Sex industries and sexual networking in Papua New Guinea: public health risks and implications

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Abstract

This paper describes different 'labor forms' of sexual networking, speculates regarding their public health implications, and situates a local sex industry (with its various locales, sexual activities, and buyers, sellers, and facilitators) in a wider social, political, economic, and medical context. The data are derived from anthropological fieldwork conducted on Daru island, capital of Papua New Guinea's Western Province, between 1990 and 1992. The author discusses problems with the data in terms of either micro-sociological, individually-based notions of 'risk' on the one hand, and over-large, over-determined structures of domination on the other. In pressing for a consideration of the 'middle-range' and, to highlight the public health issues of sexual violence, sexually transmitted *diseases* and sexually transmitted *dis-ease* are distinguished.

Introduction

I conducted field research on Daru island, capital of Western Province, Papua New Guinea[1]. This has been an administrative center since 1893 and is near the mouth of one of the world's great river systems, the Fly. I discuss the "labor forms"[2] that help to make up sex industries - the structure and function of which are linked to the global sex industry. Daru's own sex industry is composed of multiple locales and labor forms involving different buyers, sellers, and service brokers.

I will focus upon four labor forms and other patterns of sexual behavior that have implications for public health in order to promote sound interventions in the serious health problems facing Papua New Guinea, particularly regarding STDs and AIDS. Public health initiatives and interventions should be grounded first in anthropological investigations which should provide a clearer knowledge of sexual networking, STD transmission dynamics, and behavioral risks. I also believe that public health goals should include the facilitation of less violent and pathogenically loaded, more consensual and pleasurable sexual expression for everyone. Promoting greater sexual citizenship will help us to avert a worst-case scenario of an AIDS epidemic.

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The 'labor forms'

This section is a summary of several different forms of sexual networking, and highlights what may be the most profound public health risks thereof, particularly to women.

1. The family form

In the *family form*, husbands and other affines, and fathers, brothers, and other male relatives passively-to-actively procure sexual partners for their wives and in-laws, daughters, and sisters, who are then paid in money, food, alcohol, or other goods or forms of material support. Men escort their nieces, sisters, wives, or daughters up to the hotel lounge bar, public tavern, or other public drinking establishments, or down to whichever cargo barges, research vessels, or other boats may be in town. They facilitate the introductions, sometimes hang around for beer and food, and sometimes escort them home again. Particularly in the case of the Bamu people who live in two of Daru's four Bamu settlements, family members send out their female relatives and instruct them not to come back until they have accumulated a certain amount of money.

The health risks to women in this form are primarily two-fold. First, to increase the likelihood of pregnancy occurring they are enjoined not to use contraceptive methods. Second, so as to increase male pleasure, they are reluctant to use the condoms that would help to prevent STD transmission. They take both measures so as to facilitate greater male material support; 'unprotected' sex is the price they pay on behalf of their family's material needs. Many of their male customers are thereby exposed to the untreated STDs some of these women suffer from; most of their male customers have multiple sexual partners, and neither use condoms consistently.

2. The 'freelance form'

In the *freelance form* women engage paying sexual partners more or less on their own, but with help from 'message

passers', be they other freelance girlfriends, small boys and girls on foot, or in the case of boys, bicycles. Most of these women who solicit their own paying customers also work with sex brokers (*see below*), but rarely do these women earn income otherwise, such as by helping to process *pisirimai*, or sea cucumber. Women who network sexually in 'freelance' fashion do so to survive. To achieve this they must maintain a network of boyfriends (and former husbands) with whom they drink and engage in sex in exchange for money, beer, food, occasional gifts, and other forms of support.

These women are at risk in some of the same ways as are women in the 'family form', but they face two additional risks. First, they face the greater likelihood of violence from husbands/boyfriends who may not sanction their clandestine sexual activities, and from townspeople, particularly at public drinking establishments. Second, they enjoy less natal family support, particularly from male relatives, and so have less protection from customer violence and townspeople stigmatization.[3] Not always welcome in their own or their families' homes, they suffer socially and nutritionally.

3. The 'sex broker form'

In the *sex broker form,* male sex brokers find women for potential customers (and vice versa) by leaning on residential, occupational, linguistic, and other ties of affinity. Here is how one such woman, 'Pare'‡ , about 22, twice married and at that time in the midst of a protracted divorce, described a typical instance:

"No, when they [paying sexual partners or sex brokers] used to find me, they used to tell the girls to drink with them, you know, when they go around, they talk to him, "Tunigi" [a pseudonym] comes back, he says, "Oh, this fellow said this and that, we are going to meet up there, this Hotel or that house . . . " because they call him, they call him the '*meh-send-jer*'" (audiotaped interview, Daru, her emphasis).

... these women's immune systems are surely being dragged down by the fact of frequent residential changes, poor sleeping patterns, and anxieties generated by the work they do.

Another woman I interviewed several times, 'Teapo' told her story this way:

"This Samari [a Kiwai Island in the mouth of the Fly River] man used to hold him [her customer that night] for what, pick me. He say, "you come," he say like this, "I want you to find my girlfriend." I was sleeping and he came. He came, he gave our what, money and food, and he gave money and buy food, and after then he sleep here [had sex with me], morning he went back" (audiotaped interview, Daru).

‡ *Note: all names are pseudonyms unless otherwise stated.*

'Tunigi' is just one of Daru's several sex brokers who earn at least part of their income this way. Some became my research informants, friends, and helpers, and I came to see the sex industry's structure and function also through their eyes. Mothers, fathers and boyfriends are sex brokers as well.

In terms of imminent bodily harm this form of sexual networking is perhaps the safest on Daru, due to the sex broker's escorting and protecting function.[3] As well, at least while I was distributing free condoms and health education materials, the sex broker also provided free condoms for the men and women whose sexual engagements he facilitated. On the other hand, some of these women's sexual partners are European men who have an abundance of sexual contacts elsewhere. Condom use is minimal, sex is therefore often unsafe, and women worry greatly when their boyfriends are away. Moreover, these women's immune systems are surely being dragged down by the fact of frequent residential changes, poor sleeping patterns, and anxieties generated by the work they do.

4. The '*sagapari* form'

The form known on Daru as '*sagapari*', or 'small mangrove garden', is a local form of what is known throughout Papua New Guinea as '*tu kina bus*', or $2 bush prostitution. This form is common in Papua New Guinea's larger townships and at such 'development' sites as sawmills, timber camps, and mines. On Daru, *sagapari* is a heavily commodified form, prices are kept low by supply and by name—*tu kina bus*—and it exhibits sharp ethnic and occupational lines. Only Bamu women toil there, and only rarely does even a middle-ranking public servant go there, although lower-ranking health workers do. Bamu men are forbidden culturally from going there sexually, though husbands go to spy on their wives and wives' customers and to collect earnings from them once or twice daily.[4] Women are profoundly brutalized in this form. They face extremely serious health risks, from the psychic and the reproductive to the vaginal and the pathogenic, from beatings by husbands to sexual assaults by customers. Being already members of the most stigmatized and marginalized ethnic group on Daru, these women are doubly and triply oppressed as wives and as prostituted women.

Less violent sex contacts

Two other patterns of sexual behavior further complicate the picture. They probably facilitate less violent, more affectionate, less anonymous, less risky sex, though they don't involve much condom usage either.

Table 1. A sex broker's sexual geography of Daru

Location	From	Till	No. of times
Customer #1's house	1987	1991	300
Old Daru Guest House	1978	1984	200
Customer #2's House	1990	1991	200
Frogtown Bush	1984	1985	100
Madame Corner Bush	1985	1986	70
Security House	1988	1991	70
Hotel	1987	1991	65
Giwari Corner Bush	1987	1988	62
Old Courthouse	1987	1991	52
Construction Site	1991	1991	35
Tu Kina Point	1985	1987	34
Agobaro Bush	1986	1988	33
Sex Broker #1's House	1985	1991	31
Sikani Bush	1980	1987	30
Boumana Bush	1988	1988	30
Montfort Catholic School	1987	1988	30
Karekare Community School	1985	1985	25
Customer #3's House	1986	1991	24
Sex Broker #2's House	1990	1991	24
P.W.D. men's quarters	1988	1991	24
Daru High School Bush	1986	1986	23
Ipisia Corner Bush	1986	1987	22
Hospital men's quarters	1988	1988	20
Kadawa Village Bush	1983	1985	19
Police Club	1985	1987	19
Customer #4's House	1988	1988	18
Tawo'o Bush	1985	1986	18
Boumana Jail Bush	1987	1988	18
Sea cucumber selling place	1991	1991	16
Customer #5's House	1987	1991	16
Old FRPG Quarters	1988	1991	15
West Corner House	1988	1988	15
New Courthouse	1990	1991	12
Customer #6's House	1988	1988	10
Chalmers Community School	1989	1990	10

First, dance and videocassette-showing parties are two popular venues for sexual networking. Gate fee payments, and hand, body, and eye 'actions' made between males and females can signify the possibility that sexual intercourse will be requested or offered, usually nearby and hurried.[5] Though a fair degree of linguistic and social stigma can accrue to this form of sexual networking (females in particular can acquire thereby the moniker *"fipti hos,"* or "fifty horsepower," a fifty cent date, referring to outboard motor size), it seems infinitely more democratic and safe than at, say, *sagapari*, or at the Police Club, public tavern, or other public drinking and sex environments, at which violence is common.

Second, material exchanges prior to and following sexual activities are practically the norm, not the exception. For instance, when asked to recollect their most recent sexual contacts, 40 of the 133 single men I and my research assistant interviewed said they had given gifts of some kind in exchange for sex, and five more had received them. Thirteen of the 31 married men we interviewed had given something of material worth to their most recent sexual partner, and one had received something. Seven of the 74 single women we interviewed had given gifts of some kind and 38 of the 74 had received them. None of 28 married women we interviewed had given anything for sex, but eight of them had received something, either from husbands or from boyfriends.

Sexual networking is as common on Daru as it is elsewhere. The mere exchange of sex for money or goods is thus as good a marker of prostitution as is choice of sexual position. These different sexual networking patterns overlap to a great degree, too. Therefore, whether or not one has given or received money or material items (or both) in exchange for sex is a virtually useless predictor of HIV antibody seroprevalence or even of STD transmission. We should be very cautious about asking epidemiological questions about sexual networking and constructing models of risk to direct the public health. Daruan men and women, just as men and women elsewhere, occupy contingent, often overlapping social statuses when engaging in sex with different partners. A man can be a husband, boyfriend, or customer, and a woman a wife, girlfriend, prostitute or fiancee, both with different sexual partners and with the same partner across time and space. Public health interventions that model risk along the lines of stable categories are simply wrong. The risks of pathogenic transfer have much less to do with the exchange of money or goods for sex *per se* or with the social statuses to which they belong than they do with the conditions under which people engage in sex.[6,7] Pathogenic risks, particularly to women, are determined and given form and meaning on another level altogether.

Daru's sex industry

Daru's sex industry is similar to many others. On the micro level it is marked by behavioral fluidity and geographic and spatial particulars, and by sharp ethnic, sexual, monetary, and alcoholic parameters. In other ways, Daru's sex industry is quite unique. All sex industries both cause and are caused by extreme sexism, and by ethnic, tribal, caste, racial, class, and other types of cleavages. Nevertheless, anthropological study often reveals features and dynamics that are specific to certain times, places, and conditions, but which may not appear until they are brought to the light, dissected, and explained. Table 1 shows the 'sexual geography' of the 'sex

Table 2. Sagapari roster of women prostitutes

Woman	No. of children	Age	Corner	Block ** (indicating village)	Husband habitually works/drinks?	No. of years woman prostituted at Sagapari *
A1	1	30	Giwari	Gama	no/yes	7
A2	0	31	Giwari	Gama	no/yes	7
A3	3	32	Giwari	Ibuwo	no/yes	8
A4	1	30	Giwari	Gama	no/yes	4
A5	0	31	Giwari	Ibuwo	no/yes	7
A6	2	31	Giwari	Ibuwo	no/yes	6
A7	0	28	Giwari	Ibuwo	no/yes	5
A8	1	22	Giwari	Ibuwo	no/yes	4
A9	0	30	Giwari	Ibuwo	no/yes	5
A10	0	28	Giwari	Ibuwo	no/yes	5
B1	0	39	Dibiri	Sibari	*no/no*	7
B2	0	23	Giwari	Ibuwo	no/yes	3
B2	0	32	Giwari	Ibuwo	no/yes	9
D1	2	46	Giwari	Ibuwo	*no/no*	8
G1	4	31	Giwari	Gama	no/yes	3
G2	2	34	Giwari	Ibuwo	no/yes	8
G3	3	36	Giwari	Ibuwo	no/yes	10
I1	0	30	Giwari	Miruo, Sogeri, Wakau	no/yes	10
K1	1	28	Giwari	Ibuwo	no/yes	5
K2	1	27	Giwari	Torobina, Bunig	*yes/yes*	3
K3	1	30	Giwari	Ibuwo	no/yes	6
K4	4	35	Giwari	Gama	*no/no*	1
M1	1	21	Giwari	Gama	no/yes	3
M2	0	31	Giwari	Ibuwo	no/yes	6
N1	0	28	Giwari	Ibuwo	*no/no*	4
O1	2	22	Giwari	Torobina, Bunig	no/yes	3
S1***	1	40	Giwari	Gama	*n/a*	11
T1	4	35	Giwari	Ibuwo	*yes/yes*	10
U1	3	25	Giwari	Miruo, Sogeri, Wakau	*no/no*	3
U2	0	22	Giwari	Ibuwo	no/yes	3
W1***	1	40	Giwari	Gama	*n/a*	10

* *Years not necessarily consecutive.*
** *Part of corner demarcating village of origin.*
*** *All women are married except these who are widowed.*

broker' form of prostitution on Daru, of the locales and frequencies of just one such broker.

The micro-sociological aspects are complicated. Prostitution facilitates a lot of pleasure for men, and some pleasure and a lot of pain for women. It is characterized by a rich sexual language and near constant public discourse, some of it humorous, much of it condemnatory. Nevertheless, it facilitates the exchange of goods, services, money, affection, and social obligations, in many ways just as did 'traditional' ties of sociality, residence, kinship, and marriage, though with perhaps an added set of pathogenic risks. On a macro-sociological level, systems of sexual networking are linked to global commodity flows and capital formation, to ecological crises and disappearing resources, to high prices and unemployment rates, to migration and demographic shifts, and above all, to all sorts of social contradictions, including male sexual prerogative.

One profound social contradiction on Daru has to do with the tenuous relationship that one numerically large minority, the Bamu - and women even more particularly - has to money, political representation, food, toilets and water taps, and medical care[4]. The 'corners', or residential settlements, to which Bamu are consigned on Daru are literally at the margins of this small island, situated on the edge between higher, drier, horticulturally viable ground and mangrove swamp—two such Bamu corners are swamped near daily by high tides, which sweep and re-deposit, again and again, human, animal, and food waste. Bamu also predominate at *sagapari*. For several months I pursued research and friendship at one of those Bamu 'corners', Giwari. With the help of a Bamu research assistant and a Bamu woman sex worker, I began to compile a number of rosters of the Bamu women who toiled there.

I slowly learned three things about *sagapari*. First, it had sharply defined ethnic, sexual, and alcohol parameters that bear greatly on the public health, as can be seen in Table 2. It seems remarkably predictable and stable. Second, whole cohorts of Bamu women, their husbands, children, and extended family, migrated to and from Daru and other sex industries throughout Western Province at which can be found local forms of *tu kina bus*. Thus, *sagapari* and its customers may stay behind as discrete cohorts of Bamu women may come and go. Third, the geographic locale and spatial layout of *sagapari* had shifted many times in the past two and a half decades. Thus, the institution was even more stable than any particular instance or locale thereof.

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Table 2 shows just how sharp are some of *sagapari's* parameters. Of the 31 women rendered in this particular roster, all are Bamu, only one does not live at Giwari corner, and only two are from villages not in the lower Bamu river region. Twenty nine of the 31 are married, and the other two are widows; this labor form, therefore, is the province of married women, and shows a great deal of husbandly prerogative. Only two of the 29 husbands earn income otherwise, but 24 of the 29 husbands drink away a large proportion of the earnings thereof.

The health risks to women prostituted at *sagapari* are multiple and serious. Located next to a hardware store that sells beer, women's customers, who range in age from the elderly to the barely pubescent, are usually drinking or drunken and often abusive. Husbands protect wives from certain customers, sexual positions, and the suspect condoms that I distributed during my stay. They also abuse them with fists, sticks, beer bottles, and bush knives, both when they don't and when they do 'go out', six to seven days per week, from early morning, when the beer shops open, till dusk, amidst broken bottles, excreta, rubbish, and townspeople's angry glares.

Discussion

How may responsible health workers, social scientists, and educators best put to use a clearer understanding of the kinds of sexual behavioral parameters as above? The sociologist Samuel Friedman says that *"while both macro-sociological and 'middle-range social forces' shape the contours of all health problems, individualistic and microsocial models have so far been near-hegemonic in public health policy and programs"*.[8] Unfortunately, say two medical anthropologists, Peter Brown and Marcia Inhorn, *"individuals may be incorrectly considered responsible, even culpable, for their own diseases"*.[9] This is certainly true on Daru with respect to Bamu people generally and prostituted women more particularly.

On the other hand, viewing disease through macro-sociological lenses can have the effect of blaming *"the overarching social-political-economic system for the health problems experienced at the local level"*, without first *describing in detail what those local health problems are and how behavioral risk factors may be involved."*[9]

'Middle-range' social forces operate in Papua New Guinea no differently than anywhere else, so perhaps we can begin to consider them more squarely. If we can learn better to link macro- to micro-level forces, if we can begin to evaluate more forthrightly our own participation, our own stake in this dialogue, we will be able to design more effective intervention programs. I am convinced that effective intervention must proceed simultaneously in three directions:

1. First, they must proceed *'down'* to the level of intimate sexual and other behaviors. Because they usually help to uncover complex social and behavioral dynamics, intensive qualitative methodologies should be supported institutionally on a larger scale and promoted more widely in health educational philosophies.

   To give a few examples. Only by accompanying men and the women whose sexual activities they brokered around town did I begin to appreciate how complex are the structural and cultural obstacles to safer, more pleasurable sex, for both men and women. Only during the distribution of 20,000 free condoms (after waiting many months before I learned how to do so) did I come to

appreciate the *meaning of* and how *thin* are latex barriers. Only by participating in while observing on-going social life was I able to understand why women often don't want to use condoms (or want their male partners to), why they (or their partners) so frequently refused to use the condoms and keep the condom purse gifts I gave them.

Only through sustained, direct, and systematically-made observations at *sagapari* (and participation at the drinking area adjacent next to it) was it possible for me to discover that the duration of each sexual act (generally vaginal intercourse) is far more brief than that which occurs in other labor forms. Sex at *sagapari* for the most part means single instances, two to ten minutes long in duration, of primarily penile-vaginal intercourse, with little if any foreplay and no socializing thereafter. Nevertheless, the existence of a rich sexual language that refers to sexual positions employed at *sagapari* and elsewhere - "chair", "cobra", "cuscus", "77", "44", "69", "PNG," "kung-fu," "dia," and "cloud nine," among others — suggests a great variation in sexual positions and erotic aspects that are potential tools of intervention programs. Eroticism is potentially our ally, not our enemy.

Lacking any real development opportunities in their ancestral homelands well east and north of Daru, and being politically un- or mis-represented, Bamu are more or less forced into reproducing themselves as individuals, families, communities, and villages - in other words, as a people - by selling sex under truly horrific conditions.

2. Intervention must proceed *"out"* to incorporate world historical developments and economic forces. In the case of the Kiwai people, and to a lesser extent the Suki, it has to do with the pace and timing and peculiarities of early colonial contact, a far earlier and more sustained contact with European goods, diseases, relations of production, cosmological systems, behaviors, and behavioral norms. These are imperative to understand in order that we account for some of the sharply patterned ethnic parameters of Daru's sex industry. For instance, Kiwai and Suki females predominate in 'freelance' and 'sex broker' forms but avoid *sagapari*, Kiwai and Suki men predominate as customers. Similarly, Bamu were both stigmatized by Europeans on alleged behavioral and racial physiognomic bases and by surrounding ethnic groups on real and imagined sexual behavioral grounds. Lacking any real development opportunities in their ancestral homelands well east and north of Daru, and being politically un- or mis-represented, Bamu are more or less forced into reproducing themselves as individuals, families, communities, and villages — in other words, as a people — by selling sex under truly horrific conditions. We must understand this in order to account for Bamu predominance in the *sagapari*, and to a lesser extent, 'family' forms of sexual networking. We need to be very wary about employing micro-sociological, individualistic, often overly psycho-behavioral frameworks that characterize the bulk of public health models of risk. To blame Bamu women for their own victimization and health risks is unfair. It seriously misreads the location and special consequences of sexual and pathogenic risks on Daru. More to the point, it ignores the fostering of the very stereotypes and policies that underwrite them.

3. Intervention must proceed *'in'* to include the policies we help to set or by which we are supposed to abide. Women are beaten, victimized by the incestuous behaviors of fathers or other male relatives, cut with bush knives, hit over their heads with beer bottles or in spleens already swollen by chronic malaria, and abused in countless other ways. Nevertheless, the perpetrators of such violence are seldom punished, and such incidents are seldom treated as the public health issues they in fact are. The forced sexual submission of women to drunken, violent sexual partners is also commonplace, and it is sanctioned culturally, economically, religiously, and legally. This, too, is in fact a public health issue, though it is seldomly treated as such. There are also many stubborn barriers to the provision to women of sexual hygienic, contraceptive, reproductive, and other forms of health care that should be their birth right. Women are virtually invisible politically. The public health is being dragged down thereby when it is understood and promoted in terms that are amenable to its more powerful members, and not less powerful, not to all citizens equally.

Conclusion

Each of these are examples of 'middle-range social forces' of *sexually transmitted dis-ease.*[7,10] Despite commentary to the contrary, prostitution does not directly cause the STDs that are most common on Daru — gonorrhea, syphilis, and Donovanosis — or anywhere else, though sexual networking is implicated in complicated ways in their transmission. Sexual networking *per se* certainly does not directly cause infection with HIV either, although sexual intercourse, among other complicated behaviors and conditions, is implicated in its transmission.

As uncontroversial as these contentions may be, the bulk of popular and health education materials in Papua New

Guinea and elsewhere throughout the world still implies a simplicity of sexual risk that few if any ethnographic data bear out. That is, it is implied (when not stated outright) that to avoid AIDS one must simply do one of several fairly simple things. One must avoid either being or having sex with a prostitute. Such persons are known throughout Papua New Guinea as *pamukus* ('loose', promiscuous persons, usually female) or *tu kina meris* ($2 prostitutes). They are known on Daru by the moniker, *uba pe* ('canoe with too many holes in it', a promiscuous female). As well, a frequently repeated popular mantra, implicitly if not explicitly adhered to by health workers and other medical professionals, is that one should become and/or remain godly and 'Follow God's Law'. Most AIDS-related material and discourse, in the USA no less than in Papua New Guinea, exhorts us to be or become and remain heterosexually monogamous.

These three behaviorally individualizing elements have born a heavy rhetorical burden, but they also demonstrably heighten the infective risks to women in particular of all manner of sexually transmitted pathogens. This has been demonstrated in study after study, at locale after locale, including Papua New Guinea.[10,11,12]

AIDS prevention messages that admonish people to 'Go God's Way', to refrain from 'going around with *pamukus*', to 'know your partner', and to 'be faithful' are a threat to public health. They discourage people from thinking about their own and others' risks in sexual and other relations. They ignore that heterosexual monogamy is often precisely what puts women at risk of sexual violence and pathogenic transfer in the first place. The messages obscure the fact that human beings have sex with and exchange in the process bodily fluids with other human beings, with other bodies, not with moral precepts - ignoring the fact that monogamy is not the most important issue for many women around the world, including Papua New Guinea. Even when they remain monogamous, few women are in a position to compel their partners to become and remain so, much less to know that they are uninfected. For instance, when a Thai women's group went to the Thailand port of Pattaya to protest the arrival of yet another US fleet and hundreds if not thousands more infective risks to women there, women in the sex-industry organized a counter-demonstration in which they carried pickets saying 'Better AIDS Than Starvation'.[13] Some choice.

This is the 'choice' that Pacific women face, too, between biological death and social death. Sexism facilitates the spread of STDs, obscures the social relations by which transmission occurs, and worse, drags down the public health by enabling the misidentification of what are often for women the *real* risks of infection: monogamy, heterosexuality, trust and love. When we begin to push past 'the numbers' about HIV, AIDS, and STDs, we will arrive at a more anthropologically grounded model of sexually transmitted *dis*-ease.

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References

1. Hammar LJ. *Sex and political economy in the South Fly: Daru island, Western Province, Papua New Guinea*, in two volumes. [dissertation]. New York: City Univ. of New York; 1996.
2. White L. *The Comforts of Home*. Chicago: University of Chicago; 1991.
3. Hammar LJ. Bad canoes and *bafalo*: The political economy of sex on Daru Island, Western Province, Papua New Guinea. *Genders* 1996; 23:212-43.
4. Hammar LJ. Brothels, Bamu, and *tu kina bus* in South Coast New Guinea: human rights issues and global responsibilities. *Anthropology and Humanism* 1996; 21(2):140-58.
5. Hammar LJ. Sexual transactions on Daru: with some observations on the ethnographic enterprise. *Research in Melanesia* 1992; 16:21-54.
6. Hammar LJ. Caught between structure and agency: the gender of violence and prostitution in Papua New Guinea. *Transforming Anthropology*. In press 1998.
7. Hammar LJ. AIDS, STDs, and sex work in Papua New Guinea. In: Zimmer-Tamakoshi L, editor. *Modern Papua New Guinea*. Washington, D.C.: Thomas Jefferson Press; 1998. p. 253-91.
8. Friedman S. AIDS as a sociohistorical phenomenon. *Advances in Medical Sociology* 1993; 3: 19-36.
9. Brown P, Inhorn M. Disease, ecology, and human behavior. In: Johnson T, Sargent C, editors. *Medical Anthropology: A Handbook of Theory and Method*. New York: Greenwood; 1990. p. 187-214.
10. Hammar LJ. To be young, female and normal: The risks of absent sexual citizenship. *J Med Hum*. In press 1998.
11. Bolton R. AIDS and promiscuity: Muddles in the models of HIV prevention. *Medical Anthropology* 1992; 14:145-223.
12. United Nations. *Time to Act*. Suva, Fiji: United Nations; 1996.
13. Odzer, C. *Patpong Sisters*. New York: Blue Moon Books; 1994. □