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'Stret tokers' – taking sexual health promotion to the village level in East New Britain Province, Papua New Guinea

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SUMMARY

The East New Britain Sexual Health Improvement Project (ENBSHIP) partners with the East New Britain Provincial Health Office. The project supports initiatives at the provincial, district and community levels to strengthen health services and expand the community response to sexually transmitted infections (STIs). Community mobilization is based on a lengthy engagement process with local leadership structures at district, local level government and village levels. At the village level, ENBSHIP works through community activators called 'stret tokers' [straight talkers]. These individuals are selected by their communities and trained to raise awareness of sexually transmitted infections and build a bridge between communities and health services. Training includes simple, gender-sensitive community development principles and basic information about STI transmission and prevention. 'Stret tokers' are supported to understand the complex issues that underpin STI transmission and treatment-seeking behaviour, and to mobilize their communities to respond to these issues. ENBSHIP has highlighted the value of taking sexual health promotion to the village level while also strengthening health services. The initiative has been met with great enthusiasm and has received excellent support from host communities. At the same time there have been many challenges and lessons learned of potential value to other community-based initiatives in Papua New Guinea.

Background

Sexually transmitted infections (STIs) are an important public health issue in Papua New Guinea (PNG). Pooled prevalence rates for the most common bacterial STIs (from community-based studies) are detailed in a recent systematic review and meta-analysis of the epidemiology of STIs in PNG. Trichomoniasis is the most common STI (40.8% women, 12.3% men), followed by chlamydial infection (women 24.8%, men 20.2%), gonorrhoea (16.3% women, 10% men) and syphilis (7.9% women, 12.9% men) (1).

STIs can have a serious health impact on those affected, especially women. Men and women with asymptomatic or undiagnosed STIs act as sources of infection for their sexual contacts. STIs enhance the transmission and acquisition of HIV (human immunodeficiency virus) between sexual partners (2), and increase the risk of mother-to-child transmission of HIV (3).

Interventions that improve STI treatment services have been shown to reduce HIV incidence in certain settings: specifically, environments characterized by an emerging HIV epidemic (low and slowly rising prevalence), where STI treatment services are poor and where STIs are highly prevalent (4). A similar context exists in PNG and influenced the inception of the PNG-Australia Sexual Health Improvement Program (PASHIP)

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by the Australian Agency for International Development (AusAID) in 2006.

The East New Britain Sexual Health Improvement Project (ENBSHIP)

The ENBSHIP was one of five initiatives funded under PASHIP. The project was designed on the premise that any strengthening of STI treatment services must be complemented by effective community engagement and primary prevention strategies that were specific and targeted to the local context.

The purpose of this paper is to describe the community mobilization component of ENBSHIP and share lessons learned that may be of relevance to other community-level interventions in PNG. This paper does not seek to describe the totality of the work supported by the ENBSHIP (which notably also focussed on strengthening STI service delivery) or to present detailed outcome or impact data.

The ENBSHIP approach to community engagement is built on peer education principles, which assume that peers share a level of trust that supports open discussion on sensitive topics, are able to reach 'hidden' populations (such as young people) that may have limited access to health services, have a strong influence on individual behaviour, and have the potential to create a sense of commonality and collective action (5). In PNG, where high levels of gender inequality persist, peer education provides an ideal opportunity to develop a critical consciousness of the ways in which socially constructed norms of femininity and masculinity negatively influence sexual health (6).

Supporting community dialogue can be a particularly effective strategy for sexual health promotion. People find ways to change their behaviour far more readily through discussion of their needs and situations with peers than they do through receiving messages from external agents. In fact, some of the most effective responses to HIV result when information is passed between people rather than directed at them (7). In this case, community mobilization efforts were built around a group of community activators called 'stret tokers' [straight talkers] and designed to raise awareness about STIs, spark community conversation about traditionally 'sensitive' topics, distribute condoms and build a bridge between communities and health facilities. The intention was to build sexual health as an issue of community, rather than individual, concern.

These considerations – around peer education, gender and community engagement – contributed to the conceptual framework for the ENBSHIP and found their expression in the role of the community activators – the 'stret tokers': village-based women and men trained to support sexual health promotion. An integral part of the project's delivery, stret tokers are local people with access to and knowledge of their community whose valued involvement reflects the intent of ENBSHIP to build upon community strengths. Selecting and developing these individuals thus forms the basis for developing a locally appropriate response to STIs.

Methods

The ENBSHIP was rolled out in four districts of East New Britain Province. The project worked with up to five local level government (LLG) areas in each district and up to four wards within each LLG. Figure 1 outlines the community engagement process (spanning approximately three months) that was undertaken by the ENBSHIP community engagement workers (CEWs).

The CEWs (one female and one male health worker) work as a team and guide community engagement with all levels of formal leadership in communities. Sensitive to the fact that men may dominate many of these traditional leadership roles, the CEWs model active participation of women and men (by consistently presenting as a gender-balanced team) and look to encourage the participation of both women and men while working within existing cultural frameworks.

Communities wishing to engage with ENBSHIP are asked to demonstrate markers of 'community commitment' towards active participation. For example, they may demonstrate willingness to host a stret toker workshop, accommodate stret tokers within their homes or assist with catering.

Ward councillors and health workers are then engaged to nominate stret tokers. This process is guided by certain criteria, and aims to result in a group that is equitably

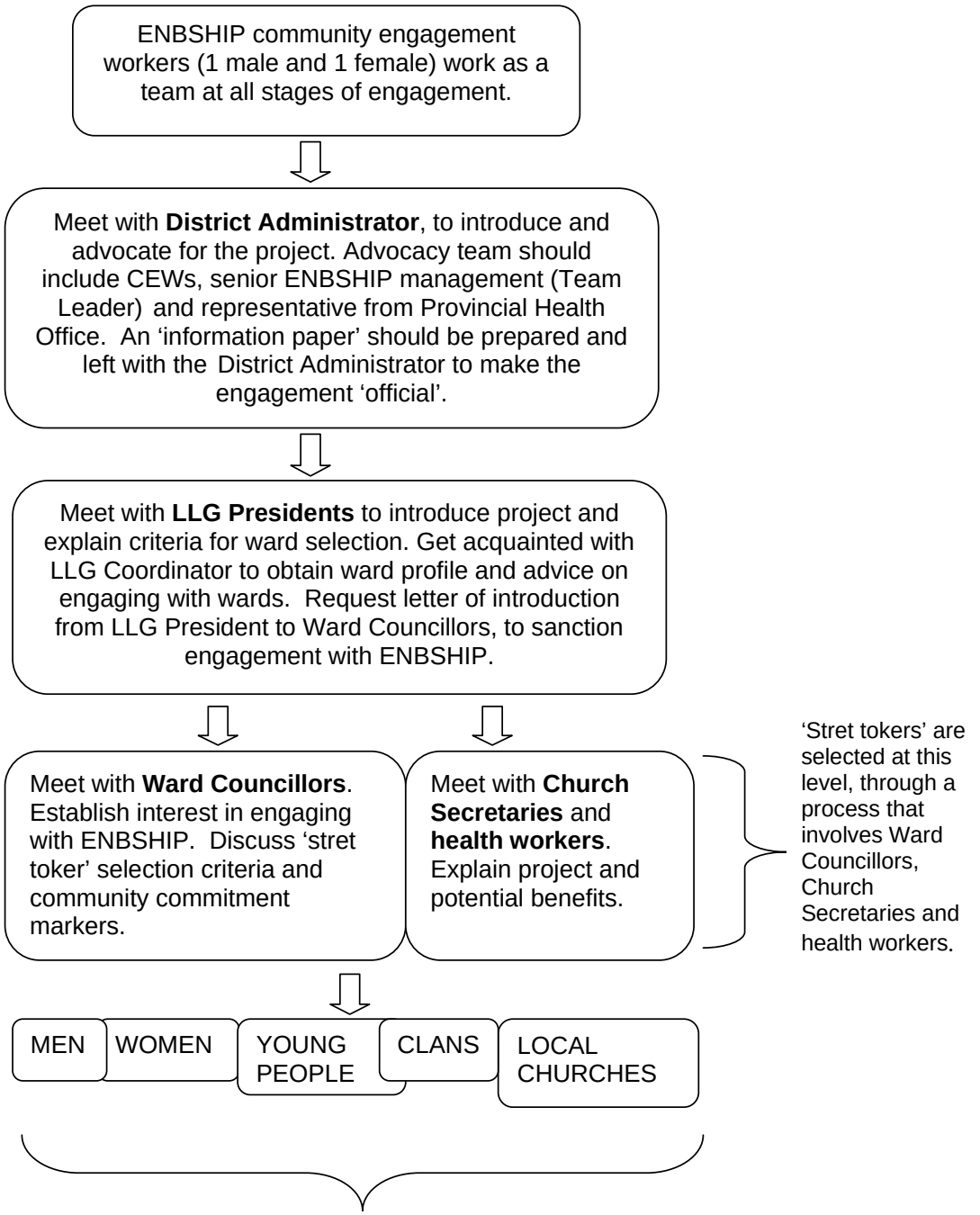

Figure 1. Ideal model of community engagement as experienced by East New Britain Sexual Health Improvement Project (ENBSHIP).
CEWs = community engagement workers
LLG = local level government

representative of younger and older females and males. Selected stret tokers participate in a series of five workshops, ranging in duration from three to five days each. Training occurs at the village level over approximately 18 months, facilitated by the CEWs. Training modules were developed in partnership with the International Women's Development Agency and Barefoot Community Services. The training content develops basic knowledge of gender-aware community development, STI transmission and prevention and effective communication. Attention is given to highlighting the complex beliefs, norms and 'enabling factors' that influence personal behaviour (8) and put individuals at risk of acquiring STIs or failing to seek appropriate clinical care. Over the course of the training, stret tokers are supported to mobilize their communities to respond to these issues.

Early in the training process, stret tokers are supported to gather information from their community, and to document reported barriers and enablers to accessing STI services. Information is analysed to highlight the issues faced by women and men of different age groups. This information is then used in a joint planning session with local health workers. Together, stret tokers and health workers develop a set of 'user friendly' criteria to guide improvement of STI services. Health workers are then supported to achieve the criteria through the health system strengthening component of ENBSHIP.

'Stret' language (such as using accurate rather than 'sanitized' or euphemistic terms to describe sexual and reproductive body parts) is encouraged and practised. This is important as some Tok Pisin or vernacular words may have a double meaning and confuse the message being conveyed or reinforce social norms of 'shame' that create barriers to women's and men's ability to access appropriate care. Only when women and men are supported to become more comfortable hearing and using 'stret' language can we go some of the way toward normalizing discussion around sexual health-related issues and assist behavioural change.

Two-way communication is facilitated during training, and stret tokers are encouraged to utilize such an approach when communicating with their peers. For effective communication to occur, the audience needs support to make sense of the information being provided to them, through discussion and questions and answers.

Starting 'inwards' to better focus 'outwards', the project initially supported CEWs to better understand issues of gender with regard to both sexual health and community development, and therefore be better able to train stret tokers. The project took a range of formal approaches to gender (eg, gender analysis, collection of gender-disaggregated data and constitution of gender-balanced teams) and informal approaches (eg, responding to locally identified circumstances, making ad hoc adjustments to lessons learned). This represents a genuine attempt to tackle gender-related vulnerability to STIs, and to highlight other complex issues which underpin STI transmission and treatment-seeking behaviour.

A local advisory group (LAG) was established to oversee ENBSHIP to help ensure the project is relevant and accountable. The LAG is chaired by the Provincial Health Adviser and includes representatives from various levels of government extending down to the LLG level.

Results

At the end of 2011, planned community activities had been completed in Gazelle, Kokopo and Pomio Districts. Activities in Rabaul District will be completed in June 2012.

In Gazelle, Kokopo and Pomio stret tokers distributed approximately 34,000 condoms and referred almost 800 women and men to health facilities. At the completion of training, close to 75% of the stret tokers in Gazelle, 50% in Kokopo and 70% in Pomio were considered to be 'active'.

Positive outcomes, identified through thematic analysis of Most Significant Change Stories (9) and monitoring data, include:

- Improved knowledge in relation to STIs;
- Shifts in religious and cultural beliefs and values relating to sexual health, such as condom promotion and talking about sensitive issues;
- Recognition of family violence as an important gender issue impacting on

sexual health;

- Strengthened relationships between stret tokers and health workers, leading to informal referral pathways;
- Improved levels of trust between health workers and villagers;
- Stret tokers achieving respect and support of the community and its leaders as a result of their community outreach and education;
- Development of individual stret toker's capacity to speak publicly about traditionally sensitive issues; and
- Reported behaviour change such as health-care-seeking behaviour, condom use and partner reduction.

In some LLGs there are indications of ownership of stret toker activities and sustainability. For example, stret tokers have formed their own 'association' in a number of LLGs or have joined forces with existing community-based organizations. Several communities have lobbied local leadership for continued support and some LLGs, ward development committees and churches have budgeted for a continuation of stret toker activities in their annual plans.

In some wards, the link and partnership between stret tokers and health workers has been very positive. In Kokopo District, one female stret toker commented on collaboration with local maternal and child health staff: "*We travel with them while they were doing ANC [antenatal clinic] and immunization roles. We would talk to mothers openly and then spend time in small groups allowing opportunity for those who had some questions they might not have had the courage to raise in the general discussions. There are more requests coming in now, especially from wards that have had no contact with stret tokers but who hear about us from mothers who met us on these trips.*" Due to the focussed nature of their training, stret tokers are often more adept and comfortable with performing condom demonstrations and discussing sensitive sexual-health-related topics than health workers themselves. They are usefully complementing health workers during outreach activities.

Stret tokers are achieving community respect and being asked to take on additional responsibilities. Many have been given roles in church congregations, ward committees, women's committees and school committees. The corporate sector has also recognized the value of stret toker collaboration. For example, Coconut Products Limited involves local stret tokers to conduct awareness sessions with plantation staff and residents.

Discussion

Overall, communities have responded favourably to engagement by ENBSHIP staff, suggesting this has been the first time they have been meaningfully involved in a development project, and have a say about who gets trained, where training occurs and how the community responds to STIs. Despite this and other recognized successes, the project has encountered numerous challenges, and important lessons have been learned. Key challenges and lessons are discussed below.

Working with local leadership structures

The ENBSHIP approach to engagement with local leadership changed over the course of the project. In districts one and two, early engagement was focussed at the LLG level, neglecting consultation with the district administration. This was a significant oversight. In districts three and four we strengthened communication with the District Administrator (DA), and utilized the District AIDS Council as a conduit for regular communication at the district level.

Planned engagement processes at the LLG and ward level were also modified based on early project experiences. LLG presidents proved to be an important entry point to engaging with ward councillors. They also required regular updates during project implementation. The LLG Council meetings are an obvious forum for this to occur, although bureaucratic processes (for example, visitors may sit in on meetings but not contribute, depending on the local chairman) sometimes made it difficult for CEWs or stret tokers to contribute.

The requirement for ward councillors to demonstrate markers of support or 'community commitment' before ENBSHIP committed to working with them was a helpful strategy. Having some understanding of 'community

readiness' has previously been identified as an important consideration when engaging with and strengthening civil society in PNG (10).

Following up LLG and ward-level consultation with 'leader' training was an initiative trialled in Kokopo District. This has proven valuable, helping leaders to understand the project and possible benefits and how they can support stret tokers in achieving planned outcomes. In addition, inviting key leaders (such as LLG leaders, ward councillors, health workers and community development officers) to 'sit in' on stret toker training helped to develop a 'whole of community' understanding of STI-related issues and strengthened local support for stret tokers.

Whilst it was not the intention of ENBSHIP that stret tokers' role would be sustained in the long term, genuine engagement with local leadership has resulted in leaders advocating for ongoing stret toker activity in some places. While this is a positive reflection on the project, it has also created additional challenges for project staff, such as identifying sustainable mechanisms for local funding and support for stret tokers.

Overall, the achievement of potential project outcomes has relied on the active participation and support of leaders as well as communities. This has come at a significant time cost, especially when changes in leadership require additional investment of time with new appointees.

The challenge of stret toker selection and distribution across wards

Ward councillors and health workers are involved in stret toker nomination. Undoubtedly, our greatest challenge has been to ensure representation of young people (15-19 year olds and those up to and including age 24) among stret tokers. This is probably influenced by the differing concepts of 'youth' in PNG, with 'youthfulness' often determined by social factors rather than age alone (11). Young people are disproportionately affected by STIs across the Pacific and STI prevalence decreases with increasing age (1,12). If we are to reach young people at the community level with sexual health promotion messages, it is critical that they have a role in the delivery of such information (5).

Another issue relating to stret toker selection has been a tendency for leaders to spread stret tokers thin on the ground, in order to include stret tokers from many wards, rather than concentrate them in four to five wards as suggested. However, project experience suggests 'strength in numbers'– that stret tokers can be most effective and active if they work in a team.

On reflection, it might have been helpful for the stret toker selection and support process to incorporate an understanding of the community-popular opinion leader (C-POL) approach (13). C-POL-based interventions aim to facilitate social change alongside peer education. It could be argued that ENBSHIP has sparked social change in some areas of ENB, but these outcomes might have been more widely achieved or further strengthened with an appreciation of the C-POL approach.

Maintaining the quality of stret toker awareness-raising activities

Maintaining the quality of stret toker awareness activities has been an ongoing concern, as the provision of inaccurate health communication may have serious consequences. The STI-related content of stret toker training is deliberately restricted to 'must know' information, and relatively new technical content is introduced after workshop two. 'Must know' information is repeated across the five workshops in different ways, and stret tokers learn creative ways of communicating (for example, use of drama, story-telling and personal testimonies) and have repeated opportunities to practise skills (such as condom demonstration). Blending entertainment and social messages (such as through drama) is known to enhance the effectiveness of health communication, and personal testimonies of affected people can be far more compelling than other forms of communication, such as scare tactics (14). A page of 'key STI messages' is provided to stret tokers to guide communication. Over time we work with stret tokers to develop a list of frequently asked questions and agreed responses to strengthen quality and maintain consistency in communication.

Ongoing resistance to condom promotion

Whilst stret tokers have often been met with great enthusiasm, both stret tokers

and CEWs have observed – and been part of – a persistent undercurrent of resistance to condom promotion and the use of 'stret' language that continues to limit sexual health promotion in PNG.

Sometimes, this subconscious opposition to condom promotion is shared amongst our staff, who may find that they are not comfortable with advocating condom use in all contexts, preferring instead to support condom promotion in 'appropriate circumstances'. Project programmers, managers and team members need to be sensitive to the fact that staff may share certain cultural and/or religious biases and be open to discussing this with their teams, while reinforcing a rights-based approach to condom promotion. The team has found it valuable to have a safe space for them to consider their own cultural background and values, which assists them in working with community members.

Working with stret tokers to understand the most common community concerns about condoms (such as opposition on religious, moral or cultural grounds) and equipping them with accurate and well-reasoned counter-arguments has been effective. The ENBSHIP has found that resistance to condom promotion is often more evident with older members of the community and in more remote geographic locations. In our experience, communication with elders has been strengthened by including an 'older' member of staff on the CEW team.

Volunteerism in PNG

It is widely acknowledged that the western concept of volunteering does not have a direct equivalent in traditional PNG cultures (15), and that community members' experiences with donor projects have sometimes created a cargo mentality around project activities. During the design phase of ENBSHIP, there was exhaustive discussion about the ethics, practicalities and impact of whether or not stret tokers would receive a financial stipend. The project did not wish to undermine efforts to build a spirit of local volunteerism, or to create unrealistic community expectations as to the possible financial benefit of involvement in the project.

Ultimately, the project was guided by provincial policy and elected not to pay volunteer allowances, opting instead for small incentives (eg, t-shirts) and reimbursement for reasonable costs through the payment of the equivalent of a government allowance when stret tokers are away from home during training. Whilst some funding has been allocated to stret toker initiatives that are 'approved' by ENBSHIP under limited criteria, the project encourages awareness activities that are sustainable, locally based and managed, simple and appropriate to the technical resources of the community, and cost-neutral for participants. This may include, for example, incorporating sexual health information into conversations with peers or through story-telling or drama. Wherever possible, stret tokers generate reciprocal support from communities, for example, through in-kind or financial contributions to stret toker travel or group refreshments.

In practice, the training itself and the kudos and community respect that comes from being a stret toker has proved an incentive in its own right for many. Nevertheless, stret toker expectations for reimbursement of some costs persist, and over time the project has established clear guidelines around the funding of activities. The aim of these guidelines is to balance issues of equity, sustainability and dependency. Particularly for women, who typically have less access to the formal economy and may have considerable resource constraints to their participation, it is important to consider these issues sensitively. Where possible, it is beneficial to have guidelines about the financial implications for participants in place prior to implementation to help set reasonable expectations with communities.

Gender

The stret toker training attempts to build an understanding of entrenched gender norms and the various social and cultural practices that influence vulnerability to STIs (16). The complexity that surrounds these norms is significant. It is positive – if at times challenging – for staff to observe that issues such as family/domestic violence, marital rape, child sexual assault and women's lack of control over their fertility are being talked about in communities in ENB, particularly in relation to sexual health. There is also awareness about the relationship between alcohol consumption and gender-based violence and inequality. The time is ripe to address the considerable challenges of gender-based violence both

in ENB and PNG more broadly. However, there is a lack of referral capacity in relation to gender-based and sexual violence, including in relation to children. Consequently, attempting to address gender-based violence remains challenging and, arguably, unethical.

Regrettably, there are several reported instances where stret toker activities have been met with very strong negative and potentially violent opposition from communities. This has occurred where a stret toker has sought to communicate outside their peer network (eg, a young female stret toker talking to a group of older boys about issues of sexual health), which often confronts established gender norms regarding with whom and how matters of sex, sexuality and sexual health are traditionally discussed. Ultimately, the project has sought to minimize any risks to stret tokers individually by seeking to reinforce the concept of peer awareness, and has worked within this framework to reduce potential threats. Although the team is conscious of some of the benefits of working through a gender-sensitive lens, underlying issues of gender-based violence and its attendant relationship to STI vulnerability remain of considerable concern both in ENB Province and PNG more generally.

Conclusions

The project has developed and tested a model for taking sexual health promotion to the village level in East New Britain Province. The approach is built upon basic community development principles, has been well received and appears to be contributing to a range of positive outcomes for those involved. Important lessons have been identified and may be useful to consider in the planning of other community-based initiatives in PNG.

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