

Fieldwork in Papua New Guinea

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Fieldwork Team

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Photos



The town of Tari



The Fieldwork Team



Huli men in traditional dress



Newspaper article

The Setting

Fieldwork in Papua New Guinea, which took place among the Huli of Southern Highlands Province in the town of Tari, began in February of 2004. Of the five field sites in this project, Tari – with a population of approximately 3,000 – is probably the most rural: it is basically an airstrip surrounded by some stores, government buildings, houses for civil servants, and a small hospital. Electricity is provided by a hydroelectric project; however, maintenance of the hydro is a perpetual problem, and it was not working during most of this fieldwork period. The phone lines were also down, and cell phone service is only available in major Papua New Guinea cities. The Tari airstrip was open only to very small planes while I was there, again because of maintenance problems.

Paradoxically, although Tari can feel quite isolated, in fact it is heavily impacted by the Porgera Joint Venture (PJV) gold mine to the north (there is no road between Tari and Porgera, and employees travel back and forth by helicopter, while others do the four day hike): the mine employs many Huli men, it pays compensation for the use of Huli land, and it has established a community relations office in Tari, primarily because in 2002 Huli people toppled a number of electrical pylons, shutting down the mine completely for a few months. The community relations office attempts to preserve functional relationships with Huli communities living along the power line by renovating schools, health centers, and bridges, and by meeting regularly with community representatives.

I had last been in Papua New Guinea in 1997 when I finished my doctoral fieldwork, so it had been 7 years since I had seen my Huli friends and acquaintances. The Tari area had deteriorated during that time. The kina, Papua New Guinea's currency, was worth one-third of its 1997 value, and the costs of store-bought goods had increased accordingly, although wages and the prices women could ask for their produce at market had not. During my first few weeks people constantly told me that "we have been driven back to subsistence living" because basic goods, as well as children's school fees, were no longer within economic reach.

In part because of economic deterioration there had also been an increase in violent conflict and crime. Huli groups had fought with neighboring cultural groups, who had retaliated by robbing Huli vehicles at gunpoint, effectively closing the one road to the provincial capital, Mendi. Armed Huli gangs had held up the small bank in Tari and looted the one major store, which, not surprisingly, decided to close. Interviews and informal conversations showed that many people had been affected by crime; most people I knew felt that someone always had to be at home in order to deter burglary. Because there was no longer a bank or any large stores, many public servants—teachers, hospital workers, and even police—had left the area, which resulted in the closure of community schools, health centers, and even Tari hospital for a short period of time. The hospital no longer had a doctor and thus probably did not actually qualify as a hospital any more. Those health workers who remained often worked only a few hours a day, demoralized by the continual shortage of basic medical supplies and frustrated that they couldn't get to Mendi to cash their paychecks.

Most people brightened whenever a "mobile squad" was assigned to Tari. Mobile squads are a special branch of the police force, based in particular towns but often temporarily assigned to "hot spots." They come roaring into town in their convoys of white, 4-wheel-drive Land Cruisers—heavily armed, unsmiling, and coolly fierce in their sunglasses. While people often

worry that they will create more problems than they solve, most people I knew (and myself) were happy to see them arrive and slightly panicked when their assignments in Tari were over. Since leaving Papua New Guinea in August, I have learned that a mobile squad has been permanently assigned to Tari and that a police recruitment and training program will soon be established there. I have urged that HIV/AIDS education be included in the training program since women I have interviewed—during my doctoral fieldwork and during this most recent research period—have either sold sex or have been married to sexually itinerant policemen.

In 1997, Tari hospital diagnosed its first HIV+ case. By mid 2004, there were 80 cases, and almost all of these were people who had not suspected that they might be HIV+. The hospital staff said that those people who were anxious about their serostatus usually left Tari to be tested elsewhere, worried about confidentiality and the stigma they might face if friends and kin found out. In 1997, very few people knew of AIDS; in 2004, everyone had heard of AIDS, and many spoke of the bodies flown home from Port Moresby, the capital city of Papua New Guinea.

Summary of Fieldwork Activities

Given the situation in Tari I was a bit worried about how to get my part of our research project off the ground. Two of my previous field assistants had died—one from AIDS and the other from drowning—and another was not able to come to Tari because it would have meant traveling through enemy territory. However, I was very fortunate to have the assistance of many local organizations: the Tari District Women's Association, Tari Hospital, and Community-Based Health Care (CBHC), a small NGO associated with the Nazarene Church and dedicated to improving community health and nutrition by helping families establish fish farms and chicken, duck, and rabbit projects.

The director of CBHC, Joseph Warai, assisted me in hiring 3 of my 4 field assistants, and even ensured a diverse pool of male interview participants by making certain my assistants differed from one another: Luke was relatively old (and thus had access to the "cultural traditionalists"), Thomas was highly religious (and thus could recruit men who had joined the recently established evangelical Christian church in Tari), and Ken was known as a bit of a "bad boy" (and thus could recruit the drinking and gambling crowd). Joseph's strategy worked very well, although ultimately Thomas ceased doing interviews, at first saying that his church duties took too much of his time, but then admitting that he felt he was doing a disservice to the moral health of the community by exposing men to our interview questions (i.e. by asking neutrally phrased questions about extramarital sex and condom use, he felt he was tacitly condoning or even encouraging these activities). My fourth field assistant, Michael, was also highly religious, however, so we continued to be able to recruit devout Christian men.

The methodology we used varied somewhat from the other project sites because we were unable to recruit married couples to participate in marital case studies. Specifically, men refused to allow their wives to be interviewed by me. The Huli have long been a male-dominant society, and men are taught that they should both control and protect their wives. The inflation and monetization of bridewealth has probably only intensified many men's presumption that they

should monitor and limit their wives' activities (although men's actual degree of control over women has probably decreased with increases in male labor migration and in female market activities). Men articulated a number of reasons for their resistance: many asserted that simply talking about sex made wives more likely to stray; they were uncomfortable about the possibility that I might learn something about their wives that they themselves didn't know; a few did not believe that I wouldn't listen to their interview tapes and then share spicy details about them with their wives; and some thought it violated or even "polluted" a man when his wife spoke about him to other people.

Instead of doing marital case studies, then, my four field assistants interviewed 40 married men, and I interviewed 25 married women. (Interestingly, when we treated women as autonomous agents rather than as wives who needed their husbands' consent to be interviewed, we encountered none of the above objections. The project's ethics protocol had stipulated that for a marital case study to proceed, both spouses had to consent to their own and each other's participation). While I am disappointed that we were only able to complete a couple marital case studies, I think that the high degree of resistance to this method—and the reasons articulated by men—are interesting findings in and of themselves that tell us something important about Huli marriages and Huli masculinity.

In addition to interviews, participant observation took place throughout the research period. Specifically, I

- spent time in people's homes, at trade-stores, and at the main market
- had many informal conversations with women who worked or hung out at the Tari District Women's Center
- attempted to attend weddings, although in fact the few women I knew who had intended to marry during my fieldwork period had to postpone because their fiancées were unable to obtain the necessary bridewealth (an increasingly common problem, I was told)
- observed the activities of the local infectious disease clinic at Tari Hospital and had ongoing conversations with the head nurse about HIV positive patients in the Tari area and her attempts to secure resources so that she could carry out care, counseling and awareness activities
- spent time at the PJV community relations center conversing with the mostly male staff about HIV/AIDS-related issues as I worked with them to carry out AIDS education in the Tari area.

Preliminary Findings

Preliminary analysis of fieldwork data indicates that among the Huli there is a wide range of understandings about what constitutes a proper and satisfying marriage. Among most younger men and women, the relationship between husband and wife is viewed as an important criterion for a successful marriage. Romantic attraction and the ability to engage in easy and intimate conversation were articulated as reasons for getting married and as dimensions of a good marriage. Younger married people were more likely than older people to say that if they learned

a joke or some gossip or important news that they would most want to share this with their spouse (rather than natal family members or same-sex friends).

Other marital desires were articulated as well, however, suggesting that although there may be somewhat of a trend towards viewing marital romance and companionship as "modern" and desirable, there are also strong competing views, even among youth. Some young women's (and one young man's) primary goal was to marry someone with a salaried job who could provide the amenities that make life easier and more prestigious: a modern house, electricity, a TV, etc. Some young men felt that finding a hard-working, "traditional", modest, and obedient wife was the best strategy for a successful life and a happy marriage. Some middle-aged men—who I ended up thinking of as "neo-traditionalists"—had, when young, managed to elude one arranged marriage after another, held out for romance, and married women whom they themselves had chosen based on sexual and emotional attraction, only to have these marriages fail and then to sheepishly ask their parents to find better wives for them. They strenuously asserted the superiority of these later marriages, but also said that they had satisfied (and continued to satisfy) their romantic and sexual desires extramaritally.

Many older men gave the impression that they found all our questions about marriage faintly ridiculous, and they indicated that marriage was simply not important or interesting enough to waste a number of hours talking about it. Marriages were productive and reproductive partnerships, they suggested; some were better when the wife was docile and obedient; some were better when you could have a good, egalitarian conversation with your wife—but the marital relationship itself was inconsequential compared with men's other economic and political activities and relationships. (This, according to custom, is what one might expect traditional Huli men to say about marriage, and we took such statements with a grain of salt.)

Many men we interviewed had engaged in extramarital sex, regardless of the type of marriage they had, although there was certainly variability in frequency, number of partners, and feelings about these liaisons (ranging from joy to painful guilt). Alcohol consumption seemed to accompany most men's extramarital liaisons, and these liaisons tended to be one-off, paid encounters; very few men had "outside wives" or long term relationships with other women. Much like the other project sites, "modern" marriage, with its emphasis on the importance of marital love and companionship, seemed to create a greater need for, and anxiety about, secrecy. All men hid their extramarital liaisons, but men in more "traditional" marriages were more likely to assert that how they spent their time was not their wives' business, while men in more "modern" marriages expressed greater concern about damaging their marriages and about the emotional hazards of infidelity—angry confrontations, prolonged frosty silences, eroded trust, etc. Very few women, for their part, admitted to extramarital liaisons: most said the threat of violent retaliation made women's sexual transgressions too risky, and those who spoke candidly about engaging in extramarital sex were married to men who had long been absent from Tari and had not sent money home in months or years. Women in this situation either asserted that they needed the money that extramarital liaisons could procure or that they felt they were wasting their lives waiting for husbands who might never return.

Perhaps most disheartening in this context was that most women, regardless of type of marriage, said that the best, perhaps only, strategy for protecting themselves from HIV if they knew a

husband was having extramarital sex was divorce, but that this was only possible if a woman's family was willing to return bridewealth to her husband's family, which was rarely the case. Most—though not all—were pessimistic about the support their own families would offer them were they to find themselves in this situation. A few women had, in fact, confronted wayward husbands, usually to be told that "we men know what we're doing"—a standard but rather vague and dubious assertion since two of these women had been infected by their husbands with STIs after such confrontations. A somewhat surprising number of women had said that, upon finding condoms in their husbands' pockets, they had thrown them down the pit latrine.

Intervention Activities

With the help of PJV I began showing AIDS-related videos and giving educational talks at schools, health centers, and churches. Because electricity was not available, PJV supplied a generator and fuel, as well as transport, TV, and VCR. Most popular of the videos was probably "Born in Africa," which tells the inspiring story of Philly Lutaya, the Ugandan pop star who went public about having AIDS and, before his death, toured Uganda trying to reduce AIDS stigma by speaking candidly about his own experience. Also popular, particularly among women, was "A Kid Called Troy," which movingly documents the life and death from AIDS of a seven-year-old Australian boy.

Although fully understanding these two videos required a level of English comprehension that many people in our audiences did not have, I think people responded to them in part because they illustrated that AIDS affects people all over the world—not just Papua New Guinea—and that while AIDS stigma is present everywhere, compassion and striving for social justice are also possible. It is not uncommon to hear Huli people assert that AIDS is a kind of divine punishment inflicted on Papua New Guinea people because of what is said to be an increase in sinful behaviors. These films, I think, helped to counter such moralistic and punitive discourses.

I also trained 3 people to take over these awareness activities and persuaded PJV to pay them for this work, thus, I hope, making this intervention project somewhat sustainable.

Local collaborating agencies

- Papua New Guinea Institute of Medical Research (www.pngimr.org.pg)
- Papua New Guinea National AIDS Council (www.nacs.org.pg)
- Community Based Health Care (www.terracircle.org.au/reports/mffn_tari04.html)

Publications

[Wayward Women: Sexuality and Agency in a New Guinea Society](#). University of

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- 2004 Anger, Economy, and Female Agency: Problematizing 'Prostitution' and 'Sex Work' in Papua New Guinea. *Signs: Journal of Women in Culture and Society* 29(4): 1017-1040.
- 2002 Passenger Women: Changing Gender Relations in the Tari Basin. *Papua New Guinea Medical Journal* 45(1-2): 142-146.
- 2002 Giving Birth to Gonolia: "Culture" and Sexually Transmitted Diseases among the Huli of Papua New Guinea. *Medical Anthropology Quarterly* 16(2): 151-175.
- 2002 Public Health, Personal Beliefs: Battling HIV in Papua New Guinea. *Cultural Survival* 26(3): 29-32.

News coverage



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