* **Population Disaggregation: 52% male to 48% female[[1]](#endnote-1)**
* **Population Age Disaggregation: <5yrs 14%** (7% male and female)**; 5-19yrs 37%** (19% male, 17% female)**; 20-64yrs 47%** (24% male, 23% female)**; >65yrs 2%** (1% both male and female)**[[2]](#endnote-2)**
* **Average household size: 4-6 depending on location [[3]](#endnote-3)**
* **Female headed households: 16.7%[[4]](#endnote-4)**
* **Literacy Rate Total 56.2% (male 63.4%%; female 50.9%)[[5]](#endnote-5)**
* **Infant Mortality rates: 57 per 1000 live births** [[6]](#endnote-6)
* **Rate of Domestic Violence: 2 out of 3 married women[[7]](#endnote-7)**
* **Proportion of the population with a disability:**

# Gender in Brief

**Introduction:** Gender disparities generally and Gender Based Violence (GBV) specifically are significant issues in Papua New Guinea (PNG). Unlike most societies globally, life expectancy for women in PNG is lower than that of men.[[8]](#endnote-8) This and other factors such as women’s excessive workloads, poor nutrition, lack of access to safe water, poor access to health centres, high number of pregnancies and high rates of family violence undoubtedly contribute to the significant gender disparities in PNG. Although one of the most ethically, culturally and linguistically diverse nations, PNG can be characterized as a patriarchal society in which women continue to face, at times severe inequalities, in all spheres of life: social, cultural, economic and political. PNG has a 2016 Human Development Index Report rating of 154/188. Customary social structures (or “*Kastom*” in Tok Pisin) is very important part of PNG society even for those who have received a western education or live mainly in urban areas. The reciprocal relationships and obligations of the “*wantok*” system is a key element of the social environment being the safety net under which family and clan members are required to support each other. However, due to modern development and the increasing burden of support, this social safety network is now under increasing pressure. In addition, it has tended to become a one way dependency support system rather than a system of reciprocity – this change results in increased tensions and violence in families and clan and underpins gender relations in PNG. In PNG, girls and women are infected with Sexually Transmitted Infections at a younger age than boys and men, with twice as many women as men infected in the 15-29 age group. Girls between 15 and 19 have the highest rate of HIV/AIDS in the country; four times that of boys the same age.[[9]](#endnote-9) Trans-generational infection routes are common and customary practices enhance girls’ and women’s vulnerability. In addition, condom use is low and marriage is not a protective institution for women, with women struggling to access information and treatment around SRH.

**Gender Roles and Responsibilities:** In rural PNG[[10]](#endnote-10) the majority of women and girls work an arduous and long day, combining labour-intensive customary agricultural activities (for household consumption and for sale) with the care of the family. Subsistence food gardens are seen as the domain of women while men are more likely to control cash crops (e.g. coffee), fishing or logging resources. The payment of a bride price in which a woman’s fertility and labour are acquired from her father, entails husbandly authority over a woman’s labour.[[11]](#endnote-11) Studies in PNG have shown that when women earn an income from their own labour (e.g. from cash crops; plantation work; second hand clothes) they have more control over its allocation.[[12]](#endnote-12) Women’s mobility in rural PNG relates to the these household responsibilities, with extensive distances travelled for water and firewood collection, food gathering in gardens, as well as getting children to schools and taking them to hospitals. However, these responsibilities can also restrict women’s mobility. Women’s more restricted mobility patterns create gender differences in women and men’s ability to take advantage of new services, social occasions and infrastructure.

**Education and Economic Empowerment**: Gender disparity in education and health are significant issues. Despite overall increases in enrolments for both girls and boys at all levels, the government has acknowledged that there is a significant gender gap in education and literacy. Chronic disparities in access and completion also persist and widen as the education cycle progresses. In 2007 the adult literacy rate stood at 63.4% for males and 50.9 per cent for females, with literacy levels highest in the National Capital District (92 % for males, 89 % females). The lowest literacy rates were dominated by the five Highlands provinces. The completion rate for girls in grade six is 33% compared to that for males at 43%. While the completion rates for grade ten are even lower still, 9% of the female students had completed grade 10 compared to14% for males.

**Participation and Policy:** The majority of household and community negotiations are often dominated by male decision-making. Economic, cultural, social, and educational disparities create significant barriers to the participation of women and girls in decision-making, particularly related to the allocation of daily family labour, food utilisation, sexual and reproductive health (including family planning), expenditure of family income and participation in income earning opportunities. Women’s lack of direct control over land and resource usage rights (in both patrilineal and matrilineal societies) is another factor that limits women’s decision-making capacity and participation in economic activities.

Another key element of *Kastom* in some tribal groups that has transformed into modern political power dynamics is the notion of ‘Big Man’ leadership. The system of control it has engendered is strongly associated with masculinity, physical strength, power and wealth, with leaders expected to be men. The Big Man’ notion of leadership, although traditionally localised to certain tribal groups, has permeated into other tribes and into modern power structures and social dynamics. Many of these cultural norms have had a negative impact on the perception of women as leaders and have created major barriers to women’s entry into decision-making positions. Post 2012 elections, there are 111 seats in Parliament and currently 3 women (2.7% of parliamentarians are women) ranking 147 out of 152 on the world classification of women in national parliaments. At provincial and local level government statistics of women’s participation are not available, but anecdotally are similarly poor.[[13]](#endnote-13)

While PNG has a National Policy on Women & Gender Equality 2011-2015 it is not being implemented and many government staff (including the Department for Community Development) are not well briefed on its contents. In addition, police & legal services are lacking (and mostly focused on the capital) and police forces are often feared and predatory rather than protective in nature. Village courts are supposed to exist in rural areas but when they do, they often make decisions along traditional lines, at the expense of gender equality. Gender networks exist but are not connected and many are very political – groups like Women in Business, National Council of Women, Women in Agriculture, Women Arise (on GBV) and Women in Mining do not work together, for example.

**Gender Based Violence and Protection:** Although men and women have equal rights under the constitution and PNG is a signatory to CEDAW, the unequal status and power relations of women is perhaps most graphically illustrated in the personal insecurity faced by women and girls due to extreme forms of gender-based violence, including rape. Half of all reported victims of sexual abuse are under 15 years of age and one in five assault victims are between 16 and 20.[[14]](#endnote-14) A World Health Organisation database on violence against women (1984-1998) in the State of the World’s Children 2000 Report states that 56.1 per cent of women were physically assaulted, not including sexual abuse or rape, making it the world’s second highest rate of violence against women. Extensive research on domestic violence by the PNG Law Reform Commission found that on a national average wife-beating affected two out of every three wives. Research by the PNG Institute of Medical Research found that over half the women interviewed had experienced sexual violence, whether by their husbands or by other men. Intimate partner violence, commonly referred to in PNG as “wife bashing”, is perhaps the most common form of violence against women more generally. To a large extent, the criminal law provisions already in place in PNG enable the state to prosecute and punish acts of violence against women, but the state structures and protections to do so either do not exist or lack a capacity to prosecute. The PNG criminal code criminalised consensual sexual intercourse between two adult men, and this reinforced the negative views towards LGBTI people, in particular towards men who have sex with men. It limits people’s access to HIV services as well, thereby contributing to the HIV endemic.[[15]](#endnote-15) Despite the existence of a national disability policy, people with disabilities are often unable to participate in community life, go to school, or work because of lack of accessibility, stigma, and other barriers associated with disability. Access to mental health care is limited, and traditional healers are the only option for many people with psychosocial disabilities.[[16]](#endnote-16)

1. PNG Statistics Department, 2000 PNG Census [↑](#endnote-ref-1)
2. Ibid [↑](#endnote-ref-2)
3. 2000 Census: The average household size (or number of persons per occupied private dwelling) varied across the Provinces from a low 4.1 occupancy rate in Eastern Highlands Province to the highest rate of 6.1 in Western Province. NCD, Gulf and Northern Provinces recorded occupancy rates of 5.9 persons per dwelling [↑](#endnote-ref-3)
4. Papua New Guinea Demographic and Health Survey National Report (2006) file:///Users/lauraquay/Downloads/2006%20DHS%20National%20Report.pdf [↑](#endnote-ref-4)
5. 2007 figure according to GoPNG/UNDP, PNG Country Gender Assessment 2011-2012 [↑](#endnote-ref-5)
6. Infant Mortality (per 1000 live births) differs depending on the statistic. The 1996 DHS says 73, 2000 Census 64 and the 2006 DHS 57. Note the 2000 Census provides 69 for rural populations and 29 for urban. [↑](#endnote-ref-6)
7. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), PNG 2010 [↑](#endnote-ref-7)
8. CEDAW 2010 [↑](#endnote-ref-8)
9. CEDAW 2010 [↑](#endnote-ref-9)
10. This document focuses primarily on the traditional roles and responsibilities (and constraints) facing women in rural and remote areas of PNG. Although many of the underlying determinants of gender inequality in PNG are common across settings and cultural contexts, CARE PNG’s target areas are those disadvantaged rural and remote settings (where 85% of the population resides) [↑](#endnote-ref-10)
11. Amnesty International, 2006 [↑](#endnote-ref-11)
12. Rachael Hinton, CARE PNG Gender Strategy Detailed Report, March 2011 [↑](#endnote-ref-12)
13. GoPNG/UNDP 2011-2012 [↑](#endnote-ref-13)
14. GOPNG/UNDP 2011-2012 [↑](#endnote-ref-14)
15. Kaleidoscope Australia, Report on PNG regarding human rights of LGBTI persons, 2016 [↑](#endnote-ref-15)
16. Human Rights Watch, Papua New Guinea World Report 2017 [↑](#endnote-ref-16)