In 2014 it was reported that over half the adult population of Papua New Guinea (PNG) has no access to family planning (Radio Australia 9/9/2014). The national government has made renewed attempts to increase access in recent years but such attempts are not without controversy in this overwhelmingly Christian nation. This In Brief reports on a recent, heated controversy over the use of contraceptive implants by the international family planning NGO, Marie Stopes, during its work in Bougainville.1 When this intervention intersected with a volatile mix of Bougainvillean nationalism and conservative Christianity, the staff were met with violent threats and intimidation by a group opposing the use of the implants. Dissenting opinions included claims that family planning was a tool for the genocide of the Bougainvillean people; that it would cause a growth in ‘promiscuity’ (pamuk pasin), the promotion of HIV and STIs and an increase in AIDS cases; and that it would encourage women to become prostitutes. Setting aside the reality of the claims, my aim is simply to show that, in post-conflict Bougainville, such development interventions can be interpreted in unforeseen ways and may have unwanted consequences.2

The controversy erupted when members of a new group on the Bougainville political scene, self-identified as ‘Hardliners,’ became aware that the staff of Marie Stopes were giving contraceptive implants to teenage girls at Arawa High School. One of the leaders of this group approached the program manager of Marie Stopes to warn her that she should desist from injecting the implants or their vehicle would be burnt. When the program manager asked why, she was told that the implants were destroying the population of the island and encouraging women to engage in promiscuity. The program manager allegedly claimed that Bougainville was already a promiscuous place, which enraged the ‘Hardliner,’ who again warned her to be careful and repeated their threat. The ‘Hardliner’ accused the program manager of not being an authentic Bougainvillean, saying that: ‘Your skin is black but your mind is white. You’re working for bread and butter and you don’t give a damn about your own people.’ Three days later, the ‘Hardliners’ seized the Marie Stopes vehicle, after which the police took one of the leaders of the group to the police station. When some of the ‘boys’ among the ‘Hardliners’ heard this, they rammed the seized car into the gate of the house that Marie Stopes was renting in Arawa. The group were wielding knives and wanted to beat up the program manager, but she escaped, later fleeing to Buka. I spoke to a leader among the ‘Hardliners’ who believed that if the person taken to the Arawa police station had actually been arrested, the Marie Stopes vehicle certainly would have been burnt.3

The ‘Hardliner’ leader interviewed spoke of the need for Bougainville to repopulate after the ‘crisis’ in which many Bougainvilleanes had been killed, arguing that:

> Our population on the island was lost and we need the population to grow, because if we are a nation in the future we need the human resource … we need children to go to school and become educated. If BCL comes, who will work, if CRA comes who will work? Marie Stopes wants outsiders to come and do the work. This is not like Ethiopia, we have lots of land, we have lots of food here. … they can do it in the highlands, maybe, they’ve got lots of people, but in Bougainville we need people.

The ‘Hardliners’ also believe that family planning removes the deterrent aspects of pregnancy, since the fear of becoming pregnant is believed to act as a restraint on young girls engaging in sex before marriage. They also argue that the implants will lead to an increase in HIV and AIDS: ‘When the young girls get the injection they don’t care, because they don’t get pregnant, so they go with...
old men, go around. HIV will increase because HIV is already present in Bougainville. Then AIDS will increase greatly. Some of these arguments are similar to those used by those Christians in PNG who oppose the use of condoms in HIV prevention (Eves 2012).

This ‘Hardliner’ leader claimed that the group represented the silent majority and denied that their actions were in any way criminal, defending them by saying who else would tell the people of Bougainville when these kinds of issues arise. The car was seized, ‘so the people would know about the issue and government would know about the issue’.

It is hard to say to what extent the group actually represents the silent majority, though one official I interviewed in the District Administration did say that such views are common in the community. Such views are also more widely prevalent in PNG, and members of the Catholic Church have been particularly vocal on the subject of implants, with the Catholic bishops placing a full-page advertisement in the national newspapers decrying their use (Chandler 9/5/2015). Regardless of the prevalence of these views in Bougainville, this case indicates that areas of considerable insecurity exist in post-conflict Bougainville, where rumours seem to generate a life of their own and where people are overly quick to react to those rumours. This case suggests that great care needs to be taken in planning what new initiatives are to be undertaken, how they are to be communicated and their benefits explained, as they can easily be misconstrued in the volatile mix of nationalism and conservative Christianity in post-conflict Bougainville.

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Endnotes

1. Marie Stopes has been working in PNG since 2006. The implants cost about US$10 and are placed under the skin of the arm. They are effective for up to five years and can be removed at any time (Chandler 9/5/2015).

2. There are, however, compelling reasons for family planning in Bougainville and PNG more generally. For example, an influential paper in the Lancet argues that ‘the promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths’ (Cleland et al. 2006:1810). The World Health Organization puts contraceptive prevalence for PNG at 36% compared to a regional average of 80%; the total fertility rate (per woman) at 3.9 compared to a regional average of 1.7 and maternal mortality ratio of 230 (per 100,000 live births) compared to regional average of 49 (WHO 2014).

3. Interview with ‘Hardliner’ leader, 12/10/2015, Arawa.

4. For PNG more generally, Lesley and O’Connor report that there is a perception that family planning is for women only and only married women at that (2010:19). They also report that it is popularly believed that family planning makes women behave promiscuously (2010:20; see also Chandler 9/5/2015).

References


