here, and in the lives of countless other women and men, the affective experience of precarity felt by communities turns to physical danger for those who are targeted with narratives of blame. As argued throughout the thesis, these narratives are indelibly tied to existing social power dynamics in ways that are deeply gendered.

It is important to reiterate that this is an account of gossip shared mostly by men in Rachel's village; I am unable to say whether the details of the story, as related to me, were objectively true. However, the story demonstrates how Rachel's history, person and reputation were treated in the days leading up to her death while I was staying in Melkoi. Moreover, it provides an illustration of the ways in which fear of HIV and AIDS, and narratives about women's behaviours that were used to justify violence, were intertwined across the research sites.

Men in the community said that Rachel contracted HIV when she was spending time in West New Britain, in the capital Kimbe and at an oil palm plantation in Bialla. Men from her village and in her extended family told me that she had enjoyed a degree of mobility, sexual freedom and autonomy that was unusual, and from their telling, scandalous for a woman when she was younger, which they claimed continued after she was married. Rachel was rumoured to have had a 'sugar daddy'[24] in Kimbe, a relationship that she allegedly maintained before and during her marriage to another man. There was speculation that Rachel had contracted HIV in this relationship, and that she had passed it on to her husband—people said that the husband used to have a big belly but was starting to go *bon nating* [just bones, very thin] like Rachel had when she became ill. The group of men telling me this, all community and church leaders, said that they thought this man had been made ill as a result of Rachel's lifestyle and that this was a great injustice.

It is important to remember that Rachel's illness was not confirmed to be HIV related. She was sick in a context of generally under-resourced health services where there was no local capacity for HIV testing or treatment and where the closest health facility, some 20 kilometres away from her hamlet, was under-equipped even to treat commonplace ailments such as gastrointestinal illness, malaria or skin infections (Haley 2008, Hemer 2015). This meant that many illnesses and deaths went undiagnosed and were subject to rumours—although those rumours were more likely to be about sorcery than HIV and AIDS (Lindenbaum 2016, Urame 2015).

Rachel was not the only chronically ill person with an uncertain diagnosis who was being cared for in the community. However, her illness was viewed through the lens of knowledge about her past freedom of movement and speculation and gossip about her sexual history. In this way, conversations about fears for what Rachel's illness meant for the community were as much about fears of feminine sexual freedom; pathologising her sexual past in terms of HIV risk made long-standing moral judgements contemporary. In this telling, men were only visible as concerned commentators, as potential and

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[24] 'Sugar daddy' is a globalised term that refers to a wealthy, usually older man who provides cash and gifts to younger women in return for company and/or sexual favours. In predominately heterosexual HIV epidemics such as PNG and many parts of Africa, it is not uncommon to see awareness messaging themed around warnings against young women engaging in these kinds of transactional relationships, particularly as part of theatre or films (Darius 2008, Higgins et al. 2010). The men's use of this term in Rachel's story struck me as somewhat incongruous, as she looked to be in her 60s by the time that I arrived in Melkoi and Rachel had become seriously ill.

(allegedly) actual 'victims' of AIDS and as a faceless conduit of HIV. The figure of the sugar daddy in men's accounts of Rachel's history is almost as abstracted as the virus itself: difficult to control and govern and distanced from everyday experiences in village life. An effect of this distancing was that men's role in HIV prevention was reinforced as primarily the externalised monitoring of others' behaviour, rather than reflecting on their own 'high risk' or criminal actions.

A few weeks before I was to leave East New Britain, I heard that Rachel was very sick. Her granddaughter was the only one who was helping her, by doing things like bringing her food, although Rachel had not eaten for several days. A few days after she stopped eating, Rachel's brother started to build her a coffin. However, there was debate as to whether her body should be buried, as was normal, or cremated, which would be disrespectful according to local custom. Men and women who had attended HIV training and who had ostensibly been instructed about the ways that the virus could be transmitted were worried that nothing would ever grow in the ground near the grave, or if it did, people would become sick after eating produce contaminated by Rachel's body. I said that this was impossible, that even if she did have HIV—and no one knew that was really true—the virus would die with her body. Scholastica, a peer educator replied, 'yes, I know, they never said anything like that would happen in my [HIV awareness] training'. However, she then asked if I was really sure that it was not true, and how did I know. Men were more adamant about needing to protect the community and repeated the rumours about Rachel's promiscuity when she was living away from the village as part of their arguments.

A week later, Aloysius, the husband of another peer educator told me that Rachel had died. Aloysius was a kind of honorary peer educator, despite not having attended any official training. He was supportive and interested in his wife Maggie's work and often accompanied her to awareness workshops, so had been exposed to education about HIV and how it was and was not transmitted. He thought that sexual health education was important, as was protecting the community from HIV. Aloysius reported that when Rachel stopped eating, she was moved to a rudimentary shelter built out of sticks and palm fronds on the beach. A few days after the coffin was built, her relatives decided that she should sleep in it. They were frightened of her sores and of her waste. They were frightened too that, as her condition worsened, it would be even more dangerous to them to touch her to move her. According to Aloysius, after another day or so, her son allegedly

decided that she had taken too long to die. She was comatose and close to death, so the coffin was sealed shut and buried. There was no *haus krai* [wake, or period of collective mourning], reinforcing the silence and the shame surrounding Rachel's illness and death. I asked if she was really still breathing; if she had a heart beat when she was buried. Aloysius replied that he did not know for sure, but that is what he had heard. He said, 'all of us are so scared of this sickness'. Another man, John, joined Aloysius and said, 'but she was covered in open sores. No one wanted to touch her, in case the virus jumped. We're all scared', they said, 'it's the first time that this sickness has been in our communities'.

This vignette demonstrates the tragedy of HIV and AIDS, even in an epidemiologically low prevalence area; even when the question of whether a sick and dying woman had had her body made vulnerable by HIV was not a confirmed truth. The logic of global AIDS knowledge communicated throughout Papua New Guinea and viewed through the interface of patriarchal values pieced together from Christianity, *kastam* and the legacy of colonialism had effectively pathologised non-monogamous sex. More accurately, female non-monogamous sex was pathologised, and men framed as victims of immoral women tempting them into danger. That logic was refracted further through gossip and value judgements about Rachel's alleged past sexual relationships in a social environment where, as shall be explored further in the next chapter, women were blamed for men's illicit sexual desires and their decision to act on those impulses. Further, women who were seen to transgress accepted roles of femininity, to become 'wayward' (Wardlow 2006) through being mobile and travelling for work, or through engaging in non-marital relationships for love, desire or material or social gain were positioned as a risk to community morals and safety. Men's responsibility for participation in the same relationships and pursuing those relationships, and their culpability in framings of community HIV risk was markedly less visible.

Rachel's story ties together the way that fear of HIV and narratives of blame that focus on women's bodies and behaviours intersect with and result in violence. In this chapter, I have focussed on the ways that fear of HIV, reinforced through HIV awareness messaging historically predicated on scaring audiences into good behaviour, has played out through gendered relationships. I have discussed the ways in which men position themselves as good men within these narratives, both as community advocates and protectors, and through proclaiming themselves less bad than women who are positioned

as bad influences or who transgress boundaries of proper social behaviour and sexuality. In the next chapter, I explore these dynamics further by discussing narratives of gendered violence and blame for violence, and how these gendered narratives allow men to deny culpability for acts that might call into question their striving for aspirational masculinity.

Chapter 5: Good Men, Bad Women and Narratives of Violence

In this chapter, I explore how men speak about violence against women—its causes and how narratives of blame and culpability shape men's positioning against ideas of aspirational masculinity. In particular, I examine how the concepts of discipline, and conversely of transgression of social mores, were employed throughout the research to explain and even excuse acts of violence in ways that are deeply gendered.

As argued throughout the thesis, the ways in which men and their communities interpret and gender HIV awareness and anti-violence against women messages are shaped by historical and social contexts and audiences' experiences and readings of precarity. Here I further argue that the ways that audiences, and men in particular, interpret and use awareness messaging combines with existing unequal gendered power dynamics to shape narratives used to explain violence against women. In this milieu, fear of HIV and men's efforts to protect communities from HIV are instrumentalised and used to reinforce and amplify justifications for acts of violence in ways that deny men's culpability, instead blaming *meri nogut*, 'no-good' women.

These tendencies are placed in stark relief through the story of Rachel, described in the last chapter. Here, I further argue that some men's tendency to look outwards, rather than reflect on one's own behaviours, occurs in intimate relationships. Women were blamed by men and some other women for tempting men into 'risky' sex. This allowed men to deny their own agency and capacity to behave according to the dictates of global AIDS talk. By deflecting blame, men's own culpability is hidden, allowing them to position themselves as *raitman* against ideas of what it means to be a good man in the shadow of HIV and AIDS. Through these discussions I show that the multiple and shifting definitions of *raitman* in the context of discussions about and experience of violence against women and HIV, sexual politics and intimate gendered relations are revealed as overlapping, messy and contradictory.

5.1 Violent Men and Violent Women

This messiness was revealed in the ways men spoke about violence in their communities during my fieldwork. When I asked men what they thought about awareness campaigns promoting action against men's violence against women, they almost unanimously said that they agreed with the messaging; that the law was clear, it was a crime to commit acts of violence against one's wife or family members and that incest and rape were crimes and counter to historic, pre-colonial customary law (although this was contradicted in claims from some respondents in Melkoi and NCR that punitive rape for theft or women transgressing into sacred men's rites was common before missionisation). Men expressed their concern about what they saw as unacceptably high rates of family violence and sexual assault in communities and voiced their sympathies for women. At all research sites, men stressed the fact that women hold an important place in families and communities as custodians of the land in matrilineal Tolai and Lote societies.

However, as conversations progressed, many men equivocated and spoke about mutual blame for family violence and violence as discipline for women who did not respect their husband's role as head of the family, or claimed that women placed themselves in situations through their behaviour, travel or dress that made sexual assault an inevitability and even their own fault. These justifications obfuscate or deny perpetrator culpability for violence but allow men who engaged in similar behaviours to maintain self-perception as a *raitman.* Similarly, where male and female respondents, including police and health workers, discussed violence between women, the fact that the violence was usually the result of a shared partner's philandering would be provided as context but one or both of the women was framed as the instigator of the violence (usually the second partner, rather than the actual assailant). This violence can be physical or social (e.g., spreading rumours or *tok nogut*, encouraging communities to ostracise them) or both. Social violence can be just as or more damaging than a physical attack, leading to homelessness and disenfranchisement if it becomes severe enough for a woman to need to leave her community (Reid et al. 2013). In accounts of these altercations, most of the time it was women who were blamed for having a relationship with another woman's husband and who were reported to the police for enticement to adultery or targeted for physical confrontations or social violence. This is in spite of the fact that the men had equal

responsibility for taking a second partner and the adulterous relationship was acknowledged in peer or police accounts of the fight.

At the same time, discussions about male violence are pervasive in and about Papua New Guinea. Of both public and private violence, men are more likely to be the perpetrators, whether as street criminals—referred to as *raskols*—security agents or domestic assailants (Amnesty International 2006, Dinnen 2001, Dinnen and Ley 2000, Eves 2006, Lakhani and Willman 2014a, 2014b, Luker 2010). In these discussions too, the notion of disciplinary violence by state or private security agents or the general public against *raskols*—or as revenge or as punishment for someone who had wronged or posed a threat to a family or community—is viewed by many as justified (Macintyre 2008). However, while the gendered dimensions of violence against women by men are foregrounded in discussions of punitive violence, they are almost invisible in mainstream discussions of violence as a means of securitisation. Violence between men as *raskols*, and predominately men as security and police, is just violence and the gendered contours of those interactions rarely scrutinised.

Sally Engle Merry (2006, 24) reminds us that 'while violence exists in a culture-free zone of injury and death, its meanings are deeply informed by social contexts'. These meanings allow violence to be interpreted as either legitimate or illegitimate, and are inherently gendered whether applied to acts of violence that occur in relationships between men and women, between men or between women (Ellsberg and Heise 2005, Scheper-Hughes and Bourgois 2004). To understand how men determine what constitutes legitimate and illegitimate violence, and how this informs readings of anti-violence against women awareness, it was first important for me to understand how research respondents defined a 'violent man' and a 'violent woman'. I raised this in one of the earlier discussion groups with the Kokopo security guards.

5.1.1 Violent Men

SL: How would you translate 'violent man' to Tok Pisin?

Guards: *Man bilong pait, man nogut—em tok nogut, bikhet man* [a fighter, a no-good man—he swears and insults people, he's a big head] … no discipline.

These characteristics describe meaningless or purposeless violence. It is particularly telling that a 'violent man' is described as someone who has no discipline. Their lack of self-control or respect for community aspirations and rules is part of what makes them a threat. The guards talked about using physical force against these kinds of men to keep community peace, particularly in mixed ethnic communities where 'people have got different ways of thinking, different ideology'. As Lars Buur (2008, 577) observes, where violence is disciplinary, it 'is nearly always directed at the future in the form of "prevention", "change of behaviour", and "learning the right way"'. One man gave an example of a youth from East Sepik who was branded a ring-leader for trouble in the community:

> He's a *bikhet* [big head, disobedient] boy, *bikhet stret* [very much a big head.] Like, he drinks a lot and he influences others to be like him; when he goes to Rabaul he goes around with street boys and they all cause trouble. The thing is, when he drinks, he swears. Swears inside the community, *tok nogut* inside the community. He has no respect for the Big Man or the elders inside the community. People hate him for it, for his attitude … But the thing is, whatever you do, you have to face the consequences. So one time, this boy went back home and everyone beat him up. It was big, he was even cut with a knife and got admitted to the *haus sik*. When he came out of the hospital, he'd changed. He was a good boy again.

In this example, the violence used was narrated as having been redemptive and helpful, both for the individual 'taught a lesson' and the community who gained a reformed citizen.

However, the lines between a *bikhet* boy and a *raitman* working in service of community stability are seldom, if ever, clear-cut. Here too, the guards talked a lot about being 'caught between' the village and town, *kastam* and state laws, saying '*ol konfus I stap. Wanem we long behainim*? [everyone is confused. Which direction should we follow?] Where are we? Where do we belong?' They felt that they imperfectly straddled ways of

supporting themselves and their families, being on the periphery of land access, social support and waged labour.

These same affective dynamics of precarious livelihoods and uncertain social status that the guards said they experienced also appear often in explanations of contemporary violence and crime in Papua New Guinea. Sinclair Dinnen (2001, 97) writes that 'the practical skills of raskolism, associated with the masculine attributes of toughness and physical prowess, are seen as consistent with those required by security guards. The positions also require few formal qualifications'. Dinnen's work shows that for men who felt that they were 'caught in between' worlds and opportunities, it was not uncommon to attempt to find ways to leverage their advantage as security enforcers and their connections with petty criminals and others in precarious circumstances to achieve the material gain they felt was owed to them. This porousness of these kinds of categorisations and boundaries was not limited to the guards in Kokopo but was apparent throughout the research. At various points in their lives, men might drift in and out of practising *raskolism* and being part of a mob of 'concerned citizens.' That is, depending on social context, they might identify others as deserving or easy targets of theft or violence, or *bikhets* in need of discipline.

Although crime and violence are viewed as threats to wellbeing and condemned by women and men who were potential victims, there was, at the same time, a certain empathy for *raskols* and *bikhet* youths in communities. In workshops exploring community perceptions of crime in Lae, a city badly affected by violent crime, Martha Macintyre (2008, 182) found that, 'the word "frustration" (used by Tok Pisin as well as English speakers) was used to describe the emotion that women believed inspired men and adolescent boys to smoke marijuana, drink alcohol and behave violently. This term recurred in workshops with police and was invoked to both explain and excuse illegal violence'. Reinforcing the arguments made here, women participating in the workshops stated that as well as beer, guns and marijuana, *raskols* and police all needed to be got rid of to make communities safe, with one participant saying, 'who can tell the difference?' (Macintyre 2008, 182). Similarly, Sinclair Dinnen finds that 'much of the discussion of *raskol* crime moves between its essentially passive depiction as a symptom of deepening inequalities, and its significance as a form of political dissent' (2001, 47).

Anti-social behaviour thus takes on meaning as a stand against feelings of disempowerment and those said to have caused it: government, 'elites' and 'all the people who don't take notice of them' (Macintyre 2008, 182). Dinnen (2001, 47–8) writes that 'many *raskols* do try to legitimate their activities by reference to government failure to deliver essential services, lack of economic opportunities, social injustice, and growing levels of corruption among the national elite. These views also underlie the ambivalence in popular perceptions of *raskolism* in many parts of the country'. Community understanding, however, has its limits. Young men who turn to crime are not, after all, the only ones who must work to navigate precarity and its attendant disappointment and frustration. By reacting with righteous aggression, they add to the difficulties of others in their communities combating the same political economies that affect livelihoods and impede access to basic services. Keir Martin (2013, 149) observes that around Rabaul, East New Britain, 'many Tolai are aware of the economic changes that have led to this state of affairs and therefore have some sympathy with the plight of these young men.' At the same time, the youths are regarded with frustration and embarrassment, their own alleged laziness and poor attitudes placed at fault, meaning that, 'most of the time they are cast as the problems themselves' (Martin 2013, 150).

Macintyre (2008, 180) shows how the aggressive masculinity that results in illegal violence is 'simultaneously sociable—for it aims to gain the admiration of other men— and anti-social, in that it is often harmful, illegal and disruptive of social harmony'. As discussed in Chapter 3 in relation to drug and alcohol use, criminal activity and objectionable behaviours can also be distinctly social. They are undertaken as much for prestige and to attain belonging to a group in the face of being, in Martin's words, part of 'a whole generation that the new economy seems to have cast as being surplus to requirements' (2013, 152) as for material gain or to vent 'frustration' (2008, 183).

The ways in which men seek to move beyond social acceptance within a peer group and try to gain respectability and the social acceptance of the whole by proving themselves to be good citizens are multidirectional. Acting as security, whether through formal employment or as part of community law and justice enforcers or vigilante groups is a way to apply learned ways of gaining social power as a male through violence. This creates different positioning against aspirational masculinity: aggressive masculinity for good rather than for ill. Narratives of security and discipline allow violence to be

constructed as punitive rather than retributive, disciplinary instead of vindictive, and therefore as contributing to modern development futures (Buur 2008).

5.1.2 Violent Women

If men's violence can be remade as a community good, or at least as an explainable reaction to precarious lives, what about women's violence?

SL: What about 'violent woman' in English, how would you say that?

Guards: *Meri bilong pait, bilong kiross, bilong tingting nogut, bilong spa,* [women who fight, who have bad tempers, are suspicious, get drunk] dance at different clubs all the time, go here and there, *pait bilong man* [fight over men.]

Women's violence was classified in a more nuanced way than men's violence. A violent woman has some of the same qualities as a violent man: fighting and bad temper. Although these were sometimes discussed in the context of women who treated their children too harshly, for the most part, women accused of fighting and bad temper were said to exhibit these behaviours in their marriages. This in turn was viewed as reasonable grounds for disciplinary violence from husbands or other family members even when, as men said was often the case, they were cross because of a husband's philandering—and therefore as the guards said in the quote, 'suspicious'—or if they were fed up with his excessive drinking (Fulu, Jewkes et al. 2013, McPherson 2010, Médecins Sans Frontières 2011).

A woman is also seen as violent when she acts in ways that transgress boundaries of conservative femininity by drinking, dancing and being independently mobile, 'going here and there' (Kelly-Hanku et al. 2016). This violence is also related to the threat of HIV, given that mobility (and therefore lack of oversight or control of a husband or family member), dancing in nightclubs and drinking are all associated with unsanctioned expressions of female sexuality (Wardlow 2006, Wood, Lambert and Jewkes 2007).

Men discussed women's sexuality and sexual agency in complex and seemingly contradictory ways. They claimed that women had less sexual desire than men, with one saying that:

Mipela ol man, dispela desire em bikpela moa. Olsem yupela ol meri, olsem, I go daun liklik. Mipela ol man, 99 per cent. Na long ol meri em 50 samting go down [With us men, our desire is much bigger. Like, you women, it goes down a bit. Us men are at 99 per cent. And with women, it's only around 50 and below.]

This was said in a conversation that was primarily about marital relationships and the fact that at all of the research sites marital rape was said to be a significant issue. Women's reported reduced libido or refusal of sex was offered as an explanation (although not necessarily a justification) for why some men forced their wives to have sex or why they might go and rape other women:

> Some men don't have wives. Their wife has left them or whatever. They are lonely and they want to have sex. So they see a woman and think of it as a chance to have sex. Or sometimes, a wife will refuse him sex, so he needs to get it somewhere else. If it is a chance he will take it. *Pilai blok o pasim em* [block any play, close the door to him] … Some men will listen to their wives when they don't want to have sex, others will hit their wives. Hit them, carry them into the house, and fuck them. Sometimes, they won't even carry them into the house. There will stay outside at the *haus kuk* [cooking hut.] This kind of man people call them dog man. They don't think.

Here, men described the kind of man who would force himself on his wife as a 'dog man', someone without control and without discipline. However, in other discussions, the same men and others would say that payment of bride wealth and the Christian-derived principle of a wife's duty to her husband means that it is justifiable for men to demand or force sex (Bradley 1990, Lewis, Maruia and Walker 2008, Wardlow 2006).

Pius, a nurse who conducted sexual health workshops for men, said that he heard this often:

> [Men] say things like, 'if I have paid bride price with shell money, then the woman belongs to me. Whenever I want sex then she has to give it to me. So why should I work hard so that she will give the sex when she has to anyway?'

In the discussion groups that he ran with men, Pius tried to show participants that if men did not pay attention to women's sexual satisfaction, and if women were being generally treated poorly or dismissively by their husbands, there was little wonder that they did not want to have sex at the end of a long day. He was part of a growing number of community

and health sector advocates, including within many of the churches, promoting more companionate marriage; although within these models too, men remain at the head of the family and responsible for family discipline (Cox and Macintyre 2014, Hirsch et al. 2009, Spark 2010). In Pius's workshops, encouraging men to ensure that their female partners were ready for and wanted sex was touted as important for healthy relationships, as well as important for limiting risk of HIV transmission (although the illegality of marital rape was not discussed) (Higgins, Hoffman and Dworkin 2010):

> Women are not sex objects, where you can just, bang! No way! They have feelings too … I used to say that to have a good relationship then they [men] needed to talk nicely. Also I used to say to [men in workshops] that women are actually better at sex than men, even though we think that because men have these feelings all the time they are better. But men, they are finished in two or three minutes. But even after intercourse sometimes women don't have [any pleasure] because men are greedy. We want to do at the base of a tree or places like that where sex should be in the house in a private place.

Even though the existence of women's sexual 'feelings' needed to be addressed in conversations like these, it was an open secret that women and men had extramarital affairs because of love and desire. A study of pregnant women and expectant fathers in East New Britain found that 42.5 per cent of respondents thought that pregnant women had relationships with one man that was not their husband during pregnancy and breastfeeding, and 35 per cent thought that women had relationships with multiple men outside their primary relationship; roughly equivalent to the percentage of people who thought that men would have extramarital sex while their partner was pregnant or breastfeeding (Holmes et al. 2012).[25] As Holly Wardlow (2006, 154) shows in her work with self-identified *pasinja meri* [passenger women], engaging in extramarital sex can have as much to do with defiance and resentment in the face of ill-treatment from husbands and birth families as desire, love or a need to exchange sex for money or goods.

There is a spectrum of reasons that women engage in extramarital sex in East New Britain, which involve different degrees of consent and some of which include exchange of money or gifts. During my field research, however, women who demonstrated sexual agency

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[25] This is compared with 41.25 per cent of respondents believing that men had relationships with one woman who were not their pregnant or breastfeeding partner, and 40 per cent believing men had affairs with multiple partners.

were more likely to be described as immoral and money hungry than engaged in relationships driven by mutual desire or affection, or as a reaction to dissatisfaction with a marital relationship. Security guards identified *pasin pamuk* [promiscuous behaviour] as the central issue. They pointed out that men as well as women could be *pamuk* [promiscuous person, also used as an insult akin to the English 'slut' (Stewart 2014, 30).] However, in more expansive discussions, it became clear that men attributed greater blame for casual sex on women. Women were responsible for pushing husbands to look for sex elsewhere by refusing it in the home, and for 'tempting' men into illicit relationships that, men claimed, women in urban areas entered into primarily out of a desire to make fast money.

There are several points to unpack here. The first is the idea that women labelled as *pamuk* or *meri nogut* are responsible for drawing men into unsanctioned sexual relationships or behaviours. The second is the characterisation of women as sex workers, which Wardlow has described as 'a discourse mobilized by men, other women, hospital employees, the police and religious authorities to categorize women—stigmatizing some for their behaviour and controlling others with the fear that they might be so labelled' (Wardlow 2006, 3). The third is the ways in which consent is discussed in the context of casual sex. The final point is how these threads intersect with transnational and national epidemiological discourse around female sex workers and risk, and men's obfuscated visibility in those conversations.

5.1.3 Narratives of Violence

Men described overwhelming or uncontrolled desire, *mangal*, as a threat to self-discipline and as a factor in sexual assaults, incest cases and illicit sexual relationships. *Mangal* can mean the excitement of mutual sexual desire but usually had overtones of something taboo, for example, unsanctioned relationships between young people; a line crossed between appreciation and pleasure into something potentially damaging for agent or subject or both, for their families and for their communities. For example, to *mangal* a woman can also mean to desire her without considering what she wanted, and was often used in discussions of rape or use of *malira* [love magic] or *komkom* [vengeance magic] (Epstein 1999a). It implies unthinking behaviours—a lack of discipline and respect, and was also used in discussing theft or robberies; something wanted that was just taken (Gewertz and Errington 1998). Desire in these contexts is closely related to jealousy,

coveting another's goods or circumstances, and was therefore said to be at the root of malevolent sorcery, marital breakdowns and fights within communities. Holly Wardlow (2006, 46) describes similar feelings among the Huli of Tari in the Southern Highlands of Papua New Guinea, described there as *madane*, a sense of covetous jealousy:

> *Madane* is an emotion term that encompasses a complex social scenario: it is about feeling entitled to a particular thing because of another person's explicit promise or implicit social obligation, the failure of that person to follow through the consequent sense of having been let down or betrayed, and the potentially destructive acts one does in response to these feelings.

In discussing rape and other crimes as *mangal,* desire as entitlement is used to excuse hyper-masculine attributes, including aggressiveness, sexual potency and high libido (Hukula 2012).

Men claimed that an increase in the incidence of these kinds of behaviours was in large part because of changing social mores. For example, women were accused of dressing 'provocatively', which could refer to any clothing other than a *meri blouse* and *laplap*, including baggy t-shirts and below-the-knee shorts, or tight clothing (Cummings 2013, Jolly 2012). Women, particularly younger women, disputed this. They gave examples of times when they or women they knew had been assaulted while dressed modestly and argued that buying Western clothes second-hand for only a few kina was much more economical for everyday wear than the K30–60 it might cost for a *meri blouse*.[26] Nonetheless, in a discussion group, security guards spoke about how 'before', their Tolai ancestors had not worn clothes so there was no mystery about bodies. There were also stricter and more violently enforced laws prohibiting adultery (Banks 1993). Today, however, everything was more sexualised and men were always thinking about sex:

> *Yu bungim em lo rot go lo wara, yu kuapim em. Yu bungim em lo rot go lo gaden, yu kuapim em...Bifo, tingting bilong ol I no bin bruk. Olsem mipela ol as nating tasol. Tasol tingting lo sex, kuap, kam insait...Nau mi lukim olsem, sapos yu no putim kolos, ol man I tingim kuap pinis* [If you meet [a woman] on the road to the river, you'll fuck

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[26] Clothing was not, of course, chosen simply on the basis of either modesty or economic necessity. Particularly in areas closer to town, women and men also expressed themselves through fashion, using new fabrics and variations on styles to make *meri blouse*, creating outfits from garments found at second-hand clothing outlets and celebrating favourite musicians through emulating their style or wearing their image on t-shirts (see Spark 2015).

her. If you meet them on the road to the garden, you'll fuck her … Before, people's thinking wasn't broken [like this.] So we were all walking around just naked. But now thinking about sex, fucking, has come inside. Now the way I see it, if [a woman] does not wear a *meri blouse*, men are already thinking about fucking her.]

Paradoxically, even while recognising that men were being promiscuous and indeed sexually aggressive to the point of committing crimes, men simultaneously positioned themselves and their peers as having little control over their sexual decision making. By claiming that they were at the mercy of *mangal,* desire, or simply 'feelings', men re-centred discussions of *pasin pamuk* around women's attitudes, actions and blameworthiness. As Mo Hume (2009, 82) observes, by deflecting attention away from men's responsibility, men engage with 'the two-fold objective of mitigating and obfuscating culpability while at the same time seeking forgiveness and absolution'. When these narratives were left largely unchallenged, men's endeavours to position themselves as good could be augmented and made easier by shifting blame onto women for behaviours that they recognised as harmful to community good.

Another aspect to this tendency to give women key responsibility and blame for sex outside marriage (including assault) is the positioning of women who participate or are forced to participate in casual sex as 'money minded' or greedy. Receiving a fortnightly wage meant that men were able to *flik,* a slang term for exchanging a small amount of money, whether as cash, drinks or gifts for sex. The term related to flicking a coin, an image that implies that paying for sex can be simultaneously a casual and furtive act, and that is dismissive of women and their value. This is also reflected in some of the ways that women who exchanged sex for money are labelled: for example as *tukina meri* [two kina women], which refers to cheap sex, *paia-rais* [burned rice], which refers to women as used up (literally, the scrapings at the bottom of a pot), *raun nabaut meri* [itinerant women] and *rausim kus meri* [handkerchief or sneeze woman], a woman who is disposable and only needed for men's sexual release.

However small the value being used to *flik*, it requires having a source of income that allows a man to 'hold coins'. Some of the security guards spoke with resentment about the fact that it was almost impossible nowadays to have casual sex without paying for it, which was framed as an indictment of women's morality and character. These damning portraits of women's character were reinforced by setting women who accepted *flik*

money in opposition to the ideal of an industrious *grasruts meri* who worked her garden to sell produce at market:

> *Na ol les meri lo wok, lo digim graun na painim moni. Ol I save laik five minute noodles a? Pamuk yia, faiv minute tasol na money bai come, ol man save talk. Sapos yu wok gaden, em bai take days, hours, harvestim na kisim moni. Na dispela pasin pamuk, sapos nau mi laikim 149 assim 149149, two minute noodles, nau tasol money bai puldaun* [These lazy women don't want to work the land to get money. They just want instant noodles; you know? They're sluts, five minutes and the money comes, that's what people say. If you work at your garden, it will take days, hours, you need to harvest and then you'll get money. With this whore attitude, if you want money now, two-minute noodles, straight away you'll get money.]

The use of the reference to instant noodles is especially evocative: a sign of modernity, of conspicuous consumption, a junk food associated with the worrying rise of non-communicable disease (Government of Papua New Guinea 2010a). This is set in opposition to *kaikai lo ples* or garden food, grown by virtuous women, which is key to rebuilding healthy bodies, villages and nation.

The discourses of blaming women for being conniving, greedy and lazy intersect with men's narratives about their own lack of agency in the face of desire and accessible sex. These intersections were used to create rationales that allowed men to distance themselves from taking responsibility for perpetrating acts of sexual violence, including sex that was coerced using social pressure, or men who engaged in sex outside of marriage (see also Hume 2009).

In these accounts, men did not necessarily see themselves as clients of sex workers. Nor would many of the women that they described self-identify as sex workers (Stewart 2014, 30–1) or even people who willingly exchanged sex for money or goods (Kelly et al. 2011). However, some women were primarily reliant on transactional sex for income. Staff and volunteers working with PAC had in recent years begun working more with women who made a living from exchanging sex for money or gifts. One volunteer with whom I spoke said that many of the younger women that he encountered slept rough in Kokopo Town after being forced to leave their villages because of incestuous abuse or other sexual assault. A combination of shame and stigma, or being blamed for inviting the abuse, meant that they could not stay at home. These women formed groups who slept

in various locations around town, on the beach or in business car parks. Sometimes they would stay overnight in guesthouses with clients. There was usually one woman who acted as leader and caretaker, and ensured that food and money was shared with anyone who had not found any clients that day. During the day, the women would wait around *kai bars* [fast food counters] and markets finding clients with whom they would swap mobile phone numbers to arrange a liaison for later. Other, older women who travelled to Kokopo Town to sell garden produce would sometimes not make enough money to buy transport home, and would sleep overnight at the market and exchange sex to make up for their revenue shortfall. Some of the nightclubs in town had 'ladies nights' once a week where women would be allowed in without paying a cover charge. These nights were discussed as useful opportunities for women to find clients without encountering overheads.

Other women who are not reliant on transactional sex for survival (Stewart 2014) are also pushed into accepting money or gifts for sex, or for sex that happened in ways to which they do not consent (e.g., without a condom). Men indicated that when they were drunk and had 'feelings', they would be unlikely to take no for an answer from a woman in whom they were interested, especially if they had been buying her drinks or dancing with her already. The implication was that women would demand 'compensation' for sex as a kind of admission that sexual assault was almost inevitable. Coercion was not, however, only related to money or compensation; knowledge of women's sexual histories (even if they had been sexually assaulted previously) was used as currency for blackmail. For example, a male security guard in Kokopo explained to me that if his friend had slept with a woman, he would feel competitive and want to as well. If she refused him, the guard said that he would threaten to report her to the police for enticement to adultery, as he knew that she had already slept with his married friend. He claimed that this was usually sufficient to coerce women into having sex, it being well understood that she would likely bear the brunt of the blame for the reported affair.

Men and women uphold the social dynamics that facilitate victim blaming in incidents of sexual assault and invisibility of male responsibility in consensual sex outside marriage. Women's navigation of the gendered precariousness highlighted by fear of HIV and AIDS can mean distancing themselves from being positioned as *meri nogut* by focussing blame on others. This was clearly illustrated in a story relayed by the Kokopo security

guards in the context of a conversation about women getting into fights with other women at the nightclub housed at the security barracks:

> *Long hia, mi bin lukim wanpela taim. Ol meri olsem, ol asples long hia...ol bin paitim ol meri olsem, ol raunabaut meri, ol, bai mi tok, paia-rais meri o kain olsem. Ol save go senisim man, slip wantaim man bilo narapla meri, bihain, next day ken long em, slip wantaim narapela man. So ol bin kam lo danis lo hia...Ol I paitim dispela kain. Ol meri lo ples bin poret lo ol man bilong ol, nogut ol meri bilong taun givim sik go long ol, kain olsem. So ol bin paitim ol lo stapim dispela kain pasin long ol.* [I've seen it once here. Local women came and fought women who, like, the roundabout women, prostitutes, that kind of woman. The kind who change men all the time, sleep with one woman's husband one day and then the next, sleep with another man. These women came to dance here … The locals fought with those women. The local women were scared for their husbands, they were worried that the women from town would pass infection onto their husbands. So they fought with them to stop their bad behaviours.]

The local women had won the fight and run the 'town women' out of the club. I asked the guard where the men had been during the fight:

> *Ol man I bin sanap tasol lo pulim rausim ol meri. Ol meri yet ol I pait na ol man bin pulim rausim ol meri ken. Olsem, 'noken paitim'.* [The men were standing to the side and trying to pull the women off each other. The women were the ones fighting, and the men were trying to separate them, like, telling them not to fight.]

Another guard interjected, however:

> *Sampela narapela man, ol I hait. Ol man I wokim raun ol laik hait. Em les lo meri bilong em lukim em stanup wantaim dispela meri. Em bai semim em. Man em bai hait lo meri bilong em.* [Some other men, they hide. Those men who were sleeping around, they wanted to hide. They did not want their wives to see them standing with those other women. That would have shamed them (the men). So they just hide from their wives.]

There were several reasons why the local women attacked the 'town women' rather than their husbands. In interviews with family violence police and clinical staff at hospitals and health centres, I heard repeatedly that one of the major causes of violence against women was men's infidelity. This usually resulted in one of two scenarios. Either a wife confronted her husband suspected of infidelity and he beat her as a result; or there were

fights between concurrent partners of the same man. There were, usually, considerable advantages to a wife targeting the other woman rather than her husband. As in the case related above, shame at having been caught out in a lie might mean that a husband simply makes himself inaccessible and the other woman may be easier to target. She would be more likely to be a physical match in a face-to-face fight. There might be fewer risks to family relationships or further damage to the marriage relationship. If there came a need to make a complaint to community leaders, police or welfare, she would have a distinct advantage making a claim against an 'adulterous' woman rather than her husband. As such, when people spoke about 'violence against women', they referred to a more expansive spectrum of violence by women and men than the axiomatic meaning of transnational prevention campaigns. Even when they referred to violence against women by women, the violence was shaped by gendered inequality and patriarchal norms, such as where women's social and economic precarity was exacerbated by men's philandering or suspected infidelity.

5.2 Categories of Blame and Risk

The focus of the HIV response on an imagined, linear route of transmission from 'most at risk populations' to 'vulnerable housewives' intersects with these existing dynamics, reinforcing tendencies to blame and pathologise women. This linear depiction of HIV transmission bears little resemblance to the sprawling, spiralling and complex networks of sexual relationships that exist across Papua New Guinea, and indeed the world (Hirsch et al. 2009, Lepani 2010, Wardlow 2006, 2007). In the context of transnational discourses of a feminised epidemic in the twenty-first century (Lepani 2008b, Parker and Aggleton 2003, Reid and Walker 2003) this also renderes men's subjectivity—as people living with HIV, as vulnerable to HIV infection and as active participants in prevention—relatively invisible and therefore un-interrogated (Dworkin 2015, Higgins, Hoffman and Dworkin 2010). Such positioning is in spite of the men encountered during my research expressing personal fear of *sikAIDS* and the threat it posed to their bodies and communities. These dynamics facilitate an environment where deflecting attention from men's culpability and need for self-reflection, for their part in violent or 'risk' behaviours is not problematised. The same dynamics also shore up the positioning of men who engaged in transactional sex as 'good' or, at least, not as bad as *meri nogut* or convicted rapists.

These tensions were well illustrated in a newspaper report on a speech from October 2013 made by Dr Banare Bun, then chairman of NAC (Saiyama 2013). Bun spoke about how HIV infection had shifted from a generalised epidemic to concentration in 'cluster groups' of female sex workers, men who have sex with men and transgendered people.[27] He went on to say that as well as targeting interventions with cluster groups, response programmes would target a 'middle group' that he described as a 'key affected population'. Bun is quoted as saying that 'these men, from the middle group, get the HIV from the most at risk populations and spread it to their faithful wives' (Saiyama 2013). This neat encapsulation of the processes of transmission became much more complicated when it came to elaborating who comprised the men in the middle group:

> The 'middle group' are mobile men with money, mobile phones and multiple sexual partners. These included public servants, businessmen, policemen, soldiers, warders, seafarers, mine workers, politicians, parliamentarians, landowners, truckies (highway drivers), PMV drivers and university students (Saiyama 2013, n.p.).

This quote raises two points of particular importance. The first is that there are few—if any—Papua New Guinean men who are left out of the categories of man that make up the 'middle group'. The second is that describing men who have sex with women as 'key affected populations' avoids subjectification as people *living with* HIV—paradoxically, at the same time as being recognised to have passed the virus on to their wives. Rather, the men are positioned as conduits, moving between 'high risk' groups who are tacitly— and indeed legally in Papua New Guinea—classified as deviant (Stewart 2010) and the faithful, vulnerable, wives.

As has already been discussed in this chapter, the term sex worker does not have a neat definition in Papua New Guinea, making its inclusion as a category of HIV risk fraught. The broad definition offered by the World Health Organisation (2012, 19) describes sex

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[27] In Papua New Guinea, 'transgender' referred almost exclusively to femme trans people, or *geligeli.* There is very limited visibility or acknowledgement of same-sex-attracted women or trans-masculine people in Papua New Guinea generally, and in ethnographic or public health literature about Papua New Guinea. There were several *geligeli* in Kokopo and Rabaul, including Alix, who was a well-known figure in town. Alix laughingly reported that they were the most knowledgeable person about HIV in the province as, given their visibility and willingness to engage, they were constantly targeted by well-meaning volunteers excited to have found 'a transgender' that represented one of the risk groups they were supposed to be addressing. Alix reported that there were many men who would engage them for sex at nightclubs, but few identified as homosexual and most were in heterosexual relationships. When raised in interviews, men said that they knew sexual activities between men happened but research respondents did not want to disclose personal knowledge of the contexts or details of such encounters.

workers as 'female, male and transgender adults and young people (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally'. UNAIDS (2012, 15) clarifies this further by noting the importance of consent, defining sex work as 'a contractual arrangement where sexual services are negotiated between consenting adults, with the terms of engagement having been agreed upon between the seller and the buyer of sexual services'.[28] Women who men in East New Britain described as being potential vectors of HIV or other STIs do not necessarily fit with even these broad definitions of sex workers. Not all receive payment, gifts or favours in exchange for sex. If they had, they did not necessarily consent to sex at all (that is, they were 'compensated' after being raped) or to how sex took place.

There were, however, many men who fit into what Bun refers to as a 'middle group'. As well as using the transnational AIDS movement vernacular to identify the three 'key affected population' groups of female sex workers, transgender people and men who have sex with men, Bun refers to 'mobile men with money', which has appeared in public health literature and HIV awareness materials as 'MMM' since the early 2000s (Lepani 2008b). This term is often used to describe wealthier men—*biksots*—who typify the international stereotype of a sugar daddy. These men, rich enough to habitually pay for sex or support multiple partners, were positioned by men encountered during fieldwork as simultaneously representative of community risk and as aspirational figures. However, many men move around for work or trade without their families (even if just within the province). This included the security guards who lived one week out of every fortnight at barracks in Kokopo Town and who would, from time to time, be sent on location to work. They had mobile phones and at varying times, had enough money to *flik* and pay for sex, and they discussed their multiple sexual partners. Even if they did not take on a subjectivity as *biksots* or MMM, they still acted as 'the engine of the epidemic' (Lepani 2008b, 152). These men are more accurately termed mobile men *in search of* money— men who live away from their families for various periods of time because of lack of job opportunities at home. These men also engage in transactional sex, but spoke with resentment of wealthier men and the women who entered into sex-based transactions with them.

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[28] There are other questions of clarity however: how many 'occasions' of exchanging or selling sex make one a sex worker?; are favours such as better social or work opportunities included as 'goods'?; and how important is self-identification in determining whether or not one is a sex worker?

The idea of the 'sugar daddy' is central to discussions of MMM and HIV risk internationally, although such men are seldom targeted as the focus of interventions (Higgins, Hoffman and Dworkin 2010, Lepani 2008b). In Papua New Guinea these men are sometimes referred to as *dakglas kar man*: '"dark glass car man", the Tok Pisin idiom that literally embodies the mobility of the modern man—the businessman, politician or landowner with plenty of disposable income who drives a car with tinted windows' (Lepani 2008b, 152).

Security guards in Kokopo spoke with disdain and suspicion about what *ol dakglas kar man* represent in terms of HIV risk, risk to communities and abuse of women. Rich men who enticed school girls to have sex with them are central to awareness parables shown as the catalyst for family and community tragedy, as in the film *Em Rong Bilong Mi Yet* [It's my fault] (Darius 2008). The guards said that such men are familiar figures in and around urban areas, especially Kokopo Town. They claimed that girls who had already begun a relationship with a wealthy man would then enlist their friends to go with him too:

> *Long skul I gat wanwan we ol I save go wantaim ol business man, a? Na em grisim poroman meri bilong em. Nau em I save wokim olsem. Sapos mi meri na mi raun pinis wantaim wanpela biksot man. So man ia I ringim mi. Painim ples we mi bai painim em. Go stanap, dak glas kar kam, olgeta kalap, bookim wanpla room bilong ol long hotel, guesthouse... Ol liklik meri tu, em laikim moni* [At schools they have a few who go regularly with businessmen. And then they talk their friends into doing the same thing. They do it like this. Say that I'm a woman who has already gone around with a Big Shot. Then that man calls me. We arrange a place to meet. I'll go and wait, the car with tinted windows comes, we all get in, book a room in a hotel or guesthouse … Even young girls want money.]

> *Abuse, abuse!* [It's abuse, abuse!]

Guards condemned the behaviours of rich men who bought sex, indicated by one of the guards interjecting to his colleague's story to point out that young girls being paid for sex was abusive. However, save for some talk about the need for greater police action and more accountability for powerful men who committed crimes, the guards did not talk about how to change those behaviours. Instead, conversations centred on how to punish and deter the women who accepted money and favours from *ol dakglas kar man.* These

punishments were driven by convergent motivations for the guards. On the one hand, women were targeted as a potential source of HIV infection because of their affairs with men who themselves had multiple partners. On the other, their preference for having casual affairs with men who could provide them with money or gifts was a source of resentment for the guards, who accused them of being greedy for fast money.

The guards described horrific consequences for women who were seen with, or suspected of having a relationship with, a sugar daddy: beatings, being forced out of their home or community or rape (Hukula 2012, Kelly-Hanku et al. 2016).[29] In one account, a guard told a story of a young woman who had been seen by a group of men in his village getting out of an unrecognised car with tinted windows. They decided that if she was willing to go with that man, she would go with anyone. They abducted her and kept her in a hut in the bush for a week, where she was repeatedly raped before being released. The man who told the story claimed that she did not report the crime or her ordeal because of shame and because she would be blamed for having been involved with a *dakglas kar man* in the first place. When providing this account, the guards did not suggest that the men who had abducted and raped the woman in the story were in the right or even justified in their actions. In different conversations, and indeed, at the beginning of the discussion during which this story came up, they disavowed rape and rapists and said that there needed to be stronger punishments and more adequate law enforcement. However, in the context of a need for discipline for the young woman's behaviours, her assault was mentioned in a way that was relatively value neutral. If not acceptable, the consequences she faced having gone around with a sugar daddy were presented as not unexpected. As with the story of Rachel recounted in the previous chapter, the violent consequences faced by women were not recounted as an indictment on the men who enacted them, but rather as a morality tale warning against women's transgression of restrictive gender roles and puritanical sexual codes.

Most of the men with whom I spoke during the research would not classify themselves as sugar daddies. Some said, however, that they might start relationships with 'phone friends', which described attempts at engaging in markedly similar behaviours and power dynamics (see Anderson 2013). Men described calling random numbers or numbers

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[29] It is worth noting that at all of the field sites, I was told that women might be subjected to similar punishments for any affair that men in their family or community disapproved of, not just for having a relationship with a sugar daddy.

sourced from friends and, if the person on the other end was a woman (particularly a young women), attempting to start a relationship with her, both from a distance and in person:

> Another thing is phone friend. Like, you get a number from someone in Lae, and I'm from Rabaul. Like you can just play around, *laka* [right]? Like you can get them on the phone. Once you get through, you can identify you and where you are now. Like, *mi stap long dispela hap; ok, mi stap long dispela hap, olsem* [I live here; ok I live in this place, like that.] If I'm a *wokman* [waged worker], *mi gat moni* [I have cash.] 'Oh, *mi school girl, stap lo Lae* [I'm a school girl, I live in Lae]'. 'Oh, you want to spend a holiday in Rabaul?' *o kain olsem* [that kind of thing.] *Start gris nau* [you start to smooth talk them.]

At all the field sites, men needed to travel for work, whether it was men in Melkoi travelling to work on palm oil plantations or logging camps, public servants travelling to attend meetings or undertake supervisory visits to rural outposts or men from NCR travelling to neighbouring New Ireland Province to work at the Lihir Mine. The guards in Kokopo reported that it was common for men to take new partners and even start a new family in the place where they were working.[30] This was confirmed by the FSVU police officers in Kokopo, who said that many of the cases of violence between women that were reported to them—whether physical violence, destruction of property or social violence—occurred as a result of one partner finding out about the other. Guards referred to their relationships with women away from home as *pasim taim meri* [women to pass the time.]

These relationships were not only sexual, but allowed men to enjoy the other benefits of having a wife: someone to keep house for them, to do their cooking, cleaning and launder their clothes:

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[30] Women also travelled to Lihir and elsewhere for work, and to sell goods at market. Women at NCR told me that it could be lucrative to take garden produce to Lihir, as there was limited capacity for workers to grow their own food there. Most of these women were married and many struggled with their husbands claiming money from these sales as their own, and using it to buy alcohol or to gamble. I was told that some women would take a 'second purse' that they hid from their husbands, where they would keep proceeds from transactional sex and save that money secretly to use for themselves and their children.

> If my wife's here [in East New Britain] and I need to go and work on Lihir, I'll say
> '*Bai mi pasim taim pastaim*' [I'm just going to pass the time.] That's what we say,
> '*pasim taim wantaim displa meri*' [passing the time with this woman.]

Women in these relationships were not spoken about in the same, disparaging ways as those who went with *dakglas kar man* or exchanged sex for money or gifts in casual encounters in town. Nor were these kinds of multiple partnerships discussed as constituting HIV risk: they were more likely to be justified in terms of historical cultural precedents of polygyny and referred to as *kastam* marriage (Banks 1993, Neumann 1992).[31] Men felt that these relationships were as real as those with their wives at home (even to the extent that the woman at the worksite and her family might not know about the home family). However, once a man decided to return home or no longer had work, *pasim taim meri* and the children from those relationships could find themselves abandoned. As single mothers, they might face reprisals from their families and communities, as well as having to contend with the financial responsibility of supporting children by themselves.

5.3 Conclusion

In all of the examples of violence against women provided here, men were open about the fact that they were flaunting community mores but were able to mitigate their own culpability by claiming that they were not as bad as others: as the women that supposedly tempted them into wrongful relationships or assault; or as men who had been convicted for crimes against women (Hume 2009). Economic and social precarity shape the contours of behaviours, narratives and framings, even if they were not used explicitly as an excuse. Resentment of rich Big Shots for being able to act as sugar daddies did not neutralise the impulse of some men to emulate some of their behaviours to the extent that they could afford it; or where they could not, to claim entitlement to sex on the basis of a woman's reputation or comportment. Inability to find paid work locally meant that men (and to a lesser extent, women) travelled extensively to earn money, which led to relationships of convenience for men in different parts of the province or country. Women's social disadvantage could lead to engaging in transactional sex as a means of

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[31] Women were more likely to point out that in Tolai and Lote societies, *kastam* polygyny had not been practised in a traditional sense for many decades and that polygamy was illegal. Moreover, *kastam* polygyny didn't require deception but was practised out in the open, and only by men who had the means to support all of their wives and children.

survival and social protection (as in the case of the cooperative groups in Kokopo) but also saw some women attempting to find some material gain as a way to compensate for an assault. The ways in which men discussed all of these scenarios during the research relied heavily on notions of discipline and punishment: women suffer violence as the result of their alleged greed or promiscuity (or, in the case of wives unwilling to have sex, their frigidity, recalcitrance and disavowal of conjugal obligations); men have their self-discipline undermined by women's transgressive behaviours or appearance. Underpinning all of this are broader contexts of violence and different permutations of gendered violence, including between men and between women, as well as the uncertainty and fear of HIV, which as I have argued is deeply gendered. This theme of awareness campaigns—fear—resonated for research participants in much more potent ways than calls for respectful, non-violent treatment of women and was shored up by its convergence with existing power dynamics that seek to control women's bodies and behaviours, and effectively minimise blame for, and visibility of, violence against women by men.

Complicating these dynamics further, and as stated at the beginning of this chapter, in conversations where these topics were discussed in a generalised or abstract sense, men themselves expressed their abhorrence of violence against women and the high reported prevalence in East New Britain and across Papua New Guinea. To them, one of the key problems is the failure of state legal systems and local justice mechanisms to deliver real consequences and disciplinary action to perpetrators of violence (noting too that for many of my interlocutors, this included formal punishment for women who 'incited' violence through talking back to their husbands or having extramarital affairs). In the next chapter, I consider these issues in detail, asking how justice is constructed and sought out, and by whom, in the context of violence against women.

Chapter 6: Narratives of Justice

Throughout the fieldwork, men and women complained that when it comes to responding to violence against women, 'the law [has] no teeth'. This was relayed by men who, as detailed in the previous chapter, admitted their role as complicit in, or as perpetrators of, acts of violence, as well as concerned citizens, public servants working with health, community development and law and justice agencies and women who were survivors of violence. People want fair resolutions to disputes, justice and peace in communities. However, just as definitions of 'violence' and violent people are highly contextualised and gendered, so too are definitions of justice, fairness and peace.

In this chapter, I consider the different ways that the notion of justice is interpreted, and acted upon, in the context of violence against women in East New Britain. The anti-violence interventions recognised by men, women and their communities are predicated upon state legal responses to violence and international rights-based conventions to which Papua New Guinea is signatory (Zorn 2016). These messages are received by audiences in Papua New Guinea against a background of unequal gender power dynamics. These dynamics are formed and reasserted when the patriarchal tendencies of colonialism and missionisation are used as a lens through which a pastiche of localised gender norms from around Papua New Guinea, norms that privilege men and position women as subordinate, are magnified and reframed as 'tradition,' and therefore justified. This is the case even among the Lote and Tolai where women historically had greater agency and prestige in society, and in spite of concerted and ongoing efforts towards greater gender equality nationally. Within this milieu, narratives of blaming women for provoking men's violence permeate discussions of violence against women by men. These are also set within broader contexts of precarity and inadequate state service provision, in which highly localised means of seeking justice or fair outcomes to complaints of violence are employed, both instead of and alongside efforts to enforce national laws and their consequences. These processes had reciprocal influence on interpretations of both *kastam* and formal legal rulings; here, I explore the gendered contours and consequences of how communities navigated these intertwined processes.

I examine these issues by exploring several key perspectives. First, I consider justice systems in East New Britain, examining state mechanisms such as police, courts and

corrections facilities and their relationships with key referral partners in responses to violence against women, such as healthcare providers and community development welfare officers. I also examine how community-based apparatuses such as ward law and order committees or mediations conducted in partnership with church, community development and local leaders interact with, and complement, state services or compensate for shortfalls in state capacity. Within this milieu too are the village courts, which, although mandated by national law and part of state court systems, often operate with limited government resources and little to no monitoring from or contact with district courts. Interpretations of justice are formed in negotiations between application of national laws and efforts to uphold community mores and community peace and to meet collective aspirations. These interpretations are shaped by the accessibility of services and protections; the material, social and physical risks felt or feared by survivors of violence for reporting abuse; and the gendered power disparity reflected in who decides which community mores matter, which values should be protected and ultimately, what constitutes justice in cases of violence against women (Forsyth 2009, Merry 2006).

I conclude with an account of the interplay of these different factors and how they influenced articulations of justice in the aftermath of an attempted rape that took place in Melkoi. This story illustrates the, at times, uneasy ways that state and localised justice mechanisms are instrumentalised and pieced together; the varied ways that men see their role in facilitating justice; and how this shapes and intersects with awareness, hopes and men's positioning against ideas of aspirational masculinity. I consider the ways in which different aspects of justice and fairness were weighed against each other and prioritised in the attempted rape case; the gendered implications of who made decisions about justice and fairness and why; the effect of the events playing out in a remote environment with little access to oversight or assistance from state services; and what these events reveal about aspirational masculinity and the gendering of justice. In doing so, I ask what were men's expectations of justice and how did they react when these expectations were not met? How were notions of servicing the community good or upholding community mores shaped by awareness messaging and, equally, how did men's beliefs about key values shape how they interpreted national (and global) messages about preventing violence against women? Against the malleable and refracted subjectivities contained in the notion of being a good man, what does justice mean for men who see themselves as—and aspire to be—good?

6.1 State and Community Justice Mechanisms

Systems and tools of justice employed to intervene in cases of violence against women are made complex by the interplay between national law, state services and community-based and governed rules and arbitration mechanisms (Demian 2003, Goddard 2013). There are clear guidelines that govern the limitations of which complaints or disputes can be managed locally and which should to be referred to police for investigation or higher civil authorities for mediation. These include disputes over land and incidences of rape or murder (Independent State of Papua New Guinea 1989). During the research period, where circumstances made police and district courts geographically inaccessible or otherwise undesirable, village courts did, however, hear cases outside of their jurisdiction from time to time (see Forsyth 2009, Goddard 2013). According to women in Melkoi and FSVU police in Kokopo, this was a particular issue with cases of family violence and sexual assault.

People access different kinds of interventions, in different combinations, for a variety of reasons. Sometimes, complainants or their families felt that village courts or other local mediators were the most appropriate avenue to settle a complaint, processes that usually involved a public hearing and compensation settlement. Even though a police complaint may be warranted, complainants' lack of faith in police willingness or likelihood to respond meant that they—or their family—went to local-level authorities instead. For others living in remote areas, there were no police or district courts accessible for them to lodge a complaint. Even if a case was registered with LLG officials, there was little assurance that an investigation could or would take place when, and if, a police patrol visited. Sometimes, whether because of service gaps or dissatisfaction with a ruling, people exacted what felt like justice for them through retributive acts or by demanding compensation in ways unmediated by state legal processes.

6.1.1 Village Courts

As described in Chapter 3 in the context of seeking healthcare, men situated the hybrid ways that people in East New Britain sought justice within narratives of their experiences of government service failure and the uncertainty that this brought to the lives of communities. The cultures of police, and their reputations for violent, dismissive or unpredictable behaviour, were compared unfavourably with community cultures that

privilege consensus (in Tok Pisin, *wanbel*) and being able to live harmoniously once a ruling on a dispute or accusation was decided upon and carried out (Demian 2016, Forsyth 2009). In these locally based interventions, grouped under the heading of *kastam* or *lo bilong peles* [customary law or local laws] research respondents said that they could negotiate 'win-win' arbitrations that were tuned in to the nuances of relationships and understanding of local social dynamics, and thus were able to make the most beneficial decisions for disputing parties (Banks 2000, Demian 2003, Foster 2002, Goddard 2013, Merry 2009). These processes do not necessarily result in a concrete 'peace' or definite resolution, but instead, 'an ongoing and open-ended justice, rather than a justice of closure' (Demian 2016, 30). Decisions made by court magistrates that punish one party according to the letter of the law and do not take broader histories or community dynamics into account were criticised for being too short sighted. These decisions create a binary where one side won and the other lost, and therefore were said to have the potential to spark disputes, disharmony and retribution into the future. Women and men said that police interventions could create ill will and division in the community and could expose everyone to the risk of police violence (Dinnen 2001). Some men said that referring family violence cases to police was counter to *kastam* principles and these matters should be mediated through local processes.

This last argument is applied much more readily to family violence matters and all but the most serious or violent sexual assault cases than to other crimes such as damage to community property or theft. Referring family violence cases to police and through the court system was thought to put important principles at stake, such as the sanctity of marriage and family and community cohesion (Jolly, Stewart and Brewer 2012, Taylor 2008b). Women and men said that families might be broken up and clans pitted against each other if perpetrators were incarcerated. Village courts and other community mediations could provide space for complainants to apply different kinds of social and moral pressure to those they thought had wronged them. For example, Melissa Demian (2014, 2) writes that for some disputants, 'their explicit purpose in bringing a court case was to shame the other party into capitulating or otherwise admitting to inappropriate behaviour. Certainly this appears to be a popular mechanism for women in some parts of Papua New Guinea, who use the village courts as a means to remind straying or neglectful husbands of their obligations, not only in the eyes of the law, but in terms of increasingly popular notions of Christian duty and moral continence'. Further, if a woman pursued

prosecution of her abuser, people said that she might see little benefit, as she was likely to forfeit her security of land and income by breaking ties with her husband and his family (Klugman et al. 2014, 130-144, Wardlow 2006). This was spoken about as being a likely outcome even if prosecution was unsuccessful, which, as I discuss in more detail presently, was often the case. Further, as discussed in the previous chapter, these concerns were set against narratives that posited that women were often culpable for, or provoked, violence, which made pursuit of punitive justice for men who perpetrated violence a less desirable option.

When disputes involving violence against women were mediated at the community level, the most formalised mechanism for practising *lo bilong peles* was in the village courts. Village courts sit at the bottom of, or at least, as an annex to, the court hierarchy in Papua New Guinea, the apex of which is the Supreme Court, followed by the National Court and District Magistrates Court. The functions of village courts are governed, and their actions limited, by a national statute, the *Village Courts Act (1989)*. The Village Court is presided over by a village court magistrate and assigned a court clerk and peace officer or community police officer, a structure that echoes, but does not exactly replicate, that of formal courts. At the time I conducted my research, none of these officers were required to have legal training, but rather a strong understanding of what constituted fairness or substantive justice in their area. [32] The processes of their selection and appointment vary from place to place.

Ideally, village court magistrates and other officers are appointed because of their familiarity with local social dynamics, or 'customary law', and therefore their potential to facilitate resolutions to local disputes and keep peace. Melissa Demian (2003, 99) explains that customary law is essentially 'colonial-era shorthand for describing law which emanates from the social life of a people rather than from the constitution or statutes'. Village court officers are asked to maintain community order through use of locally acceptable precepts and processes, which makes court operations rules based, rather than reliant on state law (see Goddard 2009, 83). There are no lawyers and magistrates can use their own networks and intimate knowledge of relationships and

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[32] Important amendments to the *Village Court Act* were made in 2014, among which were more expansive descriptions of village court principles. These state that, 'A decision of a village court made in accordance with custom is of no force and effect to the extent that (a) it is inconsistent with a law of Papua New Guinea' (s. 2B). These amendments also included stronger provisions to ensure equal treatment from village courts regardless of gender, including appointment of more women as village court magistrates.

social dynamics to inform decisions, even in instances of information not having been provided as evidence in court (Goddard 2009, 106).

According to the aims set out in the *Village Court Act* (s.57), village courts are supposed to 'ensure peace and harmony in the communities in which they operate'. Michael Goddard (2009) characterises this as working to achieve 'substantive justice'. Ideally, this means that they are able to use *lo bilong peles* to demonstrate a deep understanding of social context to navigate and negotiate compromise and resolutions to local disputes. The aim of the village courts is, therefore, to increase the likelihood that the parties directly involved and their kin view these rulings as fair.

Ward law and justice committees work alongside village courts and sometimes supplement, or replace, their functions where courts are not able to fulfil their mandated role. These committees are usually made up of senior community members including clan leaders, church leaders, elders and the local ward councillor, as well as village court officers. In sparsely populated Melkoi LLG, not every village had a village court magistrate appointed and the magistrate could be difficult to access or contact. In these areas, a representative or representatives of the law and justice committee would mediate complaints and determine rulings and consequences according to similar principles of community ideas of fairness. Indeed, as determinations are only to be made by an odd number of magistrates (usually three to five), the single village court magistrate usually available for most villages in Melkoi could only perform mediations anyway (Demian 2016). In Kokopo and NCR, respondents were more likely to talk about arbitrations through local law and justice committees, or making complaints to police or community development, than mediations or adjudications made by village court magistrates.

Research respondents said that the focus of localised justice mechanisms on community harmony, and their capacity to incorporate background or contextual knowledge of relationships into their decisions, had potential negative effects as well as benefits. However, whether these effects were read as positive or negative was contingent on different interpretations of notions of fairness and justice. With regard to reports of violence against women cases, complaints made by women about physical or other abuse could be countered with claims that the complainant provoked her assailant. This could mean that both parties were found equally culpable for a dispute or incident, and therefore women made liable to pay compensation to the person they alleged had assaulted, or

abused, them. Examples of this have been reported throughout Papua New Guinea and have led to widespread claims that village courts discriminate against women (Dinnen 2002, Garap 2000, Macintyre 2012, Stewart 2014), although these claims have been problematised elsewhere (Goddard 2004, 2013). Research respondents in Melkoi said that it was common in their area for counterclaims of provocation to violence to be given at least equal weight in mediations as complaints of violence. Men and women described their village court magistrate, and ward law and justice committee members, as being habitually and excessively sympathetic to men in disputes between couples, saying '*ol i save showim pasin sori long ol man*' [they tend to show biased sympathy towards men.]

Village courts are not the only forums to demonstrate such bias and not every village court magistrate displayed an inappropriate degree of *pasin sori long ol man.* As Goddard (2009) points out, such attitudes should not be considered exclusive to, or even uniform across village court hearings related to family violence.[33] The pervasive normalisation of violence against women in contemporary Papua New Guinea is not only the product of endogenous *kastam* but, as Margaret Jolly (2012, 25) reminds us, 'the gendered culture of Papua New Guinea's modernity is … as much implicated as the gendered culture of tradition'. The extent to which definitions of justice for women who were victims of violence are rendered malleable is a symptom of the influence of patriarchal Christianity, colonialism, neo-liberalism and their entanglements with local systems. These patterns are as visible in the investigations of police and courts as they are in local justice mechanisms. Further, complaints about inadequate legal responses and community-based mediations are not limited to discussions of violence against women. People complained of inadequate protections and responses to interpersonal crime, land tenure disputes and environmental rights and state and corporate corruption, all of which were needed, and largely found wanting. Village courts' tendency to show *pasin sori long ol man* in family disputes could also manifest as nepotism, where magistrates and officers, until recently entirely male, gave favourable decisions to their clans or business associates.[34] This could have negative effects both at the time of a dispute and in terms of attempts to ensure

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[33] According to Goddard (2009, 257–62), the axiomatic claim that women are disadvantaged in village courts is not well researched. In his study of the proceedings of three village courts, he counters this claim, showing how women accessed courts in equal numbers to men and had a considerable number of favourable rulings.

[34] This was another reason why the *Village Court Act* stated that there should be three magistrates in each court, representing the main landowner groups (s. 17). This was not always possible: in the village court I visited in Melkoi, there was only one magistrate appointed.

ongoing amity or harmony between disputant parties, which plays out in different ways according to the kind of matter being heard. Regarding family and sexual violence cases, evident or perceived bias and the lack of faith that this engenders can limit the value of community mediation as a deterrent of violence and source of restitution and safety for victims.

6.1.2 Police

Almost all men interviewed in the research said that they wanted better action from police and courts in deterring and responding to violence against women. Men who agreed to speak to me as part of the research said that they wanted to participate because they hoped that more research might lead to better protections for women, and therefore for families. However, most respondents were more likely to call for legalistic and punitive responses in the face of what they called 'serious' violence; usually, violence where a woman sustained an injury that required hospitalisation as a result of having been beaten or raped. This demonstrated a tendency that was also present among some police and magistrates to view incidences of family violence in particular as individual events, rather than existing as part of a continuum or pattern of abusive behaviour (Manjoo 2013, Merry 2009). Nonetheless, men said that they wanted law enforcement to follow through on the promises, or threats, contained in awareness messages about the criminal consequences of domestic violence and sexual assault. Currently, they claimed, people knew what the law said, but there was no incentive to take it seriously, especially when perpetrators were able to excuse their behaviours in discourses of family discipline, patriarchal rights over the family or claims that women's actions, behaviours or dress had provoked violence.

Shortly before I began my fieldwork and during the data collection period, there had been increased efforts at a national and provincial level to improve state law and justice responses to violence against women (Mcleod and Macintyre 2010, PALJP 2008, 2013, PNG Law and Justice Sector Secretariat 2012). These included increased skills and sensitivity training to improve police practice when responding to family and sexual violence complaints; public denouncements of violence against women within the police force by senior officers; instituting processes to improve accessibility of IPOs from courts; and efforts to include community leaders in police efforts to deter family and sexual violence. Access and exposure to the benefits of these efforts still depended on communities' proximity to courts and specialist police units or the presence and action of

sympathetic and educated local gatekeepers, such as ward councillors or local government welfare officers.

Most formal referral services for family and sexual violence complaints in East New Britain are based in the major towns of the Gazelle Peninsula: in the capital, Kokopo, and to a lesser extent, Rabaul Town. At Kokopo Police Station, there is the FSVU as well as the SOS; Rabaul Police Station also has an SOS desk. The FSVU had only been opened in January 2012, and the delegations between it and SOS were still being established when I was conducting my fieldwork. Broadly, SOS investigates allegations of aggravated sexual assault and FSVU assists with claims of family violence. There was often overlap in the kinds of cases that each unit handled, and during the research period, there were close working relationships between FSVU and the two SOS units in Rabaul and Kokopo.

The officer in charge of SOS was Detective Luke. At the time I began my data collection, he had been with SOS for about a year. Luke was an experienced detective, however had not been provided with any specialised training in investigating sexual offences before taking up his new post. There were two women constables who worked with Luke, who had for the most part also learned on the job. The SOS team often relied on the advice of the officer-in-charge of FSVU for assistance, as she had several years of experience investigating sexual offences.

Luke described his work with SOS as being different in important ways from his previous police experience. For one thing, they received more complaints: around six each week that required follow-up and others that needed counselling and referral. It could be difficult to mobilise resources to investigate all reports, both with regard to finding a vehicle and fuel and finding time for him and the team to go out and make enquiries.

Luke said that one of the more frustrating aspects of working with SOS was when victims dropped cases after police had already put in the hours to investigate. At the same time, Luke recognised why complainants might be apprehensive about going to court. Sexual assault cases were—and indeed are, across the world—notoriously difficult to prosecute successfully (Merry 2009, United Nations Office on Drugs and Crime 2014, Zorn 2012). In East New Britain, it was often difficult for police to collect admissible evidence. In some cases, victims were coerced into sex using blackmail or threats of violence and may

not have had significant injuries visible to clinical staff if they made a complaint at a health centre. Women may also have put off, or equivocated, before going to the health centre for an examination, which made medical reports showing evidence of assault difficult to complete. Other women complained that nursing staff could be obstructive when asked for a medical report to give to police, either not believing the victim, suggesting that she was culpable for an attack, or asking for significant payments before completing the report.

Even when a survivor made a full report, sufficient evidence was collected and perpetrators apprehended, Luke said that there had been numerous instances where he had felt let down by what he saw as inadequate sentencing at the district court. He related one such example of a young woman who had pursued her rape complaint through the courts. A successful case was put before the magistrate, who handed down a guilty verdict. In sentencing, however, the magistrate handed down a seven-month sentence, wholly suspended. The family of the victim had been outraged, and told Luke outright that they would take matters into their own hands, which he understood to mean that they would take revenge on the perpetrator.

The FSVU officers faced similar challenges. The period that I was conducting my fieldwork coincided with the first year of operations for FSVU. The unit quickly became busy, especially as the officers tried to establish the boundaries and key priorities of FSVU work. Kokopo FSVU was one of several new units established around Papua New Guinea between 2008 and 2015 under the PALJP (GHD 2015). With the enthusiastic support from the provincial police commander, a dedicated FSVU office had been built at the back of Kokopo Police Station and a new car procured.[35] Three officers were assigned to the FSVU: Senior Constable Miranda, who had previously worked for several years with SOS, Constable Frida and a driver, Constable Kabakon, who was usually the only male officer working with the unit. During the first months after FSVU opened, the local FSVAC representative and a trained trauma counsellor assisted with client support, mediations and trauma counselling, as did an evangelical church elder who was engaged as a spiritual counsellor. However, this assistance was voluntary and as other

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[35] This car was supposed to be for the exclusive use of the FSVU; however, over time, officers found that officers from other departments would try to commandeer the vehicle, claiming that their work should have priority. Frustratingly, they would sometimes not refill the fuel tank, creating additional (and sometimes unaffordable) expense for FSVU, would make unauthorised or personal trips and would not return the vehicle at the promised time, disrupting FSVU work.

commitments and work opportunities arose the counsellors spent less time working through FSVU. This meant that police officers did most of the counselling themselves.

As such, Senior Constable Miranda's background and experience with SOS was important in the first few months, as neither she nor Frida were provided with specific training before the new unit opened.[36] Miranda provided on-the-job training to Frida, as well as to the various young women officers from other departments who showed an interest in the work of FSVU. Esther, another experienced officer working with the Rabaul SOS assisted with mentoring and acted as officer in charge of the FSVU during periods when Miranda was away.

Both Frida and Miranda noted that there was a reduction in interest from many of their other colleagues after the initial novelty of the new unit had worn off. They noted that there was a high client load, as many as 15 or 20 a day, with many women lining up from 8 am to see officers. Despite this considerable caseload, all officers were cognisant that even with the busyness of the FSVU and SOS, only a small number of actual cases of violence against women were reported to police. Additionally, the FSVU officers reported that a significant number of the complaints that came to them should have been referred to community development welfare officers, such as cases of non-payment of child support or about adultery.[37]

Some of these cases came simply because of misunderstanding about the remit of FSVU, however, others came because community development officers in their local area were not available, were said to be preoccupied with other areas of work (usually sports programmes) or had reputations for being judgemental or ill-equipped to assist with family disputes. Of the community development officers with whom I spoke during the research, only those who independently sought out professional development opportunities in counselling, working with survivors of violence and social work had received training. This training was usually participation in free workshops run by NGOs

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[36] Eventually, Miranda was able to go for several weeks of training with the Fiji Women's Crisis Centre early in 2012 sponsored by the Australian aid program under PALJP, where she learned new techniques and processes for family and sexual violence response. This training was immensely beneficial and augmented her existing knowledge and, as she put it, her 'heart for the work'.

[37] These kinds of cases are also typically heard in village courts. Some complainants reporting to FSVU instead had tried local mediation and had been dissatisfied with the result; had had a hearing in village court but their husband had continued with objectionable behaviour; or they did not trust that they would have a fair hearing at the village court because of their knowledge of previous decisions or processes in similar cases.

or national government departments, although some had also participated in short courses. As is discussed in more detail below, the community development officer at Melkoi acted as a proxy police referral service as there was no police presence in the area other than a yearly patrol. Given the volume of reports that he was required to assist with, this officer attended as many professional development opportunities as possible with NGOs, international NGOs and with government services in order to learn new techniques and skills. Others said that they had from time to time attended workshops that were between one and three days' duration with no formal assessment, or had been offered nothing at all.

Partnering with community leaders and locally based organisations, including law and justice committees, is an important way for police to extend their influence. Doing awareness raising as part of community outreach is a key element of police and community development responses to violence against women. The FSVU officers in particular spent considerable time in communities within driving distance of Kokopo during their first year. This was in part to let people know that the service existed and what it did. Officers also spoke about women's and children's rights to safety under the laws of Papua New Guinea, defining different kinds of violence and how the police could help to intervene, and enumerating the penalties for people found guilty of family violence, sexual assault or rape. These sessions were usually incorporated into other public programmes such as school events, a broader police operation targeting homebrew production and as part of activities for International Women's Day, World AIDS Day and the International Day for the Prevention of Violence Against Women. Constable Frida felt that the awareness had been effective:

> Here now, even though there are lots of cases coming in still, we've been going out and
> doing awareness in communities. Through the awareness, lots of councillors have come
> up to us and said, some of your talk really resonated, you've won the hearts of the men
> in the village community and so there is less domestic violence. Some people have got
> it.

At the North Coast, men told me that they thought that the police awareness-raising efforts had made an impact and had helped to prevent violence from occurring. Conrad, a ward councillor, said that he was happy that the police had come to their area and that he looked forward to working with them. He told me that in the months since the police

had come and talked at the LLG station, he had noticed that there were fewer women in the village with bruised faces or bandaged arms. At NCR, Noah, my host and a church elder, said he and his family had noticed similar patterns. His brothers speculated that the fact that the police had taken the time to come to the village and show that they were serious about targeting violence had made men sufficiently scared of the law to change their behaviours. As the police stationed in their local area had not prioritised prosecution of family violence cases, men had not been concerned before. Noah noted, however, that if there was an assault and it was reported, there would need to be action by the police to reinforce the awareness, otherwise messages would lose their potency.

Conrad's indication of a growing sense of partnership between him, as an elected leader, and the police was an important element of how the FSVU was building an outreach strategy with ward councillors, village court magistrates and ward law and justice committees. Miranda proudly told me that Frida and Gloria, another young female constable who worked with a different department, had come up with one of their most helpful initiatives, a *tok save pas* [notification paper] or informal summons:

> Look here, we've put an official stamp on it, so that they know who it's from … when the complainant comes, they give it to them. We say to them, if it's not safe for you to give it straight to the perpetrator, you give it to the ward committee where you live and they can deliver it. Or, you give it to the ward councillor and he or she can go and deliver it. So, sometimes, we send word and the counsellor comes and we give the *tok save pass* straight to them, for their people. It's been so good.

One of the main purposes of using this system was that it helped officers to manage client loads and appointment times, as well as reducing the amount of time the officers themselves needed to spend chasing alleged perpetrators for arrest. It also reduced uncertainty and waiting times for clients who wanted mediation or who were waiting for follow-up on their case. Miranda explained:

> You see, if a client is at Rabaul or Kerevat, we'll give them a *tok save pas* because we've marked Tuesday and Thursday for follow-up. So Monday, they come to make a complaint, we'll book them in for the following Tuesday or Thursday to follow up. The *tok save pas* saves them travel and helps us to make appointments.

Figure 8: Copy of *tok save pas* template used by Kokopo FSVU

A further benefit of using the *tok save pas* was that it directly linked the ward councillors and village law and justice committees to police efforts to stop family and sexual violence. Miranda was careful to strategise FSVU engagement with community leaders in ways that made them feel their authority was respected, and indeed bolstered, through acting as agents of the FSVU. Leaders were engaged in awareness to villages, and then were made part of solutions during investigations. According to Miranda and Frida, this led to leaders being more vocal about addressing family violence even when the police were not there to assist with awareness sessions.

Cumulatively, the systemisation of the *tok save pas* had the impressive roll-on effect of delegitimising family violence in communities. This was particularly important as a deterrent for perpetrators, as it increased the risk of punitive action through reports to police and through public shaming as a result of whole-of-community monitoring. This also provided a safer environment for victims to report complaints. One of the most significant outcomes from the police using the *tok save pas* was that community leaders, most of whom were men, were involving themselves in dispute resolution. Their active participation in preventing and resolving issues of violence against women in their communities meant that men were positioned as working towards definitions of justice framed by law and human rights, while still maintaining the agency of local institutions and power structures. This undermined perceptions of family violence being a 'private matter'. It also reduced the risk of communities viewing police intervention as an unwelcome imposition. By strengthening relationships of mutual aid between police and community leaders, the *tok save pas* process brought together localised and globalised conceptualisations of justice and fairness and provided community leaders with an added dimension of legitimacy by engaging them in the project of law enforcement in new ways. This speaks directly to multifaceted iterations of aspirational masculinity.

Good policing and good leadership aided the successes of the FSVU community engagement in places where they had implemented the *tok save pas*. However, proximity was also unarguably a factor because in places such as Melkoi, where there was no police presence for much of the year, similar relationships were simply not possible. The definitions of justice set out in national campaigns, predicated on following and enforcing state laws and the principle of women's rights to safety from violence regardless of what perpetrators claimed provoked an attack, are more qualified and less supported in remote areas. Further, the threatened legalistic consequences set out in awareness are more difficult to act upon without police there to make arrests and enforce them.

During an annual visit to Melkoi, two visiting Kokopo police officers went with local community development officer Jonathon to run awareness sessions when moving through villages and hamlets investigating outstanding cases and complaints, which ranged from attempted murder to assault and property damage. The majority of these addresses were themed around preventing and responding to violence against women.

Jonathon said afterwards that he valued the fact that the police were prioritising discussions of violence against women, but was concerned that the kind of information that they provided was setting unrealistic expectations for women about what they could expect if they made a complaint. Jonathon was responsible for overseeing everything from sports development, supporting local women's organisations, processing and hearing welfare cases and working with community leaders to act as a conduit to police when serious crimes were reported. He had begun his career working with NGOs, including the ENBSEK, which was the key provider of counselling for survivors of family and sexual violence in the province throughout the 1990s and early 2000s (Bradley 2001). He had a nuanced understanding of what constituted gendered violence and actively engaged with training, workshops and literature about new laws and policies about violence prevention. Jonathon made himself available as much as he could to hear complaints from women about their relationships and said that he attempted to provide as much support as he could.

Women at Melkoi told me that they characterised violence as an action causing injuries that required medical attention. This, they said, was relatively rare, but being slapped, pushed or hit by husbands or male relatives occurred regularly in some households, as did verbal abuse and men controlling how women dressed and groomed themselves or with whom they associated.[38] They would report these incidents to Jonathon when asked, but usually as part of a broader picture of mistreatment in their households. Women complained to Jonathon of feeling like slaves and being overworked by demanding husbands (see Reid et al. 2013). They discussed their husbands' insistence on sex when they were unwilling, or even forced sex and physical abuse in reaction to refusal of their husband's sexual advances.

Jonathon counselled couples at their request, focussing on building empathy and better communication. Sometimes this was not enough and cases would go before the village court magistrate where a common result would be for each party to pay the other

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[38] Men and women spoke about male family members 'disciplining' or punishing women who were their sisters, cousins, aunts and mothers as well as wives and daughters. For example, young women talked about their cousin-brothers whipping them with branches for following them to dances or parties without permission. This was rarely spoken about as abusive, although women said it was unfair. There were exceptions, such as a young man who broke his mother's ribs after kicking her because his food was not prepared when he wanted it. She was hospitalised, and there was gossip about the assault; however the family attempted to hide the nature of the injury and no complaint was made to community development or to the village court.

compensation: the husband for his abuse and/or philandering and the wife for provoking violence by insulting her husband and for besmirching her husband's name in the public complaint. Rarely, if ever, would a case of family violence be referred to police. Complaints of marital rape were not acknowledged or investigated as sexual assault, which was consistent with findings across Papua New Guinea: between 2003 when marital rape was included in the *Criminal Code* and 2012, national reports showed that only two cases of marital rape had been prosecuted (Manjoo 2013, 7).

Other than reports of forced sex in marriage, men said that rape was very rare in Melkoi. However, women told different stories: cousins Josie and Barbara angrily related what had happened after Josie had been attacked and raped in her garden a year or more earlier. They said that they had reported the assault on Josie to the ward councillor and to Jonathon, but that there had been no follow-up and certainly no action from police. When asked, Jonathon said that those kinds of scenarios were not uncommon across all kinds of criminal matters: he could make the report but it was difficult to ensure police attention, particularly for crimes that were challenging to prosecute even in the best of circumstances.

The visiting police officers Luke and Abraham conducted their awareness against this context, focussing on women's rights under the law. Luke said that many women were unaware that it was against the law for husbands to hit or 'discipline' their wives. There were usually conversations about whether this was still true if men's families had paid a bride price. Audiences debated whether after Christian marriage confirmed men as head of the household and *kastam* marriage was finalised through exchange of bride price, this gave men certain rights to punish or discipline wives and children. When the police officers were telling me about these sessions later, Luke said that he had stressed that violence was never acceptable and always against the law. Each gathering had been told that they should report all instances of violence to the community development officer, who would relay complaints to police for investigation.

Later, I discussed this with Jonathon. He was conflicted about the advice that the police had provided. Jonathon agreed that it would be better if the linear logic of justice for violence survivors set out in awareness campaigns could work in Melkoi: a report is made, a survivor is protected while the case is investigated, the case is adjudicated by a magistrate, perpetrators who are found guilty are appropriately punished and other men

are dissuaded from offending. He knew, however, that this was almost impossible. Jonathon did not know what else he could do for the women that came to him without greater institutional and resource support.

For example, Jonathon had approached the provincial government and international charities to help fund support for survivors of violence who wanted to prosecute cases in the district court at Palmalmal (the Pomio District capital) or at Kokopo. This funding would help pay for transport, legal fees, accommodation and food while cases were prepared and heard in court, noting that these costs were prohibitive for most people in rural areas, which meant that even if there was a police investigation, complainants could not pursue a case through the courts. Despite interest and recognition of need, no concrete assurances of help had been forthcoming. Without structural support, Jonathon was concerned that convincing women to act according to their legal rights might in fact place them at risk of further persecution from their assailants, or at least, set them up for disappointment because the infrastructure needed to practise those rights was not available. Police were not naive to these tensions but wanted women to know that they had a right to seek prosecution against abusers; they wanted to provide choices. In reality, structural, social, geographic and resource pressures meant that there were limited opportunities to pursue prosecution through police and courts; issues that were greatly amplified in rural and remote areas.

6.2 Gendering Justice Responses to Violence Against Women

The fact that—with the exception of Constable Kabakon as driver—the Kokopo FSVU officers were all women was a source of pride for the new unit. They discussed their team as being ground breaking and providing role models for women in the communities where they worked doing awareness and helping complainants. Miranda told me that:

> We've got a great team; good team spirit and we do good work. It's nice! It's good to
> be able to say, ladies, we're all going together to make an arrest. Woman force!

There was no directive from police senior management that the FSVU officers should be women, and there were male officers at FSVUs in other provinces (GHD 2015). The majority of FSVU officers were women, however. This could be an asset: officers suggested that women, especially those making a complaint for the first time, appreciated the option of being able to speak to women officers. However, the fact that most FSVU

officers were women also reflected the pervasive notion that family and sexual violence is a women's issue rather than a community issue. Having mostly, or only, women officers at the FSVU was sometimes justified with stereotypes of women being naturally more caring and nurturing than men, and thus better equipped to deal with the sensitive cases that came before the FSVU. Social expectations about women's willingness to make sacrifices for their communities and to undertake volunteer work were also contained in the suggestion that officers could bear their reduced professional opportunities because they had what they referred to as a 'heart for the work'. These discriminatory tendencies were also reflected in pay inequalities and a lack of promotional opportunities for FSVU officers. Miranda was very conscious of those gaps, their gendered implications and what they might mean for the sustainability of FSVU:

> We're seeing 20 clients or 15 clients a day, but we're getting the same [pay] rate as a senior constable. In this office, they need to make a position for a sergeant or senior sergeant. They've been talking about creating them, but haven't yet … I love my work, I'm not that bothered about the pay. I'm here to work and I work. And I know that the boss [the provincial police commander] has seen that side. But it's hard to attract other people; now, you've not got any men trying to come to work with FSVU because there are no good positions in the office.[39]

The capacity to be compassionate or judgemental, to act professionally and to execute duties as a police officer are not, of course, contingent on gender. What is crucial for the success for police engagement with family and sexual violence cases is ongoing training, adequate resourcing and access to support for dealing with trauma and traumatised clients, all of which were in short supply in East New Britain and across Papua New Guinea.

The perception that women are better suited to dealing with issues of violence also contributed to large volumes of referrals of domestic dispute cases from other police stations. These came in addition to the cases referred via *tok save pas.* For many of these matters, it would have been more appropriate for the police to respond to complaints where they were made. There were only two fulltime officers available to process cases at the Kokopo FSVU and many of these cases were first reported to stations distant from

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[39] During a visit with the FSVU officers in early 2016, I heard that promotional opportunities within FSVU had still not been created.

Kokopo. Miranda diplomatically suggested that her colleagues referred cases because they wanted clients to have the best service:

> The way that I look at it, they should be dealing with [these cases], but they see the way that us at family and sexual violence handle our cases. We look thoroughly at the cases, and so the other police, I think, feel that we're experts.

It was true that many officers had received inadequate training and could show a lack of understanding about their responsibilities to survivors of violence under the law. There was no standardised professional development training within the RPNGC that instructed officers about when it was appropriate to provide counselling and mediation to couples (and when it was not) and what constituted counselling.

Miranda gave an impression of the 'short cut' way that many police officers, men and women, did counselling, demonstrating the eagerness some officers had to dismiss domestic violence matters from their offices:

> It's not counselling! They're giving advice. Like, they'll see the client, give them five minutes, two minutes, you can't hit women, ok, you two shake hands and go home [laughs.] We need to address this, police men and women need better training.

At a rural station in NCR, around an hour's drive from Kokopo, I asked a group of four male officers about FSVU's reports of high numbers of referrals from stations like theirs. Although they indicated respect for FSVU officers, their responses suggested that the rural police often referred cases because it meant that then they did not have to deal with potentially messy disputes between married couples.

These police staffed a small station covering two LLG areas, a population catchment of roughly 6,000 people. One officer stated that:

> Assault and family violence, men hitting women, that's common. We handle a lot of cases. For us it's normal. I mean, it's not normal but it's something that comes up a lot here. It's all through East New Britain.

As officers at a small rural station, they were limited in the kinds of cases that they processed directly; they dealt mostly with summary offences, such as minor assault or offensive behaviour. The officers referred more serious matters, such as a rape or murder, to Kokopo for investigation by detectives.

The majority of domestic violence reports that came through the station were classified as summary offences (as opposed to the cases dealt with through SOS, which were almost always more serious). However, the officers told me that, 'because of man power, many domestic [violence] cases aren't followed up'. Slow or insufficient responses to family violence cases were no doubt made worse because of inadequate police resourcing. However, this compounded a more intractable issue—a widespread perception that all but the most serious cases of gendered violence were less serious than other crimes (or at least should be mediated rather than prosecuted), particularly as a victim's culpability or provocative behaviour were often drawn into question. This led to family violence cases being seen as less of a priority by some police officers. Despite being broadly critical of police responses to violence against women cases, a local doctor who counselled survivors of violence at Vunapope Hospital in Kokopo confirmed that it was difficult to address police attitudes without looking holistically at what needed to be done about broader issues of violent crime and available resourcing:

> The prisons have so many cases … the violence is [rising] … If you have a murder case, and you're concentrating on the investigation of a murder case, you won't bother about gender-based violence. You won't talk about it. You'll say, this is not a very big thing.

6.2.1 Health and Welfare Interventions

Police are not the only service providers from which survivors of family or sexual violence sought help. For a variety of reasons, police, healthcare providers and community development officers said that many women are generally disinclined to go to the police or district courts in the first instance following an incident, if a report was made at all. If a woman was injured, she might go first to a health centre or hospital, where nursing staff were supposed to provide information about how to seek legal or welfare assistance (although this was not always the case). Shame about having been sexually assaulted or fear of the social and financial disadvantages that might come from reporting a domestic assault might prevent any report being made (Biersack and Macintyre 2016, Jolly 2012, McPherson 2010, Médecins Sans Frontières 2011, Merry 2009, Reid et al. 2013). So too might a victim's love and concern for the assailant and perception of her own culpability in the attack (Reid 2011, Wood, Lambert and Jewkes 2007) or lack of access to, or information about, available legal options (Luker and

Dinnen 2010a , Stewart 2010). Complaints and concerns might be brought to a ward or village law and justice committee, a church leader or health professional, raised for a hearing in a village court or mediated by the community development or welfare office before going to police. Regardless of where assaults were reported, the way that a case progressed was contingent on how much material and psychosocial support the complainant had, and the advice that they received from community leaders and health or other professionals. This in turn determined how complainants viewed the relative risks and benefits of pursuing a complaint through police and the court system as opposed to seeking substantive justice and reconciliation, or withdrawing a complaint altogether.

Many initial reports are made to healthcare providers. This means that as well as attending to physical injuries, clinicians, particularly nurses at health centres and hospitals, are likely to be the primary source of counselling for victims of violence prior to or in lieu of talking to police or community development. Clinicians at different facilities have varying levels of training and support for dealing with survivors of domestic violence or sexual abuse. Since 2011, nurses working in the Maternity Ward at St Mary's Hospital Vunapope had received regular in-service training in trauma counselling for survivors of violence and sexual assault, and how to provide medical certificates to women for court reference. However, even with more staff trained and available to provide counselling at Vunapope, many women who requested paperwork to support a complaint to police, or who were encouraged by clinical staff to seek legal assistance while at the hospital, nevertheless changed their minds after being discharged. Constable Frida at the FSVU said that:

> Sometimes when they [the women] are getting medical help, the nurses will ask, will you go to the police, and they fake it and say yes. Put the medical report inside their *bilum* [bag] and go back home … All the nurses encourage women to get help from the police, but when [the women] are on the road, we don't know what happens, thinking changes; 'forget it, I'll go back to my husband'.

There are several factors that might make a woman change her mind about making a report. All service providers said that poor linkages between referral services could mean that women were often required to make several trips into town or to various locations to request help from clinics, legal services and welfare. The time and financial cost of attending different appointments, confusion about processes and the emotional stress of

making repeat accounts of a traumatic event and sometimes having to justify or defend why they were making a complaint could be too much. Ruth, the sister-in-charge of a clinic servicing NCR told me that each month she wrote an average of 15 court medical reports for victims of domestic assault, usually recording soft tissue injuries, broken bones and bruising. Ruth said that she pushed clients to tell her the truth about how they received their injuries so that she could give them the right advice and the correct treatment. She ensured that women knew where to go to talk to the welfare officers at community development, either for further counselling or to arrange maintenance payments for the children if the victim could not return home. However, Ruth indicated that most women would not go to police after the clinic, which frustrated her enormously:

> When I counsel them, I ask them, do you really want to take your husband to court? I don't want to waste my ink by doing up a report [if you're not going to go to court.] Because most cases, they don't like to put their husbands in court … Probably because the husband is the breadwinner. And if you take him to court, he might say, oh that's how it is huh? Well, I'll just find myself another woman. The women [who come through the clinic] are scared of that happening.

This echoed the experience and the frustrations expressed by Detective Luke at Kokopo Police SOS. Rose's frustration at women who were perceived as time wasters was widespread, though certainly not universal, across police, community development workers and health workers interviewed during the research. Repeated experience of women not 'following through' on attempts to prosecute their abusers meant that they were brusque in their attitudes to other clients. As well as women's fear of jeopardising their relationships, social and material security and livelihoods, there were also various, well-known systemic issues that made making a complaint a daunting prospect.

6.2.2 Courts

Law enforcement service shortages and persistent attitudes about women's role in provoking violence could make potential complainants justifiably cautious about pursuing prosecution through police and courts. These issues extended beyond the difficulties with police attention and capacity discussed above. Constable Frida at FSVU related her experience with a senior magistrate who refused to provide an IPO until after the victim made a second complaint, to ensure that she was 'serious' and not wasting time. IPOs can be critical to keeping victims, usually women, safe from the threat of

violence. Applicants apply directly to the court, but are usually accompanied by police officers who were familiar to the complainant. If the magistrate is satisfied that there is a risk to the complainant's safety, an IPO is put in place that prohibited the perpetrator from approaching the victim for a prescribed period in advance of a substantive hearing before the court. This period is an opportunity for the complainant to pursue ways of resolving the matter either through prosecution or mediation. Depending on what occurs between the initial order being made and the substantive hearing, the magistrate might then decide to extend, amend or revoke the IPO (PNG Magisterial Service 2009). If an order is breached, penalties including fines or time in prison can apply. Since IPOs were introduced in 2009, police and some magistrates said that they had proved a useful strategy in protecting victims of violence. However, at the beginning of 2013, Frida told me that:

> the Senior Magistrate stopped us from issuing the IPO. He said that lots of women used to come into the court and get an IPO against their husband, where actually, they were in the wrong, they had provoked the situation that had come up and when their husband hit them, they ran to the police and said that it was all their husband's fault, that they did not do anything and their husband hit them for no reason. But up at the court now, the magistrate finds out that the woman is the one who provoked the situation even though the man made the action.

This advice was counter to practice directions issued for district court magistrates (PNG Magisterial Service, 2009), and was based on a false assumption that a request for an IPO was likely to be made after a first incidence of violence. In fact, approaching law enforcement agencies signifies a large step for most victims and according to police, it was rare for an IPO to be requested until there had been repeated abuse. Frida explained that:

> For these types [of women], violence has a continuous presence in their families … From my point of view, if the court gives them a restraining order, then the man will be really scared [of reoffending] …With this restraining order, there's no talk, only CIS [Corrective Institution Service; prison.]

I asked if the new 'warning' system had affected their work or made it harder to convince women to take action: 'That's right, that's PNG. You give a warning and they [the offenders] will just come outside again'.

6.3 Hapkas Kastam

Throughout this chapter, I have detailed the different components of justice systems in East New Britain and the ways that state legal and community-based mechanisms and interventions interact with social contexts to create different articulations of justice and justice responses. To highlight the complex, gendered ways that definitions of justice manifest, and the ways that these interact with aspects of aspirational masculinity such as pride, community protection and ideas of discipline and fairness, I now turn to an account of a crime and its fallout that took place in Melkoi.

Shortly after Christmas in 2012, Anselm, a peer educator with a sexual health project in Melkoi, held the arm of 11-year-old Sarah and threatened to rape her. She had been with a group of other girls and young women of varying ages that had been stealing coconuts from underneath trees that belonged to Anselm's clan. The other girls had run away when Anselm appeared but Sarah had been too slow. She was grabbed, threatened with rape as punishment for stealing and thrown to the ground before she was able to escape his reach and run away. After Sarah had escaped from Anselm, she and the girls who had been with her ran home to her village. When they arrived home, they told Sarah's family what had happened—that Anselm had attacked her. Sarah's mother, Helen, and other members of the family reported the incident to Jonathon, the community development officer at Melkoi LLG for referral to police.

Having received the complaint, Jonathon attended the next day at the hamlet where Anselm lived to make enquiries about the girls' allegations. Anselm denied threatening to rape Sarah, but admitted that he had frightened some girls who had tried to steal coconuts that belonged to his family. Jonathon concluded that no urgent action was needed at that point because no one had alleged that an actual rape had taken place, and the family had not taken Sarah for medical help at the health centre. He decided to schedule mediation for the next week, where members of both communities would discuss both the allegation of assault and of theft, and decide on next steps. The following day, Friday, he took a planned trip to meet with international NGO representatives with Robert, the ward councillor at Anselm's village, and returned on Sunday.

Helen and her family were unsatisfied with what they saw as a lack of action. This was made worse by the fact that Jonathon had gone away with the leader of Anselm's

community after the report was made, which was read as an implication of Jonathon's bias in Anselm's favour. Allegedly, Anselm's sister was confronted by members of Sarah's family when she was selling produce at a market in their area and was grabbed so aggressively that the bundle of food that she was carrying on her head fell to the ground and spoiled. She was kept at the marketplace and barred from returning home until the family were satisfied their complaints were being taken seriously, despite women from both sides of the dispute who witnessed the attack yelling at those holding her to leave her alone and not hold her responsible for her brother's crimes.

Unusually, there happened to be two police officers at the mission station over the Christmas–New Year period when the alleged assault took place, including Luke from Kokopo SOS. The officers were not there as part of the regular planned police operation that takes place each year, but because a senior police officer from Melkoi had died and a sizeable contingent of fellow officers had accompanied his body from Kokopo for the burial. Luke and his junior officer Abraham had, in discussion with the LLG manager and senior officers, decided to stay on at Uvol and take the opportunity to follow up on any complaints that were outstanding. Helen and her family went to Luke and Abraham and demanded that the police officers prioritise their matter, and go and take Anselm into custody.

On Monday, New Year's Eve, the police came for Anselm in the LLG dinghy, accompanied by relatives of the girl. They had sent word ahead, so he was waiting for them on the beach and went with them without argument. Anselm would later allege that the police took him to an island before taking him to the LLG, and that members of Sarah's community were waiting there to beat him up. He was sporting a black eye and said he had pain in his ribs when he related this several days later. Jonathon had returned by the time Anselm was arrested, and had since learned that Anselm had likely lied to him about threatening the girls and grabbing Sarah. Jonathon had had frustrated conversations with senior community leaders, and urged them to help to get to the bottom of the matter. The community leaders had subsequently instructed Anselm to help sort the matter out quickly and lay it to rest.

On leaving to take Anselm into custody at the LLG offices, the police advised clan and community leaders at Anselm's village that a roundtable discussion would take place at the LLG first thing Wednesday morning. However, Councillor Robert, the village court

magistrate, and others from Anselm's village waited until midday to leave for Uvol to hear the evidence from the victim's family and to negotiate a resolution. They said that they were waiting until the visiting priest, at their village to say New Year Mass, was ready to return with them as the mission station was near the LLG offices. They also said that attempting to delay the hearing would show that the police did not intimidate them and that they were ready to stand their ground in the mediation.

When the visitors arrived at the LLG station, however, Anselm was already in the interview room with the police officers and Joseph, a representative of Helen's family. The police had not waited to begin the hearing. Anselm's delegation did not realise that proceedings had gone ahead without them until Anselm and Joseph exited the interview room with the police. The ward councillor and village court magistrate had been confident that their input was considered critical enough to ensuring a peaceable outcome that they could make the police wait, but what they had thought would be a strategic power play backfired.

Once the hearing ended, Robert, Anselm and Joseph retreated to the back corner opposite to where most people were standing on the verandah of the LLG office. Joseph informed Robert that the police were not going to place criminal charges and instead were 'turning the case back to *kastam*'. Discreetly suggested by an elder relative of Anselm's (who had not consulted others from his community), negotiated by the senior police officer and agreed to by the victim's family, *kastam* in this instance meant a compensation payment of K1,500 and a pig. The police ordered that payment be made in three instalments and said that Anselm (or his clan or community) should provide the pig in a week's time, followed by two payments of K750. Now, in front of the gathered group, who were mostly from Anselm's village, Joseph made almost apologetic statements explaining why they had thought it necessary to get the police involved: they were angry, the community development officer had gone away and they thought he was not taking their concerns seriously, and, unusually, the police were right there. The LLG manager, a man from Bougainville who had only been in the position for a few months, told him that it was understandable, saying, 'it's the right thing to do, it's the rape of a little girl. If it was any of our kids, we'd have done the same', to murmured assent.

On parting ways, however, the representatives from Anselm's community became increasingly irate at both the compensation order from police and the way that the

decision had been made. They highlighted that the girls had been stealing coconuts, apparently an ongoing problem that had become serious enough that the previous LLG manager had helped to draw up a memorandum of understanding (MoU) to resolve conflict between the communities over the use of resources. The children were in contravention of that MoU: why hadn't the new manager brought it up? Where was Anselm's compensation for the attempted theft, if he was to be penalised for the alleged attempted rape? Members of Anselm's community, particularly a group of men, felt aggrieved at what they felt was a show of bias from the police.

Complicating matters further, Anselm and his close kin did not have enough money or pigs to meet the compensation payment. It was after Christmas and a season of *kastam* events including initiation ceremonies, bride wealth ceremonies and final funeral rites. People's piggeries, gardens and savings were depleted. This, along with the fact that this was not the first time that extended clan and family networks had been asked to contribute to compensation payments resulting from Anselm's wrongdoing and contributing to this, a collective feeling that the police framing of 'justice' was illegitimate, meant that assistance was hard to come by. Even Jimmy, the elder relative of Anselm who was doing much of the legwork on Anselm's behalf, travelling from house to house and village to village asking for contributions, described the process as *hapkas kastam* [half-caste custom.] Without due process, it was not genuine *kastam* but a watered-down hybrid that had no traction in law or the community. At the same time, he accused people of being opportunistic with their interpretations of *kastam,* saying that they wanted a version of local arbitration and mores to be there when it was convenient but were undermining the community by being too selfish to donate funds to help one of their own. He condemned the *pasin proud nabaut* [prideful posturing] of the men who tried to obstruct the police process by making them wait to conduct the interview and then contested the legitimacy of the compensation settlement. With regard to the seemingly large compensation amount ordered after the hearing, Jimmy also alleged opportunism on the part of the victim's parents, suggesting that they were more interested in personal wealth than justice for their daughter or peace between communities.

Directly after the hearing, Jonathon was furious that Anselm and others had lied and denied that there was any kind of attack under the coconut trees. To Jonathon's mind, this lie had effectively sparked a series of actions by him and others that prevented a fast response and properly mediated resolution to the matter. After the crowd at the LLG

office had dispersed, Anselm and the others from his village had gathered at Jonathon's house while he castigated them for their behaviour, and for not being upfront with him. Later, the men's bruised pride at having been rebuked in this way added to their sense of injustice and contributed to their refusal to participate in the compensation payment.

Jonathon's frustration was not about the police involvement per se. In our conversations over the following weeks, Jonathon made it clear that he thought Anselm's attack was deplorable and that he needed to be punished and similar behaviour deterred. Jonathon's concern, which was shown to be prescient, was that in this particular circumstance, the attempted mix of police involvement and *lo bilong peles* was not well thought through. They had not waited until all the right people were able to participate in the conversation. The compensation arrangement was, therefore, not negotiated and agreed to, but enforced by police officers who would not be staying for long enough to ensure that it was paid in full and the matter finally settled. Justice, according to Jonathon, was an amicable agreement about use of resources on the land between the two villages and restitution made between the communities; adequate punishment for Anselm deterring future violent behaviour; and compensation for the victim. None of these would come to pass by the time that the police left Melkoi for Kokopo in early February.

This account illustrates the tenuous balance between state intervention and *lo bilong peles*; the ambivalent meanings contained in the invocation of *kastam,* particularly in inter-community disputes; and in its relationship to justice when decisions are placed in the hands of external law enforcement (see Evenhuis 2014). Further, it highlights the ambivalences in definitions of justice and fairness when leaders and spokespeople for communities, who in this context were all men, identify competing sources of injustice that complicate what are seen as appropriate paths to restitution and resolution. In this milieu, the question of 'justice for whom?' and 'rights for whom?' (Merry 2006) can be applied and answered in a number of different ways, defined according to intersecting and overlapping sources of disadvantage. In Melkoi, the habitually absent state authorities were allowed to make a final decision about what *lo bilong ples* entailed, but did so in the belief that they were doing what they could under the law to deliver justice for the victim and her family. For the men in Anselm's community, this placed in sharp relief the fact that normally, there would be neither police assistance nor interference, and drew a reaction of indignation against the state that ultimately resulted in a refusal of the consequences they had handed down. However, Sarah's family felt that they would not

see justice for what had happened to their daughter and others in their community without attempting to engage with the police and their promises to deliver on women's right to safety and state justice. Backlash against this decision, and moreover, against the way that the police cobbled together an attempt at restorative justice, led to an eventual effective re-prioritising of community and resource protection ahead of protection of women and girls from threats of violence from some quarters. At no point was there any suggestion that Anselm was blameless, or even that he had acted appropriately: he was recognised to have harmed Sarah, and to have caused shame and disharmony for his community and with their neighbours. However, the shared nature of the consequences, including the consequence of community loss of pride, fed into how men tried to shore up their positionality against ideas of aspirational masculinity.

These complicated encounters between state law, localised efforts to maintain community stability and peace and the experiences of gendered power disparity and generalised precarity play out across East New Britain and Papua New Guinea. They do not take away from the examples of success from police and community leaders elsewhere to harmonise the human rights and legalistic dictates of violence against women prevention messaging with local interpretations of due process. However, efforts to respond to complaints and prosecute cases are hampered by a combination of resource shortages, structural barriers to service delivery, engrained suspicions within referral systems about women's motivations for making complaints, and both underestimation and unrealistic expectations of the capacities of specialised law enforcement units. For women, the interpretation of justice that they want to realise entails physical, material and social safety. Men want there to be more done structurally to improve access for women and communities to be safe and, as shown regarding health, can be active when it came to community advocacy. Indeed, in the Melkoi example, several engaged enthusiastically to volunteer with and assist police. At the same time, the absence of support to address gendered bias, *pasin sori long ol man*, in understandings of justice means that even while standing up for community safety and actively working to address shared uncertainty, narratives of blame against women are still articulated and acted upon.

In these discussions, I have endeavoured to illustrate the tensions that result from efforts to deliver justice through pluralistic mechanisms, revealed as men and women try to navigate available systems and structures in pursuit of justice (Demian 2016, Evenhuis 2014, Forsyth 2009). These navigations are guided by multiple and concurrent priorities

that can sit in contradiction to each other. For women, these might be seeking physical safety and restitution or vindication for abuse, while not wanting to add to material or social uncertainty. For men, a genuinely articulated desire to improve community safety through ensuring that 'the law has teeth' may come into opposition with other perceived threats to community stability and personal honour. Ensuring that gender justice is elevated and prioritised in notions of aspirational masculinity requires structural, as well as legislative or programmatic efforts and recognition of the broader contexts of precarity that act to reinforce existing power disparities in societies (in the case of Sarah and Anselm, these included geographic isolation and corresponding lack of access to state services, the resource shortages that precipitated the theft, and normative acceptance of violence against women as 'discipline') , and the nuances of those contexts across different locations and demographics.

Chapter 7: Conclusion

In this thesis, I have argued that ideas of 'good' masculinity delivered through HIV and violence against women awareness-raising campaigns have been incorporated into narratives about gender identity and behaviour in Papua New Guinea. However, this has taken place in uneven and unexpected ways, filtered through collective and individual experiences of precarity, and intersecting forms of oppression and power, including unequal gendered power dynamics where the actions and decisions of men in their own interests increase women's experiences of social and economic precarity, as well as physical violence. Against this background, my research question asked how decades of these intertwined prevention campaigns have affected ideas of aspirational masculinity in East New Britain Province.

In this last chapter, I provide a summary of the key arguments and themes of the research and discuss key limitations resulting from the framing of the research. I conclude with discussion of the possible implications for issues of gender inequality in Papua New Guinea were future policy and research to approach these issues through the lens of aspiration.

7.1 Overview

The thesis draws upon literature from many disciplinary and theoretical fields to make its arguments: anthropology of public health and violence in Papua New Guinea (Butt 2008, Eves 2010, 2006, Hammar 2007, Lepani 2012, Munro and McIntyre 2016, Wardlow 2007, Zimmer-Tamakoshi 1997, 2012); gender studies scholarship focused on men and masculinities and critical international development literature that examines the power dynamics of HIV and anti-violence interventions (Campbell 2003, Campbell and Cornish 2010, Cornwall, Edstrom and Greig 2011, Farmer 2005, 2006, Flood 2003, 2015, Gibbs, Vaughan and Aggleton 2015, Reid 2011, Smith 2014, Wyrod 2016). These have been read through analysis of emergent work within human geography and feminist literature about the need to problematise the notion of precarity and precariousness. This crucial recognition of nuance calls on scholars and activists to acknowledge the ways that contexts of social, political, economic and environmental uncertainty affect and have historically affected populations in the Global South, and women and people of diverse

sexual orientation and gendered identities (Binoy 2014, Ettlinger 2007, Lorey 2015, Butler 2009, Lee and Kofman 2012, Schierup and Jørgensen 2016, Waite 2008, Neilson and Rossiter 2008, Barchiesi 2012, Kanngieser 2013). In particular, this literature draws attention to the fact that these effects have been experienced differently to the male, Western worker of late capitalism who is normally central to writings about precarity.

Through the thesis, I have demonstrated the importance of bringing these threads together in efforts to understand the contours of gendered identity, structural power, and collective aspirations for development in Papua New Guinea, and the ways that behaviour change interventions play out against complexity. Specifically, that efforts to work with men to address social problems that are driven by gendered inequality must acknowledge, take seriously and engage politically with the ways that men, women and whole communities attempt to navigate uncertainty in twenty-first century Papua New Guinea. In doing so, my research contributes to existing literature on the production of contemporary masculinities, and in particular, draws attention to the gendered dimensions of precarity.

These entanglements have been illustrated and given meaning through the narratives provided by women and men in urban, rural, and remote East New Britain during extensive ethnographic fieldwork across three field sites in the province: low-ranked security guards in Kokopo who balance insecure and unsafe employment with village responsibilities and personal aspirations; members of rural and remote communities who, for the most part had, knowingly at least, experience HIV as a feared, collective disaster rather than personal tragedy; and service providers grappling with how to respond to violence against women within the limitations posed by resource shortages, and in ways that were viewed as just by communities, and were congruent with state law.

My research demonstrates that prevention campaign narratives around men's role in promoting and protecting their own and others' physical safety and sexual health are visible in the way that men define and position themselves against ideas of aspirational masculinity. These are articulated in men's attitudes to risk, their own and women's bodily autonomy, and community safety and aspiration. However, my research has also demonstrated that definitions of aspirational masculinity, or what it means to be a *raitman,* a 'real' man or 'good' man, and men's positionings and subjectivities within these definitions are malleable, and take on different meanings viewed from new social contexts. This moves the research beyond questions of contested authority between

kastam, church and modernity in contemporary Papua New Guinea. The thesis shows that men draw upon, instrumentalise and position themselves against ideas of goodness contained in each of these categories in their navigations of uncertainty and of power in different combinations depending on audience, objective, and perceived risk—social and physical, individual and collective.

Practices are narrated, hidden and employed in different ways to demonstrate or shore up men's ability to identify as *raitman*. I have argued that the slippages and tensions in the ways that men and their communities frame aspirational masculinity are the result of ideas of male goodness being refracted through lived experiences, in particular, navigations through experiences of uncertainty, disadvantage and longing. I have further argued that, to effect change, there is a need for more nuanced and politicized conceptualizations of masculinities in the context of campaigns for equal gender rights. This brings an intersectional and politicised lens to contested conversations about how to engage with men in efforts to address HIV and violence against women. The thesis thus foregrounds the heterogeneity of men's conceptions, and performances of what it means to be a *raitman* in contemporary East New Britain. The research challenges future scholarship and policy work to engage with the complexities and contestation at the intersection of gendered identities, navigations of structural power and uncertainty, and individual and collective aspirations.

The thesis began by grounding the lived experiences of research respondents, and the theoretical analysis from different bodies of scholarship in the history of responses to HIV and violence against women in PNG generally, and in East New Britain, drawing out the ways in which these campaigns have targeted men for behaviour change.

Subsequent chapters of the thesis examined articulations of aspirational masculinity, and the ways that they are affected by prevention messaging and experiences of precarity, through exploring narratives around four community issues directly related to awareness messaging: men and health, fear of HIV, violence, and justice. At each field site, accounts provided in interviews and group discussions referred to personal experiences, but also gossip and rumours.

7.1.1 Gossip and the Shaping of Gendered Subjectivities

Gossip, and the fear of gossip, were revealed throughout the thesis as central to the ways

that men and their communities narrate and frame gendered subjectivities, and the different ways that awareness tropes have been incorporated into understandings of and men's positioning against ideas of aspirational masculinity. This has a significant impact on how interventions aimed at addressing violence against women or responses to HIV should be approached. As Sarah Hemer (2015) demonstrates, transnational HIV awareness messages intersect awkwardly with emplaced ideas about the value and virtue of sharing information about others, and of what should be kept silent. On the one hand, confidentiality, particularly with regard to health workers protecting the privacy of clients, is enshrined as part of international good practice. On the other, 'breaking the silence,' and frank and open discussions about sexuality, have come to be seen as core elements in HIV prevention. Silence is used to refer to the lack of knowledge or understanding about HIV, and a lack of prevention efforts against HIV' (Hemer 2015, 124).

Here, 'breaking silence' is meant to refer to moving beyond social taboos to talk openly about how to prevent transmission of HIV. This is an effort by the authors of transnational HIV and AIDS responses to influence what should be spoken and what should be kept secret: protecting individuals living with HIV and AIDS so that they are safer from risk of vigilante violence or the social violence of gossip and ostracism, and opening up general conversations as a way of destablising the potency of communities' fear and shame associated with HIV. However, as Hemer shows in her research with health workers on Lihir Island in PNG, local actors have different perspectives on what secrets or disclosures will benefit or harm communities.

In my research too, participating in gossip about people's—and particularly women's—sexual histories and rumoured HIV status was posited by men as part of 'breaking silences' so that community threats might be known and understood, and often, punished or attempted to be driven away. These ethical framings could directly invert the ideas of responsible behaviour put forward in HIV awareness campaigns. Thus, a *raitman* might 'talk out' or he might keep silent, and be justified or judged either way, depending on how aspirational masculinity was framed and acted up on different social contexts. These same tendencies played out through the research against a variety of issues related to men's attitudes to women's bodily autonomy and perceptions of acceptable gender roles, and were in large part shaped by gossip and gossip-avoidance strategies.

7.2 Categories of *Raitman*

The thesis shows that the behaviours that international and government interventions seek to address through awareness campaigns exist simultaneously with endogenous practices of 'good' masculinity focused on community safety and prosperity, and publicly stated support for 'awareness' principles. Enabling the kinds of cultural shift that destabilises gendered inequality therefore must be approached in multifaceted ways, and be imagined through a politicised lens that recognises the ways that experiences of precarity affect how people position themselves against social power dynamics.

Examining the strategies that men employ to look after themselves, their peers, their families and communities; to save face; and to perform 'goodness' illustrates the different ways that appeals to men to change their behaviours need to be tailored, and engage with complexity. From the thesis research, I have identified three broad categories of aspirational masculinity that help to frame this complexity. First, *raitman* as participants in relationships of exchange and mutual benefit; second, as advocates for the community good; and third, positioning themselves as 'good' by employing narratives of blame and distancing to justify otherwise condemnable behaviours as the result of provocation.

These are not definitive character types—part of what I have argued is that men's positionings against aspirational masculine norms overlap and are instrumentalised depending on context and social or material objectives. Rather, these categories are descriptions of the ways that men positioned themselves, or were positioned, to explain particular behaviours in different settings and as part of collective and individual navigations of uncertainty. I propose that examining the ways that men's positioning within and across these categories are shaped by experiences of precarity will provide different ways of approaching interventions aimed at furthering and politicising conversations about gender equality and sexual health.

7.2.1 Goodness and Reciprocity

The ways in which men prioritise relationships based on reciprocity and respect highlight the endogenous frameworks of aspirational masculinity present in East New Britain communities. It is important to foreground these ways of conceptualising what it means to be a good man in this analysis, and also in interventions aiming to address social issues through behaviour change interventions: they demonstrate that models of behaviour that

resonate with awareness messages are already present in communities. Reciprocity, particularly reciprocity of respect, was discussed by research participants as critical to harmonious communities and development towards community aspirations throughout the research. This was as true for both women and men, and was often talked about in non-gender specific ways, such as being a good citizen; participating in beautification projects that kept villages and towns clean and well-maintained; practising self-discipline; and enforcing discipline of children and other citizens. Where goodness was defined as reciprocal shows of respect and fulfilment of duty, it was everyone's responsibility to exercise and foster.

Nonetheless, and as I have explored throughout the thesis, there are important gendered dimensions to participation in and positioning against ideals of reciprocity. This is particularly visible in the ways that men's performance of authority and leadership is tied to aspirations towards being a Big Man. These performances resonate with historic, localised ideals of leadership that were reliant on consensus and mutuality, and that valued humility, resourcefulness, strong oratory and negotiating skills, and a desire to serve family, clan, community and nation (Martin 2013). However, invoking ideas of Big Man-ness can also see men positioning themselves against national and regional Big Man stereotypes, imagined as a macho warrior, and someone who was able to marshal significant wealth and resources for his community, but also personal use (Eves 2006, Zimmer-Tamakoshi 1997).

The thesis shows how, in the hybrid political economies of contemporary Papua New Guinea, men draw upon different sources of wealth and political authority to assert power. Across East New Britain, younger men in particular expressed desire for the authority and wealth of the Big Man of the, 'anthropological imagination ... [who] singlehandedly command the labour, resources and hearts of followers (both male and female) through their unparalleled powers of persuasion and personal forcefulness' (Zimmer-Tamakoshi 1997, 107). This occurs while simultaneously venerating the idea of a good man as selfless steward, and castigating Big Shots who were seen to have built their wealth and prestige through selfish individualism, by-passing the traditional systems of exchange and reciprocity (Martin 2013).

Still, fetishisation of the wealth associated with possessive individualism combined with national stereotypes of the hyper-masculine and affluent Big Man framed by the colonial

gaze (Sahlins 1963, Strathern 1991). I argue that the feelings of ennui and being 'caught in between' that this engenders represents the affective dimension of precarity for Papua New Guinean men. Young men who feel themselves to be disenfranchised said that they had been denied their birthright of land, natural resources, and the social and economic power that should result from being a man who participated in *kastam*, but had also been denied the benefits of contemporary development such as education and opportunities to progress socially and economically through engagement in the formal economy. This resulted in glorification of an idealised past where they imagined that they would have lived like kings (or indeed in contemporary PNG, like many national politicians). These feelings sit alongside nostalgia for a time 'before' when community solidarity and discipline was held together under the leadership of Big Men who wielded power through exchange and consensus, rather than coercion. Within this mix, simplistic messages about being a 'good man' or 'real man,' or even conversations about 'gender roles and responsibilities' framed by prevention discourse are quickly rendered complex and ambivalent.

These seemingly contradictory tendencies are not difficult to hold together and are typical of the ways that men and their communities framed what it means to be a *raitman* in East New Britain. In reality, men pull together the resources that they have available to both demonstrate their ability to access accoutrements of twenty-first century wealth, and to share that wealth with one's family, friends and broader communities. Men also spoke about their hopes for their communities, for themselves and for their families, framing existing hardships in the context of a desire to be part of improvements: as one man in Kokopo told me, 'to be a good human resource for the country'. This tendency was illustrated as men positioned themselves as advocates for community development, participating in collective efforts to bring about positive change in their local area, province and nation and to address collective vulnerabilities—even if, as discussed and problematised throughout the thesis, this renders their own, personal vulnerabilities invisible.

7.2.2 Good Man as Advocate

Men position themselves as advocates for community wellbeing as part of causes that emerged organically in communities as critical to achieving collective aspirations, and in ways that were prescribed and guided by anti-violence against women and HIV response

campaigns. This demonstrates that awareness campaigns are able to connect with an existing propensity for men to enact aspirational masculinities as part of public, political performances towards shared goals. Men's participation as peer educators for HIV awareness and for the reduction of violence against women can therefore be seen as less of a behaviour change, per se, but a redirection or additional focus to existing efforts to advocate for improved government services and collective effort toward community wellbeing. Crucially, however, this additional focus requires a repositioning of values and attitudes, particularly about women's bodily agency and sexual autonomy; about gendered hierarchies; and about the rights and personhood of people living with HIV and AIDS, and their 'risk' to community safety. Men participate in advocacy around all of these topics, however the interpretation and application of messages is uneven and, intersecting with broader experiences of precarity and masculinist navigations of precarity, often subvert meanings away from promoting the kinds of change imagined in the transnational spaces where awareness tropes and themes are authored.

Men and women working as peer educators and advocates, including those who publically identified as living with HIV, reported taking a great deal of satisfaction and pride in their work. However, it was not without challenges. Men were critiqued as being disingenuous, with gossip about their sexual relationships used to discredit them. Gender and discussions of gender relations were widely regarded as 'women's issues,' which made their public discussion a source of social discomfort for some male volunteers and could earn them teasing from men and women. As noted above, this issue of shame, and of how subjectivities and positionings against ideals of aspirational masculinity are made and remade through gossip, was a recurring theme throughout the research.

Participating in public dissent about the generalised poor treatment of women as mothers allows men to position themselves as good in ways that were congruent with the *raitman* of awareness campaigns. It allows men to take up the role of protector and provider, and of advocate for the community good, and to engage with contemporary transnational framings of what good development means and how it is spoken about.

In some cases, however, as with the rape-threat allegations at Melkoi, men's advocacy reveals tensions in how 'good' development, gendered rights, and the community good are configured and prioritised. On one hand, violence against women was widely spoken about as abhorrent and a shared development challenge across the field sites. On the other,

when tested in the case of the assault of a girl accused of stealing, many men from the accused assailant's community argued that the girl's actions should be viewed as a provocation to the violence that followed. Some of those who argued for this hierarchy of priorities invoked historic *kastam*, saying that in pre-colonial times, punitive rape was not uncommon in the event of theft (Banks 1993). Others said that both crimes were wrong, and should be dealt with in a way that ensured equal justice and community harmony. However, in these discussions too, there was contestation around what equal justice might look like. Arguments both ways revolve around claiming of rights: rights to women's safety, rights to cultural integrity, and rights to sovereignty over land (George 2016, Merry 2006, Taylor 2008b).

The gendered permutations of how rights are collectively determined and prioritised—whose voices are heard in those negotiations and whose are silenced—play directly into positionings against aspirational masculine norms. This demonstrates the need for more nuanced conversations about how gender equality and gendered justice fits with broader experiences and navigations of precarity, in communities and among national and international partners delivering behaviour change interventions.

The different positions that men took while acting as advocates also reveal the social dynamics that allowed narratives of blame, in particular gendered blame, for HIV and violence to be framed and justified. This was an issue that came up repeatedly in relational definitions of what it means to be a *raitman,* and to which I now turn.

7.2.3 Goodness as Relational

The complexity of men's, and whole communities', navigations of multifarious and intersectional sources of privilege and disadvantage meant that although some elements of awareness messaging are taken up by men, there is often insufficient space for discussion or support to address issues of structural imbalance and gendered inequality. Crucially, this affects how ideals of non-violence and respect for women's bodily autonomy were taken up and applied in different situations and relationships by men during the research.

Almost all of the men that I spoke to during fieldwork said that they were against violence against women. However, when it came to discussions of particular instances of violence,

this conviction often wavered. Men wanted to talk about why violence had happened and introduced questions about the degree to which women provoked men, or invited assault through their dress and comportment. These narratives of blame and distancing of men's culpabilities create silences that I argue are critical to unpack if we are to determine more politicised and grounded approaches to address issues of gendered violence in Papua New Guinea (Dworkin 2015, Hemer 2015, Hume 2009).

Although violence against women is undeniably a significant problem across PNG, I have argued that it exists within a broader context of violence, from the structural to the interpersonal, including between men and between women. All of this violence is informed by unequal access to wealth and opportunities, gendered inequality and different experiences of precarity. The many and nuanced manifestations of this broader spectrum of violence, and the political and structural implications of expressions of toxic masculinity in particular are, I argue, not adequately addressed in existing campaigns about stopping violence against women, including in the context of responses to HIV.

Gendered narratives of blaming, and the ways that they silenced men's culpabilities and vulnerabilities are revealed in discussions of how communities framed legitimate and illegitimate violence, and how this informed readings of campaigns to address HIV and violence against women. For example, while a violent man is defined as someone who is directly aggressive, violent women are also violent because they transgress traditional feminine roles (Cummings 2013, Taylor 2008b, Wardlow 2006). This behaviour is viewed as an assault against community mores and morals. Men also described women's perceived transgressions as a provocation to disciplinary violence; violence perpetrated by other women as revenge; or as a catalyst for men's socially unacceptable behaviours, including sexual assault. These tendencies have proved difficult to displace despite decades of 'awareness' efforts.

I have argued that men's invisibility in discussions of personal vulnerability and culpability within this milieu is conspicuous: as vulnerable bodies, and as people living with HIV (Dworkin 2015, Higgins, Hoffman, and Dworkin 2010); as individuals with agency who could decide not to perpetrate violence or to step in and speak up when they saw violence taking place; and as people choosing to engage in multiple relationships. Save for generalised complaints about criminals imprisoned for egregious acts of sexual violence, or Big Shots who acted as 'sugar daddies,' moral judgements are instead largely

targeted at 'good' and 'bad' women. Men who engage in multiple relationships, or commit assault can be open about the fact that they were flaunting community mores but are able to mitigate their own culpability by claiming that they were not as bad as others (Wardlow 2007). They place themselves in favourable comparisons to the behaviour of women that supposedly tempted them into wrongful relationships or provoked them to assault, or other men who had been convicted for crimes against women (Hume 2009).

Underpinning all of this was collective fear of *sikAIDS*, which, I demonstrate throughout the thesis, is deeply gendered. Feared personal and community risk is a message communicated through awareness campaigns, which resonates in much more potent ways than calls for respectful, non-violent treatment of women. It represents another layer of uncertainty across each of the field sites and is shored up by its convergence with existing power dynamics that seek to control women's bodies and behaviours, and effectively minimises blame for, and visibility of, violence against women by men.

These narratives of distancing, silencing and blame are employed at the same time as men position themselves as advocates for change and publically state their desire to protect women and whole communities from violence, and their engagement in networks of reciprocity and respect in their various communities and networks. The challenge of looking to address social problems while at the same time foregrounding collective aspirations is at the core of the thesis. I now turn to a discussion of how future scholarship and assistance for addressing gender inequality and sexual health in Papua New Guinea might better work across these tensions.

7.3 Research Limitations and Future Directions

Men's positioning across these three categories of aspirational masculinity takes place in contexts of insufficient service delivery; frustration with political leadership and the inequalities that stemmed from corruption at a national level; and individuals' experiences of thwarted personal aspirations for educational opportunities, careers and access to wealth and resources: the dynamics that I have collectively referred to in the thesis as precarity. As I have argued throughout, the ways in which individuals and communities endeavour to navigate through precariousness are gendered. Some men's experiences of, and reactions to, precarity are added to by perceived loss of 'traditional' patriarchal power; they can and have resulted in exacerbated hardship and risk for women.

This should not be seen as an excuse for violence or as indicative of a 'crisis of masculinity' in Papua New Guinea. It does, however, point to a need to engage in more robust conversations about sexual health and violence against women in ways that invite conversation about men's, women's and whole communities' anxieties about change and different kinds of uncertainty, and take seriously the ways that these issues intersect and play out in people's lives.

Crucially too, the lifeworlds of research participants discussed in the thesis are not only informed by hardship. People's experiences and their readings of awareness messages are also informed by strong, often joyful relationships with peers, clans, communities, families; companionate marriages; men's and women's loving or exciting, but secret, relationships with lovers; religious faith and pride in culture, place and nation; creative, collectivised strategies of resilience; and deep commitment to participating in the project of building a better future for their local community, province and Papua New Guinea as a whole. Investigating dynamics of gender violence and of HIV necessitates engaging with difficult accounts from interlocutors and with examination of sources of uncertainty and structural violence that I have argued shape narratives and justifications for injustices in the midst of efforts towards embodying 'good' masculinity. However, a politicised re-conceptualisation of aspirational masculinities in Papua New Guinea must engage with men's—indeed whole communities'—aspirations as much as with the conditions that those delivering interventions hope to change.

7.3.1 Ascribing 'Lacks' and Gender Binaries

This point draws attention to two key limitations of the thesis. Both are related to the way I have chosen to frame the research enquiry with a focus on awareness campaigns derived from transnational prevention narratives. These narratives are dominated by Western moralities and readings of science and inalienable rights; these readings are not value neutral (Adams and Pigg 2005, Lepani 2012, Stella 2007). The first limitation is an emphasis on community problems rather than aspirations and endogenous solutions. The second is a reification of binary gendered identities and social roles. In discussing these limitations together here, I also consider ways that they might be addressed through future interventions and research.

In discussing colonial and development education interventions conducted in the Torres Straight Islands, Martin Nakata (1993, 13) asks:

> how do others see me and other Torres Strait Islanders? … I think overwhelmingly that they see a group of people who 'lack'. Along with Aboriginal people, I think Islanders have probably at some stage or other been represented as having lacked everything there is to have. It really has been literally a case of the 'experts' name it, and we lack it.

Nakata goes on to describe how even evidence of Islanders' mastery of skills uniquely suited to their environment, such as the ability to see long distances at sea, were interpreted by colonial observers to mean that they must be 'lacking' in other areas: their specialised abilities must equate to compromised general intellect, for example. This tendency to inscribe 'lacks' onto native bodies, social organisation and intellect was common across colonial encounters (Gordon 2004, Scheper-Hughes and Bourgois 2004, Smith 2012). Critically, and as Nakata points out, it also reverberates through the ways that contemporary development interventions and post-colonial influence over national policy are framed (Bhaba 2004, Farmer 2005, Scheper-Hughes and Bourgois 2004, West 2016). This has particular potency with regard to interventions related to sexual health and violence against women.

Post-colonial critiques of interventions internationally, but particularly across Africa, have problematised the framing of black men as hyper-sexualised and violent (Greig 2011, Kaler 2010, Wyrod 2016). Regis Stella (2007, 140–61) illustrates the ways that Papua New Guinean men have also been historically framed as over sexualised and savage through the colonial gaze, while women's sexual and bodily agency was rendered invisible. This view was reflected in law, particularly in the *White Women's Protection Ordinance (1926)*. Stella (2007, 161) observes that, 'The sexual violation laws [of colonial Papua New Guinea] … were based on the assumption that native men are rapists or potential rapists'. Much of the international conversation around HIV and violence against women in Papua New Guinea continues to tacitly perpetuate these same assumptions. The very fact that it is difficult to find policy-oriented conversations about HIV and other STIs that emphasise and acknowledge that infection can take place as a result of consensual and pleasurable heterosexual sex in which women have agency and

power, as opposed to violent, coercive and transactional encounters, is illustrative.[40] Equally, the conversations about violence against women have tended to focus on the increasingly misogynistic and horrific manifestations of violence against women accused of sorcery in different parts of the country (Urame 2015). These patterns of violence are certainly worthy of urgent attention and careful action. However, the strong focus from local and international media and in discussions of interventions and policy from international donors on the harms afforded to women and communities as a result of these most egregious acts of violence erode the dignity of survivors who are reduced to their injuries and presented as artefacts of the savagery of Papua New Guinean men. Centring discussions about gendered inequality on these incidents can pull focus away from the multifaceted ways, big and small, that gendered and other forms of structural inequality play out in the lives of women and whole communities. Further, it obfuscates the complex and positive relationships between women and men, and the ways that men contribute to, want to contribute to or may potentially provide more assistance in collective struggles for equal gender rights.

I contend that we should be able to recognise that echoes of a damaging, colonialist view of Papua New Guinean men carry through policy approaches and discourse around violence against women and sexual relations in Papua New Guinea today, without discounting the fact that there are high rates of violence against women and that HIV has been, and remains a threat in communities. Nor does such recognition detract from the fact that international agencies working alongside government, civil society movements of women, LGBTQI+ people and sex workers and individual actors, working in solidarity with local organisations, have provided critical assistance to efforts to address HIV and violence against women in Papua New Guinea (Ballard and Malau 2009, Kelly et al. 2011, Kelly-Hanku et al. 2017, Lepani 2015, Macintyre 2000, Stewart 2014). Each of these statements is true—and together reveal complicated tensions and a challenge to rethink policy approaches—but are not contradictory. Rather, they reinforce the arguments of this thesis, that there is a need for a more politicised and nuanced view of masculinity in Papua New Guinea, for government and international development partners to pay attention to existing and new research demonstrating that, as Alan Greig (2011, 228) writes, 'Masculinity is never just about gender, and within the terms of the

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[40] There has been, however, important research from within anthropology that challenges this paradigm, notably from Katherine Lepani (2012, 2016) and Christine Stewart (2014).

masculine/feminine binary that organises so much of our worlds, it is always about power'. Moreover, there is a need to consider how to shift discourse from focussing on 'lacks' (which is also a tendency within in my own work) and reframe conversations about destabilising gendered inequality and the structural violence that informs it by recognising existing community-level innovative practice and focussing on aspiration.

Concurrent to this is the way that the gaze of the outsider/Other has read, interpreted and fed back conceptions of gender roles in Papua New Guinea. This is not to dismiss the fact that different ethno-linguistic groups around the country organise certain tasks and responsibilities along gender lines. Nor do I wish to ignore that contemporary gender relations and inequalities are not only the result of indigenous culture, but also of colonial and post-colonial histories, where the gender roles and practices of colonising societies and religions largely saw women excluded from positions of power in homes and in public life (Jolly 2012). These tendencies, in Papua New Guinea as elsewhere, have been remade and reinforced through the ways political and economic power are configured through neo-liberal models of development (Connell 2011). Rather, I wish to point out that the historic designations of starkly stratified gender binaries within Papua New Guinean societies were read through a colonial tendency to ignore women's agency.

This, combined with an ongoing pre-occupation with the notion of the Big Man, obfuscates the ways in which women historically have exercised power within their families and communities; ways that are often practised in backstage spaces and using strategies based on deep understanding of political and interpersonal dynamics. Women are blocked from accessing power in many ways but this does not mean that they are without agency or influence (Macintyre 2000). Further, just as it is important that discourse around addressing issues of gendered inequality move away from only engaging with women or positioning these efforts as women's responsibility, it is critical to acknowledge that the social norms that perpetuate gendered power imbalance are held up by women too. Throughout the research, women participated in gossip about other women's sexual histories and social violence enacted as a result, shaming men for assisting wives with so-called 'women's work' in the home, or for not 'disciplining' a wife for alleged transgressions (Lusby 2013b). Women and men internalise prejudices and power disparities and position themselves to navigate precarity in ways that keep themselves safe. Reifying gender roles through discussions of 'good men' and 'gender roles and responsibilities' in awareness-raising initiatives can serve to ignore important

complexities both in how unequal power dynamics are upheld and in how whole communities can work collectively to find more equitable ways forward towards shared aspirations. A more politicised conceptualisation of masculinity moves away from seeing men as problems that need to be solved, or women as victims or solely responsible for finding and fighting for solutions to patterns of violence, but acknowledges the shared agenda of negotiating precarity and building better ways of life.

7.3.2 Towards Aspiration

What might a reframing of approaches to addressing gendered inequality through aspiration look like? In considering this, I return to the call of Arjun Appadurai (2004) to recognise, and support cultivation of, communities' 'capacity to aspire'. Appadurai (2004, 83) writes that outsiders trying to assist a marginalised group should first identify, 'the cultural map of aspirations that surround the specific intervention that is contemplated'. With regard to facilitating greater engagement from men in the project of addressing issues of gendered inequality, such a map would engage with what changes whole communities want to see; engage with the unique challenges that different demographics face; allow sharing of experiences and cultivation of safe spaces for reflection; and take men seriously when they express a desire to challenge unequal power dynamics and what they see as barriers to personal and collective change. This has been attempted to great effect as part of 'community conversations' about addressing HIV in remote and marginalised communities (Reid 2010a, 2010b). These approaches are conducted in local language and constructed to allow communities to approach issues with curiosity rather than with desire to provide the 'right' responses according to sedimented memory of awareness messages.

By politicising masculinities and approaching solutions through engaging with aspiration, the tacit assumption that men need to be convinced to change—present in continued use of historic messages from HIV and violence against women prevention—is weakened. Instead, whole communities are engaged to forge collective strategies for change, predicated on their shared aspirations. Moreover, we see that there is a pressing need to support men who want strategies for individual change.

It is telling that in the first year of the national *1-Tok Kaunselin Helpim Lain* family violence hotline, operating in Papua New Guinea since 2015, 49 per cent of callers were

men who for the most part were calling because they had witnessed violence, perpetrated violence or wanted to know more about the hotline (ChildFund Papua New Guinea 2018). This resonates with what I heard during my fieldwork, where I was regularly asked by men where they could seek help with managing anger and relationships: formal counselling was only made available for offenders after sentencing or mediation. This self-identification of need demonstrates that some men at risk of offending want to change behaviours. These men do not need to be told to be good, they need support to find different ways of behaving in their relationships; that support needs to be multifaceted and engaged with the politics and structural dynamics that shape inequality; meet men where they are and acknowledge the struggles that they face; and feed into individual and community development aspirations.

In an early conversation with security guards in Kokopo before starting the discussion groups in any structured way, I asked a group of six or seven men for their reflections on what it meant to be a good man in East New Britain. The combination of an under-developed rapport and no doubt an insufficient explanation of why I was asking meant that mostly confused looks and long silences followed my question. In my field notes, I wrote that, after a pause, one man spoke up. He told me that one could not just say that this man was good and this man was bad. Neither could you say that because a man did something that looked good, such as going to church, that he was a good man or if a man made a mistake that he was a bad man. He challenged me to move beyond essentialist definitions of what it means to be a *raitman* and to engage with the complexities of people's emotional, social and material lives.

This challenge is at the crux of the tensions that run through the thesis, demonstrating the critical and urgent necessity of reframing efforts to effect change in gendered power dynamics in Papua New Guinea. There can be no real progress without fundamentally challenging the power structures created across class, race (particularly with regard to the power of international business and development actors), geographic and ethnic lines. In situating the research at the intersections of aspiration and precarity, this thesis aims to contribute to these shared efforts, demonstrating the necessary contestations and ambivalences that accompany the political work of addressing concurrent and interwoven forms of oppression.

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Appendix 1: Discussion Groups

1. Kokopo Security Guards

Topic	Date
Being a man	5 September 2012
Being a man in East New Britain	12 September 2012
Violence	19 September 2012
Violence	24 September 2012
Health	3 October 2012
Health and relationships	10 October 2012
HIV	17 October 2012
HIV	24 October 2012
Synthesis	31 October 2012