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Edited by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

and

RAYMOND J. NOONAN, Ph.D.



Associate Editors:

Africa: Beldina Opiyo-Omolo, B.Sc.

Europe: Jakob Pastoetter, Ph.D.

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Martha Cornog, M.A., M.S.



Foreword by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.



Preface by:

TIMOTHY PERPER, Ph.D.



Introduction by:

IRA L. REISS, Ph.D.

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David L. Weis, Ph.D., and Patricia Barthalow Koch, Ph.D., editors and contributors, with other contributions by Diane Baker, M.A.; Ph.D.; Sandy Bargainnier, Ed.D.; Sarah C. Conklin, Ph.D.; Martha Cornog, M.A., M.S.; Richard Cross, M.D.; Marilyn Fithian, Ph.D.; Jeannie Forrest, M.A.; Andrew D. Forsythe, M.S.; Robert T. Francoeur, Ph.D., A.C.S.; Barbara Garris, M.A.; Patricia Goodson, Ph.D.; William E. Hartmann, Ph.D.; Robert O. Hawkins, Jr., Ph.D.; Linda L. Hendrixson, Ph.D.; Barrie J. Highby, Ph.D.; Ariadne (Ari) Kane, Ed.D.; Sharon E. King, M.S.Ed.; Robert Morgan Lawrence, D.C.; Brenda Love; Charlene L. Muehlenhard, Ph.D.; Raymond J. Noonan, Ph.D.; Miguel A. Pérez, Ph.D.; Timothy Perper, Ph.D.; Helda L. Pinzón-Pérez, Ph.D.; Carol Queen, Ph.D.; Herbert P. Samuels, Ph.D.; Julian Slowinski, Psy.D.; William Stackhouse, Ph.D.; William R. Stayton, Th.D.; and Mitchell S. Tepper, M.P.H. Updates coordinated by Raymond J. Noonan, Ph.D., and Robert T. Francoeur, Ph.D., with comments and updates by Mark O. Bigler, Ph.D., Walter Bocking, Ph.D., Peggy Clarke, M.P.H., Sarah C. Conklin, Ph.D., Al Cooper, Ph.D., Martha Cornog, M.A., M.S., Susan Dudley, Ph.D., Warren Farrell, Ph.D., James R. Fleckenstein, Robert T. Francoeur, Ph.D., Patricia Goodson, Ph.D., Erica Goodstone, Ph.D., Karen Allyn Gordon, M.P.H., Ph.D. (cand.), Eric Griffin-Shelley, Ph.D., Robert W. Hatfield, Ph.D., Loraine Hutchins, Ph.D., Michael Hyde, M.F.A., Ph.D. (cand.), Ariadne (Ari) Kane, Ed.D., Patricia Barthalow Koch, Ph.D., John Money, Ph.D., Charlene L. Muehlenhard, Ph.D., Raymond J. Noonan, Ph.D., Miguel A. Pérez, Ph.D., Helda L. Pinzón-Pérez, Ph.D., William Prendergast, Ph.D., Ruth Rubenstein, Ph.D., Herbert P. Samuels, Ph.D., William Taverner, M.A., David L. Weis, Ph.D., C. Christine Wheeler, Ph.D., and Walter Williams, Ph.D.

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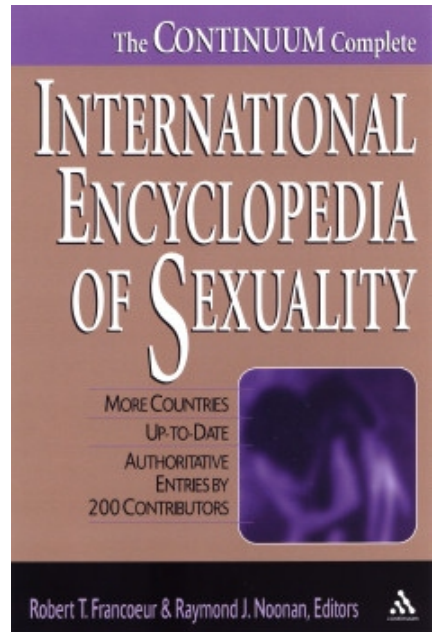
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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Papua New Guinea (PNG) occupies the eastern half of the island of New Guinea, the world's second-largest island, in the southwest Pacific Ocean, north of eastern Australia's Captain Cook Peninsula. The Indonesian province of Irian Jaya occupies the island's western half. To the east are the Melanesian and Solomon Islands and the Coral Sea. North and east of New Guinea are about 600 islands in the Bismarck Archipelago, including Manus, New Britain, New Ireland, Bougainville, and the northern part of the Solomon Islands, which are also part of Papua New Guinea. The total territory of Papua New Guinea is 178,700 square miles (462,840 km²), making it about a tenth larger than California in the United States. Most of the main island, especially the interior, remains isolated from outside contact by rugged mountains, deep gorges, and swamps. The mainland's high plateau climate is temperate, contrasting with the tropical climate of the coastal plains. Two major rivers, the Sepik and the Fly, are navigable to shallow-draft vessels.

In the past, the very rugged topography of Papua New Guinea made communication and movement from one place to the next very difficult. This resulted in extraordinary variations in attitudes, behavior, ethnic groups, culture, traditions, customs, religion, and linguistics throughout the country. There are more than 850 spoken languages in Papua New Guinea. Only 1% to 2% of the people speak English, the official language, but Tok Pisin English is widely spoken. Only 15% of Papuans live in the few cities, about a quarter of a million in the administrative center of



(CIA 2002)

Port Moresby. The majority of the people make their living in small-scale agriculture, although only 1% of the land is devoted to permanent crops and a negligible percent of the land is arable. The large majority of Papuans live in villages with settlements averaging about 800 persons. Many live in scattered homesteads with residents numbering no more than five to ten. The average-size village is about 200 to 300 people, located within a half-hour's walk to other neighboring villages.

In July 2002, Papua New Guinea had an estimated population of 5.17 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 38.6% with 1.03 male(s) per female (sex ratio); 15-64 years: 57.7% with 1.07 male(s) per female; 65 years and over: 3.7% with 0.9 male(s) per female; Total population sex ratio: 1.05 male(s) to 1 female

Life Expectancy at Birth: Total Population: 63.46 years; male: 61.39 years; female: 65.64 years

Urban/Rural Distribution: 15% to 85%

Ethnic Distribution: Predominantly Melanesian in the northeast, and Papuan mainly in the south and the interior, with some Negrito, Micronesian, and Polynesian.**

Religious Distribution: indigenous religions: 33%; Roman Catholic: 22%; Lutheran: 18%; other Christian: 28%

Birth Rate: 31.61 births per 1,000 population. Experts project that if the high rates of fertility persist, the population will double by the year 2020.

Death Rate: 7.75 per 1,000 population

Infant Mortality Rate: 56.53 deaths per 1,000 live births

Net Migration Rate: 0 migrant(s) per 1,000 population

Total Fertility Rate: 4.21 children born per woman

Population Growth Rate: 2.39%

**Communications:* Shirley Oliver-Miller, 6 Calumet Court, Dix Hill, New York 11746 USA; somatppnyc@aol.com. *Comments:* Edgar Gregerson, Ph.D., 302 West 12th Street, NYC 10014, USA; eagqc@qcvaxa.acc.qc.edu.

This overview of some attitudes and practices of the people of Papua New Guinea as they relate to sexuality is based on the author's own work experience in PNG over three years, her interviews with Papua New Guineans, studies done in Papua New Guinea, and current anthropological literature.

**Melanesians, Micronesians, and Polynesians constitute the three main ethnic groups in Oceania in the central and south Pacific. The brown-skinned Polynesians occupy the most-eastern islands of Oceania, from Hawaii to New Zealand, including Tahiti, Samoa, and Hawaii. The Micronesians inhabit the islands north of the equator and east of the Philippines, including the Mariana, Caroline, and Marshall Islands. The dark-skinned, frizzy-haired Melanesians occupy the islands in the south Pacific northeast of Australia.

HIV/AIDS (1999 est.): *Adult prevalence*: 0.22%; *Persons living with HIV/AIDS*: 5,400; *Deaths*: 450. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 52%, with 65% of the children attending primary school and 13% in secondary school. Illiteracy is disproportionately high among females.

Per Capita Gross Domestic Product (*purchasing power parity*): \$2,200 (2000 est.); *Inflation*: 10.3%; *Unemployment*: NA; *Living below the poverty line*: 37%

The country's health indices remain an abiding source of concern. Less well documented quantifiably, but widely acknowledged by healthcare providers and researchers, is the rapid proliferation of sexually transmitted infections (STIs/STDs) and AIDS, as random sexual contacts both within and outside marriage increase.

Like other developing nations, internal migration from rural communities has resulted in rapidly expanding urban populations. Although 85% of Papua New Guinea's population lives in isolated rural areas, urban values exert very strong influences in the village communities. People seeking a better life in the city find few employment opportunities. Many have resorted to crime as one way to survive. Today, violence in Papua New Guinea has become a dominant and critical reality in the country.

B. A Brief Historical Perspective

New Guinea, the world's second-largest island, was settled many thousands of years ago by waves of Papuans and Melanesian migrants. These many waves of immigration developed into hundreds of diverse, mutually hostile tribes of hunters and small cultivators, each with their own language. The eastern half of the island of New Guinea was first visited by Portuguese and Spanish explorers in the 16th century, but the Europeans did not become established there until the 19th century, when the island was divided between the Dutch in the west (the current Indonesian Irian Jaya), and the Germans and the British to the east. In 1884, Germany declared the northern coast a German protectorate. Britain followed suit in the south. Both nations then formally annexed their protectorates. In 1901, Britain transferred its territory to the newly independent Australia. During World War I, Australian troops invaded German New Guinea and maintained control under a League of Nations mandate that eventually became a United Nations trusteeship that incorporated a territorial government in the southern region known as Papua.

Australia granted the territory limited home rule in 1951, and autonomy for internal affairs in 1960. The country attained independence September 16, 1975, when the United Nations' trusteeship under Australia ended. In February 1990, guerrillas of the Bougainville Revolutionary Army (BRA) attacked plantations, forcing the evacuation of numerous workers. In May, the BRA declared Bougainville's independence, triggering a government blockade of the island until a peace treaty was signed in January 1991. However, the independence rebels still threaten and limit foreign investment on Bougainville.

1. Basic Sexological Premises

A. Character of Gender Roles

The societies of Papua New Guinea are male-dominated and the attitudes of men toward women, on the whole, are poor. Women are valued as objects to be owned by men along with pigs and gardens; hence, few women exercise any real sort of power or control over their lives. Men are hunters and warriors; women are laborers, gardeners, and mothers who bring food to the men's house. The penis

makes a man incapable of doing onerous gardening and tending the crops of edible sweet potatoes. Cultural tradition makes women subservient and responsive to male needs.

Whereas women's roles are clearly defined, men suffer from the loss of their traditional roles in defending their clan and land. The government of Papua New Guinea has now usurped these powers. Many young men find themselves unemployed and alienated from the society at large. Their capacity to produce income, the single most important prerequisite to securing a lasting relationship, remains the most difficult objective to achieve. These factors combine to make a very negative climate for gender equity both within and outside sexual relationships.

There are many examples of the low status of women in Papua New Guinea, not the least being the extent of violence used against them by males who exert authority and control, batter, and rape them. These social dynamics also contribute to the high risk for STD, including HIV infection, as well as adolescent pregnancy. While babies born out of wedlock are generally absorbed into the extended family without rancor, many girls drop out of school and otherwise foreclose their life options in terms of education and employment. Despite increasing educational opportunities, women continue to take a back seat to men in many aspects of development. Most men view women's development as breaking a longstanding taboo tantamount to entering "a man's house" in a rural culture where men and women, including married couples, often live segregated lives.

Although government officials and community members alike express private concern over adolescent sexual behavior and teen violence in general, a larger programmatic response has yet to be forthcoming.

B. Sociolegal Status of Males and Females

Whereas the vast majority of cultures around the world and in Papua New Guinea adhere to a gender- and sex-dimorphic paradigm in which only males and females are recognized, the Sambians of Papua New Guinea's eastern highlands are among the interesting minority of societies that accept three sex categories: male, female, and a "third sex" or hermaphrodite. Classic examples of "third-sex persons" include the *hijra* of India, the *berdache* of American Indian and Eskimo societies, the *accults* of Myanmar, the *kathoe* of Thailand, the *vehine* of Polynesia, and the *fa'afafine* of Samoa.

The Sambian third-sexed persons, known as *kwolu-aaatmwol* ("male thing-transforming-into-female thing") or *turnim man* ("expected to become a man"), are the result of a rare genetic variation known as delta-4-steroid-5-alpha-reductase deficiency, or DHT (dihydrotestosterone) deficiency, first reported in the Dominican Republic as *guevedoces* by Imperato-McGinley (1974) (Francoeur et al. 1995; Herdt 1981, 1984a, 1987, 1990; Money & Ehrhardt 1972). Individuals with DHT deficiency lack the gene necessary to produce the 5-alpha reductase enzyme that converts testosterone into dihydrotestosterone (DHT), the hormone that causes the undifferentiated external genitals of a fetus in its third month to differentiate as a penis and scrotum. As a result, during pregnancy, the external structures differentiate more or less as a female clitoris and labia. Given this pseudo-female appearance at birth, Sambian parents of such a child may identify and raise the newborn as female or male. However, the pubertal surge of testosterone causes the pseudo-female external genitals to more or less convert to male structures, along with the deepening of the voice, male facial, pubic, and axial body hair, penile enlargement, and labio-scrotal fusion (Gregersen 1996, 84).

Unlike the Dominican society, which celebrates the pubertal conversion of a *guedoces* “daughter” into a son, the patriarchal Sambians are much less comfortable with their third-sexed offspring, even though their ability to function as a male would seem to be considerably more attractive in terms of personal power and prestige. Sambians, however, regard a newborn with ambiguous genitals as a boy with a defect, who is rejected by both parents, teased, and humiliated. After transformation at puberty, the male becomes the fellator (giver) in the sequential bisexual life of a male. When raised as males from birth and later married, they were rejected by their wives as unsatisfying. When raised as girls and married, they were soon rejected by their outraged husbands who found testes and a small penis within the labia when they attempted to have vaginal intercourse (see Section 6, Homoerotic, Homosexual, and Bisexual Behaviors).

C. General Concepts of Sexuality and Love

In several highland Papuan societies, incest restrictions dictate that wives must be taken from other clans. But, because relationships between different clans are often so hostile as to verge on warfare, men who abduct women from hostile clans trigger armed retaliation and counter-abductions, which result in an endless cycle. “Marriage in these societies, and the sexual relationships within marriage,” according to Davenport (1997, 126), “are always fraught with fear, hostility and anger.”

The Dobo, who live on a small island off the coast of the main island, live in constant fear of sorcery from their wives. Because they believe that they are particularly vulnerable during intercourse, Dobo men have to continually weigh their need for sexual gratification against the possibility of sorcery when they try to satisfy their sexual need (Davenport 1997, 126)

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

After a century of Christian missionary influence, most of the indigenous ethnic-based rituals and customs described in the next section no longer exist. Today, Christianity dominates in Papua New Guinea, although a third of the people still practice traditional indigenous religions, especially in the remote mountainous areas.

B. Character of Ethnic Values

Before the 1900s, no Papuan traveled too far from home for fear of being killed or even eaten by more distant neighbors, suggesting that marriage patterns were likely to have been locally endogamous. As most villages are composed of multi-clan hamlets, one might marry a spouse from another hamlet within the same village. The most common marriage pattern was based on the requirement that one must marry outside of one’s clan, most of which were patrilineal. For the most part, marriage patterns still show couples come from the same contiguous villages. In the past, unmarried people from neighboring villages gathered together in courting rituals that included dance, song, and pair bonding. Married men looking for a second or third wife also participated in this ritual.

The following examples illustrate the wide range of traditional ethnic factors influencing the sexual attitudes and behavior of the diverse groups in Papua New Guinea. Contact with Western and other outside cultures are altering many of these patterns classic in the anthropology literature of the area, but to what extent in individual tribal cultures is not evident from the anthropological record pieced together over the last century.

- In the Eastern and Central Highlands, elders chaperoned festivities, which allowed young people from neighboring villages to sit opposite each other in pairs and rub legs, cheeks, or noses while they engaged in singing.
- In the Simbai areas of the Highlands, men adorned with heavy shiny beetle-decorated headdresses came together to dance in a ritual that lasted all night. A woman could take her pick of men during the night and the couple would then disappear into the nearby bushes. In the morning, women carrying men’s headdresses were clearly visible. Each couple then went to the man’s house, and word was sent to the woman’s parents to come to discuss a brideprice. She may have never seen the man before that evening, but, as they were all from nearby villages, the sexual pool was still quite localized.
- In the Trobriand Islands of Papua New Guinea, courting parties were openly explicit sexual events. Boys were called out from villages A and B to have sex with the girls from village C; the host and guest roles were reversed on the next occasion. Public events of sexual mixing among adults were also permissible in some areas. These open sexual events took place only on special occasions, as rituals of reversal, fertility, or renewal, allowing people to have sex with those with whom they ordinarily had no sexual rights, e.g., the spouses of other men and persons within proscribed kinship relationships.
- Plural copulation or group sex was also a traditional pattern in some areas, and took the form of a single woman having sexual intercourse with a series of men in tandem. Among the Ok of the Highlands and the Sepik on the North Coast, this was done as a punitive measure (e.g., Ok, Highlands, and Sepik, North Coast) and in others, it was an honor (e.g., Papuan Coast).
- In the Eastern Highlands, Papuan Plateau, and Papuan Coast, there were also male initiations, which required insemination, either anally or orally, by elder males initiating younger males.
- Every Banaro man has a “ritual brother” as a sort of alter ego with whom he shares mutual access to each other’s wives. The Banaro also require that a bride’s first intercourse be performed by her husband’s father’s ritual brother (Davenport 1977, 144).
- Among the Fasu of the Southern Highlands, older males had sex with younger males with less ceremony, but still within the context of traditional relationships and ideology.
- The Enga of the Highlands firmly believed that men and women differed in many fundamental ways. Because of these fundamental differences, contact with menstrual discharge could contaminate a man and cause illness, weakness, and even death. But reality told them they could not avoid all contamination, so males and females were highly segregated. The Enga men needed some sexual outlet, for their own release and to produce offspring, so single men almost never engaged in heterosexual intercourse, and married men only reluctantly did so with their wives. Purification rituals were important (Davenport 1997, 136).
- The Wógeo added to the Enga menstrual taboo the belief that men in a trance or sacred state were dangerous to women. The sacred state was in fact an imitative menstruation, induced by hacking the penis until it bled freely and was thus purified. This periodic male bleeding rid the body of contaminations received from women. Unlike the Enga, the Wógeo did not avoid heterosexual intercourse to avoid contamination (Davenport 1977, 136).
- The Manus treated all aspects of sex as ugly and shameful. Even marital intercourse was sinful, degrading, and

to be engaged in only in strict privacy. Women considered intercourse an abomination they endured, however painfully, until they produced a child. The sexuality of men was considered brutish. Sex outside marriage offended the sensibilities of watchful spirits and triggered supernaturally ordained punishments. Sexual talk was not heard, and women were so secretive about their menses that Manus men denied women ever experienced such a thing as a monthly period (Davenport 1977, 115, 123-124).

In the exuberance of mid-20th-century anthropological research, considerable cultural data, much of it related to sexual beliefs, attitudes, and behavior, were gathered by cultural anthropologists, led by Bronislaw Malinowski (1927) and Margaret Mead (1930, 1935).

One of their favorite subjects was the Melanesian matriarchal Trobriand Islanders, off the eastern end of New Guinea. Trobriand Islanders not only view the expression of sexuality with great favor, they are also quite comfortable with pre- and extramarital affairs, provided these respect certain incest and age taboos. Trobriand Islanders make frequent and open use of love magic to make themselves irresistibly attractive to desired partners. With a few slight alterations in the love magic formulae, they have an equally irresistible aid for their famous overseas exchange system known as *kula* (Davenport 1977, 131, 245; Gregersen 1996, 268).

Most of these tribal patterns of sexual activity were rationalized as mechanisms to gather the spiritual force residing in sexual fluids, i.e., sexual power, and redirect it to social and material aims, such as improving the growth of boys or strengthening the clan's reproductive powers, both human and agricultural. These belief systems nearly always had within them a strong component of female pollution and associated behavioral taboos. Colonial contacts in the 19th century and expanded contact with outsiders in recent decades have changed many of the tribal customs so carefully documented by anthropologists. Whatever the extent of enculturation, and regardless of how unchanged these customs remain in the remote and inaccessible regions of Papua New Guinea, their record is important in understanding how sexual diversity plays out within the social fabric of individual functioning societies.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

Recently, the Papua New Guinea government implemented a pilot Adolescent Sexuality and Reproductive Health Project, which targets adolescents, church groups, and teachers/lecturers. The program addresses a myriad of issues around sexuality, morality, reproductive health, STDs/AIDS, prevention of rape/child molestation/domestic violence/drug abuse, value clarification, decision making, and how to talk about sex (traditionally a taboo topic) with others. The project is the first of its kind in Papua New Guinea. Although it is too early to tell what impact the project will have, thus far, students, teachers, parents, and the church community (interdenominational) have welcomed the opportunity to learn more facts about sexuality, reproductive health issues, and the skills to communicate with others about sensitive topics.

B. Informal Sources of Sexual Knowledge

It is important to acknowledge that sexuality education to a greater or lesser degree has always existed in cultures around the world. Culture and traditions are vehicles by which sexuality information and knowledge are transmit-

ted. We tend to forget that there have always been systems that controlled sexual behaviors. The erosion of cultural norms, coupled with today's health concerns about teen pregnancy, maternal and child spacing, sexually transmitted infections, AIDS, rape, child molestation, and domestic violence, have made talking about sex very controversial. It is clear that former systems no longer provide effective approaches to addressing social problems.

Parents make an effort to teach their children what is socially acceptable and what is not in all areas of life, including the sexual. When young people go away to school, it is very difficult for parents to maintain constant input over the years when their children are becoming sexually mature. Instead, their peers have the most influence. Even when children remain at home, peer pressure is often stronger than the influence of parents.

This is true in most societies today. Some parents attempt to strengthen their teachings about proper morality by insisting their children attend church. When parents themselves are sincere followers and doers of the teachings of the church, this has the most effect. But where the church is simply used as another means of control by parents who themselves practice behaviors considered improper by the church, children will not listen. Although sex is a biological drive, all sexual behavior must be learned.

In some communities, young people have few examples of responsible sexual behavior to follow. From childhood, they repeatedly hear tales about who slept with whose wife, who was raped, and who got pregnant out of wedlock. These events are often the subject of public discussions at court hearings and in community gossip. The usual outcome is that someone must pay someone else a fine. Single or married men who make a young girl pregnant are rarely publicly criticized, even though people may talk about them behind their backs.

Knowledge about sexuality and reproductive health is generally low throughout Papua New Guinea at all ages. Younger people have slightly better access to information than did most of their parents. Information levels are higher in cities and towns than in villages. Some parents, especially in the villages, persist in telling their teenagers as little as possible about sex and reproduction. They continue to say that babies come from the garden or from stones, or offer other fanciful explanations. Unfortunately, parents' notions that keeping their children ignorant about sex will keep them from trying sex is completely without foundation. In all areas, the average age at first sexual intercourse is about 15 or 16 for both sexes. This means that many try their first sexual intercourse quite a bit younger than 15, as well as some at ages 17 to 19. [*Comment 2000*: The age of first intercourse is likely earlier than just stated. (*End of comment by E. Gregerson*)] Few enter a sexual relationship with any knowledge of contraception or STDs.

After a girl has her first menstruation, throughout the country, she is warned to stay away from boys or it will lead to pregnancy. But little else is revealed. Sometimes a grandmother or other relative decides to give a traditional contraceptive spell or herb to a young woman. This is reported to be more common if the girl is in school. Occasionally, a schoolteacher or a kinswoman who is a nurse explains more to a young woman and even helps her obtain modern contraception. But, for the vast majority, the early years of sexual activity are the most dangerous, because the elders have not considered sex one of life's most powerful drives, as a topic to be discussed with young people. With few exceptions, neither the schools nor the churches carry out adequate sex education early enough to be of any value. By the time sexual reproduction is discussed in high school, nearly half of

the young people have already begun having sexual intercourse. The health services do not make contraceptives accessible to young people. The result is many unwanted teenage pregnancies and STDs, including HIV. The known age distribution of HIV and AIDS cases up to 1995 in Papua New Guinea, compared to other islands in the Pacific with numerous cases, demonstrates this clearly.

Arguments against sex education, whether in the home or within an institution such as a school or church, focus on the fear that information will increase the desire for sexual experimentation. Evidence from studies conducted in several different countries point in the opposite direction. If young people are given adequate sex education, those who have not yet begun often delay starting, and those who have started do not increase their sexual activities. In either case, both groups are better informed about the pleasures and risks of sex. If sex education is carried out properly, they will then know how to have safer sex.

In *Sexual Networks and Sexual Cultures in Contemporary Papua New Guinea*, Carol Jenkins (1996), principal research fellow with the Papua New Guinea Institute of Medical Research (in Goroka), noted that:

only a minority of young people reported learning about sex through the school system or from their parents. Most girls and boys first learn from older female or male relatives or friends. Sitting around and telling stories about sex is a favorite pastime of teenagers of both sexes. More than any other factor, this activity spurs the imagination. Many times older young people deliberately try to persuade younger ones to try sex. Cousins, in particular, often help set up the first sexual encounters for their younger relatives. Sometimes cousins are the first sexual partners. On a world scale, this pattern is not unusual. It is unlikely, however, that older relatives and friends raised under similar conditions represent a good source of information.

Until recently, Papua New Guinea has remained isolated from the rest of the world. Today, Papua New Guinea struggles with all the influences and trappings of modern-day society, including radio, television, drugs, computers, videos, MTV, written literature, pornography, rape, child molestation, domestic violence, commercial sex workers, and so on. As more and more people are exposed to modernization, there is an emerging culture whose sexual practices are becoming fairly homogenized.

Agricultural and mining industries require travel to and from rural areas, and this greatly contributes to the diffusion of new ideas. Media, especially video and pornographic magazines, also play a large part in changing sex practices and attitudes. Some copy what they see and learn in urban centers, whereas others condemn what they see. In either case, the eroticism of more complex and commercial societies, both Asian and Western, presents issues of contention in sexuality to Papua New Guinea.

4. Autoerotic Behaviors and Patterns

Although it is seldom discussed, masturbation is widespread and generally considered harmless but wasteful, particularly for boys. Therefore, the overwhelming pressure, when sexually aroused, is to find a partner of the opposite sex immediately. In some cases, this may lead to rape. Rape is very common in Papua New Guinea and can occur without the aid of pornography, simply because violence against women in Papua New Guinea is widespread and unopposed by strong cultural or legal norms (see Section 8A, Significant Unconventional Sexual Behaviors, Coercive Sex, below).

5. Interpersonal Heterosexual Behaviors

A. Children

Trobrianders, and likely other Papua New Guinea societies, approve of imitative copulation or sex rehearsal play about age 10 or 11 (Davenport 1977, 150).

B. Adolescents

First Intercourse and Premarital Sex

The initiation of first sexual intercourse among young people today takes place around the age of 15 for both girls and boys in both urban and rural areas. In general, virginity is not highly valued, but rather society denounces premenarcheal sexual intercourse for girls and getting pregnant before proper marriage arrangements, i.e., a brideprice, are made. In rural areas where traditional menarcheal seclusion ceremonies are still maintained, young men, often accompanied by their parents, begin to seek a young woman's interests as soon as she is allowed out of seclusion. Unless she is in school, a young woman is considered ready for sex and marriage immediately after menarche. And, as the age of menarche declines, so has the age of first sexual experience. Most rural girls experience their first sexual encounter willingly with young men slightly older than themselves from nearby villages. Others are forced into sex or raped. According to one study, 17% in a sample of 116 women said their first sex was with a boy they had just met, while only 8% had their first sex with an older man.

Studies conducted by the Papua New Guinea Institute of Medical Research indicate that nearly half of all adolescents in the country are sexually active by the age of 16, and by the age of 20, nearly a third studied reported having had at least one STD. Evidence suggests that sexual activity occurs among girls as young as 14, whose physiological immaturity and poor coping skills place them at particular risk for STDs and HIV.

Following the first experience of sexual intercourse, options for new and different sex partners increase. Young women fantasize that they will be rescued from the labor of rural subsistence farming, and hope for a man with a job, a permanent house, and car in town. Poor rural parents also want their daughters to "marry up," which usually means marrying a man from town. Approximately 25% of young women take married men as partners. Half of the women between the ages of 15 and 24 in our recent study of youth stated that they accepted cash, gifts, or both in exchange for sex. In the national study conducted in 1991, 66% of the women under 25 ($n = 33$) and 43% of those over that age ($n = 37$) had exchanged sex for goods. These young women do not see themselves as sex workers, although they say they earn some of their income through sex (see also Section 8B, Significant Unconventional Sexual Behaviors, Prostitution).

Young men are equally subject to earlier biological maturation, and the adolescent male is no longer subject to the dominating control of elder males as expressed through male initiation rituals. Few societies have maintained these rites of passage, and where they do exist, they are very much altered. Consequently, boys are free to experiment with sex more or less as they choose. Older siblings frequently teach a younger boy about sex in explicit ways, sometimes setting up a woman with whom he can "try his luck," often in a group situation. Two studies suggest some boys first have anal intercourse with each other several years before having intercourse with a female.

Whereas parents are concerned about the health of the mother and infant, they are more concerned about ensuring economic commitment from the purported father of the child.

Young people receive subliminal messages that say, a little sex is all right, but not too much with the same person. Long-term sexual involvement with a single partner implies the likelihood of pregnancy and is definitely to be avoided unless one is ready for commitment. Many people believe that pregnancy cannot take place unless a man has sexual intercourse with a woman at least six or more times. Hence, many girls and boys are taught to change partners frequently.

The sexuality of young, unmarried women is placed under fewer constraints than married women. Young women recognize this and seek to enjoy as many partners as possible while they remain unmarried. Whereas most Papua New Guinea societies do not allow a young girl to have sex before the onset of menstruation, Trobriand Islanders allow sex before menarche. First cousins may have temporary premarital affairs but can never marry (Davenport 1977, 145). [*Comment 2000*: However, certain kinds of first-cousin marriages may be permitted, such as a marriage with a child of one's mother's brother or one's father's sister (*End of comment by E. Gregerson*)]

Courtship

Although Papua New Guineans still have widespread traditional sexual beliefs, practices, and unique customs, which differ by region and language areas, traditional courting customs have often been replaced with disco dances, CDs, cassette players, loudspeakers, alcohol, marijuana, and other recreational drugs. Anyone can enter a disco. This marks a major shift from the controlled courting practices in the past.

A Puberty Ritual: Obligatory Universalized Transitional Homosexuality

Gilbert Herdt (1981, 1984a, 1987, 1990) and other anthropologists have reported on a pederastic puberty ritual shared by 30 to 50 Melanesian and New Guinea cultures that may be historically related to similar practices that developed among aboriginal Australians some 10,000 years ago. The focus of intense speculation by anthropologists and fierce opposition from Western governments and missionaries, these ritualized homosexual relationships are a necessary part of the coming-of-age training for boys. Their basis is the belief that boys do not produce their own semen and must get it from older men by "drinking semen," i.e., playing the recipient role in oral-genital sex or anal sex before puberty and during adolescence. This is the opposite of the traditional Western view in which the recipient (insertee) of anal or oral sex is robbed of his manhood.

Societies with this ritual practice characteristically maintain:

1. extreme social differences between men and women, with women clearly in an inferior status;
2. the blood of men and women are not ritually differentiated, but their semen and milk are; and
3. marriage often involves men exchanging sisters with no special marriage payment.

Other societies in the same area that do not share these beliefs or ritual pederasty are more likely to view menstrual blood as extremely dangerous and/or require a "bride price" to legitimize a marriage (Gregersen 1996, 274-276).

According to the Sambian people of the Eastern Highlands of Papua New Guinea, a young boy must be fed women's milk in order to grow until he approaches puberty, when the men of the village must rescue him from the society of women and feed him men's milk (semen). To trigger puberty and enable a youth to become a mature macho headhunter, he needs the semen of mature youths and unmarried

men provided by young bachelors. After eight to ten years of exclusive homosexual relationships, the 19-year-old youth has completed his defining rite of passage and is ready to marry (McWhirter et al. 1990, 42-43) (see Section 6, Homosexual, Homosexual, and Bisexual Behaviors).

C. Adults

Marital Relationships and Sexuality

See Sections 1C, Basic Sexological Premises, General Concepts of Sexuality and Love, and 2A, Religious and Ethnic Factors Affecting Sexuality, Source and Character of Religious Values.

Marriage and "Ritual Brothers"

Among the Banaro of Papua New Guinea, every male has a "ritual brother," a kind of alter ego, as a companion and support throughout life. Every ritual brother is allowed sexual access to his "brother's" wife. This is not, in our Western sense, "extramarital" sex, because the ritual brother is in some ritually real way the other man, the husband, and so is entitled to have sex with his alter ego's wife. The ritual brother also plays a role in Banaro marriages. The bride's first intercourse after marriage must be performed by the ritual brother of her husband's father, i.e., the father-in-law's ritual brother). In the Banaro society, it is the social father, not the procreative or biological father, who is important (Davenport 1977, 144).

Coital Positions

Christian missionaries are commonly credited (or blamed) for trying to impose the male-superior coital position on the natives they evangelized, because they considered it "the natural and normal coital position." However, they do not deserve credit for its origins, which historians have traced back to the Stoics of ancient Rome and the early Egyptians, [*Comment 2000*: despite some modern assertions to the contrary. (*End of comment by E. Gregerson*)] Although popular in Western cultures, the male-superior position has not been adopted by the people of Oceania, despite Western advocates. In fact, the people of Oceania commonly view the male-above position as impractical and improper, placing too much weight on the woman, and are uncompromising in recognizing only two natural copulatory positions. The Dobuana and the Wógeo of Papua New Guinea prefer the rear-entry position, with the man standing behind the woman while she bends over and rests her hands on her knees. Also popular is the "Oceanic position," in which the man squats or kneels between the spread legs of his partner who lies on her back. He then pulls her towards himself and completes the intercourse. In a variation of this position, the woman lies on her back and keeps her knees up (Davenport 1977, 150).

One benefit of this position is that it can be carried out with minimal body contact, "which encourages young people to have sex with ugly and older partners. On the other hand, as Malinowski has expressed it: '... where love exists, the man can bend over the woman or the woman can raise herself to meet him and contact can be as full and intimate as is desired'" (Davenport 1977, 148; Gregersen 1996, 5, 67). The Tallensi point out another possible advantage (or disadvantage), in that this position enables the woman to push the man over with a kick.

Premarital Pregnancy, Ritual Multiple Intercourse, and Extramarital Sex

A single mother often gives her child to her parents or another relative to rear and she continues with her single lifestyle. When a married man sleeps with a woman other than his wife, it is hardly noticed. If a woman is caught having sex with a man other than her husband, she is beaten. On

the whole, sexual infidelity does not cause marital breakups and life continues. In some communities, other sexual issues are more disturbing than sexual infidelity.

Colonial influences have changed the lives of the Marind-anim, a former headhunting people of southern Papua New Guinea, but some of their customs likely continue in remote areas. One tradition involved an unusual ritual of extramarital sex. Traditionally, Marind-anim men and women live in separate housing in their small villages, even after marriage, and always engage in marital sex outside in the bush. Immediately after a wedding ceremony, a few older women take the bride to a place they have prepared outside the village, where the bride has sexual intercourse with the male members of her husband's clan before the groom is allowed to copulate with his wife. These ritual multiple intercourses, *otiv-bombari*, may extend over several nights. Although not particularly satisfying for the wife, this sequential group sex is repeated at various specified occasions, when a woman returns from her seclusion after delivering a baby, when her husband's friends come to visit, or when another man gives the husband a gift of tools or food.

Apart from this custom, most [Marind-anim] marriages are monogamous and break up rarely. The rule is apparently that affection and love exist between the spouses, and the husband may get violently jealous if his wife should have secret sexual relations with a man without prearrangements and the husband's consent.

Extramarital relations are not supposed to become love affairs. They have the character of a ritual. The birth rate is low. *Otiv-bombari* are supposed to make women fertile. They are also used to collect semen, for semen is considered the essence of life, health and prosperity. Semen discharged from the vagina is ritually prized. After an *otiv bombari* it is collected in a coconut bowl to be used in food or medicine, and for body creams. . . .

Contemporaneously with marriage and heterosexual relations, men have also homosexual relations with young and adolescent boys while the younger ones are passing through an institutionalized phase of homosexuality. Here then one has a society in which the men but not the women are bisexual in experience, with some overlap from the homosexual to the heterosexual phase. (Money & Ehrhardt 1972, 132-135)

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Children and Adolescents

Same-sex activities, boys with boys or girls with girls, are common in many Papuan societies, but they are generally viewed as play and meaningless, though somehow wrong. However, the ritualized pederasty for Sambian adolescents and their postmarital exclusive homosexuality (see Section 5B, Interpersonal Heterosexual Behaviors, Adolescents) does raise a major question about the development of sexual orientation, or at least a question about the nature of erotic arousal.

On the one hand, Herdt (1984, 1987) suggests that among the Sambia only about 5% of the male population become exclusively homosexual—virtually the same percentage Kinsey found for the United States where all homosexual acts are tabu. On the other hand, to discount homosexual arousal altogether in these institutionalized semen transfers seems unrealistic; slavish performance of a ritual does not produce erection and ejaculation unless an erotic component exists as well. (Gregersen 1996, 276)

[Update 2002: In the 1980s, classic anthropological reports of the Sambians of Papua New Guinea described a society in which young men fellated their elders in order to receive the masculinizing force of semen and thereby become men. When the boys grew up, they married, but now became the recipients of fellation by younger boys who ingested their semen. General terms like “ritualized homosexuality” and “semen drinking” were widely used by cultural anthropologists, even though attempts to describe this phenomenon with Western terms as a cultural lifecycle passing from “homosexuality” to “bisexuality” and “heterosexuality” suggested the inaccuracy of such terms/concepts. At the time, this “ritualized homosexuality” was conceptualized as a cultural rather than a sexual phenomenon. In his early studies of the Sambians, Gilbert Herdt (1981, 1987) viewed this sexual lifestyle as a classic social constructionist phenomenon that emphasized the *dissimilarity* of “gay types” across cultures. Herdt's follow-up studies in the late 1990s appear to support a modified essentialist view that emphasizes a *similarity* of “gay types” across cultures. In this more recent view, the ingestion of semen is not a variety of “homosexuality,” but rather a variety of cultural masculinity.

[During fieldtrips back to Papua New Guinea in the 1990s, Herdt and his colleagues conducted interviews, gathered more data, and discovered that, in fact, there were some boys who had a real fondness for ingesting semen and who later had a real fondness for having their semen ingested, and did not marry. In other words, in the Sambian culture, all males were the recipients of “ritualized masculinization” in their adolescent years. As adults, they were expected to marry although they were now the ritual givers of semen. In this more nuanced description, most Sambian men can best be described as heterosexual males despite their teen years of “drinking masculine milk,” their adult role as providers of masculinity, and their cultural distaste for marital relations. At the same time, there are also some Sambian males who can be described as homosexual in the Western use of that term, males who really enjoy giving and receiving fellatio with other males in a sexueroptic way. (Herdt 1981, 1984ab, 1987, 1993, 49, 432-441, 444, R. Norton 2002 Personal communiqué via SexNet listserv). (End of update by R. T. Francoeur)]

[Comment 2003: Linguists and anthropologists have suggested that several thousand years ago, several different tribal groups arrived in New Guinea. Because they shared a similar language, they also shared some sexual practices in common, such as the belief that drinking semen is essential for a boy to become a man. The Sambians are not the only tribal group that practices semen drinking.

[Sometimes extensive taboos on heterosexual coitus exist, but none on homosexual contacts. This is true of the Étoro (Étolo) of New Guinea who taboo heterosexual contacts for between 205 and 260 days a year (an earlier account suggested as many as 295 days). Although hard and fast statistics are lacking about the degree to which these taboos are observed, the seasonal clustering of births suggests general compliance with the rules.

[None of these taboos holds for homosexual acts among the Étoro. In fact, they are positively encouraged because semen is seen as a life force, of which men have only a finite amount. Boys are believed to have no semen at all at birth. It is through oral insemination by older men that they acquire the necessary semen to become men and to provide life for their offspring. Consequently, boys between the ages of 10 and the mid-20s are continually inseminated by older men. Among the neighboring Marind-anim, the cultural preference for homosexuality has allegedly helped produce so

low a birthrate that to sustain the tribe, large numbers of children must be kidnapped from other groups and raised to become Marind-anim.

[It is sometimes suggested that such homosexual rituals function as a kind of birth control. But more plausibly, they seem to provide a sexual outlet for males in an area with an unbalanced sex ratio (too many males) and the practice by older men of having many wives—very much like the situation among the Zande in Africa, who formerly had institutionalized pederastic marriages (Gregerson 1996, 276). (*End of comment by E. Gregerson*)]

An additional insight, offered by John Money suggests that:

Institutionalized homosexuality, in serial sequence with institutionalized heterosexuality and marriage, as among the Sambia and other tribal peoples, must be taken into account in any theory that proposes to explain homosexuality. The theory will be deficient unless it also takes heterosexuality into account. Culturally institutionalized bisexuality signifies either that bisexuality is a universal potential to which any member of the human species could be acculturated or that bisexuality is a unique potential of those cultures whose members have become selectively inbred for it. There are no data that give conclusive and absolute support to either alternative. However, genetically pure inbred strains are an ideal of animal husbandry, not of human social and sexual interaction. Therefore, it is likely that acculturation to bisexuality is less a concomitant of inbreeding than it is of the bisexual plasticity of all members of the human species. It is possible that bisexual plasticity may vary over the life span. Later in life it may give way to exclusive monosexuality—or it may not. (Money 1990, 43)

Another aspect of this complex-orientations picture is the fact that in many South Pacific societies, for example, the Marind-anim of southern Papua New Guinea and the (fictionally named) East Bay Melanesians, pubescent and adolescent boys are free to engage in homosexual relations with their peers and/or older married men. Unlike with the Sambia, these relationships are seldom exclusive or obligatory. In such societies, most men are more or less bisexual, and the women assumedly heterosexual (Beach 1976/1977; Marshall & Suggs 1971; Gregersen 1996, 276).

B. Adults

The Trobriand Islanders admitted to Malinowski that homosexuality is contemptible, but also that it was formerly practiced (Gregersen 1996, 274). In general, the people of Papua New Guinea view homosexuality in a negative and unacceptable light. They cannot understand how a man might enjoy having sex with another man.

7. Gender Diversity and Transgender Issues

See the discussion of Sambian hermaphrodites, 5-alpha-reductase boy-girls, in Section 1B, Basic Sexological Premises, Sociolegal Status of Males and Females.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Rape

To most young women today, a man with money, a car, or even a schoolboy with promise, is a far more attractive prospect than a poor boy with no obvious future. For many young men, having no money with which to buy sex

directly, or simply with which to make a girlfriend happy, is a frustrating state of affairs. Some such men state that there is no opportunity for them to have sex at all, unless they rape a woman. Group rape is less likely to lead to trouble than individual rape, although most men who state they rape women do both. Gregersen (1996, 149, 358) includes the Trobriand Islanders among the societies that simply prefer to ignore rape altogether.

Rape of any sort is disturbingly common in all areas of the country, rural, town, and city. In addition to commercial sex, there is the issue of “line-ups” or pack rapes. Often associated with “six-to-sixes” (clubs that remain open from 6 p.m. to 6 a.m.) or video showings that run from evening to dawn in both rural and urban areas, a group of men/boys take turns in forcing a woman to have sexual intercourse with them. As they watch each other, the sexual dynamics of rape and homosexuality mix to produce, for some, a highly erotic event. In some communities, line-ups are reported to take place every weekend. Older men, many of whom are married, are also frequently involved. Younger men and even boys of 11 or 12 are able to join with their elders in sexually abusing a woman. One young fellow of 17 years told me about his village:

In here rape and forced sex exists just like in other parts of the province. It happens especially during disco nights and video shows. When we brought our village girls to the disco or video show, the boys from other places came and took our girls for dance and sometimes take them home to sleep with and have sex with. We thought they slept only with their friends, but somehow the boys arranged it with their village boys and made single file on them [line-up]. When the girls come back they never tell us about it because they are afraid and ashamed. Then we do the same to their sister in return. (Author's field notes)

This type of sexual behavior is extremely dangerous because the men involved are exposed to the semen of many of men, thus raising their risk of acquiring STDs and AIDS, not from the woman, but from the other men involved. The woman is placed at extremely high risk of acquiring STDs and HIV as well.

Many Papua New Guineans do not like to admit that such things are going on, but there is now a great deal of evidence from studies conducted in selected urban areas (i.e., Daru, Port Moresby, Lae, and Goroka) and many rural villages, indicating that such sexual activities are widespread. These sexual activities are highly dangerous from a public health point of view because they spread diseases very quickly, not just among the people who participate in them, but among all those other persons, wives and husbands, new and old boyfriends and girlfriends, with whom these people have sex. These activities are also responsible for many STDs, including HIV, among newborn babies.

B. Prostitution

Across the country, people are complaining that more and more young women are having sex earlier, and often with older, married men. The lure of social status, drinking beer, going to dances or parties, the institution of the “six-to-six” clubs, and, increasingly, payment in cash and/or gifts, are drawing women into commercial sex. Papua New Guinea does not yet have a major brothel-based commercial sex industry, but it does have a large, highly dispersed population of women who are willing to sell sex and men willing to buy it.

Much of the activity among women is driven by poverty, some of which is severe. Single mothers, widows of all ages, urban married women whose husbands do not bring

home enough money, and teenage girls everywhere are often poor in cash. There is little shame attached to selling sex in some communities, especially where the woman brings home the cash and food. Brothers, husbands, and other men in the family are often very willing to help a woman find a man who will pay for sex, especially if they can share the rewards. Young women are more saleable, and sometimes very young girls are offered to adult men for sex.

From their earliest contacts, outsiders and missionaries misinterpreted as promiscuity and/or prostitution the "casual" sexual relations and small gifts Trobrianders, and Papuans in general, offer their female partners. This is not the view of the Papua New Guinea people themselves, for whom sexual relations and small gifts do not carry the cultural messages of Western standards and norms. [*Comment 2000*: The contrast here is between the meanings and values insiders attach to some behavior and the way outsiders interpret this behavior from their "objective" perspective. The "objective" views of the outsiders represent what anthropologists label an etic view. In many, perhaps the majority, of customs, the "objective" etic view is quite different from the emic (insider) view of persons within the culture (Reiss 1997). (*End of comment by E. Gregerson*)]

C. Pornography and Erotica

In most areas of Papua New Guinea today, pornographic magazines, picture books, and videos are available, despite laws to the contrary. Many adults and young people seem to enjoy looking at pictures of people having sex. They consider it educational, and given the dearth of printed or other media on sex, this is hardly surprising. To some young people, however, the experience is frightening, because they find themselves sexually aroused with little understanding of how to manage their desires.

D. Paraphilias

In spite of fairly extensive reporting of sexual behavior in general, the paraphilia level for Oceania seems to be fairly low. Sexual contacts with animals has been reported in a few cultures, including the Marquesans, but such contacts are denied, condemned, or apparently unknown among the Wógeo and Trobrianders (Gregersen 1996, 278).

9. Contraception, Abortion, and Population Planning

A. Contraception

Although male control over women is a significant factor in extramarital pregnancies and teen pregnancies, alcohol use by women and their inability to plan for protected intercourse are also factors. Condoms are readily available, but are deemed inappropriate for women to carry. Other contraceptive methods are unavailable and prohibitively expensive.

B. Abortion

Abortion is illegal in Papua New Guinea and is considered to be morally wrong by the majority of the people. However, illegal abortions are increasing. It is not unusual to hear about young girls and older women inducing abortions. Many of these self-induced abortions result in serious infections and, on occasion, death. The methods of inducing abortions are done by ingesting certain mixtures or herbs, or inserting things into the vagina.

C. Population Programs

Papua New Guinea health indices remain an abiding source of concern, with maternal mortality projected as high as 800 per 100,000 births and infant mortality at an underestimated 80 per 1,000 live births. Within the Action

Plan of the 1994 Cairo Conference on Population and Development, adolescent reproductive health is identified as a priority area. Hence, the government of Papua New Guinea, in collaboration with donor organizations, are launching programs to combat the spread of STDs, HIV/AIDS, and unplanned pregnancy, especially among young people.

10. Sexually Transmitted Diseases and HIV/AIDS

There is a National AIDS Committee in Papua New Guinea responsible for increasing public awareness and advocating prevention of HIV/AIDS and other sexually transmissible infections. Advocacy is done through media campaigns, advertisements, radio spots, local television, school curricula and classrooms, peer-education programs on university campuses, and community-outreach efforts, including training religious leaders about sexual and reproductive health issues.

Condoms are free but not always available. Efforts are presently underway to break through the walls of silence around issues related to sexuality and reproductive health. Although cultural taboos make this a challenging task, educators and service providers are making inroads by using culturally relevant videos and dramas on STDs and HIV/AIDS, and other related topic areas, to educate people about the facts.

[*Update 2002*: UNAIDS Epidemiological Assessment: The first HIV infections in Papua New Guinea were reported in 1987, with HIV prevalence increasing annually throughout the early 1990s. Reported cases are equally distributed among men and women, and infection appears to be concentrated in the capital city of Port Moresby. Prevalence remains low among blood donors (0.015% in 1997) and pregnant women (0.37% in 1998). The trend in the annually reported number of AIDS cases has continued to rise more sharply each year since the mid-1990s. Much higher levels of infection were found in female sex workers (17% in Port Moresby and 3% in Lae in 1998) and among patients attending STD clinics (7% in 1999, increasing from 3% in 1998 in Port Moresby, and from 0.7% to 1.2% in four other locations in 1997 to 1999). The estimated HIV prevalence in Papua New Guinea is, as of the end of 2001, about 16,000, or 0.5% of the total 15- to 49-year-old population, and continues to increase slowly, primarily because of heterosexual transmission.

[A wide range of social, economic, and cultural factors in Papua New Guinea have led to an environment in which sexual risk behaviors, including low levels of condom use in casual partnerships, are widespread. There have been a few behavioral surveys carried out recently. Among sex workers, the proportion reporting consistent use of condoms was around 15% in Port Moresby and Lae in 1999. The mean number of clients per sex worker was from three to five per week.

[STD prevalence surveys in Papua New Guinea show a high STD prevalence among both high-risk and low-risk groups. A 15% prevalence of gonorrhea among Highland's populations and 36% among sex workers were found. Chlamydia prevalence was up to 26% in Highland's populations, and 31% in sex workers. Prevalence of syphilis was 4% in Highland populations and 32% in sex workers.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	16,000 (rate: 0.7%)
Women ages 15-49:	4,100
Children ages 0-15:	500

[An estimated 880 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 4,200 Papuan children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

Over the last few years, the author has conducted several training seminars on sexuality and reproductive health, including issues related to sexual dysfunctions. Common concerns among men were premature ejaculation, small penises, and erectile difficulty. Women complained of vaginal discharges, unpleasant odors, pain during intercourse, and dissatisfaction with their sex lives. Women reported that their husbands or partners use them for their own pleasure.

As in most developing countries, sexual diagnostic counseling is a luxury that most people cannot afford. However, through reproductive health interventions, information is being shared about the various types of sexual dysfunctions and treatment. In many instances, people need basic information about how the body responds sexually. Educators talk about some of the physical and psychosocial factors which can have an impact on sexual performance, including the negative effect that alcohol and other drugs can have on sexual performance. Other important issues that get discussed are gender roles, gender inequities, poor hygiene, and violence.

12. Sex Research and Advanced Professional Education

Despite the obstacles of geographic isolation and linguistic diversity until recent times, anthropologists, like Margaret Mead, Bronislaw Malinowski, Clelland S. Ford, and William Davenport, psychologists, such as Frank A. Beach, and others managed to gather considerable ethnographic data on the peoples of Papua New Guinea. Only recently, as modern transportation and electronic communication have broken down some of the obstacles, the HIV/AIDS and population/family planning crises have brought some limited and focused sex research. Sexological research, however, is just beginning to appear in very limited ways in Papua New Guinea, as it is in most other developing countries.

The main organization promoting sexological research is the Papua New Guinea Institute for Medical Research, P.O. Box 60, Goroka, Papua New Guinea.

Conclusion

Although most societies and cultures around the world are experiencing major social change and tension, few are experiencing the transformation more intensely and radically than the people of Papua New Guinea. However, as Papua New Guinea moves into the new millennium, there is a great deal to be optimistic about. First, people are hungry for information and are open to learning new things about sexuality, as well as other aspects of life. Second, the government is working with agencies to prevent the spread of HIV/AIDS, and to educate the masses about population health issues. Third, the Ministry of Education, the Ministry of Health, and the faith-based communities in Papua New Guinea have developed curricula that address the issues of sexuality and reproductive health. Educators are being trained in sex and sexuality, family life education, reproductive anatomy and physiology, sexual and personal health, family planning and contraception, prevention of STDs and HIV/AIDS, prevention of sexual abuse and violence, and gender equity.

As Papua New Guinea continues to embrace the values and ways of the Western world, there will be many gains and losses. Culturally speaking, Papua New Guinea stands to gain information that will help to save lives. But, Papua New Guinea will no doubt experience all the problems and contradictions associated with Western society. Papua New Guinea's challenge is to maintain its cultural integrity as it struggles to become part of the modern world.

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