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7 HIV/AIDS and development in the Pacific

Trevor Cullen

HIV/AIDS: An exceptional threat to the Pacific region

An estimated 7,100 people acquired HIV in the Pacific during 2006, bringing to 81,000 (or between 50,000–170,000) the estimated number of people living with the virus. Three quarters of those persons are in Papua New Guinea, where the epidemic is serious and expanding (UNAIDS, 2006: 61). Some 1.8 per cent of the adult population in Papua New Guinea is infected with HIV and prevalence in urban areas maybe as high as 3.5 per cent (UNAIDS, 2006). Rates of new infections have increased about 30 per cent per year since 1997. A report by the Papua New Guinea National AIDS Council Secretariat (NACS) in May 2006 suggested an infection rate of over 100,000 people in Papua New Guinea and predicts that the current HIV/AIDS epidemic sweeping the country will eventually match the massive infection rates seen in some African countries.

Clement Malau, a medical doctor and former director of NAC, insists the massive epidemic of HIV/AIDS in many sub-Saharan African countries, such as Zambia, Malawi and Zimbabwe—where HIV infection rates are as high as 25 per cent—could be repeated in Papua New Guinea. 'Given the current situation in Papua New Guinea, we could go the same way as many sub-Saharan African countries' (Malau, 2005). A similar statement was made a year earlier when Dr Yves Renault, the World Health Organisation (WHO) representative in Papua New Guinea, said: 'It is possible that the number of infections could reach one million in 10-15 years unless decisive action is taken,' (Renault, 2004). These remarks, together with other statements by international health officials, demonstrate that Papua New Guinea

is facing a rapidly expanding public health crisis that challenges not only oliticians but also business, religious, medical, media, legal and civil leaders to find an appropriate response.

The other 21 countries and territories in the South Pacific are not immune from what is happening in Papua New Guinea. While the number of HIV infections may seem low, annual infection rates are on the rise. Apart from Papua New Guinea, only four other countries had exceeded 150 cases in early 2007. They were New Caledonia (246), Guam (173), French Polynesia (220) and Fiji (171). It should, however, be noted that the data are based on limited HIV surveillance (UNAIDS, 2007). Given the high levels of other sexually transmitted infections that have been recorded in some Pacific Islands, none of these countries and territories can afford to be complacent. Only one quarter of persons deemed at-risk of HIV infection in Fiji, Kiribati and Vanuatu, for example, know how to prevent HIV infections and do not harbour major misconceptions about HIV transmission. In Samoa, the Solomon Islands and Vanuatu, nine per cent of young men said they had bought sex in the previous 12 months, yet only one in 10 of them reported using condoms consistently during commercial sex. About 12 per cent of young men said they used condoms consistently with casual partners. Meanwhile, one in five of young men reported having sex with other men (UNAIDS, 2006: 62).

This shows that the risk factors associated with HIV outbreaks are prevalent not only in Papua New Guinea but throughout the region. The risk-factor list includes: denial of the problem or lack of adequate knowledge about the virus; a rapid rise in the number of sexually transmitted infections (STIs); low condom use; increasing migration and widespread incidents of domestic violence. Wider problems include inadequate health and counselling facilities together with extremely low access to antiretroviral drugs. These factors increase the likelihood of widespread infections rates in the Region while the overall situation could be described as a slow burning fuse that has a big bomb attached to it.

The HIV/AIDS Project Director for the Lowry Institute for International Policy, Brett Bowtell, is worried for the whole region. He states that while two per cent of Papua New Guinea's population is infected with HIV, it would be a serious mistake to be relaxed and complacent about the outlook in the rest of Melanesia and the South Pacific. 'HIV spreads first where there's social dislocation, poverty,

stresses and high numbers of young people, which pretty much describes most of the Pacific' (Bowtell, 2007).

In regard to the global epidemic, the 2006 United Nations report on the global spread of AIDS (Acquired Immune Deficiency Syndrome) asserts that the AIDS epidemic is slowing down globally but new infections are continuing to increase in certain regions and countries. However, the report, based on data from 126 countries and more than 30 civil society organisations, stresses that the disease remains an exceptional threat. The overall response is diverse, with some countries doing well on treatment but poorly on HIV prevention and sustained leadership (UNAIDS, 2006: 2). Since doctors in the United States first described the disease in 1981, AIDS and the HIV virus that causes it, have spread relentlessly to virtually every country in the world, infecting 65 million people and killing 25 million (UNAIDS, 2006: 3). In 2006, 38.6 million people worldwide were living with the virus. More than four million people were infected with HIV in 2005 and 2.8 million died from AIDS-related illnesses. These figures are slightly lower than in the previous year when 4.9 million people were infected and 3.1 million died. Figures, however, vary from country to country.

The 2006 UNAIDS report also draws attention to the fact that Asia could surpass Southern Africa in the number of people with HIV. Currently, 8.3 million people live with the virus but nearly 85 per cent of those infected have no access to antiretroviral treatment (UNAIDS, 2006: 5). The seriousness of the situation is evident when you consider India, which already has the highest number of AIDS cases in the world with more than 5.7 million people infected, and where a one per cent increase translates into 6 million new HIV cases. A similar scenario could develop in China—a country with the largest population in Asia. The HIV/AIDS situation in China is still unclear, with roughly 650,000 living with the virus. This is nearly 200,000 fewer than earlier projections. But as vast parts of Southern Africa have shown, the AIDS epidemic, if allowed to spread unchecked, will ultimately cripple a country's health service and workforce, while at the same time devastating social and economic life. For example, HIV infections in South Africa have risen sharply in the past five years and now account for nearly 19 per cent of the adult population. This situation presents a real challenge for the press, especially about how to find an appropriate response to the current AIDS pandemic.

It should be noted that there is a difference between HIV and AIDS, and it is more accurate not to use the terms interchangeably. HIV-positive means a person is infected with HIV but may not show any symptoms and will not have progressed to an AIDS diagnosis. Someone with AIDS has a severely weakened immune system and may be seriously ill.

HIV and development in the Pacific region

The global epidemic of HIV was seen initially as a crisis in public health and was defined as a health issue that required a health response. This is now generally seen as too simplistic and does not reflect the complexity of the social, cultural and economic determinants and consequences of the epidemic so that it is now common to argue that the epidemic is not simply about public health but is concerned with development in all of its dimensions.

Indeed, HIV strikes at the core of human development. Loss of life and the weakening of human capabilities will deprive households and communities of their most valued resources. It deprives sectors such as health, education and agriculture of skilled workers and reduces productivity. Lack of capacity in these sectors to deliver services is detrimental to communities. This is already a reality in several Sub-Saharan countries.

The issue of gender reflects the complexity of the situation and exposes how difficult it is to prevent or even slow the spread of HIV. For example, sexual relations lie at the heart of the HIV epidemic in Papua New Guinea. Women's lack of social or economic authority is underwritten by the sexual economy and enforced largely by violence. Current attitudes to sex pose serious barriers to the effectiveness of HIV interventions. Women in general, and those involved in sex work in particular, are blamed for HIV infection in Papua New Guinea. A public scapegoating of sex workers has further entrenched the view that HIV can be attributed to dirty and immoral women. And yet it is estimated that almost half of Papua New Guinea men pay for sex at some time each year. This is confirmed by the large number of women who trade sex (Smith & Cohen, 2000: 6).

The vulnerability caused by adverse gender bias and the low socioeconomic status of women compromises them in all aspects of the epidemic: prevention, treatment, stigma and discrimination, and hu-

man rights violation. Women's choices are often restricted by their inability to insist on safe sex, society's acceptance of different standards of behaviour for women and men and economic dependence on men. For the same reasons, married women are the largest group of women at the risk of HIV infection. Since most infected women are of childbearing age, they also carry the risk of infecting their children.

UNDP Resident Representative in Papua New Guinea, Dr Jacqui Badcock, states that the Pacific was following the global trend in which women and girls were disproportionately affected by HIV. Dr Badcock said the reluctance of countries and individuals to embrace gender equality in thought, law, policies and social institutions was clearly reflected in the disproportionate way in which women and girls were affected by HIV.

There is a growing body of evidence to show that a significant number of women infected in Papua New Guinea have been infected by their husbands or intimate partners. There is virtually no defence against that reality: the power imbalance in marriage is too great to permit or to request the regular use of condoms (Badcock, 2007).

Dr Badcock said that the gap between rhetoric and reality could no longer be tolerated and that real gender equality should become one of the centrepieces of work on HIV.

If married women are to be able to protect themselves and their children in such circumstances they need precisely the same things as women need in general – access to education and training, removal of restrictions on employment, access to banking services and credit on their own surety. In addition, they require drastic shifts in laws on property rights, rights of divorced and widowed women, child custody rights and protection against physical violence. Indeed, the HIV epidemic is not simply about public health but also about development. There is a need, therefore, to ensure that national responses to the epidemic are linked to core areas of development such as poverty reduction and gender.

A wider view of the debate on HIV and development concerns the domino effect on social and economic resources. With increasing health care costs in countries hard hit by HIV and AIDS, there is immense pressure to generate more income through mining, forestry and other environmentally degrading sources. Increased exploitation of natural resources will mean further degradation of water and ecosystems on which people depend for survival. Thus, poverty will in-

crease, and the whole poverty cycle will fuel HIV transmission. Furthermore, when family members in urban areas fall sick they often return to their villages, putting additional pressure on scarce resources and fragile environments.

The impact of HIV on development in Papua New Guinea

So how will this play out in reality? In this section I focus on Papua New Guinea because of the scope of the problem in this country and the extensive research data available about this particular issue. I refer to three well-documented reports on Papua New Guinea that appeared between 2002 and 2007. These reports detail how the effect of massive infection rates will have disastrous economic consequences. This is an unlikely outcome for many smaller Pacific countries and territories because of their small populations and economic base. Yet, while it is difficult to calculate precise outcomes, it would be unwise for some of the larger countries in the region to ignore what is happening in Papua New Guinea.

A report in 2002 entitled *Potential economic impact of an HIV/AIDS epidemic in PNG,* published by the Centre for International Economics, painted a depressing future for Papua New Guinea. The study estimated that by 2020, Papua New Guinea's labour force would be between 13 and 38 per cent smaller than projected without HIV:

> If Papua New Guinea follows the low scenario, the working age population will be 13 per cent smaller than it would otherwise have been by 2020. If PAPUA NEW GUINEA follows the medium pathway, the working age cohort will be smaller than 34 per cent. If it follows the big scenario, it will be smaller by almost 38 per cent ... The current measured HIV/AIDS prevalence places Papua New Guinea in either the low level or concentrated phase (2002: 8-9).

Another report was published at the end of 2004 by Australia's Department of Foreign Affairs and Trade. Entitled *Papua New Guinea: The Road Ahead*, it continues the bleak outline of the 2002 report and analyses future economic and investment opportunities within the country. The section on demographic trends shows that Papua New Guinea's population has almost doubled from 2.9 million at independence in 1975 to 5.5 million in 2004, growing at an average rate of 2.5 per cent per year. Forty-one per cent of the population is

under the age of 15. On the same page, the latest figures for HIV infections in Papua New Guinea are reported and analysed. In fact, there are three sets of figures for HIV infections in Papua New Guinea, depending on whether the epidemic turns out to be on a low, medium or a high infection level. Therefore, the figures range from 0.9 per cent of the population (25,000) to a medium range of 1.7 per cent (45,000) to a worst-case scenario of 2.5 per cent (69,000). Whatever figures are adopted, the report states that Papua New Guinea remains the country with the highest number of HIV cases in the Pacific—higher than the combined infection rates of all the other Pacific countries put together.

The 2004 report makes the point that HIV surveillance in the country is poor and HIV infection rates across the country are almost certainly grossly underestimated. There is broad agreement that the incidences of HIV and AIDS in Papua New Guinea have risen dramatically and on their current course will have a devastating economic impact on households, firms and the government. The authors of the report point to a possible collapse of the health system through massive increased demand on health sector resources. It describes the country's health system as chronically under-resourced and struggling to provide services at all levels. It is not equipped to deal with an HIV and AIDS epidemic.

A more recent report entitled '*The economic impact of HIV/AIDS 2005-2025 in Papua New Guinea',* commissioned on behalf of the governments of Papua New Guinea, Indonesia and East Timor, modeled the future social and economic impact of HIV in these countries, examining the course of the epidemic over the period 2005-2025. The key points highlighted assume that if Papua New Guinea's HIV interventions remain at the 2005 levels, the HIV prevalence in 2025 will exceed 10 per cent in the 14-49 year-old group. Further, there will be more than 400,000 deaths from AIDS between 2005 and 2025. These alarming predictions use the 'baseline scenario', which is defined as no explicit or implicit policy changes to the current response to HIV in 2005.

The economic impact of HIV on the agricultural sector will be felt through the substantial loss of human capital. More than 70 per cent of adults in the labour force are employed in fishing or agriculture, and most of these (68 per cent) are in subsistence agriculture. By 2010, rural adult deaths are projected to reach over 3000 per year. By 2025, this will climb to 20,000 deaths per year. Related to this mor-

tality rate is the loss of productivity of thousands of land plots and market gardens ordinarily producing food for consumption and cash. A dramatic rise in the HIV caseload in the next five to 10 years will create a huge demand for care and treatment with very expensive therapies. Absenteeism and staff replacements incur costs. Workplace morale suffers and asset holdings decline. Fewer goods and services are purchased. The economic snowballing effect continues in a downward spiral.

It must be remembered that it is extremely problematic to estimate the impact of HIV in Papua New Guinea given the country's tremendous economic, social and cultural variations, leaving such projections, as Koczberski (2000: 63) has argued, 'open to charges of large inaccuracies and generalisations'. Thus, this report should be read with caution as a guide rather than as the definitive statement about the epidemic in Papua New Guinea.

How has HIV and AIDS been reported (1987-2005)?

The section concentrates on Papua New Guinea because most of the research on reporting the disease in the Pacific region has focused on press reports of HIV and AIDS in Papua New Guinea. This is due, in large part, to more effective access to archival print data. Print copy is easier to locate and avoids the long, arduous task of trawling through broadcast tapes of the 1980s and 1990s when transcripts were not readily available. Also, newspapers are influential because news stories that appear in print or online are frequently used by radio and television news editors to provide background, and often actual content, for their daily broadcast news services. The press, too, is demonstrably able to keep issues and debates in the public forum and move items onto and up the political agenda.

Cullen (2000) conducted the first content analysis of press reports of HIV and AIDS in Papua New Guinea (covering 1987-1999). He focused mainly on Papua New Guinea because it had more than 75 per cent of all HIV and AIDS cases in the southern Pacific region, and the largest number of media outlets. Cullen's research opted for both a quantitative and qualitative analysis of all HIV and AIDS stories in Papua New Guinea's two daily newspapers, *The National* and the *Post-Courier*, from 1987, when the first case was discovered, to 1999, when the first act of Parliament concerning HIV was introduced. Con-

tent analysis involved identifying each newspaper cutting on HIV and AIDS as an editorial, a letter, a local story, a foreign story, a front-page story or a feature. 'Foreign story' refers to news items about HIV and AIDS in foreign countries while 'local story' refers to news items on HIV and AIDS within Papua New Guinea. These categories followed closely those chosen by Kasoma (1990 and 1995) and Pitt and Jackson (1993) when these researchers analysed press coverage of HIV and AIDS in Zambia and Zimbabwe respectively. Findings from the research in Papua New Guinea revealed that while editors and journalists did cover the story, they preferred to report official figures for HIV together with news items on workshops, budgets and international donations. Educational messages on HIV prevention were omitted (Cullen, 2000: 233).

Another study in 2005 tried to discover whether reporting had increased or decreased since the previous study by Cullen (2000) and whether certain types of news stories—HIV figures, workshops, budgets, donations—continued to be the major news topics, or if the list increased to include news items on prevention and people living with HIV. Data collection included all news items on HIV and AIDS over a three-month period. The websites of both local newspapers were used to collect data for the research and it was considered important to select a particular week in consecutive months so as to achieve some form of comparative study. Because it was difficult to retrieve online archival material, the author downloaded the stories on the actual day that they appeared online.

News coverage of the disease increased in both newspapers during the period of study. For example, compared to the previous research, *The National* recorded more news items in the three selected weeks in 2005 than in the whole of the first three months of 1999; 13 in 1999 compared to 19 news stories in 2005 (Cullen 2005: 145). The scope and focus of press coverage, however, did not change. Workshops, the latest figures for HIV and AIDS and 'harms' scored the largest number of stories, mimicking the results of Cullen's previous study (Cullen, 2000: 166). The category 'harms' refers to a news story that describes the consequences of contracting HIV, namely sickness, stigma and death. Attempts to humanise the story resulted in four stories on people living with AIDS (PLWAs) and four human interest stories about people caring for those living with the disease. News items on prevention and protection, however, did not appear in the

2005 study and only one such item appeared in the corresponding period in the first three months of 2000 (Cullen, 2005: 144). This is a significant finding—that none of the news items contained direct educational messages about ways to avoid infection. This is particularly worrying when considering that the number of HIV infections in Papua New Guinea continues to show large increases in all 20 provinces and figures could reach sub-Saharan African proportions in a few years. There were no feature articles on the disease (during the study period) in either daily newspaper, not even in the weekend magazine editions.

While current and former editors and journalists from the *Post-Courier* and *The National* newspapers should be highly commended for consistently tracking and reporting the spread of the disease for the past decade, it may be time to shift focus and to balance information with educational content. It is not a question of whether this approach is more effective, but rather a recognition that both elements are essential parts of reporting the story, regardless of their impact on reducing the rate of HIV infections. However, achieving a common consensus on the role and duties of the press in regards to reporting HIV and AIDS is still problematic.

Obstacles to reporting HIV

HIV and AIDS have been difficult stories to report not just in Papua New Guinea but also throughout the Pacific region. Since the mid-1980s, academic research on journalism's roles and responsibilities, news selection processes and news values in relation to HIV and AIDS frequently point to organisational constraints and traditional newsgathering practices as real obstacles to improving the informational and educational content of news stories on the topic. The general staff reporter does not know a great deal about HIV and AIDS. With very few exceptions, journalists do not have specialist knowledge in the field they report on. This is not a matter of low standards for the occupation of journalism but an explicit recognition by newsroom managers that specialist knowledge is not required to get the job done. Specialist knowledge can be counter-productive, leading the reporter to look for complexity and to qualify information, when what news discourse requires is a simple transformation into common sense (Nelkin, 1989: 61). Journalists are constantly under pressure from

their editors who want definitive answers. This desire for certainty often leads journalists to convey the idea that science is a solution to the problem of complicated issues (Nelkin, 1989: 60).

McIlwaine (2001) emphasises that the imperatives of journalism differ from those of health professionals. Newsmakers are interested in the novel, the sensational, the human-interest angle and the dramatic (McIlwaine, 2001: 168). This tension between journalists and health professionals is clearly stated by Lupton, Chapman and Wong (1993). Referring to journalists, these researchers state: 'Their task is to sell their commodity—news—not to serve as the campaigning arm of health education bodies. The manner in which journalists report issues such as HIV and AIDS can therefore detract from the goals of health educators' (Lupton et al, 1993: 6). It is, moreover, generally recognised that educating the public about HIV/AIDS is not solely the responsibility of media. Also, scientists and public health officials have often done poorly in educating and cultivating journalists, and in trying to be accessible and share information (Miller & Williams, 1993: 136).

Cultural influences must also be considered. Caldwell's research on HIV and AIDS in sub-Saharan Africa in the 1990s points to several cultural factors that hinder wider debate of the issues. Many people feel helpless to change the course of events because they believe that witchcraft or other supernatural forces play at least some part in causing HIV. With sickness of any sort there is usually a cause and a causer, which shows that the person infected has no real control of his or her situation. This may explain to some extent why the disease is so readily accepted (Caldwell, 1999: 241-256). Other obstacles include the fact that the general public is often complacent about the crisis and people tend to look at immediate needs rather than at a virus that could develop into AIDS in 10 years. And without a cure, there seems to be no point in creating further hopelessness. Then, there is the fear of testing positive because it would bring shame and possible danger to the rest of the family. The result is that a great majority of the people do not want to know about HIV and do not want to be tested. Matters related to sexual behaviour are rarely discussed in public because sex is still a taboo subject and the connection of HIV and AIDS to sex runs the risk of linking people with HIV and AIDS to illicit sex (Caldwell and Orubuloye, 1992).

Seven out of 10 editors in Papua New Guinea interviewed by the

author in 2002 said talking about sex or reporting someone living or dying of AIDS were issues they preferred to avoid because of traditional beliefs. This made it difficult to determine the extent of cultural influences upon editors in their approach to HIV and AIDS. However, newspaper editors in the French overseas territories of Tahiti and New Caledonia were not embarrassed to use phrases like 'condom' and 'sexual intercourse' in press reports on HIV and AIDS. This was not the case in countries like Samoa where it is virtually outlawed to use such terminology. The *Post-Courier* and *The National* have tried to insert educational messages in their newspapers. But there was a mixed reaction to the use of the word '*Koap*', a strong and explicit term introduced into HIV and AIDS awareness campaigns by the National AIDS Council to describe sexual intercourse. Eventually, the editor of *The National* omitted the word from his newspaper because he said such directness was too strong and explicit.

Challenges for journalists in the Pacific

Journalists in the Pacific and elsewhere in the world have a core responsibility to inform and educate the public about both the short and long-term effects of HIV. And while the media have a significant role to play by informing the public and holding governments to account, a more immediate problem is how journalists can report effectively on a disease that has been around for more than 20 years, as is the case in Papua New Guinea. It is evident from the data on press coverage of the disease in Papua New Guinea that a disproportionate emphasis was placed upon reporting infection rates, international funding and regional workshops, with little in-depth analysis of the disease or educational content. And while the language and tone of HIV stories show more sensitivity to people living with AIDS, there is a need to widen coverage and report AIDS as a development story with medical, political, social, economic, cultural, religious and relationship aspects.

Anna Solomon, a highly respected former Papua New Guinea journalist whose reporting career in the Pacific spanned more than thirty years, declared that 'AIDS is boring to report so let's try to make it interesting' (Solomon, 2002). She recognised the seriousness of the unfolding HIV epidemic in her country and urged her fellow journalists to use imagination, initiative and sensitivity to cover the

disease. There are many stories on HIV beyond the overwhelming statistics that often dominate AIDS reporting.

Journalists in some Pacific countries have tried a variety of story ideas. One is the story of how someone lives with HIV and the effect on their family, relatives, school and local village. Stories like this help to demystify the disease and gradually lessen the paralysing fear associated with it. Some journalists have reported on programmes being run by NGOs and churches or covered the inventive ways that certain communities pass on prevention messages, such as through drama and traditional festivals. Other challenges involve debating the current status of woman, challenging stigma, addressing men's roles in HIV prevention, exposing the state of the health service and calling for decisive leadership. These issues are directly linked with development and take the story to another level. Moreover, reporting on these issues can potentially help to build public policy, create a supportive environment and strengthen community action.

Listed below are a number of recommended websites that can assist editors and journalists in their difficult task of reporting HIV in a way that is informative and linked to wider issues such as development. Also, the *HIV/AIDS Media Guide* is indeed a timely publication as it aims to improve the reporting of HIV worldwide. The booklet, published by the International Federation of Journalists (IFJ) and sponsored by the Swedish Trade Union movement, is divided into three parts: the basics, the media and more about HIV. It provides answers to frequently asked questions and presents explanations on transmission, treatments, opportunistic infections and alternative terms to use so as to avoid promoting misconceptions about people living with HIV and AIDS. These sections are extremely useful especially for up-to-date content that is clear, well researched and easy to access.

Finally, if possible, try to highlight how governments are coping, or not coping, with HIV. Political leadership has proved a vital component in the struggle to stem the rise of HIV infections in other parts of the world. This is clear from the decline in infections in Uganda, Thailand and the Gambia, whose political leaders spoke openly and constantly about the epidemic. This helped lessen the stigma surrounding HIV and AIDS in the local communities, and it galvanised them into action as they defined the struggle against HIV as a national cause and campaign, which is exactly what Pacific leaders need to do more consistently. Let us not forget the rallying call by a Pacific polit-

ical leader, the former Fijian Prime Minister, Sitiveni Rabuka, and his statement on the increase of HIV/AIDS in Papua New Guinea and the South Pacific region. Sadly, his metaphorical description in 1996 sounds increasingly more prophetic in 2007 and beyond:

> The HIV/AIDS epidemic in the Pacific is a clear enough signal that there is a storm gathering force; a storm that can become a devastating hurricane such as we have never seen before and a storm which, if we do not take the necessary precautions, we will not live through or regret or live to regret forever (Rabuka, 1996).