

# SECRET LIVES, OTHER VOICES...

A COMMUNITY-BASED STUDY EXPLORING MALE-TO-MALE SEX,  
GENDER IDENTITY AND HIV TRANSMISSION RISK IN FIJI



ELLERY



STREET  
CENTRE  
AIDS TASK FORCE  
OF FIJI



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This study resulted from an AIDS Task Force of Fiji project funded by a competitive grant from the HIV and AIDS Thematic Trust Fund of the United Nations Development Programme.

*Suggested citation:*

Bavinton B, Singh N, Naiker DS, Deo MN, Talala M, Brown M, Singh RR, Dewan S, and Navokavokadrau S. (2011). Secret Lives, Other Voices: A community-based study exploring male-to-male sex, gender identity and HIV transmission risk in Fiji. Suva, Fiji: AIDS Task Force of Fiji.

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ISBN: 978-982-507-002-3

Layout design by Ian Mungall. Cover artwork by Meli Laddpeter, 2000.

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# ACKNOWLEDGMENTS

This project would not have been possible or successful without the help and support from many key people and organisations.

First and foremost, we would like to thank the **community members** who willingly gave their time to share their personal details with us. They did this without payment and with a great amount of trust. A community-based project such as this could never have happened without such strong support and enthusiasm for the project from men who have sex with men, gays, bisexuals and transgender people in and around Suva, Nadi and Lautoka.

We especially thank the community contributors who were involved in the initial development of the project: **Jone Volau, Maurice Kingdon, Nicholas Mitchell, Noa Targuci (Jnr)** and **Sakiusa Taleaua**.

We'd like to extend our gratitude to **Jane Keith-Reid**, director of the AIDS Task Force of Fiji, whose vision, unwavering support, mentoring and belief in us made this community-owned and -driven research project possible.

To **Ferdinand Strobel** and **Garry Wiseman** of the United Nations Development Programme (UNDP) and **Edmund Settle** of the UNDP Asia-Pacific Regional Centre in Bangkok, we thank you for providing the initial funds, funding the consultant's visits to Fiji, and generally supporting the project.

We would like to thank **Stephen Scott**, formerly the International Projects officer at ACON (the AIDS Council of New South Wales, Australia), who assisted this project at its hour of need and enabled the partnership to form between ACON and the AIDS Task Force of Fiji. To **ACON** more generally, we are grateful for this partnership and the support provided.

To **Dr. Josaia Samuela**, Ministry of Health, Suva, Fiji, we are grateful for your support.

Our special thanks to **Marlene Dutta**, our external Financial Consultant, for providing administrative support for the project.

Finally, to the members of the HIV Epidemiology and Prevention Program at **the Kirby Institute for Infection and Immunity in Society** (formerly the National Centre in HIV Epidemiology and Clinical Research) at the University of New South Wales, many thanks for your words of advice and encouragement.

# CONTENTS

<b>GLOSSARY OF TERMS AND ACRONYMS</b>	<b>6</b>	FINDING SEX PARTNERS AND LOCATIONS OF SEXUAL ACTIVITY	39
<b>EXECUTIVE SUMMARY</b>	<b>7</b>	DISCUSSION AND VALIDATION	41
<b>1. INTRODUCTION</b>	<b>10</b>	<b>8. SEXUAL ACTIVITIES AND PARTNER TYPES</b>	<b>42</b>
BACKGROUND	10	KEY FINDINGS	42
<b>2. DESIGN OF THE STUDY</b>	<b>11</b>	REGULAR STRAIGHT MALE PARTNERS	42
RESEARCH PLANNING AND PREPARATION	11	REGULAR GAY PARTNERS	44
SAMPLING AND RECRUITMENT	13	REGULAR TRANSGENDER PARTNERS	45
ELIGIBILITY FOR PARTICIPATION IN THE STUDY	14	CASUAL STRAIGHT MALE PARTNERS	47
DATA COLLECTION	14	CASUAL GAY PARTNERS	48
ANALYSIS AND VALIDATION OF THE DATA	15	CASUAL TRANSGENDER PARTNERS	50
<b>3. THE RESPONDENTS</b>	<b>16</b>	DISCUSSION AND VALIDATION	51
KEY FINDINGS	16	<b>9. SEXUAL ACTIVITIES: ANAL SEX</b>	<b>53</b>
AGE	16	KEY FINDINGS	53
LOCATION	17	PREVALENCE OF ANAL SEX	53
ETHNICITY	17	ANAL SEX POSITION BY SEXUALITY/GENDER GROUPING	53
EDUCATION	17	ANAL SEX POSITION BY PARTNER TYPE	54
RELIGION	18	DISCUSSION AND VALIDATION	55
EMPLOYMENT	18	<b>10. SEXUAL ACTIVITIES: GROUP SEX</b>	<b>56</b>
MARRIAGE TO A WOMAN	19	KEY FINDINGS	56
DISCUSSION AND VALIDATION	19	DISCUSSION AND VALIDATION	56
<b>4. SEXUAL AND GENDER IDENTITY</b>	<b>20</b>	<b>11. CONDOM USE</b>	<b>58</b>
KEY FINDINGS	20	KEY FINDINGS	58
SEXUAL IDENTITY	20	CONDOM USE BY PARTNER TYPE	58
GENDER IDENTITY	21	CONDOM USE BY SEXUALITY/GENDER GROUPING	59
SEXUALITY/GENDER GROUPINGS	21	CONDOM USE AT LAST OCCASION OF ANAL SEX	60
DISCUSSION AND VALIDATION	23	REASONS FOR NOT USING CONDOMS	61
<b>5. GENDER EXPRESSION</b>	<b>26</b>	CONDOM USE AND SUBSTANCE USE	62
KEY FINDINGS	26	CONDOM USE AND HIV KNOWLEDGE	63
DISCUSSION AND VALIDATION	28	OBTAINING CONDOMS	63
<b>6. SEXUAL ATTRACTION</b>	<b>29</b>	DISCUSSION AND VALIDATION	64
KEY FINDINGS	29	<b>12. SEX WORK</b>	<b>65</b>
DISCUSSION AND VALIDATION	32	KEY FINDINGS	65
<b>7. SEXUAL PARTNERS</b>	<b>33</b>	DISCUSSION AND VALIDATION	66
KEY FINDINGS	33	<b>13. HIV TRANSMISSION KNOWLEDGE</b>	<b>67</b>
SEX WITH WOMEN	33	KEY FINDINGS	67
SEX WITH STRAIGHT MEN, GAYS AND TRANSGENDERS	34	UNGASS HIV KNOWLEDGE INDICATOR	67
PARTNER NUMBERS IN THE LAST SIX MONTHS	36	HIV KNOWLEDGE BY SEXUALITY/GENDER GROUPING	67
CURRENT RELATIONSHIPS AND SEXUAL PARTNERS IN THE PREVIOUS SIX MONTHS	37	HIV KNOWLEDGE BY ETHNICITY	68
ETHNICITY OF SEXUAL PARTNERS	38	RISK OF ORAL SEX	68

DISCUSSION AND VALIDATION	69
<b>14. HIV TESTING AND SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)</b>	<b>70</b>
KEY FINDINGS	70
HIV TESTING	70
UNGASS HIV TESTING INDICATOR	71
SEXUALLY TRANSMISSIBLE INFECTIONS	71
DISCUSSION AND VALIDATION	73
<b>15. STIGMA AND DISCRIMINATION</b>	<b>74</b>
KEY FINDINGS	74
PERCEPTIONS OF SAFETY AND COMFORT	74
DISCRIMINATION AND ABUSE	76
SAFETY AND ABUSE	78
FORCED SEX	78
DISCUSSION AND VALIDATION	79
<b>16. SOCIAL NETWORKS AND COMMUNITY</b>	<b>81</b>
KEY FINDINGS	81
SEXUALITY/GENDER AND SOCIAL NETWORKS	81
ETHNICITY AND SOCIAL NETWORKS	83
LOCATIONS OF SOCIALISING WITH FRIENDS	84
DISCUSSION AND VALIDATION	85
<b>17. PROGRAMS AND SERVICES</b>	<b>86</b>
KEY FINDINGS	86
HIV PREVENTION PROGRAMS	86
SERVICES WORKING WITH MSM AND TG	87
DISCUSSION AND VALIDATION	88
<b>18. LIMITATIONS</b>	<b>89</b>
<b>19. CONCLUSION AND RECOMMENDATIONS</b>	<b>91</b>
HIV PREVENTION AND HEALTH PROMOTION WITH MSM AND TRANSGENDERS IN FIJI	91
CLINICAL SEXUAL HEALTH SERVICES	92
STRATEGIC INFORMATION	92
RESPONDING TO STIGMA AND DISCRIMINATION	92
COMMUNITY-BUILDING	93
<b>LIST OF RECOMMENDATIONS</b>	<b>94</b>
<b>REFERENCES</b>	<b>95</b>
<b>ABOUT THE AUTHORS</b>	<b>96</b>

# GLOSSARY OF TERMS AND ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ATFF</b>	AIDS Task Force of Fiji – a community-based HIV organisation based in Suva, Fiji
<b>BSS</b>	Behavioural surveillance surveys
<b>Casual partner</b>	A sexual partner with whom there is no expectation of an ongoing relationship. This might involve a one-time only sexual encounter, or several sexual encounters
<b>CBO</b>	Community-based organisation
<b>CSO</b>	Civil society organisation
<b>GLBT</b>	Gay, lesbian, bisexual and transgender
<b>HIV</b>	Human Immunodeficiency Virus
<b>Homophobia</b>	The fear or hatred of MSM, gays, bisexuals, and lesbians
<b>Insertive</b>	Putting one's penis into another biological male's anus for anal sex
<b>MSM</b>	Men who have Sex with Men, or Males who have Sex with Males – a behavioural category that includes all biological males who engage in sex with other biological males, regardless of how they identify their sexuality or gender
<b>NGO</b>	Non-government organisation
<b>Receptive</b>	Having one's biologically male partner put his penis into one's anus for anal sex
<b>Regular partner</b>	A sexual partner with whom there is an expectation of an ongoing relationship. May be called a 'boyfriend', 'partner', 'husband' or 'lover'.
<b>STI</b>	Sexually transmissible infection
<b>TG</b>	Transgender or transgender people
<b>Transphobia</b>	The fear or hatred of transgender people
<b>UAI</b>	Unprotected anal intercourse
<b>UAIC</b>	Unprotected anal intercourse with casual partners
<b>UAIR</b>	Unprotected anal intercourse with regular partners
<b>UNDP</b>	United Nations Development Programme
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV/AIDS
<b>Vakasalewalewa</b>	Fijian-language term for biological men who dress and live within a female gender role
<b>VCCT</b>	Voluntary confidential counselling and testing
<b>Versatile</b>	A biological male who takes both the insertive and receptive position in anal sex



# EXECUTIVE SUMMARY

## INTRODUCTION

This project is the first research to be conducted with men who have sex with men (MSM) and transgender (TG) people in Fiji since 1998. It aims to inform the public health response to HIV and sexual health among MSM and TG in Fiji and assist in the development of community-based activities. The research was community-based and the survey data were collected by MSM and TG community research assistants.

## DESIGN OF THE STUDY

A total of 212 MSM and TG participated in an interviewer-administered questionnaire (response rate: 89.6%) and 25 MSM and TG participated in qualitative focus group discussions. The questionnaire was based on similar studies conducted internationally and the focus group discussions further explored relevant topics. The project did not merely consult with members of the researched population. Rather, MSM and TG community members of various ethnic backgrounds were involved in every stage of the research process, including initiation of the study, planning and study design, data collection, data entry, data analysis, and reporting. This project represents an effective and fruitful example of international networking between MSM/gay, lesbian, bisexual and transgender (GLBT) organisations. The project involved staff members and volunteers from the AIDS Task Force of Fiji's Amithi Project based in Suva, Fiji and the AIDS Council of New South Wales (ACON) based in Sydney, Australia.

## THE RESPONDENTS

The sample consisted of a diverse group of 212 MSM and TG. Respondents ranged in age from 18 to 51 years and the median age was 25.5. Approximately half lived in the Greater Suva Area and the other half in the western locations of Lautoka and Nadi. Fijians made up 38.6% of the sample, Indo-Fijians made up 50.0%, and people of "other" ethnicities made up the remainder. One-third of the respondents had completed high school, and over half (56.0%) went on to some form of further study. 8.1% of the respondents reported having had no formal education at all. Over half of the respondents were Christian, nearly one-third was Hindu, and 13.2% were Muslim. The majority of the respondents were working (70.5%) and nearly one in five were studying. Just fewer than 10% were not working or studying. The majority of respondents had never been married (79.1%), while 16.5% had ever been married to a woman.

## SEXUAL AND GENDER IDENTITY AND GENDER EXPRESSION

Gender and sexual identity terms are used in complex and inconsistent ways by MSM and TG in Fiji. Although the terms used are often the same as in other countries, the meanings can be quite different. The respondents were asked to self-identify their sexuality and gender. These were put together to create four categories: 32.4% of the respondents were straight-identified men, 14.8% were bisexuals, 19.5% were gays, and 33.3% were transgenders. Respondents expressed their masculinity and femininity to varying degrees. In terms of dress and gender expression, straight men were exclusively masculine, bisexuals were more masculine than feminine, gays were both masculine and feminine, and TGs were more feminine than masculine. The majority of TGs dressed with a mixture of how men and women usually dress.

A significant finding was that "globalised" and "local" sexual/gender identities exist in Fiji simultaneously. Some MSM and TG identify with more international understandings of terms like "gay", while others have more "local" understandings that are in line with traditional ways of understanding sexuality and gender. These groups often have difficulties in understanding and relating to each other. This finding has implications for policy and health promotion practice.

An important difference between "local" and "globalised" identities was in terms of attitudes towards relationships. Those with "local" identities were more likely to focus less on long-term relationships, and their relationships were more likely to correspond to traditional notions of gender with the straight-identifying partner acting as the "man" and the gay/TG partner as the "woman". This potentially indicated specific vulnerabilities relating to MSM and TG expressing their gender in more typically feminine ways. The differences in gender/sexual identities also meant that the idea of some kind of unified MSM/TG or GLBT community may be problematic. However, there was general agreement that many MSM and TG do not want a "segregated" gay community to emerge in Fiji, but would prefer to remain integrated with the broader mainstream community.

## SEXUAL ATTRACTION

Overall, 62.7% of the respondents were attracted to men, 46.7% to gays, 25.0% to transgenders and 42.0% to women. Straight men were most attracted to women, followed by gays and TGs, but were generally not attracted to other straight men. Bisexuals showed the most diversity in their attractions. Virtually all gays and TGs were attracted to straight men, a smaller percentage was attracted to other gays, and none were attracted to women. It appears that straight men do not view as bisexuals, gays and transgenders as "men", allowing them to engage in sexual behaviour with other biological males without challenging their

heterosexual gender identity. Yet it must be remembered that these sexuality/gender categories are fluid and flexible.

## SEXUAL PARTNERS

Overall, 48.1% of respondents had ever had sex with women and 51.9% had not. Straight men and bisexuals were much more likely to have had sex with women. In the last six months, 62.3% had had sex with straight men, 50.5% had had sex with gays, and 23.1% had had sex with transgenders. The majority (72.6%) had been in regular relationship/s in the past six months, and 84.9% had had one or more casual partners in the previous six months. Clubs and bars were the most popular place to find sex partners (67.0%) followed by friends'/family's homes (51.4%), the internet (50.5%), and functions or parties (38.7%). The most common place to have sex was the respondents' sex partners' homes (64.2%), followed by hotels (44.8%) and the respondents' own homes (43.4%). Many MSM and TGs felt that the prospect of ever being in a long-term, stable relationship with a man was unlikely.

## SEXUAL ACTIVITIES

The questionnaire asked respondents about the sex they had with casual and regular straight male, gay and TG partners. The data indicated that across the whole sample, anal sex was extremely common; 98.1% of the respondents had engaged in anal sex in the previous six months. Straight males mostly took the insertive role only in anal sex (91.2%), transgenders generally took the receptive role only (80%). The gay respondents were either receptive only or versatile, while bisexuals were more likely to be versatile (61.3%) or insertive only (22.6%). It appears that group sex may be common among MSM and TG in Fiji.

## CONDOM USE

This research presents something of a mixed picture of condom use among MSM and TG in Fiji. On one hand, the rates of condom use are perhaps not as low as expected, but there is certainly room for improvement. For those who had had anal sex with any MSM or TG partners, 21.6% always used condoms and 57.7% sometimes used condoms. When having sex with straight male partners, 14.8% of the respondents always used condoms, while one-third always used condoms with gay or transgender partners. This highlights the potential vulnerabilities of those having sex with straight-identifying men. In urban areas, condoms are not difficult to access. The results showed that despite the high levels of knowledge regarding HIV in Fiji, many people are simply not motivated to use condoms. The patterns of drug and alcohol use the last time the respondents had sex *with* a condom versus the last time they had sex *without* a condom were essentially the same, indicating that drug and alcohol use likely does not *cause* risky sexual behaviour.

## SEX WORK

It was clear that sex in exchange for money, gifts or favours was common in this sample of MSM and TG, with two-thirds of the respondents either paying or receiving money, gifts or favours in exchange for sex. Receiving gifts or favours for sex was the most commonly experienced. A key finding was that the term "in exchange for sex" is complex. For example, due to the labeling of the straight male as a "boyfriend", the gay or TG person might be unlikely to report that the financial support given to the straight partner is "in exchange for sex". It was common for gays and TGs to use alcohol to encourage straight men to have sex with them. This happened in two ways: (a) the gay/TG person buying the straight male a lot of drinks at the bar (and the straight male often expecting to be bought drinks), and (b) the gay/TG giving the straight male alcohol after having sex. Overall, the results demonstrated that the boundaries between "ordinary sex" and "transactional sex" are blurred. There are certain social expectations operating in Fiji whereby money and gifts are exchanged in the context of casual or regular relationships, but that this is not seen as "sex work". Alongside this, there also exists a more well-defined profession of sex work, where the transactional nature of the sex is explicit.

## HIV TRANSMISSION KNOWLEDGE

Respondents had high levels of knowledge about HIV transmission; 65.7% of respondents correctly answered all of the questions. Gays and bisexuals got more answers correct than straight men and transgenders. Indo-Fijians got more answers correct than Fijians and those of "other" ethnicities. Respondents were uncertain about the risk of oral sex, with 24.0% answering that HIV transmission through receptive oral sex is possible, 40.2% saying it is not possible, and 35.8% answering that they were not sure. Knowledge did not necessarily lead to safe sexual behaviour, and more research is needed to clarify these results.

## HIV TESTING AND SEXUALLY TRANSMISSIBLE INFECTIONS

There is certainly room for improving the rates of HIV testing among MSM and TG in Fiji. Overall, 27.6% of the sample had been tested for HIV in the last 12 months. Only 10.5% of the entire sample had had an HIV test in the previous 12 months *and* knew the result of that test. However, participants identified significant barriers to HIV testing, such as: lack of trust in clinics, confidentiality issues, privacy issues, feeling judged by unfriendly clinic staff, the time it takes to get tested, difficulties with the

opening hours of clinics, and having to go for a second appointment to get the results. Participants felt that testing rates for HIV and sexually transmissible infections (STIs) would increase among gays and TGs if there was a MSM-friendly clinic. This study found very low levels (5.5%) of reporting ever having had an STI, which may have been underreported.

## STIGMA AND DISCRIMINATION

The majority of respondents felt unsafe (65.7%) and uncomfortable (63.2%) expressing their sexuality and/or gender in Fiji. Stigma and discrimination based on sexuality or gender was common: 66.2% of respondents reported being talked about by others, 57.2% experienced verbal abuse and 30.3% had been physically hurt *in the past six months*. Gays and transgenders experienced more abuse and more frequently than bisexuals and especially straight men.

Overall, 26.8% of respondents reported having been forced to have sex against their will. Again, this was more often experienced by gays and transgenders: 50% of all those who had been forced to have sex were transgenders and 31% were gays. The results indicated a strong need for psychological and support services for MSM and TG.

## SOCIAL NETWORKS AND COMMUNITY

MSM and TG in urban Fiji are socially integrated with the broader community, as well as having networks of specifically gay and TG friends. Straight men tended to be less connected to gay/TG networks. There was a sense that “community” is lacking among MSM and TGs in Fiji. However, there are fluid social networks that can be built on for the delivery of community development programs. Participants reported many kinds of divisions among groups of MSM and TGs in Fiji. However, the participants reported a desire to see a stronger sense of MSM and TG community in Fiji.

## PROGRAMS AND SERVICES

MSM- and TG-specific services are limited in Fiji. The majority of respondents (approximately 67-70%) had never been approached by HIV outreach workers, or been given condoms or lubricant by outreach workers. Less than half (43.0%) could name one or more organisations working with MSM, gays or transgenders in Fiji. More gays and TGs were able to answer this question than straight men or bisexuals. The results indicated that there is a need for more services.

## CONCLUSION AND RECOMMENDATIONS

Although not necessarily representative of all MSM and TG in Fiji, the data gathered in this research are extremely valuable in helping to understand the risk behaviour and other factors among MSM and TG, and in enabling the development of recommendations for future HIV prevention and health promotion actions. As a community-based study, this research was very much focused on generating information to help answer the question: “Where to from here?”

The recommendations include:<sup>1</sup>

### 1. HIV prevention and health

Interventions should be culturally appropriate and targeted to different groups of MSM/TG, and greater funding should be secured to increase the number and reach of services.

### 2. Clinical sexual health services

Access to MSM- and TG-friendly and competent voluntary confidential counselling and testing (VCCT) and STI services should be scaled up and health care workers should be trained on the specific health and social support needs of MSM/TG.

### 3. Strategic information

Further research is needed on MSM and TG in Fiji, involving respectful partnerships between community organisations and research institutions.

### 4. Stigma and discrimination

It is clear that homophobia, transphobia and gender violence need to be addressed at a societal level and that mental health and support services are needed for MSM and TG.

### 5. Social networks and community

The study highlighted the lack of a sense of MSM and TG community in Fiji. It is clear that strong social networks of MSM/TGs exist, at least among feminine gays and TGs, but an overarching sense of community does not. It is recommended that MSM and TG in Fiji should be supported to develop skills in community organising and to implement community activities aimed at building the MSM/TG communities in different locations around Fiji.

<sup>1</sup> For the full list of recommendations, please refer to page 94.

# 1. INTRODUCTION

## BACKGROUND

Fiji is classified as a low HIV prevalence country, with an overall population HIV prevalence of 0.05%, or 333 confirmed cases up until the end of 2009 (Republic of Fiji Islands, 2010). The National Advisory Council on AIDS (NACA) announced a further 21 cases as of August 2010, bringing the total to 354 cases (NACA, 2010). Despite the low population prevalence, it has been recognised that there is potential for rapid increases in new HIV infections. Sexual transmission accounts for the majority of HIV infections in Fiji, and most of the recorded cases are among people identifying as heterosexual. However, males who have sex with males (MSM) and transgender people (TG) are considered to be one of the most-at-risk populations.

On February 1<sup>st</sup> 2010, Fiji was the first Pacific Island nation to formally decriminalise consensual homosexuality (Decree No. 44 of 2009).

However, despite this significant step forward, there is a distinct lack of information about MSM and TG people in Fiji. Although attempts on the part of the government have been made, MSM and TG have not yet been included in HIV surveillance studies. The five UNGASS indicators relevant to MSM and TG were not reported in 2008 and 2010 (Republic of Fiji Islands, 2010; amFAR, 2008). There has also been very little published in the academic literature about MSM and TG in Fiji. Indeed, a review of published materials about MSM and TG in Asia and the Pacific in 2009-10 revealed no academic articles specifically about HIV and MSM/TG in Fiji (UNAIDS & APCOM, 2010).

It appears that the only study relating to HIV and risk behaviour among MSM and TG in Fiji was conducted by the AIDS Task Force of Fiji (ATFF) in 1998, with the results being released in 2001 (AIDS Task Force of Fiji, 2001). ATFF is a community-based HIV organisation established in 1993. Over the years, it has conducted HIV prevention education, established a drop-in health centre in Suva, distributed condoms and lubricant, conducted sexual health testing, and provided training and support to community organisations in other Pacific countries. ATFF has had a specific project for MSM and TG called the Amithi Project since 2006.

ATFF's 1998 study involved a sample of 346 MSM and TG in Fiji (with a further 64 questionnaires completed in Samoa and Vanuatu). It was funded by the United Nations Development Program (UNDP), and support was provided by the University of the South Pacific and the Australian Research Centre in Sex, Health and Society at La Trobe University.

Some of the results from ATFF's 1998 study of MSM and TG were:

- Approximately one-third of the sample had been to a sexual health clinic and slightly less than 30% had had a blood test for HIV.
- Of the 49% who had insertive anal sex, 62% reported using condoms; of the 69% who engaged in receptive anal sex, 70% reported using condoms. Of the 85% who had sex with women, 57% reported using condoms.
- 25% reported always practicing 'safe sex practices' and this decreased to 15% when intoxicated. 11% stated they never practiced safe sex, which increased to 31% when intoxicated. However, 13% of the respondents said they always used condoms, even after drinking alcohol.
- Of the 88% that reported having casual sex, 12% reported always using a condom, 52% said 'sometimes', and 9% said 'never'.
- The respondents with 21 or more partners in the previous six months said their partners used condoms consistently. Respondents with less partners reported less consistent condom use (60% of those with 16-20 partners; and 62% of those with 11-15 partners).
- Respondents met their sexual partners at clubs (36%), through friends (32%), on the street (31%), at home (25%), in cars (16%), in parks or hotels (15% each), the beach (9%), the cinema (7%), in toilets (7%), on the bus (5%) and in hostels (4%).
- 20% of the respondents said they had sex with gay men, 17% with bisexual men, and 71% with 'straight' men. It was possible that some of these distinctions were confusing. The qualitative results indicated that the term 'straight men' was used for men who identified and acted in line with traditionally male gender roles.
- There was a lack of understanding about the relative risks of sexual behaviours. For example, 31% did not know or did not believe that condoms could prevent HIV transmission.
- A great deal of stigma and internalised homophobia was reported by respondents.

Given the lack of quality research data on MSM and TG people in Fiji, ATFF decided to conduct a second community-based research study on these populations. This report outlines the first-round results of this study.

## 2. DESIGN OF THE STUDY

### RESEARCH PLANNING AND PREPARATION

#### Applying for funding from the UNDP

In 2009, the United Nations Development Programme (UNDP) called for expressions of interest from Pacific civil society organisations (CSOs) to participate in a pilot initiative for reducing HIV risk in sexual minority communities in Fiji, Papua New Guinea and Samoa. The ATFF submitted an application to conduct a community-based research study into MSM and transgenders in Fiji. The ATFF submission was selected on its merits by the UNDP technical review team appointed for the Fiji bid.

#### Recruiting the core group of MSM & TG community research assistants

This project did not merely consult with members of the researched population. Rather, members of the MSM and TG population from various ethnic backgrounds (i.e. Fijian, Fiji-Indian, European, and other Pacific Islander) were involved at every stage of the process. It was emphasised from the beginning that this is a community-based research project aimed at integrating community involvement at all stages.

Community involvement implies that community members have ownership over the research project, participate and make decisions at every stage of the research process, and are seen as active co-researchers rather than passive 'research respondents' (Minkler, 2005). Thus, the first activity for the project was to recruit a group of gay- and TG-identified people as the core group of research assistants and key contacts.

This group of 9 people was trained in research methods and ethics, was central to the questionnaire design and approval process, and was trained in administering the questionnaire. The core group was responsible for contacting and recruiting other MSM/TG from various identity groups into the research project. They administered the questionnaire, were involved in the data entry and analysis, and will report the results back to the broader community of MSM/TG. No key decision in this project was taken without the input and consent of these community members.

The core group was recruited to the project through ATFF's networks and contacts.

#### Training the MSM & TG community research assistants

In December 2009, the core group of MSM and TG community members attended a six-hour training course on communication skills over three days. An ATFF staff member delivered the training. The participants in the training received FJD \$10 for travel for each session of participation.

In March 2010, the core group of MSM and TG community members attended a 22-hour training course on research skills over 7 days. The ACON staff member designed the training course in collaboration with ATFF staff members, and delivered the training. The participants in the training received FJD \$10 for travel for each session of participation.

The key demographic variables of the trained group are summarised in the following table.

**Table 2.1: Demographic variables of the research training group**

Variable	Details
<b>Gender and Sexual Identity</b>	5 identified as gay or gay male and 4 as TG. No participants identified as 'straight' male.
<b>Ethnicity</b>	5 participants were Fijian, 3 were Fiji-Indian, and 1 was Caucasian/European.
<b>Age</b>	Participants ranged from 21 to 35 years of age, with an average age of 29.
<b>Employment</b>	6 participants were employed, 1 was unemployed, and 2 were studying.
<b>Location</b>	8 participants lived in Suva and 1 lived in Lautoka.

The core group of nine community members demonstrated a great deal of commitment to the training course. Attendance at the training sessions was as follows:

**Table 2.2: Attendance at the research training**

	Training Session						
	1	2	3	4	5	6	7
<b>Number Attended</b>	7	6	7	8	9	6	8
<b>Percentage</b>	77.8	66.7	77.8	88.9	100.0	66.7	88.9

## Developing the questionnaire

Although the initial plan was for the study to be primarily qualitative, it was decided that due to the complete lack of current or recent data on the sexual behaviours of MSM and TG in Fiji, a quantitative behavioural survey would be of greater use. The results from such a survey could be used as baseline data for later behavioural surveillance surveys. With this in mind, a focus group was conducted with the core group of community research assistants during their training. The focus group was aimed at exploring some of the language used by and about MSM and TG in Fiji, the sexual and social behaviours of these groups, and some of the issues facing them. Information from the focus group was incorporated into the development of the quantitative questionnaire.

The questionnaire itself was based on similar research studies with MSM and TG in various countries, such as Australia (Lee E et al., 2010), Sri Lanka (Rawstone & Worth, 2007), and Timor-Leste (Lee J, Rawstone & Worth, 2010). Additional questions were developed, based on the information needs of ATFF and the ATFF's 1998 study on MSM and TG in Fiji and other Pacific Islands (ATFF, 2001). Given that there had been no detailed research on MSM and TG in Fiji since ATFF's 1998 study, a broad-based questionnaire was desirable. Of course, it is never possible to include everything in one single study. It was decided that this study would include questions on:

- Demographic information
- Sexual and gender identity
- Social life and friends
- Beliefs about HIV
- Sexual and relationship behaviour (with regular and casual partners; and with straight male, gay and TG partners)
- Condom use and substance use
- Finding sex partners and locations of sexual activity
- Sex work
- Sexual health and HIV testing
- Stigma and safety
- Services for MSM and TG in Fiji.

When the draft questionnaire was developed, it was then discussed in detail in workshops with the community research assistants. This process was interactive and was conducted over a series of days. At the end of these workshops, the final survey was endorsed by the community research assistants and the staff members at ATFF.

## Ethics approval

The project received approval from the Fiji National Research Ethics Review Committee of the Fiji Ministry of Health. The ethics approval number for this project is 037/2010, dated 8 September 2010.

## Utilising community-based partnerships

In the international HIV sector, and regionally in Asia and the Pacific, much emphasis has been placed on building "networks" of MSM/TG organisations. Often, it can seem that the energy and resources placed in such "networking" bears few results. However, in the case of this project, the personal contacts and connections between staff members of ATFF and Australia's largest HIV and GLBT community-based organisation, ACON (the AIDS Council of NSW), led to a strong and fruitful partnership. Given the small budget for this project and the desire to focus on a community-based effort, it was not possible to pay for the technical support services of an international consultant – as usually happens with research projects run by community-based organisations in Asia and the Pacific. Instead, ATFF approached ACON's International Project for assistance. With the support of a small amount of extra funding from the UNDP for flights and accommodation, ACON was able to send a staff member with social research and community education experience to Fiji for nine days (i.e. the first author of this report). In this visit, the study was designed and the research assistants trained. The ACON staff member then provided further assistance remotely with the ethics application and procedural issues. Neither ACON nor the ACON staff member were paid by ATFF or the UNDP for this work, representing a true partnership between two like-minded community organisations committed to seeing a strong community-based HIV prevention response in MSM and TG communities. In November 2010, the first author moved on from ACON, but remained involved in the project as an independent volunteer.

## Support for and opposition to the project

It should be noted that this project encountered considerable opposition from various angles. Some people working within certain large multilateral agencies, as well as local and international universities, argued that ATFF did not have the capacity to conduct such a project and that it was inappropriate for such a small community organisation to attempt it. Indeed, efforts were made to prevent this project from going ahead. Well after this ATFF project was initiated, it was announced that a different MSM/TG research study was to be implemented by university researchers working with a different MSM organisation. We believe that these two studies will complement each other and that the addition of more valuable data about MSM and TG in Fiji is a positive outcome.

Despite the opposition to this study, ATFF also received strong support. As mentioned, the UNDP in Fiji and ACON's International Project based in Sydney, Australia were committed to the project throughout its entirety. Most importantly, this project was extremely well supported by MSM and TG community members. Community members were centrally involved in every step of the process. Although we did not pay any community members to fill out the questionnaire, there was an overwhelmingly positive response and a strong willingness to participate, even from males who identified as heterosexual – a group that often does not see itself as part of the “gay” or “transgender” communities. A strong sense of enthusiasm for the project was particularly apparent in Nadi and Lautoka on the western side of the island of Viti Levu, where there are no MSM/TG-specific community organisations or projects.

## SAMPLING AND RECRUITMENT

As with most research studies into populations at higher risk of HIV transmission, such as MSM, transgenders (TG), sex workers and drug users, this project was not able to use a probabilistic (i.e. random sampling) method. The sampling methods used in this project were “convenience” and “snowball” sampling.

These methods of recruitment are appropriate in the Fijian context. The MSM and TG communities in Fiji are what could be considered classic “hidden” populations. They are not a homogenous group with clearly identified sexualities or genders – that is, there are many MSM and TG who do not identify as such. There are no specific gay cafés, bars or nightclubs, as MSM and TG tend to mix in with the general community when they socialise. There are no commercial sex-on-premises venues. There are some public areas known for “cruising” – that is, meeting other MSM/TG in public places – however, the small population means that these sites are not consistently active. There are very few gay-, bisexual-, TG- or MSM-specific organisations in Fiji. The MSM and TG communities in Fiji tend to operate as informal social networks.

The project began with the involvement of a core group of MSM and TG community members from diverse backgrounds, who were trained to become the research assistants conducting the interviews for the research. In the initial stages of the project, the community research assistants developed confidential lists of people that they knew who were MSM (gay, heterosexual or bisexual) or TG. When recruitment started, the community research assistants were able to use these lists to make their initial contacts.

At the end of each interview, the respondents were asked by the community research assistants whether they knew anyone that might be interested in being interviewed. The research assistants gave the respondent the ATFF contact details. In this way, the sample was able to extend further into new social networks.

Along with these “snowball” approaches, information about the project was spread via word-of-mouth, social networking websites such as Facebook, and email through ATFF and other organisations’ networks of MSM/TG community members. Community members were able to contact ATFF and request to participate.

A problem with “convenience” sampling is that the overall sample can become dominated by people with similar characteristics as the initial contacts. Attempts were made to mitigate this problem by:

- Starting with a diverse core group of community research assistants and key contacts;
- Utilising the social/professional contacts of other community members who were not trained as community research assistants;
- Checking the sample characteristics regularly during recruitment to see if certain ethnic, gender or sexuality groups were dominating the sample, and if so, making efforts to engage members of the less represented groups.

Overall, 215 respondents were interviewed. However, 3 questionnaires with large amounts of missing data were excluded, leaving a final sample size of 212 respondents. Approximately 25 further people were approached by the research assistants to participate, but refused. This resulted in a response rate of approximately 89.6%. There appeared to be two main reasons for refusal:

1. A simple lack of time and/or availability, and
2. Not wanting to participate because the study was not of interest to them.

The first reason was given by people from various groups, whereas the second appeared to be given mostly by straight men who perhaps did not want to be identified as MSM. We do not believe that many straight non-MSM were approached. That is, we do not believe that the research assistants approached men who never actually had sex with other men or TGs. The people who were approached in this study were generally known to the research assistants through their social or sexual networks and were thus known to be MSM with a high degree of accuracy. The refusals seemed to be more about some straight men not wanting to admit or talk openly about their sexual behaviour with other men – an unsurprising thing considering the general homophobic attitudes in Fiji (see Chapter 15). What was more surprising (at least to the Australian first author if not the local research team) was the large number of straight men who *were* willing to participate.

Given that a scientific estimation of the size of the MSM and TG population in Fiji has never been conducted, it was not possible to determine what proportion of the total MSM and TG population was surveyed. Although this is a relatively small sample size,

it is not dissimilar to other international baseline behavioural surveillance surveys (BSS) of MSM, such as in Sri Lanka, where the BSS using convenience sampling had a sample size of 302 (Rawstone & Worth, 2007) and in Timor-Leste, where the BSS using respondent-driven sampling had a sample size of 254 (Lee, Rawstone & Worth, 2010).

## ELIGIBILITY FOR PARTICIPATION IN THE STUDY

The selection criteria for the study were:

- The respondent must be a permanent resident of Fiji.
- The respondent must be biologically male. (That is, regardless of the current gender identity held by the participant, they must have been born as a male.)
- The respondent must answer 'yes' to at least one of the following:
  - Self-identify as 'gay', 'homosexual', 'bisexual', 'transgender' or any other non-heterosexual sexual identity.
  - Be attracted to men or TG people.
  - Have had any form of sexual contact with a male or TG person in the previous 12 months.

These criteria are based on international research studies similar to this one.

## DATA COLLECTION

The data were collected using paper-and-pencil questionnaires and were administered by the research assistants. Of the nine research assistants that were trained in March 2010, four went on to conduct interviews. The large dropout rate was due to the long gap in time between the training and the data collection fieldwork, although some of these participants still remained involved with ATFF in other capacities. The time gap occurred because it took five months to gain ethical approval for the project. This was not because of any ethical problems or concerns with the project, but because the ethics committee was experiencing some transition and was not able to table the project until September 2010.

The four research assistants were joined by four new MSM community members to conduct the data collection fieldwork. These new members of the research team were provided with training from ATFF staff. The final team of research assistants thus consisted of one ATFF staff member and seven MSM/TG community members. All eight research assistants conducted interviews in the Greater Suva Area, and four conducted interviews in Nadi and Lautoka. Each research assistant received FJD \$10 for every completed questionnaire. The research assistants reported that each interview took approximately 45 minutes. The shortest interview was approximately 30 minutes and the longest took approximately two hours.

The demographic details for the group of eight research assistants were:

**Table 2.3: Demographic variables of the research assistants**

Variable	Details
<b>Gender and Sexual Identity</b>	4 identified as gay or gay male, 2 as gay/TG and 2 as TG. No participants identified as 'straight' male.
<b>Ethnicity</b>	3 participants were Fijian and 5 were Fiji-Indian.
<b>Age</b>	Participants ranged from 22 to 36 years of age, with an average age of 27.9.
<b>Employment</b>	7 participants were employed and 1 was studying.
<b>Location</b>	7 participants lived in Suva, 1 lived in Nadi and 1 lived in Lautoka.

The number of interviews conducted by each research assistant is presented in Table 2.4:

**Table 2.4: Number of interviews conducted by each research assistant**

	Research Assistant							
	A	B	C	D	E	F	G	H
<b>Number of interviews conducted</b>	77	46	33	31	10	5	4	4
<b>Percentage</b>	36.3	22.6	15.6	14.6	4.7	2.4	1.9	1.9



It is important to note that respondents were not paid for their participation in this study, as is common in many other studies in developing countries, including Fiji. This decision was made primarily because we wanted to foster a sense of community participation, altruism, and shared benefit among MSM, gays, bisexuals and transgenders, rather than a sense of individualism and personal benefit. In developing countries, the opinion that people will not participate in research for free is often espoused. ATFF and the research assistants felt that at least in their social networks, in *their* community, this was not the case. Indeed, we found that over two hundred MSM and TG were more than willing to participate for no personal gain whatsoever. This means that we can be assured that “real” MSM and TG participated and that the sample was not corrupted by non-MSM/TGs who may have simply wanted payment. In the course of the fieldwork, the research assistants were told that this has happened in other research studies on marginalised groups in Fiji.

## ANALYSIS AND VALIDATION OF THE DATA

The data were entered into computers using the SurveyMonkey online survey tool, and once entered were subsequently exported into Microsoft Excel format. Two ATFF staff members entered the data.

The first author of this report performed the initial data analysis in January 2011 and wrote the first draft of the report. The analysis was conducted using Microsoft Excel and the Statistical Package for Social Sciences (SPSS, Version 19) software. The draft results were shared with ATFF.

In early February 2011, the UNDP provided a small amount of funding for flights and accommodation so that the first author could return to Fiji for seven days. The visit involved capacity development sessions with ATFF staff, as well as discussions of the results and further actions. A meeting was also held with a representative from the UNDP.

As a community-based research project, a key goal was to involve MSM and TG community members at every stage of the research process. The main purpose of the February 2011 visit was to hold validation meetings with MSM and TG community members. The purpose of the meetings was to provide summaries of the results, and discuss what the results might mean. This process meant that a qualitative, interpretive component was added to the quantitative survey.

Validation meetings were held over three days in February 2011. Each day was attended by different groups of MSM and TG community members. The first meeting was held with six of the eight research assistants and consisted of a two-hour focus group discussion. Each participant received FJD \$10 for travel. The second and third meetings were with MSM and TG community members. They were structured so that there was a two-hour focus group discussion, followed by lunch, and then another two-hour discussion. Each participant received FJD \$10 for travel. Ten people attended the first day of validation, and 8 attended the second. One further community member was spoken to individually. Overall, the demographic details of the 25 MSM and TG community members involved in the validation process were:

**Table 2.5: Demographic variables of the 25 MSM and TG involved in the validation process**

Variable	Details
<b>Gender and Sexual Identity</b>	9 identified as gay or gay male, 6 as gay/TG and 10 as TG/woman. No participants identified as ‘straight’ male.
<b>Ethnicity</b>	9 participants were Fijian, 10 were Fiji-Indian, 1 was Caucasian/European, and 5 were of mixed ethnicity. 2 of these were Rotuman/European, 1 was Rotuman/Chinese, 1 was Indian/Fijian/Chinese, and 1 was Fijian/Indian.
<b>Age</b>	Participants ranged from 18 to 50 years of age, with an average age of 28.6
<b>Employment</b>	17 participants were working, 7 were studying, and 1 was both working and studying.
<b>Location</b>	21 participants lived in Suva, 2 lived in Nadi, and 2 lived in Lautoka.

The validation meetings were digitally recorded. Verbal consent was obtained from each participant before recording. The recordings were not transcribed in full, but key pieces of information were noted. The results of these meetings were used to validate and interpret the quantitative results from the questionnaire. Key insights from these meetings are described throughout this report.

The validation meetings primarily involved community members who had not participated in the research study so far. As well as a data collection and validation function, the meetings also served to bring new community members into contact with ATFF. For some participants, the meetings represented the first time they had engaged in any MSM/TG community activity. For others, we received feedback that the meetings had inspired them to be more involved with community activities. There was a palpable sense that more needed to be done to bring the MSM/TG community together in Fiji, and there was also a great sense of anticipation and passion to create an accepting, egalitarian, respectful and inclusive MSM/TG community in Fiji.

# 3. THE RESPONDENTS

## KEY FINDINGS

- ➔ The sample was fairly young, with a mean age of 26.9 years and a median age of 25.5 years. Respondents ranged in age from 18 to 51 years.
- ➔ The sample was fairly evenly divided between the Greater Suva Area and the western locations of Lautoka and Nadi.
- ➔ Fijians made up 38.6% of the sample, Indo-Fijians made up 50.0%, and people of “other” ethnicities made up the remainder.
- ➔ One-third of the respondents had completed high school, and over half (56.0%) went on to some form of further study. 8.1% of the respondents reported having had no formal education at all.
- ➔ Over half of the respondents were Christian, nearly one-third was Hindu, and 13.2% were Muslim.
- ➔ The majority of the respondents were working (70.5%) and nearly one in five were studying. Just fewer than 10% were not working or studying.
- ➔ The majority of respondents had never been married (79.1%), while 16.5% had ever been married to a woman.

## AGE

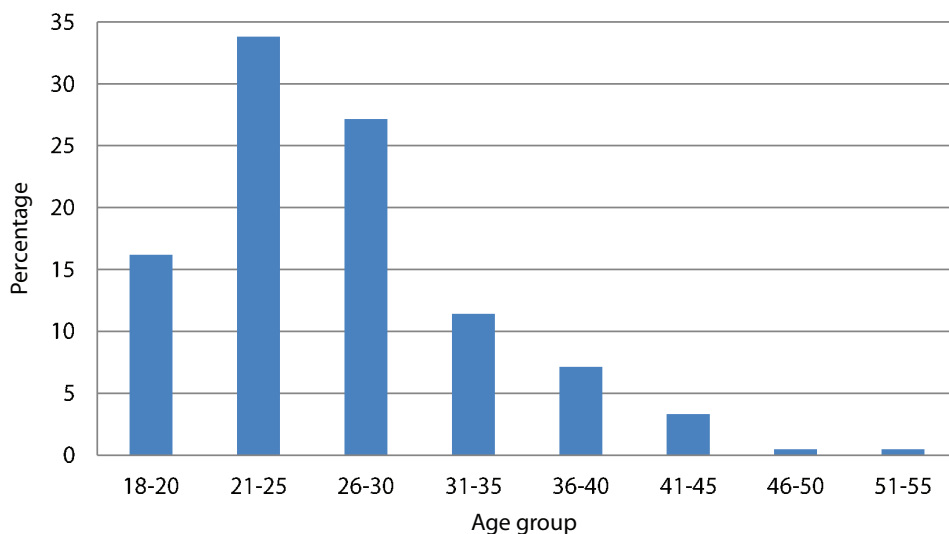
The mean age was 26.9 years, the median age was 25.5, and respondents ranged from 18 to 51 years of age.

Table 3.1: Age

Age	Number	Percentage
18-20 years old	34	16.2
21-25 years old	71	33.8
26-30 years old	57	27.1
31-35 years old	24	11.4
36-40 years old	15	7.1
41-45 years old	7	3.3
46-50 years old	1	0.5
51-55 years old	1	0.5
<b>Total</b>	<b>210</b>	<b>100.0</b>

Data were missing for 2 respondents

Figure 3.1: Age



## LOCATION

This study was conducted in two geographical locations on the island of Viti Levu:

1. The Greater Suva Area – the capital city of Fiji on the eastern side of the island, including Nausori and Navua; and
2. Lautoka and Nadi – on the western side of the island.

Just under half of the respondents were interviewed in the Greater Suva Area, and just over half were interviewed in Lautoka/Nadi. See Table 3.2.

**Table 3.2: Location**

	Number	Percentage
<b>Greater Suva Area</b>	101	47.6
<b>Lautoka/Nadi</b>	111	52.4
<b>Total</b>	<b>212</b>	<b>100.0</b>

## ETHNICITY

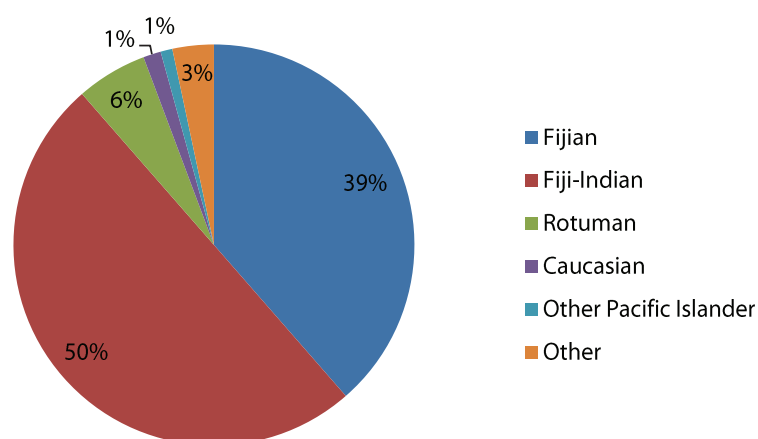
Fiji has a population made up of multiple ethnicities. The key ethnicities of interest were: Fijian, Fiji-Indian, Rotuman, European/Caucasian, and other Pacific Islander. The majority of respondents were either Fijian or Fiji-Indian. There were seven respondents in the “other” category, which was mainly made up of people with mixed ethnicities, such as Fijian/Samoan (1), Fijian/Caucasian (3), and part Chinese (1). One respondent was Chinese.

**Table 3.3: Ethnicity**

	Number	Percentage
<b>Fijian</b>	81	38.6
<b>Fiji-Indian</b>	105	50.0
<b>Rotuman</b>	12	5.7
<b>European/Caucasian</b>	3	1.4
<b>Other Pacific Islander</b>	2	1.0
<b>Other</b>	7	3.3
<b>Total</b>	<b>210</b>	<b>100.0</b>

Data were missing for 2 respondents

**Figure 3.2: Ethnicity**



## EDUCATION

One-third of the respondents had completed high school, and over half (56.0%) went on to some form of further study. 8.1% of the respondents reported having had no formal education at all. The results are presented in Table 3.4.

**Table 3.4: Education**

	Number	Percentage
Primary	6	2.9
Secondary	69	33.0
Vocational	74	35.4
Undergraduate	40	19.1
Postgraduate	3	1.4
No formal education	17	8.1
<b>Total</b>	<b>209</b>	<b>100.0</b>

Data were missing for 3 respondents

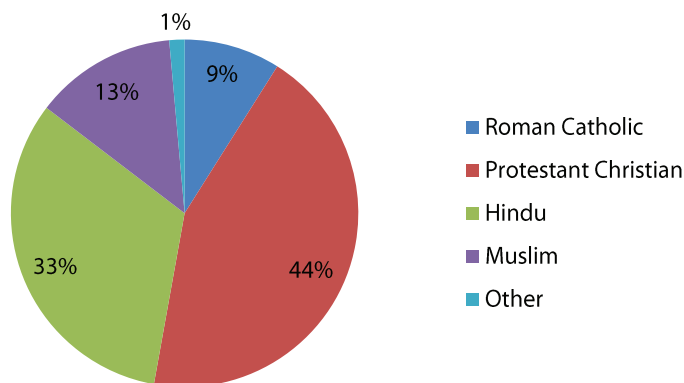
## RELIGION

Over half of the respondents were Christian, nearly one-third was Hindu, and 13.2% were Muslim.

**Table 3.5: Religion**

	Number	Percentage
Roman Catholic	19	9.0
Protestant Christian	93	43.9
Hindu	69	32.5
Muslim	28	13.2
Other	3	1.4
<b>Total</b>	<b>212</b>	<b>100.0</b>

**Figure 3.3: Religion**



## EMPLOYMENT

The majority of the respondents were working (70.5%) and nearly one in five were studying. Just fewer than 10% were not working or studying.

**Table 3.6: Employment**

	Number	Percentage
Working full-time	119	57.5
Working part-time/casual	27	13.0
Studying	41	19.8
Not working or studying	20	9.7
<b>Total</b>	<b>207</b>	<b>100.0</b>

Data were missing for 5 respondents

## MARRIAGE TO A WOMAN

The majority of respondents had never been married (79.1%), while 16.5% had ever been married to a woman. 4.4% were currently living with a female partner but were not married, and 13.1% were currently married to a woman. See Table 3.7 for the results.

**Table 3.7: Marriage to a woman**

	Number	Percentage
Never married	163	79.1
Living with female partner, but not married	9	4.4
Married to a woman	27	13.1
Divorced or separated from female partner	6	2.9
Widowed from female partner	1	0.5
<b>Total</b>	<b>206</b>	<b>100.0</b>

Data were missing for 6 respondents

## DISCUSSION AND VALIDATION

The demographic results indicate that our sample was fairly diverse. It was weighted towards the younger end of the age spectrum, which is not unusual for studies of MSM in developing countries. Just under half of the respondents lived in the Greater Suva Area and just over half lived in Nadi or Lautoka. Despite ATFF not having an official presence in the western side of Viti Levu, the research assistants reported that it was not difficult to engage people in the study. There was a real willingness to be involved, and they reported that community members had a desire to see more community activities occurring in Nadi and Lautoka.

In terms of ethnicity, the ethnic mix in our sample did not correspond exactly to the ethnic mix of Fiji as a whole. Our sample had a larger proportion of Fiji-Indians. Fiji-Indians make up approximately 38% of the total population of Fiji (United Nations Statistics Division, 2010), whereas they comprised half of our sample. People with “other” ethnicities make up approximately 5.7% of the population of Fiji (Fiji Islands Bureau of Statistics, 2008), whereas they made up 11.4% of our sample.

The sample was quite diverse in terms of education and religion, although it was dominated largely by people with full-time jobs over other levels or types of occupation.

It was also dominated by respondents that had never been married to a woman. It is likely in reality, there are many married men in Fiji who engage in sex with men or transgenders. However, this information is very difficult to ascertain objectively, due to the stigma involved with admitting same-sex activity. As a community-based study aiming to provide direction to the ATFF’s work, the focus was always intended to be openly-identified and community-attached MSM and TG rather than “hidden” MSM.

# 4. SEXUAL AND GENDER IDENTITY

## KEY FINDINGS

- ➔ Gender and sexual identity terms are used in complex and inconsistent ways by MSM and TG in Fiji. Although the terms used are often the same as in other countries, the meanings can be quite different.
- ➔ Just over one-third of the respondents identified as gay, 14.8% as bisexual, just under one-third as straight, and 16.7% as “other”.
- ➔ The majority (60.7%) identified as male, with 31.8% identifying as female or transgender.
- ➔ Sexuality and gender were put together to create four categories: 32.4% of the respondents were straight-identified men, 14.8% were bisexuals, 19.5% were gays, and 33.3% were transgenders.
- ➔ “Globalised” and “local” sexual/gender identities exist in Fiji simultaneously. Some MSM and TG identify with more international understandings of terms like “gay”, while others have more “local” understandings that are in line with traditional ways of understanding sexuality and gender.

Different cultures have different ways of understanding sexuality and gender. In this study, we attempted to make room for localised understandings, while still attempting to make the research comparable to other countries. In the development of the questionnaire, the community research assistants said that the general sexual and gender identity labels used in Western countries were also used in Fiji. That is, for gender: male, female, and transgender; and for sexuality: straight/heterosexual, gay, and bisexual. They reported that in Fiji, there is a local term for biological men who act, dress or feel like women – *vakasalewalewa* – which is similar to the *fa’afafine* of Samoa or the *fakaleiti* of Tonga. The research assistants thought that in modern terms, *vakasalewalewa* could be put into the same category as transgender.

It was noted that although many Western terms are used in Fiji to describe sexuality and gender, they may not be used in the same way as in other countries. The research assistants reported that the concepts of sexuality and gender can be somewhat blurred. Despite this, the questionnaire was designed to attempt to separate the two concepts from each other. This meant that some participants might have felt confused about how to respond, but we also ensured that there were open-ended “other” categories so that respondents could state their own identities in their own terms. The research assistants agreed that there was no perfect way to describe sexuality and gender in Fiji, and that separating the two concepts from each other might help to understand it better.

## SEXUAL IDENTITY

In this study, the concept of sexuality is seen as multi-dimensional and can be thought of as including (Laumann, 1994):

- The label a person uses to define themselves (identity)
- Who a person is attracted to (desire, orientation or attraction)
- Who a person engages in sexual activity with (behaviour).

In terms of sexual identity, respondents were asked to say if they were: a) gay or homosexual, b) bisexual, c) straight or heterosexual, or d) some other sexual identity that they were asked to specify. The respondents answered in the following way.

**Table 4.1: Sexual identity**

	Number	Percentage
<b>Gay or homosexual</b>	75	35.7
<b>Bisexual</b>	31	14.8
<b>Straight or heterosexual</b>	69	32.9
<b>Other</b>	35	16.7
<b>Total</b>	<b>210</b>	<b>100.0</b>

Data were missing for 2 respondents

The vast majority (31 out of 35) of the respondents who selected “other” specified their sexual identity as either transgender or female. Interestingly, one male participant stated about his sexual identity: “in the sense that I do the fucking”. This response picks up on a common phenomenon in many cultures where a (usually heterosexual) male identity is unproblematic as long as one engages in insertive rather than receptive sex (Altman, 1996).

## GENDER IDENTITY

Gender identity refers to the label that a person uses to describe their gender. It is not the same as biological sex. Some people, for example, may be biologically male (i.e. they have XY chromosomes) but call themselves “transgender” or “female”. In this study, respondents were asked to say if they were: a) male, b) female, c) transgender or TG or *vakasalewalewa*, or d) some other gender identity that they were asked to specify. 60.7% reported being male, while 31.8% reported being either female or transgender.

Most of those who chose the “other” category stated a sexuality label as their gender. For example, seven respondents said “gay”, three said “bisexual” and one said “homosexual”. One respondent rejected all gender labels by stating, “not female, not male, not transgender”, and another said, “50-50”.

**Table 4.2: Gender identity**

	Number	Percentage
<b>Male</b>	128	60.7
<b>Female</b>	27	12.8
<b>Transgender / TG / <i>Vakasalewalewa</i></b>	40	19.0
<b>Other</b>	16	7.6
<b>Total</b>	<b>211</b>	<b>100.0</b>

Data were missing for 1 respondent

## SEXUALITY/GENDER GROUPINGS

Due to the way that the concepts of sexuality and gender are blurred in Fiji, we decided to combine the two concepts and to divide the whole sample into four “sexuality/gender groupings”:

- Straight men<sup>2</sup>
- Gays
- Bisexuals
- Transgenders

Assigning each respondent into one of the “sexuality/gender groupings” was based on their answers to the two questions on sexual identity and gender identity. A respondent was automatically put into the TG grouping if they identified as TG or female in either question. The rest of the sample was divided into the other three groupings based on how they answered the sexual identity question, although, as mentioned above, some people also used sexuality labels such as “gay” and “bisexual” in answer to the gender identity question. The number and percentage of respondents in each group were:

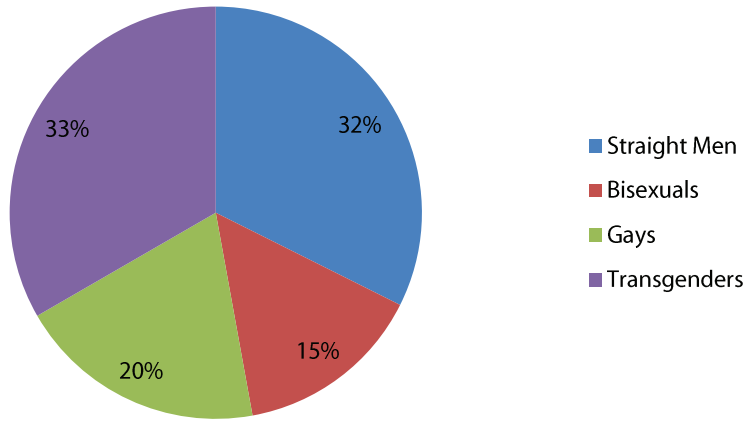
**Table 4.3: Sexuality/gender grouping**

	Number	Percentage
<b>Straight Men</b>	68	32.4
<b>Bisexuals</b>	31	14.8
<b>Gays</b>	41	19.5
<b>Transgenders</b>	70	33.3
<b>Total</b>	<b>210</b>	<b>100.0</b>

Data were missing for 2 respondents

<sup>2</sup> Please note: For the sake of brevity, we will use the term “straight men” throughout this report instead of the more accurate “straight-identified men”.

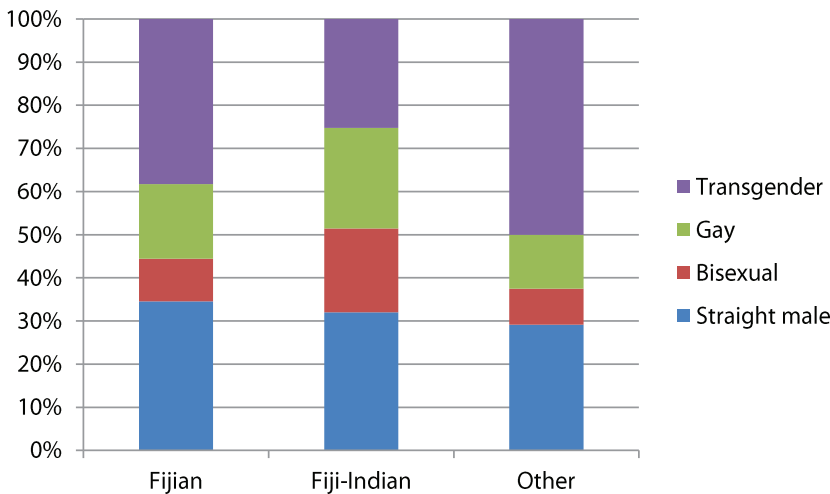
**Figure 4.1: Sexuality/gender grouping of respondents**



**Sexuality/Gender Grouping and Ethnicity**

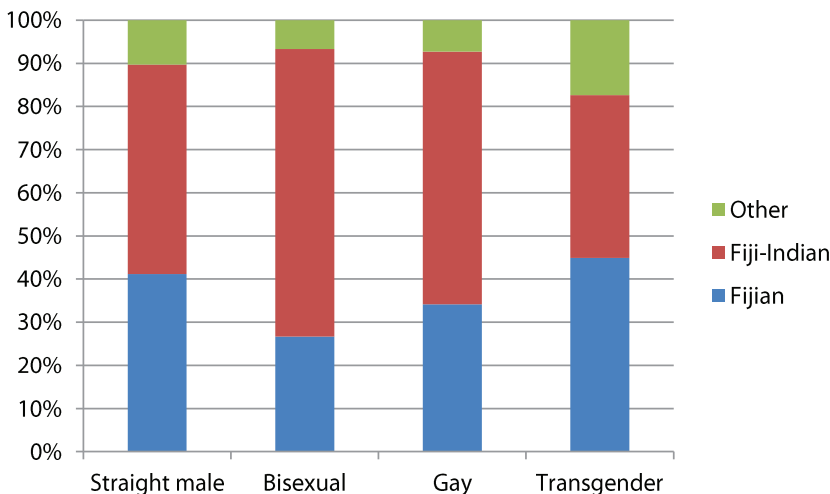
We examined the four sexuality/gender groupings by ethnicity. The Fijian group was made up mostly of straight men and transgenders. There were more bisexuals and gays in the Fiji-Indian group, and the least number of transgenders. Half of the group made up of people with “other” ethnicities was transgender, with the smallest number of gays and bisexuals.

**Figure 4.2: Sexuality/gender grouping of respondents in the different ethnic groups**



This can also be visualised the other way around (see Figure 4.3), showing that Fiji-Indians made up the majority of all groupings except TGs, which had more Fijians and “others”. The bisexual grouping was predominantly made up of Fiji-Indians.

**Figure 4.3: Ethnicity of the respondents by sexuality/gender grouping**





## DISCUSSION AND VALIDATION

If nothing else, this study clearly demonstrated that sexual and gender identities in Fiji are blurry and complicated, and that the words used to define these identities are (a) not used in the same way as they are often used in other countries, and (b) not used consistently within Fiji. The blurriness of sexual and gender identities was confirmed and discussed at length at the validation meetings with community members. This section of the report outlines some of important insights gained through the implementation of the research and the validation process.

### One concept or two?

As has been found in other Asia-Pacific countries (for example, see Jackson & Sullivan, 2000; Altman, 1996), the concepts of sexuality and gender are often not seen as separate in Fiji. For example, to be called a “man” automatically implies a heterosexual orientation. This means that for many people in Fiji, the concept of a “gay man” is impossible, because if one is “gay” then one cannot be “male”. Rather than being used as an adjective, the word “gay” is used here as a noun. In the case of transgenders, the category of “transgender” is sometimes seen as encompassing both sexuality and gender together. That is, some transgender people may not see themselves as having a sexual identity label such as “gay”, “bisexual” or “heterosexual”. For the most part, it seems that the “transgender” label, at least for male-to-female transgenders, implies attraction to straight men; however, many TGs appear not to use the sexual identity label “heterosexual”, perhaps because they are not *biologically* female.

However, a number of people in our study identified themselves as both “gay” and as “transgender”. For this group in particular, but also for those respondents who identified as “transgender/female” or just as “transgender”, the label could mean all sorts of different things. For example, it could mean:

- A person born as a male but identifying as a female, who wears female clothing, expresses their gender in feminine ways, and who is on female hormones.
- A person born as a male but identifying as a female or as a transgender, who wears female clothing, expresses their gender in feminine ways, but who has no interest in taking hormones.
- A person who identifies as transgender, identifies also as gay, who wears a mixture of male and female clothing, is fairly feminine in day-to-day life, but who generally looks and seems like a “boy”.
- A person who identifies as transgender and gay, who dresses like a boy and expresses their gender in masculine ways.

These are just four different examples to illustrate the multiple ways that gender identity, sexual identity, clothing, and gender expression can be combined. The same label of “transgender” can be used by all of these people, but the way individuals *enact* their sexuality and gender may be very different.

One of the most important things to keep in mind when reading this report is that in Fiji, the label “transgender” or “TG” does not always mean what it might mean in other countries. In most quantitative surveys of MSM, the transgender category is most likely used to describe people who generally live, dress, feel and act like women, such as the *katoey* in Thailand, the *waria* of Indonesia or the *bayot* in the Philippines. While this description applied to many TGs in this sample, there were others to whom it did not apply.

In the validation process, we were confronted by realisation that *vakasalewalewa*, as a local Fijian concept, should not have been grouped with TG, which is an international concept. Very, very little (i.e. almost nothing) has been published about the concept of *vakasalewalewa*. In many ways, it seems very similar to the *fa’afafine* of Samoa or the *fakaleiti* of Tonga. But in the validation discussion, the participants felt that Fiji was different from the Polynesian countries and from India, as there was no established or normalised “third gender”. There was some sense that perhaps Fiji once had a traditional third gender, but the participants could not explain what happened to it, and why it disappeared from traditional Fijian culture but not Polynesian cultures. The Indo-Fijian participants had knowledge of the traditional *hijra* in Indian culture, but said that this concept was not established among the Indo-Fijians in Fiji.

### Global or local?

It has been reported that in a number of countries across Asia and the Pacific, a transition has occurred or is occurring whereby new “globalised” sexual and gender identities are emerging alongside the local or traditional sexual/gender identities (Altman, 1996). Researchers have found that the globalised identities do not simply replace the local identities, but that they tend to co-exist, often uncomfortably. Some MSM/TGs continue to identify in the more traditional ways, while others take on more globalised gay identities. The groups often have difficulties understanding each other, and there can be undercurrents of conflict or simply a lack of connection. This can mean that the idea of some kind of unified MSM/TG or “GLBT” community is very problematic.

This research found that this process is most certainly occurring in Fiji. It is unclear how long it has been happening, as so little has been documented about sexual and gender minorities in Fiji. The fact that this transformation is occurring was mentioned by numerous participants in the validation process. However, it must be noted that, for the most part, in this study we appear to have tapped into a sample made up of more people with local/traditional sexual identities rather than global ones.

From the validation discussions, we were able to summarise the key differences between the “local/traditional gays, TGs and *vakasalewalewa*”, as opposed to the “global gays”. The summary is presented in Table 4.4. Please note that the statements

are generalisations, and that most MSM and TG people in Fiji would not fit perfectly into either category. However, it is still instructive to consider the broad differences.

**Table 4.4: Characteristics of global and local/traditional sexual and gender identities**

Characteristic	Local/traditional gay, transgender, vakasalewalewa	Global gay
<b>Gender identity</b>	<ul style="list-style-type: none"> <li>Generally don't identify as male. Gender and sexual identity seen as one combined concept.</li> </ul>	<ul style="list-style-type: none"> <li>Often identify as male. Gender identity seen as separate from sexual identity. Thus, "gay male" rather than "gay" is common.</li> </ul>
<b>Gender expression</b>	<ul style="list-style-type: none"> <li>Feminine gender expression and either feminine clothing or clothing using a mixture of masculine and feminine styles. Having a gay/TG identity generally automatically means being feminine.</li> </ul>	<ul style="list-style-type: none"> <li>May have differing degrees of masculinity and femininity in both behaviour and dress, but gender expression is not a central part of the sexual identity. More likely than the "local gays" to be masculine and not feminine: having a gay sexuality does not automatically mean being feminine.</li> </ul>
<b>Sexual attraction</b>	<ul style="list-style-type: none"> <li>Attracted to straight men and generally not to other "local gays", TGs, or <i>vakasalewalewa</i>.</li> </ul>	<ul style="list-style-type: none"> <li>Attracted to men. The sexuality of the man is not the important feature. More likely to be attracted to gay men than "local gays"; not attracted to TGs.</li> </ul>
<b>Sexual object choice</b>	<ul style="list-style-type: none"> <li>Generally have sex with straight men only. May have sex with gay men, but only if they are masculine.</li> </ul>	<ul style="list-style-type: none"> <li>Have sex with males of any sexuality. But there is a greater likelihood of seeking other gay men to have sex with rather than straight men.</li> </ul>
<b>Position in anal sex</b>	<ul style="list-style-type: none"> <li>Generally take the receptive role in anal sex. Most straight male partners would expect them to take the receptive role.</li> </ul>	<ul style="list-style-type: none"> <li>The role taken in anal sex is independent of sexuality – some will be insertive, receptive or versatile, or not have anal sex at all. The role taken is not necessarily related to masculinity or femininity.</li> </ul>
<b>Sexual attitudes</b>	<ul style="list-style-type: none"> <li>Focus in sex is often on pleasuring the straight male partner, not on experiencing pleasure for the gay/TG partner.</li> </ul>	<ul style="list-style-type: none"> <li>Focus in sex is reciprocal in nature – both partners expect to give and receive pleasure.</li> </ul>
<b>Relationships</b>	<ul style="list-style-type: none"> <li>Focus is more on finding sexual partners than longer-term relationships. When long-term relationships form, they tend to follow traditional gender lines, with the straight male partner acting as the "man" and the gay/TG partner acting as the "woman". Less of a belief in the idea that long-term relationships between males can develop and be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>There is a focus on emotional as much as sexual relationships. They might be more inclined to form longer-term relationships with other gay men rather than straight men. There is a greater sense that long-term intimate relationships between males are possible. Long-term relationships do not follow traditional male/female gender roles.</li> </ul>
<b>Attitudes about community</b>	<ul style="list-style-type: none"> <li>Lesser connection to and understanding of the global GLBT movement.</li> <li>Do not want a "segregated" gay community to emerge in Fiji – want to remain integrated with the broader mainstream community.</li> <li>Sometimes hold negative attitudes towards "global gays", especially those who are masculine (these men are seen as attempting to "pass" as straight men). There is a sense that the "global gays" do not support them.</li> </ul>	<ul style="list-style-type: none"> <li>More connection to the global GLBT movement.</li> <li>May want the development of gay-specific organisations, venues, media, events and so on, as exist in other countries.</li> <li>Sometimes hold negative attitudes towards "local gays" and TGs, especially those who are very feminine and flamboyant. Try to distance themselves from the typical feminine and flamboyant stereotypes of the "local gays".</li> </ul>

### What is the meaning of bisexual?

The research assistants reported that there were two potential interpretations of the term "bisexual" among MSM and TG in Fiji:

1. To mean someone who is attracted to and has sex with both men and women; and
2. To mean a biological male (identifying as male, female or TG) that takes both the insertive and receptive roles in anal sex; that is, someone that is "versatile".

This stark difference in interpretation of this word was somewhat worrying when it came to making sense of the data. However,

this was explored in validation discussions with both the research assistants and community members. Although there were no bisexual-identified people in the validation discussions, it was confirmed by the majority of research assistants and community members that most of the 41 respondents in the survey who identified as “bisexual” most likely meant that they were attracted to both men and women.

The bisexual grouping was not discussed in the original focus group with the MSM and TG research assistants prior to the development of the questionnaire. That is, bisexuals were not talked about as a common “type” of MSM in Fiji. This meant that there were no questions in the questionnaire asking about the respondents’ sexual activity with bisexuals. “Bisexual” was, however, included as an option in the list of sexual identities because we wanted to ensure the list was inclusive. When the data was examined by the sexuality/gender grouping of the respondents, it became clear that we needed to consider the bisexuals as a separate grouping. In some respects, the bisexuals seem more like the straight men, but in other respects, they seem more like gays. The group appears to have its own characteristics that set it apart from the other three groups. These characteristics will be explored throughout the report.

### **What does it mean to be “straight” in Fiji?**

There was an overwhelming view in all the discussions with community members and research assistants, both before and after the research was implemented, that it is extremely common in Fiji for purportedly “heterosexual” men to have sex with other biological males. This study, given the relatively small number of straight male participants, is not able to comment on how widespread male-male sexual behaviour is across the whole of Fiji.

However, questions about the prevalence of male-male sexuality activity and what it meant to have a “straight” male identity in Fiji were explored through the validation process. There was a sense from the community members that there are generally no obvious differences between straight men who like to have sex with other biological men versus those that never would. At many times during validation, there were claims that all men in Fiji are likely to have had at least one same-sex experience, and that essentially, all men were potentially open to same-sex encounters.

We asked the participants how they would identify a potential straight male sexual partner if they were, say, looking to pick up in a nightclub. The general response was that they often took the approach of making it obvious who *they* were (i.e. gay or TG), and then wait until the early hours of the morning when straight men would start to approach them. A couple of participants took more directive approaches to trying to pick up straight men, but they could not describe any processes by which they decided whether a potential sexual partner was potentially willing to have sex with another male or not willing at all.

# 5. GENDER EXPRESSION

## KEY FINDINGS

- ➔ The majority of the MSM and TG in this sample (61.2%) dressed as men usually dress, 9.0% dressed how women usually dress, and 29.9% dressed with a mixture of how men and women usually dress.
- ➔ 66.8% of the respondents were masculine quite or very often, while only 9.1% were never masculine. By contrast, 43.7% were feminine quite or very often, while a much larger 44.7% were never feminine.
- ➔ In terms of dress and gender expression, straight men were exclusively masculine, bisexuals were more masculine than feminine, gays were both masculine and feminine, and TGs were more feminine than masculine. The majority of TGs dressed with a mixture of how men and women usually dress.

Like the concept of sexuality, “gender” is also multidimensional. We have already discussed gender identity – that is, how a person labels their gender. Another important aspect of gender is how a person expresses their gender in their day-to-day lives. To gain a richer understanding of gender expression in the sample, the respondents were asked two further questions. The first was about how they expressed their gender through their clothing in their day-to-day life.

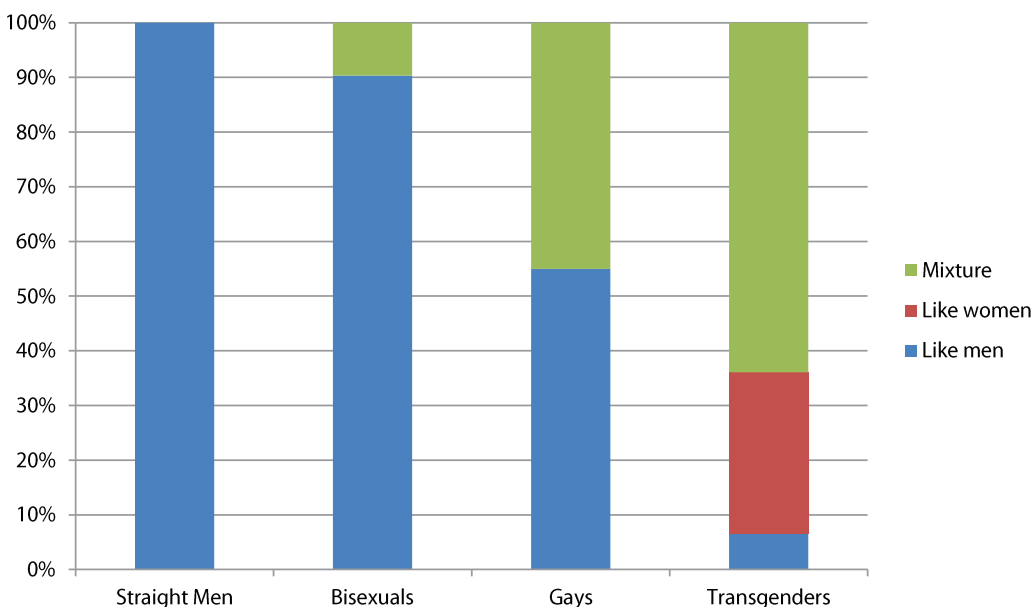
**Table 5.1: Gender expression through dress**

	Number	Percentage
Dress how men usually dress	123	61.2
Dress how women usually dress	18	9.0
Dress with a mixture of how men and women usually dress	60	29.9
<b>Total</b>	<b>201</b>	<b>100.0</b>

Data were missing for 11 respondents

The results become more meaningful when examined by sexuality/gender grouping. All of the straight men and all but 3 of the bisexual men stated that they dress how men usually dress. By comparison, 55.0% of the gays dressed how men usually dress, while 45.0% dress with a mixture of how men and women usually dress. The transgender group showed the most diversity: only 6.6% dressed like men, 63.9% dressed like women, and 55.2% dressed with a mixture of how men and women usually dress. One straight man, one gay, and nine transgender respondents did not answer this question.

**Figure 5.1: Gender expression through dress**



The second question was about how they expressed their gender generally. It asked, “In your day-to-day life, how often are you: a) Masculine (like a boy), and b) Feminine (like a girl)?” The question was structured as two separate continuums, rather than a single continuum with masculine on one side and feminine on the other. The reason for this is that if we understand gender expression to be something that people *do* rather than something that people *are* (Kentlyn, 2006), two implications arise:

1. The question is one of *how often* a person acts and feels “like a man” or “like a woman”, rather than *how much* a person is “like a man” or “like a woman”, and
2. It is possible for people to act and feel both masculine and feminine at different times.

The results showed that 66.8% of the respondents were masculine quite or very often, while only 9.1% were never masculine. By contrast, 43.7% were feminine quite or very often, while a much larger 44.7% were never feminine.

**Table 5.2: Frequency of masculine and feminine gender expression**

	Number (Percentage)					Total
	Never	Not Often	Sometimes	Quite Often	Very Often	
<b>Masculine</b>	17 (9.1)	28 (15.0)	17 (9.1)	22 (11.8)	103 (55.1)	<b>187</b> <b>(100.0)</b>
<b>Feminine</b>	85 (44.7)	5 (2.6)	17 (8.9)	27 (14.2)	56 (29.5)	<b>190</b> <b>(100.0)</b>

Missing data: Masculine – 25; Feminine – 22.

It is also possible to examine this question as a scale of frequency, ranging from Never (1) to Very Often (5). The mean scores for the whole sample were:

**Table 5.3: Mean scores of masculine and feminine gender expression**

	Mean Score	N Size
<b>Masculine</b>	3.9	187
<b>Feminine</b>	2.8	190

Missing data: Masculine – 25; Feminine – 22.

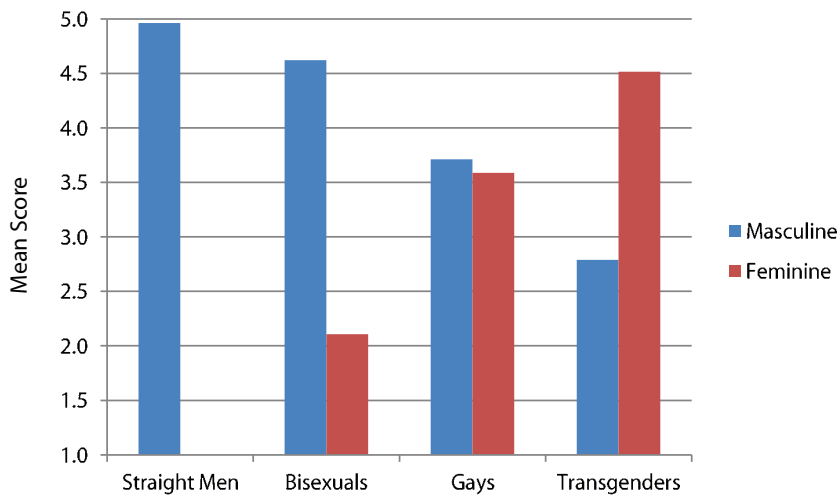
This means that across the whole sample (excluding missing data), respondents said they were more frequently masculine than feminine.

Again, these data make more sense when viewed through the lens of sexuality/gender grouping. The straight men were very often masculine, and never feminine. The bisexuals were also masculine very often, and feminine slightly more often than the straight men. The gays were both masculine and feminine some of the time. The transgenders were masculine the least often and feminine very often.

**Table 5.4: Mean scores of masculine and feminine gender expression by sexuality/gender grouping**

	Masculine Mean Score	N Size	Feminine Mean Score	N Size
<b>Straight Men</b>	5.0	53	1.0	62
<b>Bisexuals</b>	4.6	29	2.1	28
<b>Gays</b>	3.7	38	3.6	34
<b>Transgenders</b>	2.8	66	4.5	64
<b>Total</b>		<b>186</b>		<b>188</b>

**Figure 5.2: Mean scores of masculine and feminine gender expression by sexuality/gender grouping**



It should be noted that there was a large amount of missing data for this question (i.e. 11.8% of the respondents did not report on how often they were masculine and 10.4% did not report on how often they were feminine). This may have been because the question was confusing or that the concepts of masculinity and femininity may be understood in a particular way in Fiji that was not captured by this questionnaire.

## **DISCUSSION AND VALIDATION**

These results were supported at the validation meetings with MSM and TG community members.

# 6. SEXUAL ATTRACTION

## KEY FINDINGS

- ➔ 62.7% of the respondents were attracted to men, 46.7% to gays, 25.0% to transgenders and 42.0% to women.
- ➔ Straight men were most attracted to women, followed by gays and TGs, but were generally not attracted to other straight men.
- ➔ Bisexuals showed the most diversity in their attractions.
- ➔ Virtually all gays and TGs were attracted to straight men, a smaller percentage was attracted to other gays, and none were attracted to women.

The second component of sexuality is sexual attraction (Laumann, 1994). The respondents were asked whom they were attracted to, based on the three categories identified in the initial focus group discussion, plus women. They were able to select more than one option. The results for the whole sample are presented in Table 6.1.

**Table 6.1: Sexual attraction**

	Number	Percentage
<b>Men</b>	133	62.7
<b>Gays</b>	99	46.7
<b>Transgenders</b>	53	25.0
<b>Women</b>	89	42.0

Multiple responses were possible. Data were missing for one respondent.

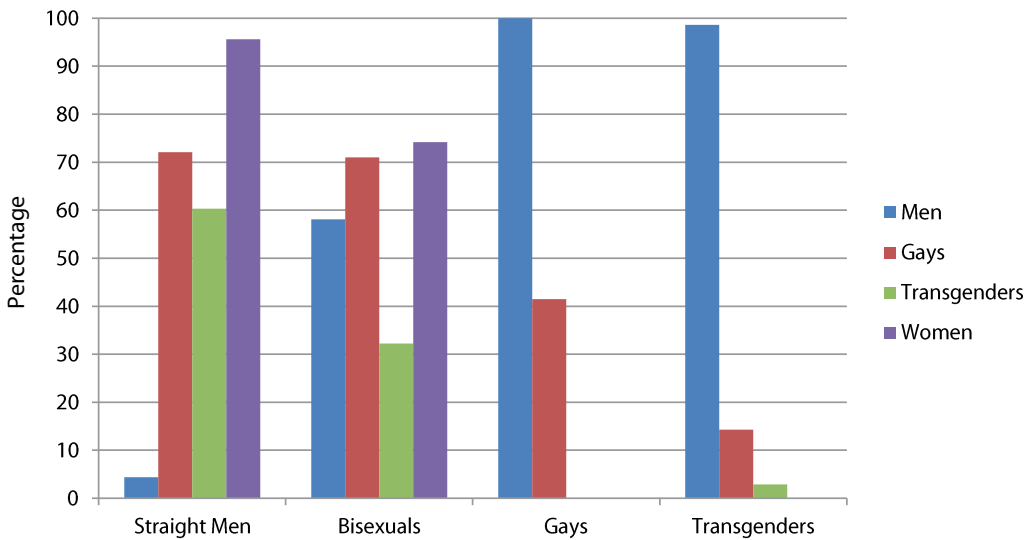
This was also analysed by sexuality/gender grouping, reported in Table 6.2 and Figure 6.1. The vast majority of straight men were attracted to women, and over half were also attracted to gays and transgenders. Very few straight men were attracted to other straight men. Bisexuals showed the most diversity in their attractions. Over half were attracted to men, gays and women, while just less than one-third were attracted to transgenders. All of the gays were attracted to men, and 41.5% were attracted to other gays. No gays were attracted to transgenders or women. Almost all of the transgenders were attracted to men, 14.3% were attracted to gays, and 2 transgenders were attracted to other transgenders. No TGs were attracted to women.

**Table 6.2: Sexual attraction and sexuality/gender grouping**

	Percentage that were attracted to:			
	Men	Gays	Transgenders	Women
<b>Straight Men</b>	4.4	72.1	60.3	95.6
<b>Bisexuals</b>	58.1	71.0	32.3	74.2
<b>Gays</b>	100.0	41.5	0.0	0.0
<b>Transgenders</b>	98.6	14.3	2.9	0.0

2 respondents were excluded from this analysis.

**Figure 6.1: Sexual attraction and sexuality/gender grouping**



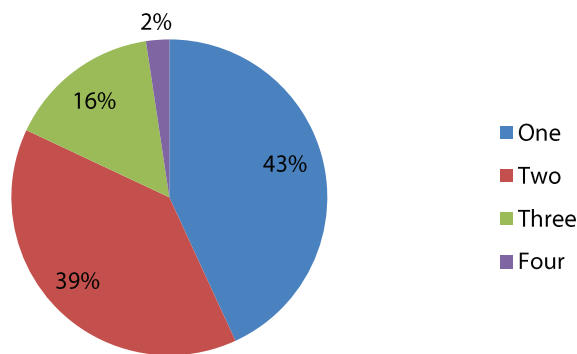
We examined whether the respondents were attracted to people from just one of these groups, two of them, three of them, or all four of them. 43.1% were attracted to people from only one group. 38.9% were attracted to people from two of the groups. 15.6% were attracted to people from three of the groups, and only 2.4% ( $n = 5$ ) were attracted to people from all four groups. These results are presented in Table 6.3 and Figure 6.2.

**Table 6.3: Attraction to people from one, two, three or four groups**

	Number	Percentage
People from one group	91	43.1
People from two groups	82	38.9
People from three groups	33	15.6
People from all groups (i.e. 4)	5	2.4
<b>Total</b>	<b>211</b>	<b>100.0</b>

Data were missing for one respondent.

**Figure 6.2: Attraction to people from one, two, three or four groups**



We were interested to know if the respondents' attractions fell into consistent patterns. That is, was it more common for respondents to be attracted to particular groups, or were their attractions fairly random? We found evidence of quite consistent patterns. For example: while 91 respondents were attracted to one group only, 85 of these were only attracted to men. Only one respondent reported being attracted to gays only, one to TGs only, and four to women only. 82 respondents (38.9%) were attracted to people from two of the groups. Three main patterns emerged: (a) 31 respondents were attracted to men and gays, (b) 30 respondents were attracted to gays and women, and (c) 17 respondents were attracted to TGs and women. The other combinations were much less common. While 33 respondents (15.6%) were attracted to people from three of the groups, 26 respondents were attracted to gays, TGs and women. The other combinations were much less common.



**Table 6.4: Attraction to people from one, two, three or four groups with combinations identified**

	Number	Percentage
<b>People from one group:</b>		
<i>Men only</i>	85	40.3
<i>Gays only</i>	1	0.5
<i>TG only</i>	1	0.5
<i>Women only</i>	4	1.9
<b>People from two groups:</b>		
<i>Men &amp; Gays</i>	31	14.7
<i>Men &amp; TGs</i>	1	0.5
<i>Men &amp; Women</i>	4	1.9
<i>Gays &amp; TGs</i>	1	0.5
<i>Gays &amp; Women</i>	30	14.2
<i>TGs &amp; Women</i>	17	8.1
<b>People from three groups</b>		
<i>Men, Gays &amp; TGs</i>	2	0.9
<i>Men, Gays &amp; Women</i>	3	1.4
<i>Gays, TGs &amp; Women</i>	26	12.3
<b>People from all four groups</b>	5	2.4
<b>Total</b>	<b>211</b>	<b>100.0</b>

Data were missing for one respondent.

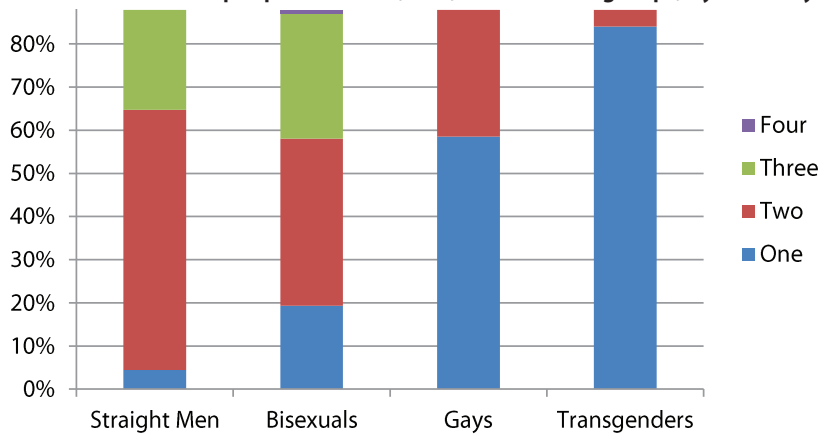
We also examined this by the sexuality/gender grouping of the respondents. 84.1% of transgenders were attracted to people from only one group. 58.5% of gays were attracted to people from only one group, while 41.5% were attracted to people from two groups. Bisexuals showed the most diversity, and were the most likely to be attracted to people from more than one group. 60.3% of straight men were attracted to people from two of the groups, while 33.8% were attracted to three of the groups. These results are presented in Table 6.5 and Figure 6.3.

**Table 6.5: Attraction to people from one, two, three or four groups, by sexuality/gender grouping**

	Number (Percentage)				Total
	One	Two	Three	Four (All)	
<b>Straight Men</b>	3 (4.4)	41 (60.3)	23 (33.8)	1 (1.5)	<b>68</b> <b>(100.0)</b>
<b>Bisexuals</b>	6 (19.4)	12 (38.7)	9 (29.0)	4 (12.9)	<b>31</b> <b>(100.0)</b>
<b>Gays</b>	24 (58.5)	17 (41.5)	0 (0.0)	0 (0.0)	<b>41</b> <b>(100.0)</b>
<b>Transgenders</b>	58 (84.1)	10 (14.5)	1 (1.4)	0 (0.0)	<b>69</b> <b>(100.0)</b>

Data were missing for one TG respondent; 2 other respondents were excluded.

**Figure 6.3: Attraction to people from one, two, three or four groups, by sexuality/gender grouping**



## DISCUSSION AND VALIDATION

Some important insights arose from these data. First, when exploring the attractions of straight males, we see that they were very rarely attracted to other straight males. This supports the notion that straight men do not view bisexuals, gays and transgenders as “men”, allowing them to engage in sexual behaviour with other biological males without challenging their heterosexual gender identity. It appears that straight males do not differentiate between gays and TGs. In the validation discussions, it was proposed that straight men probably think about the sexuality of others in terms of “straight male” versus “not straight male”, and that they probably do not have an understanding of the ways in which gays might be different from TGs.

The validation meetings were generally attended by people with “local” gay and TG identities. They essentially all said that they were attracted to straight men and not really to other gays. They had heard of this emerging pattern of gays liking other gays, but didn’t seem particularly interested in it. It may be that sexual attraction to other gays is a marker separating those with “global” and “local” gay identities. All gays in our questionnaire sample were attracted to (straight) men, but 41.5% were attracted to other gays. Nearly 15% of the TGs were attracted to gays. Those that stated they were attracted to gays may represent people who fit more into the “global” gay identity. Of course, it must be remembered that these categories are fluid and flexible, and that this analytical distinction between “local” and “global” is being applied to the situation in Fiji rather than organically emerging *from* the community in Fiji.

# 7. SEXUAL PARTNERS

## KEY FINDINGS

- ➔ 48.1% of respondents had ever had sex with women and 51.9% had not. In the last six months, 44.3% respondents said they had had sex with women, while 55.7% had not. Straight men and bisexuals were much more likely to have had sex with women.
- ➔ All respondents had ever had sex with a male, gay or TG. In the last six months, 62.3% ( $n = 132$ ) had had sex with straight men, 50.5% ( $n = 107$ ) had had sex with gays, and 23.1% ( $n = 49$ ) had had sex with transgenders.
- ➔ 71.2% of respondents were currently in regular relationship/s. 72.6% had been in regular relationship/s in the past six months.
- ➔ 84.9% had had one or more casual partners in the previous six months.
- ➔ The majority of the respondents (88.7%) had Fijian partners, with less (59.0%) having Indo-Fijian partners.
- ➔ Clubs and bars were the most popular place to find sex partners (67.0%) followed by friends'/family's homes (51.4%), the internet (50.5%), and functions or parties (38.7%). The most common place to have sex was the respondents' sex partners' homes (64.2%), followed by hotels (44.8%) and the respondents' own homes (43.4%).
- ➔ Many MSM and TGs felt that the prospect of ever being in a long-term, stable relationship with a man was unlikely.

The third component of sexuality is who people have sex with (Laumann, 1994). This chapter explores the types of partners that the respondents had.

## SEX WITH WOMEN

Respondents were asked if they had ever had sex with women: 48.1% ( $n = 102$ ) of respondents had ever had sex with women and 51.9% ( $n = 110$ ) had not. When asked about the previous six months, 44.3% ( $n = 94$ ) respondents said they had had sex with women, while 55.7% ( $n = 118$ ) had not.

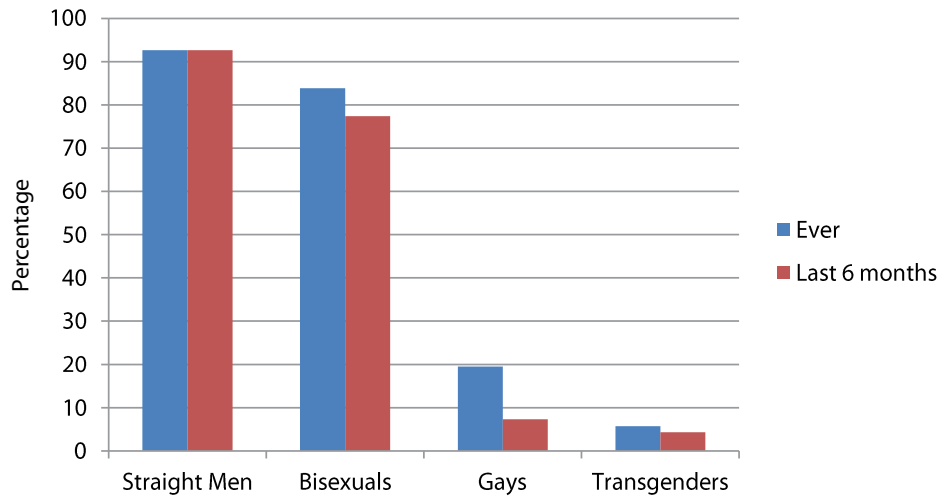
When broken down by sexuality/gender grouping, the results were as expected. The vast majority of straight men and bisexuals had previously had sex with women, one in five gays had ever done so, and only 5.7% transgenders had. In the previous six months, 92.6% of straight men and 77.4% of bisexuals had had sex with women, whereas only 7.3% of gays and 4.3% of transgenders had.

These results are presented in Table 7.1 and Figure 7.1.

**Table 7.1: Sexual experience with women and sexuality/gender grouping**

	Ever had sex with women		Had sex with women in the previous 6 months	
	Number	Percentage	Number	Percentage
<b>Straight Men</b>	63	92.6	63	92.6
<b>Bisexuals</b>	26	83.9	24	77.4
<b>Gays</b>	8	19.5	3	7.3
<b>Transgenders</b>	4	5.7	3	4.3

**Figure 7.1: Sexual experience with women by sexuality/gender grouping**

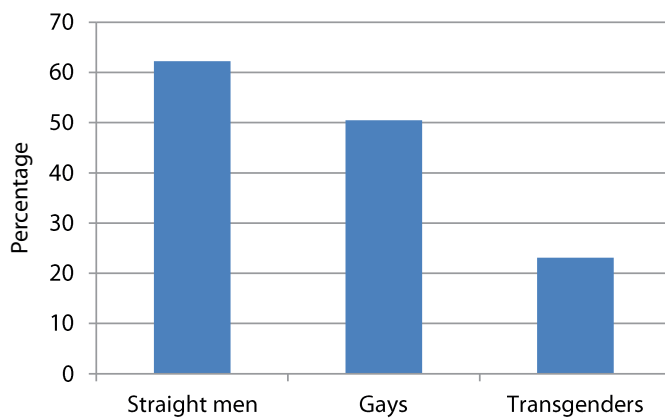


Of the respondents who had had sex with women in the previous six months, all had engaged in vaginal sex in the previous six months (although data were missing for two respondents).

### SEX WITH STRAIGHT MEN, GAYS AND TRANSGENDERS

All respondents reported that they had previously had sex with a biological male (straight man, gay or TG) in their lifetime. When asked about the previous six months, 62.3% ( $n = 132$ ) had had sex with straight men, 50.5% ( $n = 107$ ) had had sex with gays, and 23.1% ( $n = 49$ ) had had sex with transgenders. (These percentages do not add up to 100% because respondents could have sex with people from more than one group.)

**Figure 7.2: Sexual experience with straight men, gays and TGs by sexuality/gender grouping**

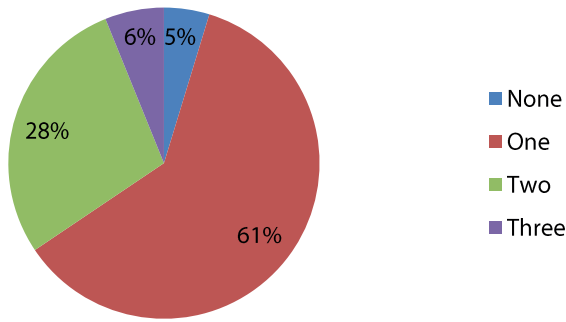


We examined whether the respondents had sex with people from just one of these groups, two of them, or all three of them. 4.7% of respondents did not have sex with any straight men, gays or transgenders in the previous six months. 60.8% had had sex with people from only one of these three groups. 28.3% had had sex with people from two of these three groups, while 6.1% had had sex with people from all three of the groups. This indicates that most respondents usually had sex with people from just one of the groups: straight men, gays or TGs.

**Table 7.2: Sex with people from none, one, two or three groups in the last six months**

	Number	Percentage
People from no groups	10	4.7
People from one group	129	60.8
People from two groups	60	28.3
People from three groups	13	6.1
<b>Total</b>	<b>212</b>	<b>100.0</b>

**Figure 7.3: Sex with people from none, one, two or three groups in the last six months**

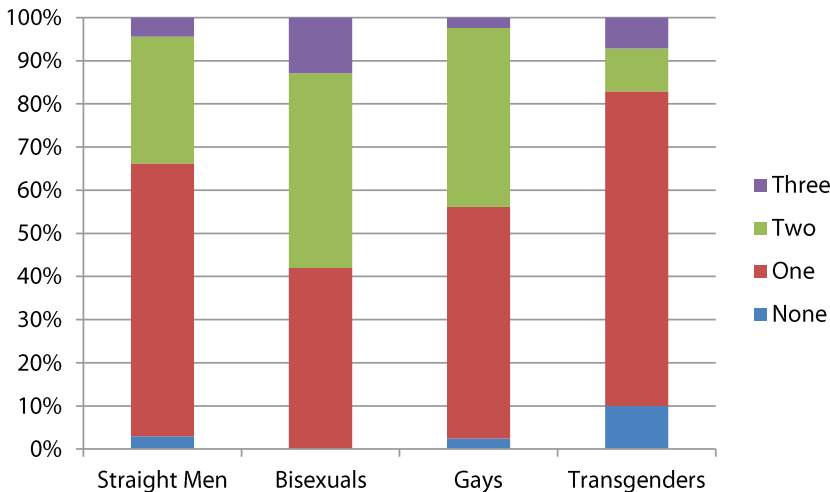


We also examined this by sexuality/gender grouping. Straight men and transgenders were most likely to have had sex with people from only one of the three groups. Bisexuals were the most likely to have had sex with people from two or three of the groups.

**Table 7.3: Sex with people from none, one, two or three groups, by sexuality/gender grouping**

	Number (Percentage)				Total
	None	One	Two	Three	
<b>Straight Men</b>	2 (2.9)	43 (63.2)	20 (29.4)	3 (4.4)	<b>68</b> <b>(100.0)</b>
<b>Bisexuals</b>	0 (0.0)	13 (41.9)	14 (45.2)	4 (12.9)	<b>31</b> <b>(100.0)</b>
<b>Gays</b>	1 (2.4)	22 (53.7)	17 (41.5)	1 (2.4)	<b>41</b> <b>(100.0)</b>
<b>Transgenders</b>	7 (10.0)	51 (72.9)	7 (10.0)	5 (7.1)	<b>70</b> <b>(100.0)</b>

**Figure 7.4: Sex with people from none, one, two or three groups, by sexuality/gender grouping**

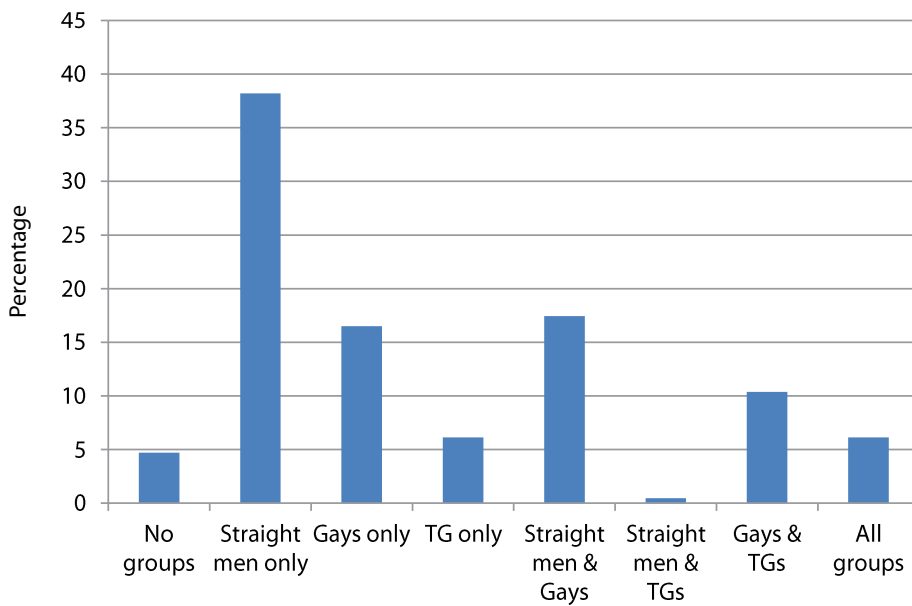


We examined which groups the respondents' sexual partners were from. 38.2% of the respondents had only straight male partners, 16.5% had only gay partners, and 6.1% had only TG partners. For those who had partners from two groups: 17.5% had partners that were straight and gay, only 0.5% had straight and TG partners, and 10.4% had gay and TG partners.

Table 7.4: Sex with people from none, one, two or three groups with combinations identified

Had sex with:	Number	Percentage
People from no groups	10	4.7
People from one group:		
<i>Straight men only</i>	81	38.2
<i>Gays only</i>	35	16.5
<i>TG only</i>	13	6.1
People from two groups:		
<i>Straight men &amp; Gays</i>	37	17.5
<i>Straight men &amp; TGs</i>	1	0.5
<i>Gays &amp; TGs</i>	22	10.4
People from all three groups	13	6.1
<b>Total</b>	<b>212</b>	<b>100.0</b>

Figure 7.5: Sex with people from none, one, two or three groups with combinations identified



## PARTNER NUMBERS IN THE LAST SIX MONTHS

We asked the respondents how many female, straight, gay and transgender partners they had in the previous six months.

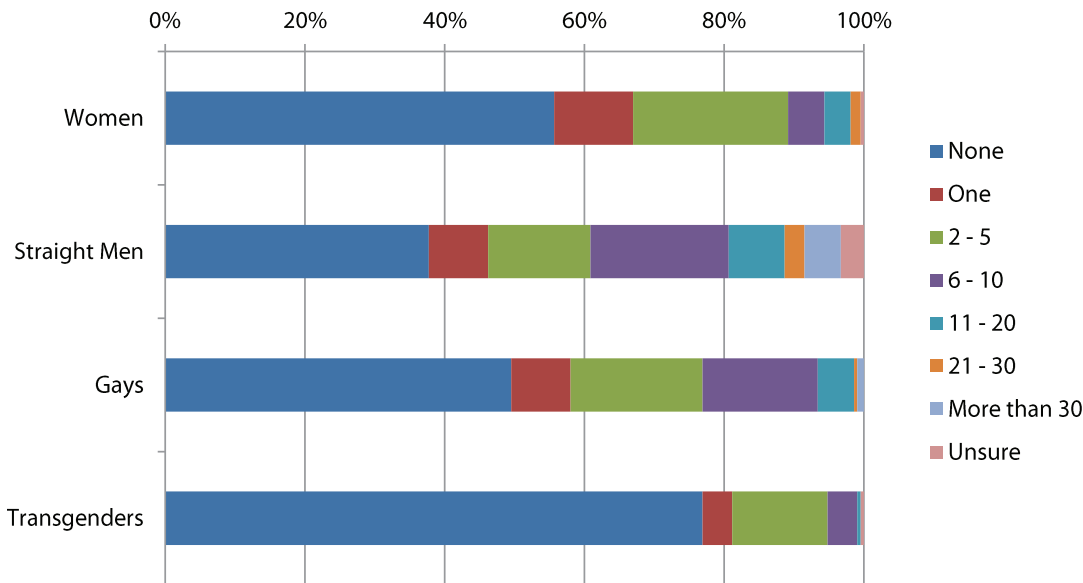
Table 7.5: Partner numbers of different partner types in the last six months

	Number (Percentage)			
	Women	Straight Men	Gays	Transgenders
<b>None</b>	118 (55.7)	80 (37.7)	105 (49.5)	163 (76.9)
<b>One</b>	24 (11.3)	18 (8.5)	18 (8.5)	9 (4.2)
<b>2 - 5</b>	47 (22.2)	31 (14.6)	40 (18.9)	29 (13.7)
<b>6 - 10</b>	11 (5.2)	42 (19.8)	35 (16.5)	9 (4.2)
<b>11 - 20</b>	8 (3.8)	17 (8.0)	11 (5.2)	1 (0.5)

Continued

<b>21 - 30</b>	3 (1.4)	6 (2.8)	1 (0.5)	0 (0.0)
<b>More than 30</b>	0 (0.0)	11 (5.2)	2 (0.9)	0 (0.0)
<b>Unsure</b>	1 (0.5)	7 (3.3)	0 (0.0)	1 (0.5)
<b>Total</b>	<b>212</b> <b>(100.0)</b>	<b>212</b> <b>(100.0)</b>	<b>212</b> <b>(100.0)</b>	<b>212</b> <b>(100.0)</b>

Figure 7.6: Partner numbers of different partner types in the last six months



## CURRENT RELATIONSHIPS AND SEXUAL PARTNERS IN THE PREVIOUS SIX MONTHS

71.2% ( $n = 151$ ) of the respondents currently had one or more regular male, gay or transgender partners.

The respondents were asked if they currently had any regular straight male, gay or transgender partners. Nearly half of the respondents currently had regular straight male partner/s, just over one-quarter currently had gay regular partner/s, and around 10% currently had transgender regular partner/s.

Table 7.6: Current straight male, gay and transgender partners

	Number	Percentage
<b>Straight male partner/s</b>	103	48.6
<b>Gay partner/s</b>	56	26.4
<b>Transgender partner/s</b>	21	9.9

72.6% ( $n = 154$ ) of the respondents had had one or more regular partners in the previous six months.

The respondents were asked if they had had any regular straight male, gay or transgender partners in the previous six months. Exactly half of the respondents had had regular straight male partner/s in the previous six months, 28.8% had had regular gay partner/s, and 9.9% had had regular transgender partner/s.

Table 7.7: Straight male, gay and transgender regular partners in the last six months

	Number	Percentage
<b>Straight male partner/s</b>	106	50.0
<b>Gay partner/s</b>	61	28.8
<b>Transgender partner/s</b>	21	9.9

84.9% ( $n = 180$ ) of the respondents had had one or more casual partners in the previous six months.

The respondents were asked if they had had any casual straight male, gay or transgender partners in the previous six months. Just over half had had casual straight male partners, 40.1% had had casual gay partners, and 17.5% had had casual TG partners.

**Table 7.8: Straight male, gay and transgender casual partners in the last six months**

	Number	Percentage
Straight male partner/s	111	52.4
Gay partner/s	85	40.1
Transgender partner/s	37	17.5

## ETHNICITY OF SEXUAL PARTNERS

Respondents were asked about the ethnicity of their partners in the previous six months. 88.7% of respondents had had sex with at least one Fijian partner in the past six months. 59.0% had had sex with at least one Fiji-Indian partner, 25.0% with at least one Rotuman partner, 28.3% with European partner/s, and 28.8% with Other Pacific Islanders.

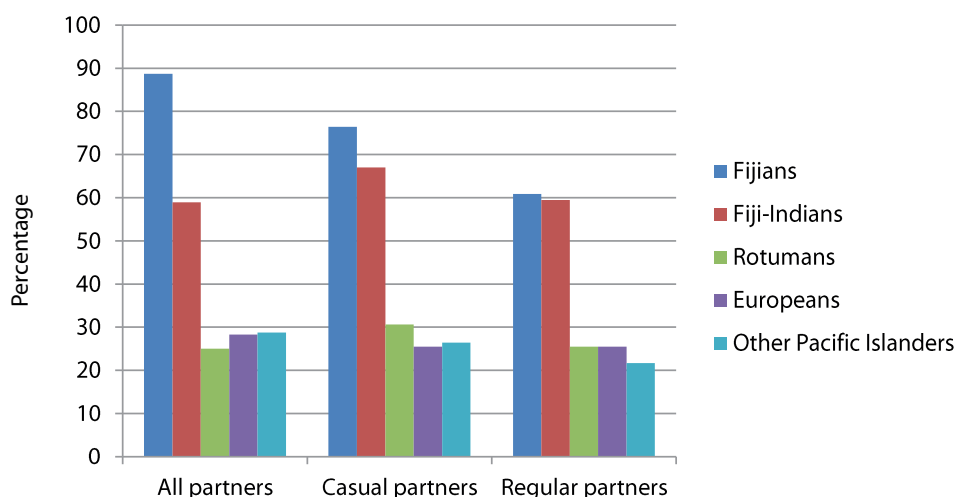
When asked about casual partners in the previous six months, 76.4% had had sex with one or more casual Fijian partners, 67.0% with one or more Fiji-Indians, 30.7% with Rotumans, 25.5% with Europeans, and 26.4% with Other Pacific Islanders. In terms of regular partners, 60.8% had had sex with regular Fijian partners, 59.4% with Fiji-Indians, 25.5% with Rotumans, 25.5% with Europeans, and 21.7% with Other Pacific Islanders.

**Table 7.9: Ethnicity of sexual partners in the last six months**

	Number (Percentage)		
	All MSM/TG partners	Casual MSM/TG partners	Regular MSM/TG partners
Fijian	188 (88.7)	162 (76.4)	129 (60.8)
Fiji-Indian	125 (59.0)	142 (67.0)	126 (59.4)
Rotuman	53 (25.0)	65 (30.7)	54 (25.5)
European/Caucasian	60 (28.3)	54 (25.5)	54 (25.5)
Other Pacific Islander	61 (28.8)	56 (26.4)	46 (21.7)

Note: Multiple responses were possible.

**Figure 7.7: Ethnicity of sexual partners in the last six months**



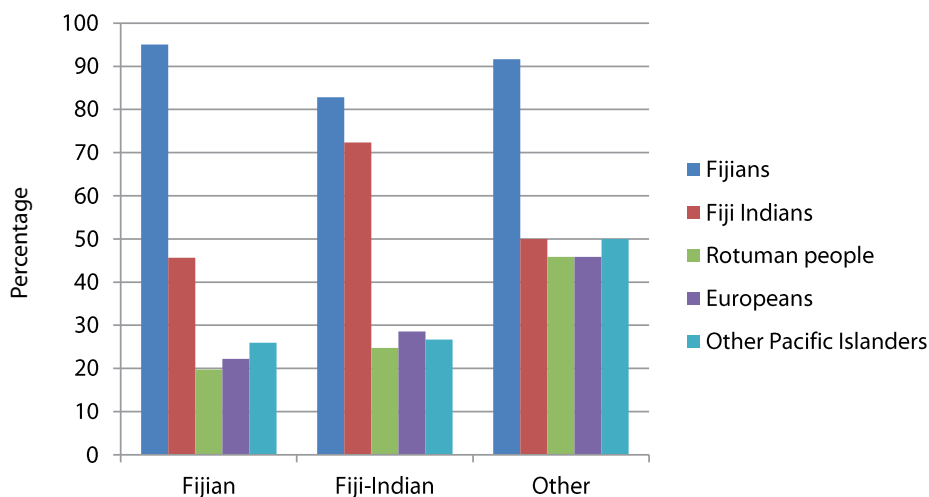


The results for all MSM/TG partners in the past six months were also examined by the ethnicity of the respondents. People from all ethnicities were more likely to have had sex with Fijians, although this preference was most pronounced for Fijian respondents and respondents from “other” ethnic backgrounds. Fiji-Indians were the most likely to have had sex with other Fiji-Indian partners.

**Table 7.10: Ethnicity of sexual partners by ethnicity of respondents**

	Number (Percentage)				
	Fijians	Fiji-Indians	Rotumans	Europeans	Other Pacific Islanders
<b>Fijians</b>	77 (95.1)	37 (45.7)	16 (19.8)	18 (22.2)	21 (25.9)
<b>Fiji-Indians</b>	87 (82.9)	76 (72.4)	26 (24.8)	30 (28.6)	28 (26.7)
<b>Other</b>	22 (91.7)	12 (50.0)	11 (45.8)	11 (45.8)	12 (50.0)

**Figure 7.8: Ethnicity of sexual partners by ethnicity of respondents**



## FINDING SEX PARTNERS AND LOCATIONS OF SEXUAL ACTIVITY

Respondents were asked about where they found male, gay or transgender sex partners and where they actually had sex with male, gay or transgender sex partners in the past six months.

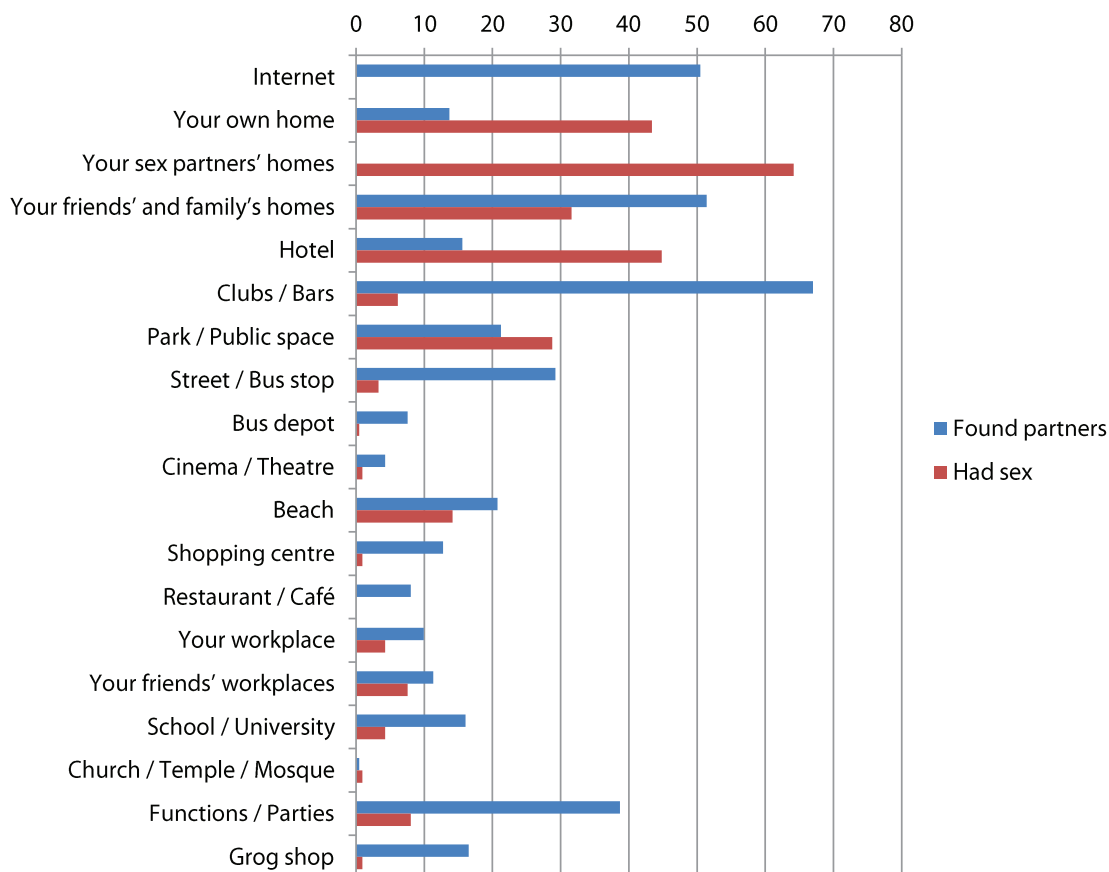
The result showed that clubs and bars were the most popular place to find sex partners (with 67.0% of respondents using this method), followed by friends’/family’s homes (51.4%), the internet (50.5%), and functions or parties (38.7%). The most common place to have sex was the respondents’ sex partners’ homes (64.2%), followed by hotels (44.8%) and the respondents’ own homes (43.4%).

**Table 7.11: Places where respondents found sex partners and had sex in the last six months**

Place	Found Sex Partners		Had Sex	
	Number	Percentage	Number	Percentage
Internet	107	50.5	<i>Not applicable</i>	
Your own home	29	13.7	92	43.4
Your sex partners' homes	<i>Not applicable</i>		136	64.2
Friends' or family's homes	109	51.4	67	31.6
Hotel	33	15.6	95	44.8
Clubs and bars	142	67.0	13	6.1
Park / Public space	45	21.2	61	28.8
Street / Bus stop	62	29.2	7	3.3
Bus depot	16	7.5	1	0.5
Cinema / Theatre	9	4.2	2	0.9
Beach	44	20.8	30	14.2
Shopping Centre	27	12.7	2	0.9
Restaurant / Café	17	8.0	0	0.0
Your workplace	21	9.9	9	4.2
Your friends' workplaces	24	11.3	16	7.5
School / University	34	16.0	9	4.2
Church / Temple / Mosque	1	0.5	2	0.9
Functions / Parties	82	38.7	17	8.0
Grog Shop	35	16.5	2	0.9

Note: Multiple responses were possible.

**Figure 7.9: Places where respondents found sex partners and had sex in the last six months**



## DISCUSSION AND VALIDATION

The validation meetings with MSM and TG community members also covered topics not presented above. The participants discussed two common desires among gays and TGs, but that these two desires were often at odds with each other. The first was the impulse to “get the next guy”. They discussed how they were constantly focused on the quest to find a new (usually straight male) sexual partner. The second impulse contradicted the first, and was the desire to find something longer-lasting and intimate with a male partner. However, even in these comments, there was a sense of fatalism about the perceived reality that (a) they would never achieve that fantasy with a straight male, and (b) even if they found a longer-term lover, the success of the partnership would be undermined by the desire to constantly find new sexual partners. There was some discussion of looking for intimacy in short-term relationships with straight men, but also the sense of disappointment over and over again when they realised that this was usually not what the straight male partner was looking for.

Although the numbers were too small to make any generalisations, it did appear that the focus in the first day of validation, which involved more gays rather than TGs, was on the first impulse to constantly find new sexual partners. By contrast, the second day of validation involved more transgenders, and there seemed to be more of a sense of desiring longer-term relationships among this group.

# 8. SEXUAL ACTIVITIES AND PARTNER TYPES

## KEY FINDINGS

- ➔ 48.6% currently had regular straight male partner/s and 50.0% had had one or more in the previous six months.
- ➔ 25.9% currently had regular gay partner/s and 28.3% had sex with any regular gay partners in the previous six months.
- ➔ 9.9% currently had regular transgender partner/s and the same 9.9% had sex with any regular gay partners in the previous six months.
- ➔ 52.4% had sex with any casual straight male partners in the previous six months.
- ➔ 40.1% had sex with any casual gay partners in the previous six months.
- ➔ 16.5% had sex with any casual transgender partners in the previous six months.
- ➔ Over the previous six months, 21.2% always used condoms with regular straight male partners, 39.3% with regular gay partners, and 23.8% with regular transgender partners.
- ➔ Over the previous six months, 23.9% always used condoms with casual straight male partners, 35.8% with casual gay partners, and 35.3% with casual transgender partners.
- ➔ The *last time* they had anal sex, 42.3% used condoms correctly with regular straight male partners, 61.8% with regular gay partners, and 42.9% with regular transgender partners.
- ➔ The *last time* they had anal sex, 41.9% used condoms correctly with casual straight male partners, 58.7% with casual gay partners, and 58.8% with casual transgender partners.

The questionnaire asked respondents a series of questions on sexual behaviour with different types of partners. There were six sets of questions:

- Regular straight male partners
- Regular gay partners
- Regular transgender partners
- Casual straight male partners
- Casual gay partners
- Casual transgender partners

The choice of whether to assign partners as “regular” or “casual” was left up to the respondents. Generally, regular partners are seen as boyfriends/girlfriends, lovers, or ongoing sexual partners. Casual partners are seen as people with whom there is no ongoing connection or commitment. Of course, the boundary between these categories is not clear-cut, and different respondents might interpret them differently. However, these have become fairly standard categories used internationally in research with MSM. The choice of whether to assign partners as “straight male,” “gay” or “transgender” was also left up to the respondents. The research assistants found that they had to explain the concept of transgender, and that some respondents did not understand the difference between gay and transgender. The key point is to be aware that the respondents answered the questions based on partners they assigned into each category – which would not necessarily be the same as how the partner would assign themselves.

Please note that for the questions regarding condom use, respondents were not actually asked if they had “used a condom properly”. They were asked if they had used a condom, if they had not used a condom, if they used a condom but it broke or if they used a condom for part of the time only. All the responses other than “used a condom” were put together into the “did not use a condom properly” category, indicating that at least some unprotected sex occurred.

## REGULAR STRAIGHT MALE PARTNERS

48.6% ( $n = 103$ ) of the respondents currently had a regular straight male partner at the time of the survey, and 50.0% ( $n = 106$ ) of the sample had had any kind of sex with any regular straight male partner/s in the previous six months. Those who had had sex with any regular straight male partner in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.1: Sexual activities with regular straight male partners in the last six months**

	Number (Percentage)			Total
	Never	Occasion-ally	Often	
<b>I masturbated him</b>	26 (24.5)	70 (66.0)	10 (9.4)	<b>106 (100.0)</b>
<b>He masturbated me</b>	76 (71.7)	25 (23.6)	5 (4.7)	<b>106 (100.0)</b>
<b>I thigh-fucked him (my penis between his thighs)</b>	94 (88.7)	8 (7.5)	4 (3.8)	<b>106 (100.0)</b>
<b>He thigh-fucked me (his penis between my thighs)</b>	48 (45.3)	41 (38.7)	17 (16.0)	<b>106 (100.0)</b>
<b>I sucked his cock but he did NOT come in my mouth</b>	13 (12.3)	59 (55.7)	34 (32.1)	<b>106 (100.0)</b>
<b>He sucked my cock but I did NOT come in his mouth</b>	79 (74.5)	18 (17.0)	9 (8.5)	<b>106 (100.0)</b>
<b>I sucked his cock and he came in my mouth</b>	20 (18.9)	53 (50.0)	33 (31.1)	<b>106 (100.0)</b>
<b>He sucked my cock and I came in his mouth</b>	88 (83.0)	12 (11.3)	6 (5.7)	<b>106 (100.0)</b>
<b>I fucked him with a condom</b>	86 (81.1)	17 (16.0)	3 (2.8)	<b>106 (100.0)</b>
<b>He fucked me with a condom</b>	30 (28.3)	40 (37.7)	36 (34.0)	<b>106 (100.0)</b>
<b>I fucked him WITHOUT a condom but pulled out before I came</b>	88 (83.0)	13 (12.3)	5 (4.7)	<b>106 (100.0)</b>
<b>He fucked me WITHOUT a condom but pulled out before he came</b>	60 (56.6)	38 (35.8)	8 (7.5)	<b>106 (100.0)</b>
<b>I fucked him WITHOUT a condom and came inside him</b>	90 (84.9)	8 (7.5)	8 (7.5)	<b>106 (100.0)</b>
<b>He fucked me WITHOUT a condom and came inside me</b>	34 (32.1)	29 (27.4)	43 (40.6)	<b>106 (100.0)</b>

The results showed that 98.1% ( $n = 104$ ) of the 106 respondents who had regular straight male partners in the past six months had any anal sex with those partners. Of these 104 respondents, 21.2% always used condoms, while 78.8% engaged in some form of unprotected anal intercourse with their regular straight male partners.

**Table 8.2: Condom use for anal sex with regular straight male partners in the last six months**

	Number	Percentage
<b>Always used condoms for anal sex</b>	22	21.2
<b>Did not always use condoms for anal sex</b>	59	56.7
<b>Never used condoms for anal sex</b>	23	22.1
<b>Total</b>	<b>104</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a regular straight male partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a regular straight male partner ( $n = 104$ ) are presented below.

**Table 8.3: Condom use for anal sex at last occasion of anal sex with regular straight male partners**

	Number	Percentage
Used a condom properly	44	42.3
Did not use a condom properly	60	57.7
<b>Total</b>	<b>104</b>	<b>100.0</b>

**Table 8.4: Lubricant use for anal sex at last occasion of anal sex with regular straight male partners**

	Number	Percentage
Water-based lubricant (e.g. KY gel)	44	42.3
Coconut oil	14	13.5
Saliva / Spit	36	34.6
Baby oil	10	9.6
Moisturiser / Shampoo	23	22.1
Vaseline	0	0.0
No lubricant	4	3.8

Multiple responses were possible.

## REGULAR GAY PARTNERS

25.9% ( $n = 55$ ) of the respondents currently had a regular gay partner at the time of the survey, and 28.3% ( $n = 60$ ) of the sample had had any kind of sex with any regular gay partner/s in the previous six months. Those who had had sex with any regular gay partner in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.5: Sexual activities with regular gay partners in the last six months**

	Number (Percentage)			Total
	Never	Occasion-ally	Often	
I masturbated him	23 (38.3)	34 (56.7)	3 (5.0)	<b>60</b> <b>(100.0)</b>
He masturbated me	15 (25.0)	42 (70.0)	3 (5.0)	<b>60</b> <b>(100.0)</b>
I thigh-fucked him (my penis between his thighs)	29 (48.3)	26 (43.3)	5 (8.3)	<b>60</b> <b>(100.0)</b>
He thigh-fucked me (his penis between my thighs)	42 (70.0)	16 (26.7)	2 (3.3)	<b>60</b> <b>(100.0)</b>
I sucked his cock but he did NOT come in my mouth	27 (45.0)	24 (40.0)	9 (15.0)	<b>60</b> <b>(100.0)</b>
He sucked my cock but I did NOT come in his mouth	19 (31.7)	21 (35.0)	20 (33.3)	<b>60</b> <b>(100.0)</b>
I sucked his cock and he came in my mouth	38 (63.3)	17 (28.3)	5 (8.3)	<b>60</b> <b>(100.0)</b>
He sucked my cock and I came in his mouth	18 (30.0)	16 (26.7)	26 (43.3)	<b>60</b> <b>(100.0)</b>
I fucked him with a condom	19 (31.7)	18 (30.0)	23 (38.3)	<b>60</b> <b>(100.0)</b>
He fucked me with a condom	41 (68.3)	15 (25.0)	4 (6.7)	<b>60</b> <b>(100.0)</b>

Continued

<b>I fucked him WITHOUT a condom but pulled out before I came</b>	46 (76.7)	12 (20.0)	2 (3.3)	<b>60</b> <b>(100.0)</b>
<b>He fucked me WITHOUT a condom but pulled out before he came</b>	44 (73.3)	12 (20.0)	4 (6.7)	<b>60</b> <b>(100.0)</b>
<b>I fucked him WITHOUT a condom and came inside him</b>	37 (61.7)	8 (13.3)	15 (25.0)	<b>60</b> <b>(100.0)</b>
<b>He fucked me WITHOUT a condom and came inside me</b>	45 (75.0)	10 (16.7)	5 (8.3)	<b>60</b> <b>(100.0)</b>

The results showed that 93.3% ( $n = 56$ ) of the 60 respondents who had regular gay partners in the past six months had any anal sex with those partners. Of these 56 respondents, 39.3% always used condoms, while 60.7% engaged in some form of unprotected anal intercourse with their regular gay partners.

**Table 8.6: Condom use for anal sex with regular gay partners in the last six months**

	Number	Percentage
<b>Always used condoms for anal sex</b>	22	39.3
<b>Did not always use condoms for anal sex</b>	28	50.0
<b>Never used condoms for anal sex</b>	6	10.7
<b>Total</b>	<b>56</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a regular gay partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a regular gay partner are presented below.

**Table 8.7: Condom use for anal sex at last occasion of anal sex with regular gay partners**

	Number	Percentage
<b>Used a condom properly</b>	34	61.8
<b>Did not use a condom properly</b>	21	38.2
<b>Total</b>	<b>55</b>	<b>100.0</b>

Data were missing for 1 respondent.

**Table 8.8: Lubricant use for anal sex at last occasion of anal sex with regular gay partners**

	Number	Percentage
<b>Water-based lubricant (e.g. KY gel)</b>	26	47.3
<b>Coconut oil</b>	6	10.9
<b>Saliva / Spit</b>	26	47.3
<b>Baby oil</b>	6	10.9
<b>Moisturiser / Shampoo</b>	14	25.5
<b>Vaseline</b>	1	1.8
<b>No lubricant</b>	1	1.8

Multiple responses were possible. Data were missing for 1 respondent.

## REGULAR TRANSGENDER PARTNERS

9.9% ( $n = 21$ ) of the respondents currently had a regular transgender partner at the time of the survey, and the same 9.9% ( $n = 21$ ) of the sample had had any kind of sex with any regular transgender partner/s in the previous six months. Those who had had sex with any regular transgender partner in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.9: Sexual activities with regular transgender partners in the last six months**

	Number (Percentage)			Total
	Never	Occasion-ally	Often	
I masturbated him/her	18 (85.7)	2 (9.5)	1 (4.8)	<b>21</b> <b>(100.0)</b>
He/she masturbated me	4 (19.0)	16 (76.2)	1 (4.8)	<b>21</b> <b>(100.0)</b>
I thigh-fucked him/her (my penis between his/her thighs)	8 (38.1)	10 (47.6)	3 (14.3)	<b>21</b> <b>(100.0)</b>
He/she thigh-fucked me (his/her penis between my thighs)	17 (81.0)	2 (9.5)	2 (9.5)	<b>21</b> <b>(100.0)</b>
I sucked his/her cock but he/she did NOT come in my mouth	19 (90.5)	2 (9.5)	0 (0.0)	<b>21</b> <b>(100.0)</b>
He/she sucked my cock but I did NOT come in his/her mouth	6 (28.6)	12 (57.1)	3 (14.3)	<b>21</b> <b>(100.0)</b>
I sucked his/her cock and he/she came in my mouth	17 (81.0)	3 (14.3)	1 (4.8)	<b>21</b> <b>(100.0)</b>
He/she sucked my cock and I came in his/her mouth	3 (14.3)	14 (66.7)	4 (19.0)	<b>21</b> <b>(100.0)</b>
I fucked him/her with a condom	6 (28.6)	7 (33.3)	8 (38.1)	<b>21</b> <b>(100.0)</b>
He/she fucked me with a condom	18 (85.7)	2 (9.5)	1 (4.8)	<b>21</b> <b>(100.0)</b>
I fucked him/her WITHOUT a condom but pulled out before I came	13 (61.9)	7 (33.3)	1 (4.8)	<b>21</b> <b>(100.0)</b>
He/she fucked me WITHOUT a condom but pulled out before he/she came	19 (90.5)	1 (4.8)	1 (4.8)	<b>21</b> <b>(100.0)</b>
I fucked him/her WITHOUT a condom and came inside him/her	7 (33.3)	7 (33.3)	7 (33.3)	<b>21</b> <b>(100.0)</b>
He/she fucked me WITHOUT a condom and came inside me	19 (90.5)	2 (9.5)	0 (0.0)	<b>21</b> <b>(100.0)</b>

The results showed that all ( $n = 21$ ) of the respondents who had regular transgender partners in the past six months had any anal sex with those partners. Of these 21 respondents, 23.8% always used condoms, while 76.2% engaged in some form of unprotected anal intercourse with their regular transgender partners.

**Table 8.10: Condom use for anal sex with regular transgender partners in the last six months**

	Number	Percentage
Always used condoms for anal sex	5	23.8
Did not always use condoms for anal sex	11	52.4
Never used condoms for anal sex	5	23.8
<b>Total</b>	<b>21</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a regular transgender partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a regular transgender partner are presented below.



**Table 8.11: Condom use for anal sex at last occasion of anal sex with regular transgender partners**

	Number	Percentage
Used a condom properly	9	45.0
Did not use a condom properly	11	55.0
<b>Total</b>	<b>20</b>	<b>100.0</b>

Data were missing for one respondent.

**Table 8.12: Lubricant use for anal sex at last occasion of anal sex with regular transgender partners**

	Number	Percentage
Water-based lubricant (e.g. KY gel)	7	33.3
Coconut oil	3	14.3
Saliva / Spit	9	42.9
Baby oil	3	14.3
Moisturiser / Shampoo	2	9.5
Vaseline	0	0.0
No lubricant	1	4.8

Multiple responses were possible.

## CASUAL STRAIGHT MALE PARTNERS

In the past six months, 52.4% ( $n = 111$ ) of the respondents had sex with any casual straight male partners. Those who had had sex with any casual straight male partners in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.13: Sexual activities with casual straight male partners in the last six months**

	Number (Percentage)			Total
	Never	Occasion-ally	Often	
I masturbated him	24 (21.6)	73 (65.8)	14 (12.6)	<b>111</b> <b>(100.0)</b>
He masturbated me	75 (67.6)	28 (25.2)	8 (7.2)	<b>111</b> <b>(100.0)</b>
I thigh-fucked him (my penis between his thighs)	97 (87.4)	12 (10.8)	2 (1.8)	<b>111</b> <b>(100.0)</b>
He thigh-fucked me (his penis between my thighs)	56 (50.5)	43 (38.7)	12 (10.8)	<b>111</b> <b>(100.0)</b>
I sucked his cock but he did NOT come in my mouth	21 (18.9)	65 (58.6)	25 (22.5)	<b>111</b> <b>(100.0)</b>
He sucked my cock but I did NOT come in his mouth	87 (78.4)	21 (18.9)	3 (2.7)	<b>111</b> <b>(100.0)</b>
I sucked his cock and he came in my mouth	22 (19.8)	51 (45.9)	38 (34.2)	<b>111</b> <b>(100.0)</b>
He sucked my cock and I came in his mouth	95 (85.6)	12 (10.8)	4 (3.6)	<b>111</b> <b>(100.0)</b>
I fucked him with a condom	97 (87.4)	7 (6.3)	7 (6.3)	<b>111</b> <b>(100.0)</b>
He fucked me with a condom	28 (25.2)	41 (36.9)	42 (37.8)	<b>111</b> <b>(100.0)</b>

	Number (Percentage)			
	Never	Occasion-ally	Often	Total
I fucked him WITHOUT a condom but pulled out before I came	103 (92.8)	7 (6.3)	1 (0.9)	<b>111</b> <b>(100.0)</b>
He fucked me WITHOUT a condom but pulled out before he came	65 (58.6)	41 (36.9)	5 (4.5)	<b>111</b> <b>(100.0)</b>
I fucked him WITHOUT a condom and came inside him	97 (87.4)	6 (5.4)	8 (7.2)	<b>111</b> <b>(100.0)</b>
He fucked me WITHOUT a condom and came inside me	39 (35.1)	28 (25.2)	44 (39.6)	<b>111</b> <b>(100.0)</b>

The results showed that 98.2% ( $n = 109$ ) of the 111 respondents who had casual straight male partners in the past six months had any anal sex with those partners. Of these 109 respondents, 21.2% always used condoms, while 78.8% engaged in some form of unprotected anal intercourse with their casual straight male partners.

**Table 8.14: Condom use for anal sex with casual straight male partners in the last six months**

	Number	Percentage
Always used condoms for anal sex	26	23.9
Did not always use condoms for anal sex	59	54.1
Never used condoms for anal sex	24	22.0
<b>Total</b>	<b>109</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a casual straight male partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a casual straight male partner ( $n = 109$ ) are presented below.

**Table 8.15: Condom use for anal sex at last occasion of anal sex with casual straight male partners**

	Number	Percentage
Used a condom properly	44	41.9
Did not use a condom properly	61	58.1
<b>Total</b>	<b>105</b>	<b>100.0</b>

Data were missing for 4 respondents.

**Table 8.16: Lubricant use for anal sex at last occasion of anal sex with casual straight male partners**

	Number	Percentage
Water-based lubricant (e.g. KY gel)	41	37.6
Coconut oil	13	11.9
Saliva / Spit	43	39.4
Baby oil	13	11.9
Moisturiser / Shampoo	14	12.8
Vaseline	1	0.9
No lubricant	6	5.5

Multiple responses were possible.

## CASUAL GAY PARTNERS

In the past six months, 40.1% ( $n = 85$ ) of the respondents had sex with any casual gay partners. Those who had had sex with any casual gay partners in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.17: Sexual activities with casual gay partners in the last six months**

	Number (Percentage)			
	Never	Occasion-ally	Often	Total
<b>I masturbated him</b>	50 58.8	32 37.6	3 3.5	<b>85</b> <b>(100.0)</b>
<b>He masturbated me</b>	20 23.5	60 70.6	5 5.9	<b>85</b> <b>(100.0)</b>
<b>I thigh-fucked him (my penis between his thighs)</b>	53 62.4	20 23.5	12 14.1	<b>85</b> <b>(100.0)</b>
<b>He thigh-fucked me (his penis between my thighs)</b>	68 80.0	16 18.8	1 1.2	<b>85</b> <b>(100.0)</b>
<b>I sucked his cock but he did NOT come in my mouth</b>	54 63.5	26 30.6	5 5.9	<b>85</b> <b>(100.0)</b>
<b>He sucked my cock but I did NOT come in his mouth</b>	24 28.2	43 50.6	18 21.2	<b>85</b> <b>(100.0)</b>
<b>I sucked his cock and he came in my mouth</b>	60 70.6	22 25.9	3 3.5	<b>85</b> <b>(100.0)</b>
<b>He sucked my cock and I came in his mouth</b>	19 22.4	36 42.4	30 35.3	<b>85</b> <b>(100.0)</b>
<b>I fucked him with a condom</b>	30 35.3	21 24.7	34 40.0	<b>85</b> <b>(100.0)</b>
<b>He fucked me with a condom</b>	62 72.9	13 15.3	10 11.8	<b>85</b> <b>(100.0)</b>
<b>I fucked him WITHOUT a condom but pulled out before I came</b>	57 67.1	20 23.5	8 9.4	<b>85</b> <b>(100.0)</b>
<b>He fucked me WITHOUT a condom but pulled out before he came</b>	73 85.9	12 14.1	0 0.0	<b>85</b> <b>(100.0)</b>
<b>I fucked him WITHOUT a condom and came inside him</b>	44 51.8	17 20.0	24 28.2	<b>85</b> <b>(100.0)</b>
<b>He fucked me WITHOUT a condom and came inside me</b>	66 77.6	12 14.1	7 8.2	<b>85</b> <b>(100.0)</b>

The results showed that 95.3% ( $n = 81$ ) of the 85 respondents who had casual gay partners in the past six months had any anal sex with those partners. Of these 81 respondents, 21.2% always used condoms, while 78.8% engaged in some form of unprotected anal intercourse with their casual gay partners.

**Table 8.18: Condom use for anal sex with casual gay partners in the last six months**

	Number	Percentage
<b>Always used condoms for anal sex</b>	29	35.8
<b>Did not always use condoms for anal sex</b>	31	38.3
<b>Never used condoms for anal sex</b>	21	25.9
<b>Total</b>	<b>81</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a casual gay partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a casual gay partner are presented below.

**Table 8.19: Condom use for anal sex at last occasion of anal sex with casual gay partners**

	Number	Percentage
Used a condom properly	44	58.7
Did not use a condom properly	31	41.3
<b>Total</b>	<b>75</b>	<b>100.0</b>

Data were missing for 6 respondents.

**Table 8.20: Lubricant use for anal sex at last occasion of anal sex with casual gay partners**

	Number	Percentage
Water-based lubricant (e.g. KY gel)	18	23.7
Coconut oil	8	10.5
Saliva / Spit	33	43.4
Baby oil	1	1.3
Moisturiser / Shampoo	14	18.4
Vaseline	1	1.3
No lubricant	1	1.3

Data were missing for 5 respondents.

## CASUAL TRANSGENDER PARTNERS

In the past six months, 16.5% ( $n = 35$ ) of the respondents had sex with any casual transgender partners. Those who had had sex with any casual transgender partners in the previous six months were asked about the frequency of particular sexual activities. The results are presented in the following table.

**Table 8.21: Sexual activities with casual transgender partners in the last six month**

	Number (Percentage)			
	Never	Occasion-ally	Often	Total
I masturbated him/her	29 (82.9)	4 (11.4)	2 (5.7)	<b>35</b> <b>(100.0)</b>
He/she masturbated me	5 (14.3)	28 (80.0)	2 (5.7)	<b>35</b> <b>(100.0)</b>
I thigh-fucked him/her (my penis between his/her thighs)	11 (31.4)	19 (54.3)	5 (14.3)	<b>35</b> <b>(100.0)</b>
He/she thigh-fucked me (his/her penis between my thighs)	31 (88.6)	4 (11.4)	0 (0.0)	<b>35</b> <b>(100.0)</b>
I sucked his/her cock but he/she did NOT come in my mouth	29 (82.9)	5 (14.3)	1 (2.9)	<b>35</b> <b>(100.0)</b>
He/she sucked my cock but I did NOT come in his/her mouth	4 (11.4)	26 (74.3)	5 (14.3)	<b>35</b> <b>(100.0)</b>
I sucked his/her cock and he/she came in my mouth	33 (94.3)	1 (2.9)	1 (2.9)	<b>35</b> <b>(100.0)</b>
He/she sucked my cock and I came in his/her mouth	3 (8.6)	21 (60.0)	11 (31.4)	<b>35</b> <b>(100.0)</b>
I fucked him/her with a condom	11 (31.4)	9 (25.7)	15 (42.9)	<b>35</b> <b>(100.0)</b>
He/she fucked me with a condom	33 (94.3)	1 (2.9)	1 (2.9)	<b>35</b> <b>(100.0)</b>

Continued

<b>I fucked him/her WITHOUT a condom but pulled out before I came</b>	21 (60.0)	13 (37.1)	1 (2.9)	<b>35</b> <b>(100.0)</b>
<b>He/she fucked me WITHOUT a condom but pulled out before he/she came</b>	34 (97.1)	1 (2.9)	0 (0.0)	<b>35</b> <b>(100.0)</b>
<b>I fucked him/her WITHOUT a condom and came inside him/her</b>	14 (40.0)	9 (25.7)	12 (34.3)	<b>35</b> <b>(100.0)</b>
<b>He/she fucked me WITHOUT a condom and came inside me</b>	32 (91.4)	1 (2.9)	2 (5.7)	<b>35</b> <b>(100.0)</b>

The results showed that 97.1% ( $n = 34$ ) of the 35 respondents who had casual transgender partners in the past six months had any anal sex with those partners. Of these 34 respondents, 35.3% always used condoms, while 64.7% engaged in some form of unprotected anal intercourse with their casual transgender partners.

**Table 8.22: Condom use for anal sex with casual transgender partners in the last six months**

	Number	Percentage
<b>Always used condoms for anal sex</b>	12	35.3
<b>Did not always use condoms for anal sex</b>	12	35.3
<b>Never used condoms for anal sex</b>	10	29.4
<b>Total</b>	<b>34</b>	<b>100.0</b>

The respondents were also asked about the last time they had anal sex with a casual transgender partner. They were asked about condom use and lubricant use, and the results for those respondents who had had anal sex with a casual transgender partner are presented below.

**Table 8.23: Condom use for anal sex at last occasion of anal sex with casual transgender partners**

	Number	Percentage
<b>Used a condom properly</b>	20	58.8
<b>Did not use a condom properly</b>	14	41.2
<b>Total</b>	<b>34</b>	<b>100.0</b>

**Table 8.24: Lubricant use for anal sex at last occasion of anal sex with casual transgender partners**

	Number	Percentage
<b>Water-based lubricant (e.g. KY gel)</b>	12	35.3
<b>Coconut oil</b>	1	2.9
<b>Saliva / Spit</b>	18	52.9
<b>Baby oil</b>	1	2.9
<b>Moisturiser / Shampoo</b>	7	20.6
<b>Vaseline</b>	0	0.0
<b>No lubricant</b>	2	5.9

Multiple responses were possible.

## DISCUSSION AND VALIDATION

This chapter has outlined the sexual behaviours of the respondents, organised by the type of partner. There will be more detailed discussion on these findings in later chapters. For now, we will make just a couple of observations.

One of the most striking patterns emerging from these data is the difference in sexual behaviours when having sex with a straight male partner on the one hand, versus when having sex with a gay or TG partner on the other. As will be explored in Chapter 9, straight men were generally the insertive partners in anal sex, while gays and TGs were usually the receptive partners. The same pattern was true for oral sex also. Straight men were more commonly masturbated by their sexual partners, but it was less common for gays to be masturbated by their partners, and much less common for TGs.

While it was not picked up in the quantitative questionnaire, there was some discussion at the validation meetings about a common pattern where the focus of the sexual activity between straight men and gays/TGs is very much on the pleasure of the

straight male. It is common for the gay/TG partner not to orgasm in sexual encounters with straight men. Some participants commented that they had met straight men who were also interested in intimacy and in pleasuring the gay/TG partner, but this seemed to be the exception rather than the rule.

# 9. SEXUAL ACTIVITIES: ANAL SEX

## KEY FINDINGS

- ➔ 98.1% of the respondents had engaged in anal sex in the previous six months.
- ➔ Straight males mostly took the insertive role only in anal sex (91.2%), transgenders generally took the receptive role only (80%). The gay respondents were either receptive only or versatile, while bisexuals were more likely to be versatile (61.3%) or insertive only (22.6%).

For most MSM and TG people, anal sex presents the highest risk activity for HIV transmission. For this reason, we have included this special chapter on anal sex specifically.

Anal sex between two biological males is different from anal or vaginal sex between a man and woman because both partners can both penetrate (i.e. be the insertive partner or “top”) or be penetrated (i.e. be the receptive partner or “bottom”). While some MSM exclusively adopt either the insertive or receptive position with all their sexual partners, many MSM engage in both insertive *and* receptive anal sex (i.e. to be “versatile”).

## PREVALENCE OF ANAL SEX

The data indicated that across the whole sample, anal sex was extremely common. 98.1% ( $n = 208$ ) of the respondents had engaged in anal sex in the previous six months, meaning that only four respondents did not have anal sex with any partners in the previous six months.

## ANAL SEX POSITION BY SEXUALITY/GENDER GROUPING

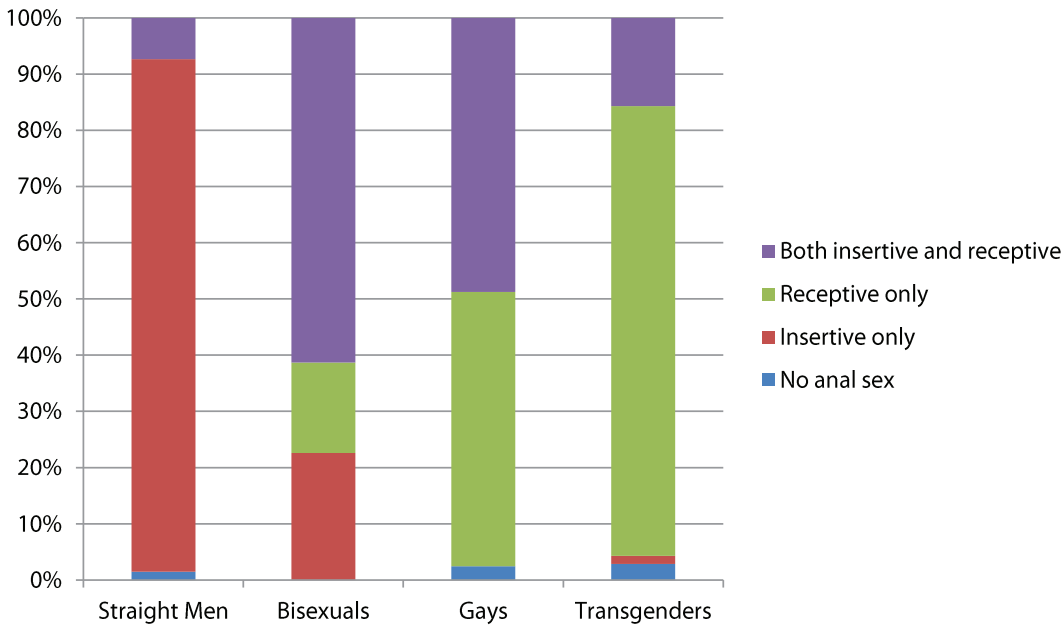
The results suggested that the role taken in anal sex is very much linked to the sexuality/gender identity adopted by the respondent. See Table 9.1 for the results. The straight male respondents overwhelmingly reported that they took the insertive role only in anal sex (91.2%). By contrast, the vast majority (80%) of transgender respondents took the receptive role only. A very interesting pattern emerged between the gay and bisexual respondents. The gay respondents all fell into the receptive only and versatile categories, whereas the bisexuals were more likely to be versatile (61.3%) or insertive only (22.6%).

**Table 9.1: Anal sex position by sexuality/gender grouping**

	Number (Percentage)				Total
	No anal sex	Insertive only	Receptive only	Both insertive and receptive	
<b>Straight men</b>	1 (1.5)	62 (91.2)	0 (0.0)	5 (7.4)	<b>67</b> <b>(100.0)</b>
<b>Bisexuals</b>	0 (0.0)	7 (22.6)	5 (16.1)	19 (61.3)	<b>31</b> <b>(100.0)</b>
<b>Gays</b>	1 (2.4)	0 (0.0)	20 (48.8)	20 (48.8)	<b>41</b> <b>(100.0)</b>
<b>Transgenders</b>	2 (2.9)	1 (1.4)	56 (80.0)	11 (15.7)	<b>70</b> <b>(100.0)</b>

Data were missing for 1 straight male respondent. A further 2 respondents were excluded from this analysis because their sexuality/gender group was unknown.

**Figure 9.1: Anal sex position by sexuality/gender grouping**



**ANAL SEX POSITION BY PARTNER TYPE**

We examined the anal sex position taken with different types of partners. Essentially, this is simply the opposite of the above data. The above data showed what sexual positions are taken by respondents in each sexuality/gender grouping; this section shows what position the respondents took when having sex with the different types of partners. There were no real differences between when respondents had sex with casual partners versus regular partners – slightly fewer were insertive only with regular partners and slightly more were receptive only with casual partners. About the same proportion were versatile.

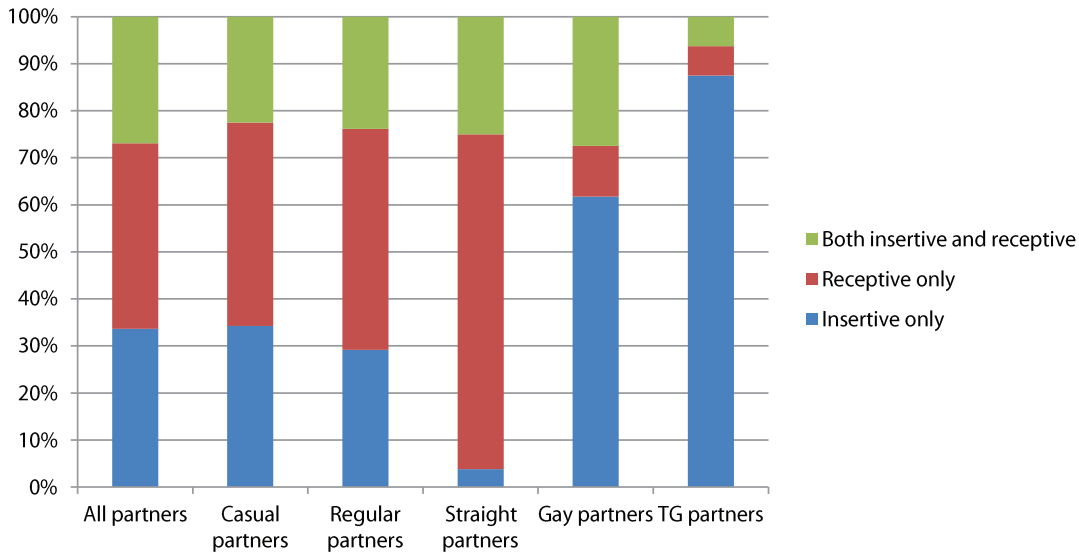
However, when we looked at when the partners were straight, gay or TG, clear patterns emerged. When having sex with straight men, most took the receptive position only (71.2%), and one-quarter took both receptive and insertive positions. The reverse was true when having sex with transgenders – the vast majority (87.5%) took the insertive position only. Three respondents took the receptive position only with TG partners, and another three took both the receptive and insertive positions, suggesting that for a very small minority, having a transgender partner/s does not preclude taking the receptive role in anal sex. When having sex with gay partners, the majority (61.8%) were insertive, but there were larger groups of those who were receptive only (10.8%) and those who were insertive and receptive (27.5%).

**Table 9.2: Anal sex position by partner type**

	Number (Percentage)			Total
	Insertive only	Receptive only	Both insertive and receptive	
<b>With all MSM and TG partners</b>	70 (33.7)	82 (39.4)	56 (26.9)	<b>208 (100.0)</b>
<b>With casual MSM/TG partners</b>	61 (34.3)	77 (43.3)	40 (22.5)	<b>178 (100.0)</b>
<b>With regular MSM/TG partners</b>	44 (29.1)	71 (47.0)	36 (23.8)	<b>151 (100.0)</b>
<b>With straight male partners</b>	5 (3.8)	94 (71.2)	33 (25.0)	<b>132 (100.0)</b>
<b>With gay partners</b>	63 (61.8)	11 (10.8)	28 (27.5)	<b>102 (100.0)</b>
<b>With transgender partners</b>	42 (87.5)	3 (6.3)	3 (6.3)	<b>48 (100.0)</b>



**Figure 9.2: Anal sex position by partner type**



## DISCUSSION AND VALIDATION

The results presented above were supported by the MSM and TG community members in the validation meetings. Anal sex is very common among MSM and TG in Fiji. While the participants confirmed that the gay/TG partner is usually receptive, they were also aware of some transgender people who liked to be the insertive partner, and that some straight men enjoyed being penetrated.

# 10. SEXUAL ACTIVITIES: GROUP SEX

## KEY FINDINGS

- ➔ 25.5% of respondents reported they had never “engaged in sex with more than one person” in the last six months, 48.5% reported occasionally, and 26.0% said they did this often.
- ➔ Bisexuals engaged in sex with more than one person the most frequently and straight men the least frequently.
- ➔ The wording of the question may not have indicated group sex to some respondents. However, qualitative discussions supported the finding that group sex is common among MSM and TG in Fiji.

In the literature on HIV and MSM, group sex has emerged as a key predictor of unprotected anal sex and HIV transmission. Most of this literature comes from Western countries. It is unclear how prevalent group sex between MSM and TG is in the Pacific, or how much it may be associated with HIV risk.

In the focus group discussion during the development of the questionnaire, the MSM and TG research assistants reported that group sex is common in Fiji. To explore this assertion, respondents were asked how often they had engaged in sex with more than one person in the last six months. The results demonstrated that group sex is a fairly common experience among this sample of MSM and TG, with only one-quarter having not engaged in any group sex in the previous six months.

**Table 10.1: Prevalence and frequency of sex with more than one person in the last six months**

	Never	Occasionally	Often	Total
<b>Number</b>	52	99	53	<b>204</b>
<b>Percentage</b>	25.5	48.5	26.0	<b>100.0</b>

Data were missing for 8 respondents

When analysed according to sexuality/gender grouping, the results indicated that bisexuals engaged in group sex most frequently and straight men least frequently. Nonetheless, the majority of respondents in every grouping had engaged in at least some group sex in the previous six months.

**Figure 10.1: Frequency of sex with more than one person by sexuality/gender grouping in the last six months**



## DISCUSSION AND VALIDATION

There was some concern over how this question had been interpreted by the respondents. We were attempting to ask about group sex, but the phrasing of the question could have been interpreted as meaning having had sex with more than one person at any time over the past six months. However, the validation discussion with the research assistants confirmed that the research assistants explained to most respondents that this question was asking about group sex. The research assistants also felt that these figures were reasonable, based on their own experiences of being MSM and TG in Fiji.

The figures were also confirmed by the validation with community members. They described a range of types and situations of group sex, and many had themselves experienced group sex. Two of the group sex situations described were:

- The “convoy fuck”, where a gay/TG person might be taken to a hotel, home, or park with one straight man, and then have receptive anal sex with many other straight men. In this context, the straight men do not touch each other.
- A more recent trend of straight guys holding group sex events where gays/TGs may not even be present, and where there is a lot of sex (including anal) happening. Sometimes a gay/TG might be invited to an event like this to “get the ball rolling”, but one participant said that at events he had been at, the straight men would often start in on each other and not even wait for the gay/TG to get things going. However, given that only three validation participants had ever actually had group sex, it is difficult to know how common these events might be.

There did not seem to be a trend of gay group sex parties as there is in Western countries. This is most likely because in Fiji, gays and TGs with more “local” identities generally do not have sex with each other, as they prefer having sex with straight men. Since there were no “global” gay men at the validation discussions, it was not clear whether these kinds of sex parties have emerged in Fiji.

# 11. CONDOM USE

## KEY FINDINGS

- ➔ Those who had had vaginal sex with female partners in the previous six months were fairly evenly split between always, sometimes and never using condoms for vaginal sex.
- ➔ For those who had had anal sex with any MSM or TG partners, 21.6% always used condoms and 57.7% sometimes used condoms.
- ➔ There was not much difference in condom use between casual and regular partners.
- ➔ When having sex with straight male partners, 14.8% of the respondents always used condoms, while one-third always used condoms with gay or transgender partners.
- ➔ 37.0% of respondents used a condom correctly the last time they had anal sex with any kind of partner.
- ➔ The last time they had sex with straight male partners, 28.6% used condoms correctly. Condom use was higher the last time they had sex with gay (52.9%) or transgender (55.1%) partners.
- ➔ Of those who had unprotected anal sex with regular partners, the most common reasons were that their partner did not want to use one (42.4%), condoms take away pleasure/sensation (40.9%), they were drunk or high (38.6%), they did not think it was necessary (37.9%), and condoms take away intimacy (36.4%).
- ➔ Of those who had unprotected anal sex with casual partners, the most common reasons were that condoms take away pleasure/sensation (43.9%), they were drunk or high (41.4%), they did not think it was necessary (36.9%), condoms were not available (35.7%), and their partner did not want to use one (35.0%).
- ➔ The patterns of drug and alcohol use the last time the respondents had sex *with* a condom versus the last time they had sex *without* a condom were essentially the same, indicating that drug and alcohol use likely does not *cause* risky sexual behaviour.

One of the primary aims of this study was to explore the sexual risk behaviours of MSM and TG in Fiji. Among MSM and TG, the key risk factor for HIV transmission is unprotected anal intercourse, thus, the questionnaire contained a large number of questions relating to condom use.

## CONDOM USE BY PARTNER TYPE

We were interested to know if patterns of condom use were different depending on whom the respondent was having sex with. This was clearly the case (see Table 11.1).

Those who had had vaginal sex with female partners in the previous six months were fairly evenly split between always, sometimes and never using condoms. However, for those who had had anal sex with any MSM or TG partners, fewer always used condoms (21.6%), and a larger group sometimes used condoms.

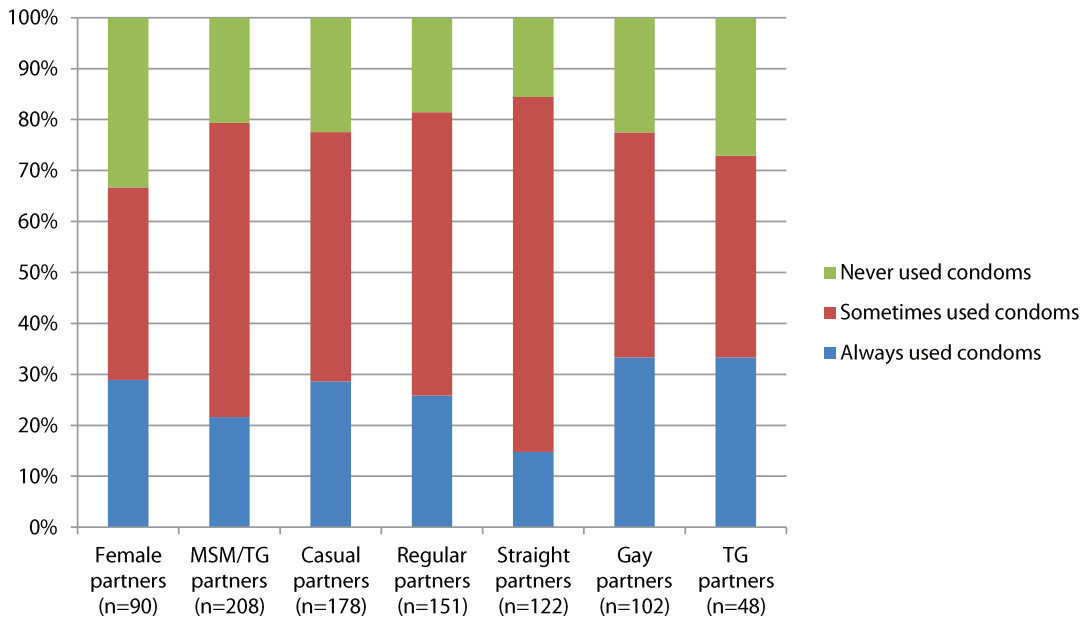
The rate of always using condoms was higher when respondents had sex with casual partners than with regular partners. However, the rate of never using condoms was also higher.

The most striking differences emerged when looking at the sexuality/gender grouping of the respondents' sex partners. When having sex with straight male partners, only 14.8% of the respondents always used condoms, as compared to one-third when having anal sex with gay or transgender partners. Respondents were most likely never to use condoms with transgender partners, although the sample size was much smaller, as only 48 respondents had had anal sex with a TG partner in the previous six months.

**Table 11.1: Frequency of condom use when having penetrative sex, by partner type**

	Number (Percentage)			Total
	Always used condoms	Sometimes used condoms	Never used condoms	
<b>With female partners</b>	26 (28.9)	34 (37.8)	30 (33.3)	<b>90</b> <b>(100.0)</b>
<b>With all MSM and TG partners</b>	45 (21.6)	120 (57.7)	43 (20.7)	<b>208</b> <b>(100.0)</b>
<b>With casual MSM/TG partners</b>	51 (28.7)	87 (48.9)	40 (22.5)	<b>178</b> <b>(100.0)</b>
<b>With regular MSM/TG partners</b>	39 (25.8)	28 (55.6)	84 (18.5%)	<b>151</b> <b>(100.0)</b>
<b>With straight male partners</b>	18 (14.8)	85 (69.7)	19 (15.6)	<b>122</b> <b>(100.0)</b>
<b>With gay partners</b>	34 (33.3)	45 (44.1)	23 (22.5)	<b>102</b> <b>(100.0)</b>
<b>With transgender partners</b>	16 (33.3)	19 (39.6)	13 (27.1)	<b>48</b> <b>(100.0)</b>

**Figure 11.1: Frequency of condom use when having penetrative sex, by partner type**



### CONDOM USE BY SEXUALITY/GENDER GROUPING

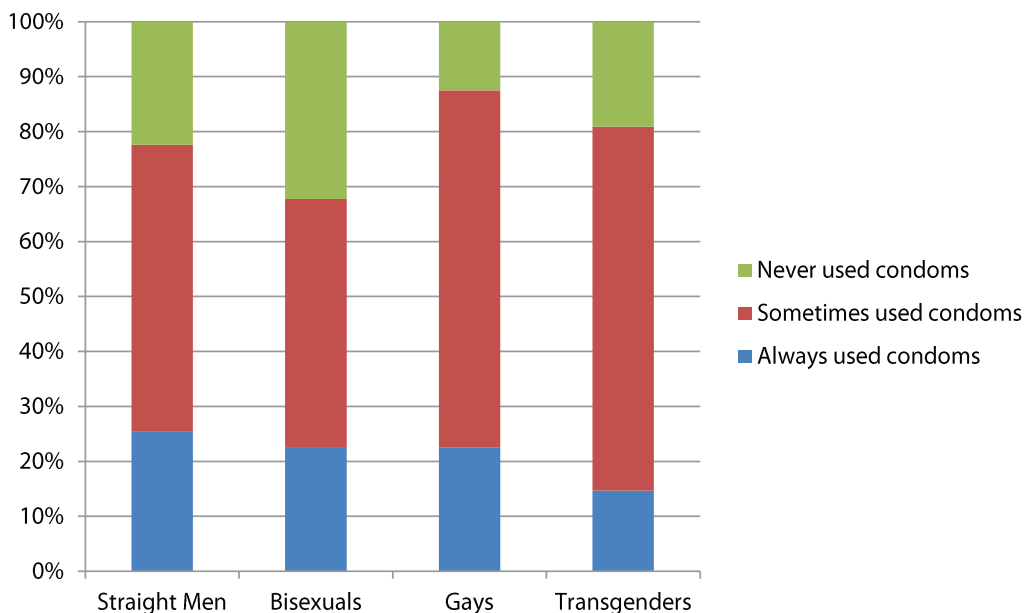
We compared the frequency of condom use across the four different sexuality/gender groupings. Those who had not had any anal sex in the previous six months were excluded (4 respondents). Transgenders were the least likely to use condoms all the time, while one-quarter of the straight men said they always used condoms. Nearly one-third of the bisexuals never used condoms, while only 12.2% of the gays said this.

**Table 11.2: Condom use over the last six months by sexuality/gender grouping**

	Number (Percentage)			Total
	Always used condoms	Sometimes used condoms	Never used condoms	
<b>Straight men</b>	17 (25.4)	35 (52.2)	15 (22.4)	<b>67</b> <b>(100.0)</b>
<b>Bisexuals</b>	7 (22.6)	14 (45.2)	10 (32.3)	<b>31</b> <b>(100.0)</b>
<b>Gays</b>	9 (22.5)	26 (65.0)	5 (12.5)	<b>40</b> <b>(100.0)</b>
<b>Transgenders</b>	10 (14.7)	45 (66.2)	13 (19.1)	<b>68</b> <b>(100.0)</b>

Those who had not had anal sex in the previous six months were excluded:  
Straight men – 1; Gays – 1; Transgenders – 2.

**Figure 11.2: Condom use over the last six months by sexuality/gender grouping**



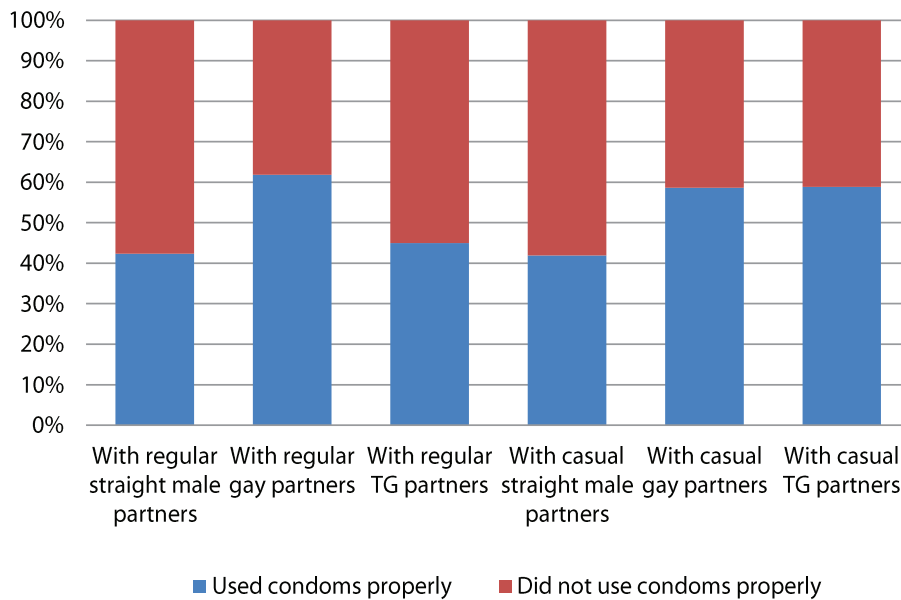
### CONDOM USE AT LAST OCCASION OF ANAL SEX

One of the UNGASS indicators is the proportion of MSM/TG who used condoms at the last time they had anal sex in the previous six months. We asked this question slightly differently from the UNGASS indicator, in that we asked about the last time the respondents had anal sex with the different partner types. This means we are not able to report on the overall use of condoms at the last occasion of anal sex, however, we can report on condom use at last occasion of anal sex with the six different partner types. The results were presented in Chapter 8 separately. In Table 11.3, the results are presented for all partner types for comparison. The results showed that when having sex with regular partners, condom use was highest with gay partners, and was lower with straight male and TG partners. By contrast, when having sex with casual partners, condom use was still lower with straight males, but was higher with both gay and TG partners.

**Table 11.3: Condom use at last occasion of anal sex with different partner types**

	Number (Percentage)		
	Used condom properly	Did not use condom properly	Total
<b>With regular straight male partners</b>	44 (42.3)	60 (57.7)	<b>104</b> <b>(100.0)</b>
<b>With regular gay partners</b>	34 (61.8)	21 (38.2)	<b>55</b> <b>(100.0)</b>
<b>With regular TG partners</b>	9 (45.0)	11 (55.0)	<b>20</b> <b>(100.0)</b>
<b>With casual straight male partners</b>	44 (41.9)	61 (58.1)	<b>105</b> <b>(100.0)</b>
<b>With casual gay partners</b>	44 (58.7)	31 (41.3)	<b>75</b> <b>(100.0)</b>
<b>With casual TG partners</b>	20 (58.8)	14 (41.2)	<b>34</b> <b>(100.0)</b>

**Figure 11.3: Condom use at last occasion of anal sex with different partner types**



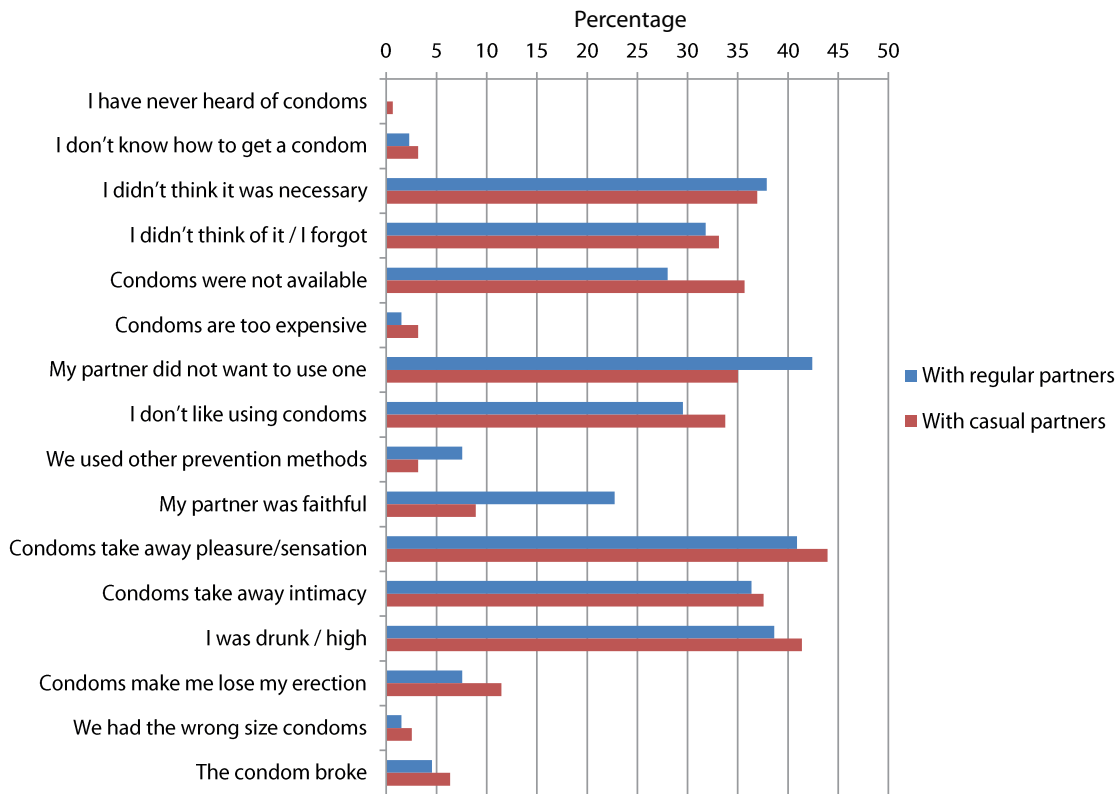
### REASONS FOR NOT USING CONDOMS

Respondents that had not used condoms for anal sex in the past six months were asked why they did not use them. The reasons are reported for regular and casual partners.

For those who had unprotected anal sex with regular partners, the most common reasons were that their partner did not want to use one (42.4%), condoms take away pleasure/sensation (40.9%), they were drunk or high (38.6%), they did not think it was necessary (37.9%), and condoms take away intimacy (36.4%).

For those who had unprotected anal sex with casual partners, the most common reasons were that condoms take away pleasure/sensation (43.9%), they were drunk or high (41.4%), they did not think it was necessary (36.9%), condoms were not available (35.7%), and their partner did not want to use one (35.0%).

**Figure 11.4: Reasons for not using condoms with regular and casual partners**



### CONDOM USE AND SUBSTANCE USE

This study did not explore drug and alcohol use among MSM and TG in detail. The key concern was around how drug and alcohol use may be associated with decreased condom use, given that the ATFF study in 1998 (ATFF, 2001) found that consistent condom use was lower when alcohol was involved.

In the current study, respondents were asked about drug and alcohol use the last time they had anal sex within the past 6 months with a male, gay or TG partner *with* a condom, and the last time they had anal sex within the past 6 months with a male, gay or TG partner *without* a condom. These questions were based on surveys of gay men in Sydney, Australia (Prestage, 2005).

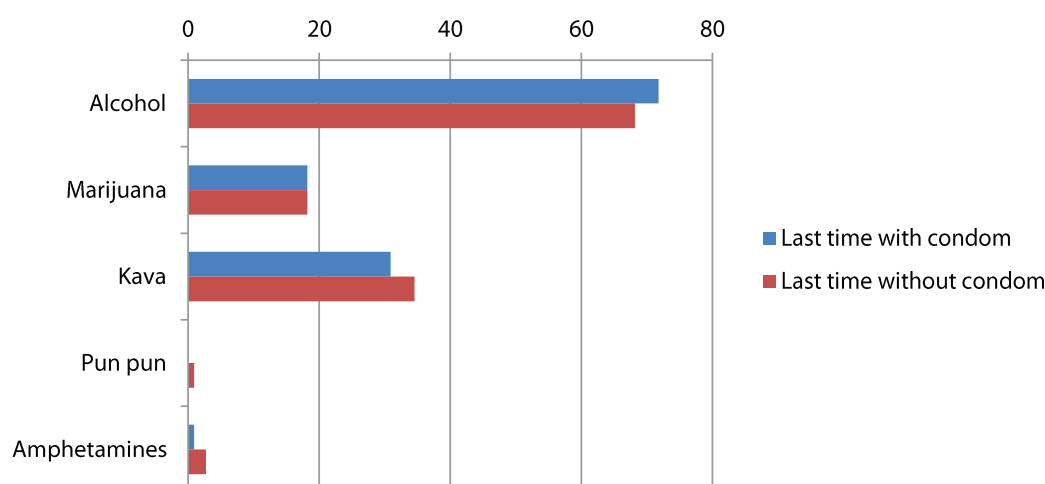
For the last time using a condom, 102 respondents were excluded because they did not have anal sex at that encounter or because they only had unprotected sex in the previous six months. For the last time not using a condom, 102 respondents were also excluded because they did not have anal sex at that encounter or because they only had protected sex in the previous six months. This left 110 respondents in each question. These respondents rated if they had used alcohol or other drugs at their last encounter either with or without condoms. They were able to choose multiple items because it is possible to use more than one substance at a time, and indeed, this was common. Of the 88 respondents who reported using any substance the last time they used a condom for anal sex, 40 of them (45.5%) reported using more than one substance. Similarly, of the 81 respondents who reported using any substance the last time they did not use a condom for anal sex, 40 of them (49.4%) reported using more than one substance.



**Table 11.4: Condom use and substance use the last time respondents had anal sex with a condom and the last time they had anal sex without a condom**

Substance	Number (Percentage)	
	Last Time Had Anal Sex With a Condom (n = 110)	Last Time Had Anal Sex Without a Condom (n = 110)
Alcohol	79 (71.8)	75 (68.2)
Marijuana / Pot	20 (18.2)	20 (18.2)
Kava / Grog	34 (30.9)	38 (34.5)
Pun pun (i.e. sniffing glue etc)	0 (0.0)	1 (0.9)
Amphetamines / Ecstasy	1 (0.9)	3 (2.7)

**Figure 11.5: Condom use and substance use the last time respondents had anal sex with a condom and the last time they had anal sex without a condom**



There was very little difference between the last time a condom was used and the last time a condom was not used for anal sex, regardless of the substance being used. This is an important point, as it can be tempting to make claims that substance use *causes* riskier sexual behaviour. These data clearly demonstrate this not to be the case. Instead, what they demonstrate is that the use of alcohol in particular, but also the use of kava and marijuana, is common when MSM and TG in Fiji engage in sex.

## CONDOM USE AND HIV KNOWLEDGE

We were interested to find out if higher levels of knowledge about HIV transmission were associated with higher levels of condom use. An HIV knowledge scale was created from the six knowledge items based on the UNGASS indicator. The sample was broken into: (1) those who had always used condoms for anal sex in the previous six months, and (2) those who had engaged in some unprotected anal sex. The group that had always used condoms for anal sex had a higher mean score on HIV knowledge (mean score = 5.8) than the group that had engaged in some unprotected anal sex (mean score = 5.2). This difference was statistically significantly different ( $p = .000$ ), however, it is important to keep in mind that a mean score of 5.2 out of a possible 6 is still very high.

## OBTAINING CONDOMS

Respondents were asked where they had bought or obtained condoms in the previous six months. The most common place to obtain condoms was chemists/pharmacies (52.3%), followed by friends (46.7%), and then shops (44.7%).

**Table 11.5: Places where respondents obtained condoms**

	Number	Percentage
<b>I have not bought or obtained condoms</b>	37	18.8
<b>Chemist / Pharmacy</b>	103	52.3
<b>Friends</b>	92	46.7
<b>Family Planning Clinic</b>	29	14.7
<b>Sexual Health Clinic</b>	28	14.2
<b>Outreach workers from HIV organisations</b>	29	14.7
<b>HIV organisation offices</b>	24	12.2
<b>Doctors</b>	4	2.0
<b>Condom machines</b>	6	3.0
<b>Shops</b>	88	44.7
<b>Social workers</b>	10	5.1

Multiple responses were possible. Data were missing for 15 respondents.

## DISCUSSION AND VALIDATION

This research presents something of a mixed picture of condom use among MSM and TG in Fiji. On one hand, the rates of condom use are perhaps not as low as expected, but there is certainly room for improvement.

Condom use was discussed at the validation focus groups. The participants mentioned that condoms are seen primarily as contraceptive devices in Fiji. For many straight men, one of the perceived benefits of having sex with another biological male is that pregnancy is impossible and therefore condoms do not have to be used. It was also proposed that due to most HIV cases in Fiji being between heterosexual men and women, male-male sex may be viewed as less risky, thereby decreasing the motivation to use condoms. Thus, the validation participants were not surprised that our results indicated that condom use is lower when having sex with straight men. Transgenders were the least likely to always use condoms, which may be because transgenders almost exclusively have sex with straight men, and one of the most common reasons for not using condoms was that the respondents' partners did not want to use one.

The validation discussions very much supported the notion that there are high levels of HIV knowledge in Fiji, especially among gays and transgenders, but that many people are simply not motivated to use condoms despite their high knowledge.

The participants also confirmed that in their experience, using alcohol when having sex is extremely common in Fiji. This aligned with the finding that the most common place to find sexual partners was in clubs and bars. The validation participants mentioned that they were most likely to be picked up at clubs and bars by straight men very late in the night (i.e. early the next morning) and once the straight men and they themselves were already quite drunk. They were surprised to see the results showing that alcohol and drug use was the same the last time the respondents used and did not use a condom for anal sex. After some discussion, they proposed that many people either have a personal policy to use condoms or they don't; the presence of alcohol and other drugs probably did not affect this personal policy a great deal.

The validation participants agreed that obtaining condoms is not difficult in Fiji. Again, the question was more about the motivation of people to spend money on condoms when they could be spending it on other things. Some participants talked about accessing free condoms from HIV organisations, but others argued that seeking out free condoms could be a hassle, especially given that there are limited places to obtain them.

# 12. SEX WORK

## KEY FINDINGS

- ➔ In the last six months, 33.8% of respondents had been paid for sex, and 46.3% had received gifts or favours in exchange for sex. 27.9% had paid money to a man, gay or TG for sex, and 37.8% had given gifts or favours to a man, gay or TG in exchange for sex.
- ➔ 33.3% of the sample had not paid or received money, favours or gifts in exchange for sex. 24.9% received but never paid money, favours or gifts. 16.9% paid but never received money, favours or gifts. 24.9% both paid and received money, favours or gifts.
- ➔ Receiving gifts or favours for sex was the most commonly experienced.

In this study, we were interested in two types of sex work:

- Paying or receiving money in exchange for sex, and
- Giving or receiving gifts or favours in exchange for sex, which is sometimes called “opportunistic sex work”.

In the last six months, 33.8% of respondents had been paid for sex, and 46.3% had received gifts or favours in exchange for sex. 27.9% had paid money to a man, gay or TG for sex, and 37.8% had given gifts or favours to a man, gay or TG in exchange for sex.

Of the 201 respondents who answered this question on sex work, one-third had not given or received money, favours or gifts in exchange for sex in the previous six months. One-quarter had performed some kind of sex work but never paid for sex, while 16.9% had paid money or given favours or gifts but had not received anything in exchange for sex. Finally, one-quarter had both paid and been paid in money, favours or gifts in exchange for sex. This indicates that sex work is a common experience among MSM and TG in Fiji, with two-thirds of the respondents either paying or receiving money, gifts or favours in exchange for sex.

**Table 12.1: Experience of sex work in the last six months**

	Number	Percentage
<b>Neither paid nor received money, favours or gifts</b>	67	33.3
<b>Received but never paid money, favours or gifts</b>	50	24.9
<b>Paid but never received money, favours or gifts</b>	34	16.9
<b>Both paid and received money, favours or gifts</b>	50	24.9
<b>Total</b>	<b>201</b>	<b>100.0</b>

Data were missing for 11 respondents

In terms of frequency, respondents were asked how often they received or paid money for sex, and received or gave gifts or favours in exchange for sex. The results for the 201 respondents who answered this question are presented in Table 12.2. In terms of the sexuality/gender groupings, there appeared to be very little difference between the groups. Transgenders appeared to receive money and favours/gifts as well as give gifts/favours slightly more than the other groups.

**Table 12.2: Frequency of sex work in the last six months**

	Number (Percentage)					Total
	Never	Once	A few times	Occasionally	Often	
<b>Received money from a man, gay or TG in exchange for sex.</b>	133 (66.2)	16 (8.0)	33 (16.4)	13 (6.5)	6 (3.0)	<b>201 (100.0)</b>
<b>Received gifts or favours from a man, gay or TG in exchange for sex.</b>	108 (53.7)	12 (6.0)	52 (25.9)	25 (12.4)	4 (2.0)	<b>201 (100.0)</b>
<b>Paid money to a man, gay or TG in exchange for sex.</b>	145 (72.1)	20 (10.0)	33 (16.4)	3 (1.5)	0 (0.0)	<b>201 (100.0)</b>
<b>Given gifts or favours to a man, gay or TG in exchange for sex.</b>	125 (62.2)	21 (10.4)	42 (20.9)	6 (3.0)	7 (3.5)	<b>201 (100.0)</b>

Data were missing for 11 respondents

**Figure 12.1: Frequency of sex work in the last six months**



## DISCUSSION AND VALIDATION

It was clear that sex in exchange for money, gifts or favours was common in this sample of MSM and TG. The research assistants believed that, if anything, the rates of sex work were probably under-reported, especially sex in exchange for gifts and favours. The research assistants reported that in these questions, some respondents said that they had not or would not give gifts and favours, but that in some cases they may not have been telling the truth.

One of the issues here is that the term “in exchange for sex” is complex. The way it is phrased implies that the situation is quite obviously transactional in nature, which leaves out much behaviour that is less obvious. It may have implied to some respondents that the payment of money, gifts or favours was negotiated as part of the sex act, leaving out the times where there was money or gifts being exchanged, but in a way that was less directly related to the sex act. This was especially in the case of when gays or TGs have a straight male “boyfriend” whom they essentially support financially. Due to the labeling of the straight male as a “boyfriend”, the gay or TG person might be unlikely to report that the financial support given to the straight partner is “in exchange for sex”. It was often simply viewed as one of the things that gays and TGs must do if they want to maintain relationships with straight men.

The validation participants confirmed this. They reported that the exchange of money and gifts is extremely common in Fiji. For example, they reported that when having sex with straight men, it is very common for the man to ask for some money or something else such as a phone recharge card. These situations were not so much a case of the straight men saying, “In payment for me having sex with you, I want you to give me \$10 (or a taxi fare, or a recharge card, etc)”, but more a case of the straight men trying their luck to see what they could get out of it. In this way, the exchange of money or gifts often happened after the sex had already occurred, further complicating the idea of “in exchange for sex”. The validation participants said that they often expected to be asked for money or gifts from their straight partners, and that they were likely to give money or gifts to their straight partners.

It was also reported that it was very common for gays and TGs to use alcohol to encourage straight men to have sex with them. This happened in two ways: (a) the gay/TG person buying the straight male a lot of drinks at the bar (and the straight male often expecting to be bought drinks), and (b) the gay/TG giving the straight male alcohol after having sex.

The discussions also included the way that money and gifts for sex circulate around the different partners. Straight men will often use the money or gifts they get from gays/TGs to give things to their girlfriends. So, there can commonly be situations where, for example: a gay/TG person gets paid money for sex with clients (straight men), then uses that money to support a straight male “boyfriend” or to pay straight casual partners with money or gifts; the straight male might then use that money to support his girlfriend or buy gifts for her, or perhaps even to purchase the services of male, TG or female sex workers. Most common was the pattern where a straight male may have a gay/TG partner as well as a female partner, and uses the money received from the gay/TG partner to pay for gifts for his girlfriend.

Overall, the results and discussions demonstrated that, as in many non-Western countries, the boundaries between “ordinary sex” and “transactional sex” are blurred. There are certain social expectations operating in Fiji whereby money and gifts are exchanged in the context of casual or regular relationships, but that this is not seen as “sex work”. Alongside this, there also exists a more well-defined profession of sex work, where the transactional nature of the sex is explicit.

# 13. HIV TRANSMISSION KNOWLEDGE

## KEY FINDINGS

- ➔ Respondents had high levels of knowledge about HIV transmission. 65.7% of respondents correctly answered all six questions.
- ➔ Gays and bisexuals got more answers correct than straight men and transgenders.
- ➔ Indo-Fijians got more answers correct than Fijians and those of “other” ethnicities.
- ➔ Respondents were uncertain about the risk of oral sex, with 24.0% answering that HIV transmission through receptive oral sex is possible, 40.2% saying it is not possible, and 35.8% answering that they were not sure.

## UNGASS HIV KNOWLEDGE INDICATOR

The respondents were asked about their knowledge of HIV transmission and risk. The items were based on the UNGASS indicator “Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission” (UNAIDS, 2009, p.54). The UNGASS item on condom use was split into two for this study – one about using condoms for vaginal sex, and the other about using condoms for anal sex. Generally, the respondents had high levels of knowledge. When respondents with any missing answers were excluded, 65.7% (132 out of 201 respondents) got all 6 of the items correct.

**Table 13.1: HIV knowledge indicators**

	Number (Percentage)			
	True	False	Unsure	Missing Data
<b>Having sex with only one faithful, uninfected partner can reduce the risk of HIV transmission.</b>	199 (94.8)	5 (2.4)	6 (2.9)	2
<b>Using condoms for vaginal sex reduces the risk of HIV transmission.</b>	197 (93.4)	5 (2.4)	9 (4.3)	1
<b>Using condoms for anal sex reduces the risk of HIV transmission.</b>	193 (92.8)	5 (2.4)	10 (4.8)	4
<b>A healthy looking person can have HIV.</b>	184 (89.3)	13 (6.3)	9 (4.4)	6
<b>A person can get HIV from mosquito bites.</b>	22 (10.5)	162 (77.1)	26 (12.4)	2
<b>A person can get HIV by sharing a meal with someone who is infected.</b>	11 (5.2)	181 (86.2)	18 (8.6)	2

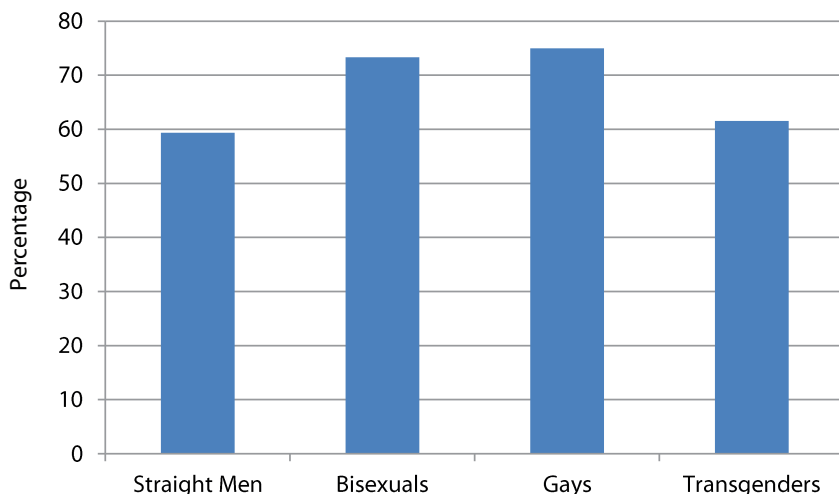
## HIV KNOWLEDGE BY SEXUALITY/GENDER GROUPING

HIV knowledge was examined according to the four sexuality/gender groupings. Approximately 14% more of the bisexual and gay respondents got all six items correct as compared to the straight men and transgenders.

**Table 13.2: Number and percentage of respondents that got all 6 HIV knowledge items correct by sexuality/gender grouping**

	Number who got all 6 items correct	Percentage who got all 6 items correct	N Size
<b>Straight Men</b>	38	59.4	64
<b>Bisexuals</b>	22	73.3	30
<b>Gays</b>	30	75.0	40
<b>Transgenders</b>	40	61.5	65

**Figure 13.1: Percentage of respondents that got all 6 HIV knowledge items correct by sexuality/gender grouping**



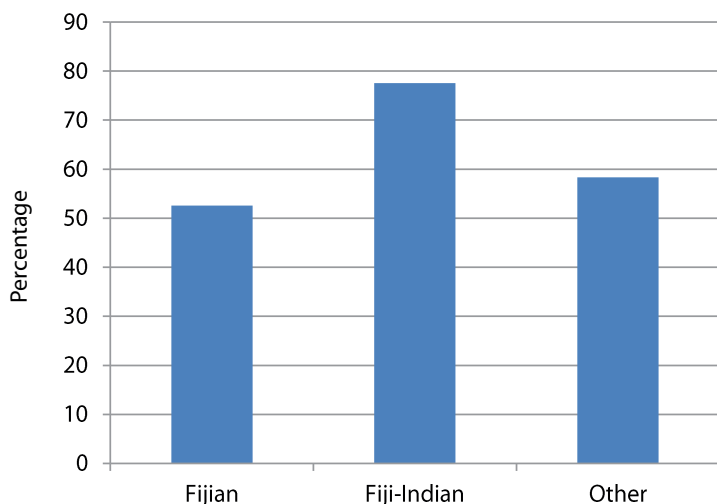
### HIV KNOWLEDGE BY ETHNICITY

HIV knowledge was also examined according to ethnicity. The results are presented in Table 13.3 and Figure 13.2.

**Table 13.3: Number and percentage of respondents that got all 6 HIV knowledge items correct by ethnicity**

	Number who got all 6 items correct	Percentage who got all 6 items correct	N Size
<b>Fijians</b>	41	52.6	78
<b>Fiji-Indians</b>	76	77.6	98
<b>Other</b>	14	58.3	24

**Figure 13.2: Percentage of respondents that got all 6 HIV knowledge items correct by ethnicity**



### RISK OF ORAL SEX

An additional item about the HIV transmission risk involved with oral sex was also included. This question was not analysed together with the above knowledge items because the answer to this question is not entirely clear-cut. Research among MSM internationally suggests that for some men, oral sex appears to be the only possible way they became HIV positive (Prestage et al, 2010). However, in terms of relative risk as compared to anal sex, the risk of oral sex is very low. The question was included not to “test” the knowledge of the MSM and TG respondents, but rather to simply explore what they thought about the risk of oral sex. The results clearly showed that opinion of the risk of oral sex for HIV transmission was divided, with a much larger proportion of the sample unsure of the risk.

**Table 13.4: Perceptions of the risk of oral sex**

	Number (Percentage)			
	True	False	Unsure	Total
<b>A person can get HIV from giving someone oral sex (sucking a guy’s penis).</b>	49 (24.0)	82 (40.2)	73 (35.8)	<b>204 (100.0)</b>

Data were missing for 8 respondents

## DISCUSSION AND VALIDATION

The participants in the validation discussions agreed that MSM and TG in Fiji have good understandings of HIV transmission. They suggested, however, that good knowledge did not always equate to safe sex behaviour.

We found that the gays and bisexuals and the Fiji-Indian respondents were more likely to give correct answers to all six items than others. There were more Fiji-Indians in the gay and bisexual groups than in the other sexuality/gender groupings, so these results may be related to the higher levels of education in Fiji-Indian respondents as compared to Fijians and people with “other” ethnicities (although this difference was just short of statistical significance.) More research is needed to clarify these results.

# 14. HIV TESTING AND STIS

## KEY FINDINGS

- ➔ 46.0% of respondents could name one or more places to get tested for HIV.
- ➔ 21 places were named, with hospitals being the most common.
- ➔ 33.7% of the sample had ever been tested for HIV.
- ➔ 27.6% of the sample had been tested for HIV in the last 12 months.
- ➔ Of those that had ever been tested, 85.9% collected the result.
- ➔ Only 10.5% of the entire sample had had an HIV test in the previous 12 months *and* knew the result of that test.
- ➔ Only 5.5% reported having ever had a sexually transmissible infection (STI).

## HIV TESTING

Respondents were asked to list all the places they could think of to get an HIV test. 46.0% ( $n = 92$ ) could name one or more places to get tested for HIV. Responses were as follows:

**Table 14.1: Places where respondents reported they could get an HIV test**

Place	Number	Percentage
Hospital	113	54.1
Clinic	28	13.4
GP / Doctor's surgery	23	11.0
Government hospital	23	11.0
Health centre/clinic	16	7.7
Hub Clinic	16	7.7
Sexual health / STI clinic	14	6.7
Private hospital	10	4.8
ATFF Clinic	7	3.3
Marie Stopes Clinic	5	2.4
Medical centre	4	1.9
HIV clinic	3	1.4
Ministry of Health	3	1.4
NGO Clinic	3	1.4
AusAID	2	1.0
Seminars	2	1.0
AIDS workshop	1	0.5
Family planning clinic	1	0.5
Oxfam Clinic	1	0.5
Red Cross	1	0.5
Reproductive adolescent health office	1	0.5

Multiple responses were possible. Data were missing for 9 respondents.

Only 33.7% ( $n = 67$ ) of the respondents had ever been tested for HIV. 65.8% ( $n = 131$ ) stated they had never been tested, and 0.5% ( $n = 1$ ) stated they did not know. Data were missing for 13 respondents.

Three questions about the respondents' last HIV test were asked of those who said that they had ever been tested for HIV. First, respondents were asked where they had their last HIV test. The most common place was at a government hospital. Four respondents mentioned the ATFF clinic, which is no longer operational.



**Table 14.2: Where respondents had received their last HIV test**

	Number	Percentage
Government hospital	32	47.8
Private hospital	14	20.9
General Practitioner (GP)	2	3.0
ATFF Clinic (Suva)	4	6.0
Other	15	22.4
<b>Total</b>	<b>67</b>	<b>100.0</b>

Second, respondents were asked when they had their last HIV test. Of the 67 respondents who had ever been tested for HIV, the majority were tested over one year ago.

**Table 14.3: When respondents had received their last HIV test**

	Number	Percentage
Within the past 6 months	12	17.9
6-12 months ago	16	23.9
1-2 years ago	19	28.4
2-4 years ago	13	19.4
More than 4 years ago	7	10.4
<b>Total</b>	<b>67</b>	<b>100.0</b>

Third, they were also asked if they returned to collect the results when they had their last HIV test. 85.9% reported that they did. See Table 16.4.

**Table 14.4: Whether respondents collected the results of their last HIV test**

	Number	Percentage
Collected the result	55	85.9
Did not collect the result	9	14.1
<b>Total</b>	<b>64</b>	<b>100.0</b>

Data were missing for 3 respondents

## UNGASS HIV TESTING INDICATOR

One of the UNGASS indicators relevant to MSM/TG is the proportion of MSM who had an HIV test in the past twelve months and received the result. The results showed that of the 28 respondents who had been tested in the past 12 months, 22 (78.6%) received the result (data were missing for 3 respondents). However, out of the whole sample, this meant that only 10.5% had had an HIV test in the past 12 months and knew the result.

**Table 14.5: UNGASS HIV testing indicator**

	Number	Percentage	N Size
Had an HIV test in the previous 12 months	28	41.8	67
Received the results of their last HIV test	55	85.9	64
Had an HIV test in the previous 12 months <u>and</u> knew the result	22	10.5	209

Data were missing for 3 respondents for receiving results and therefore the composite indicator.

## SEXUALLY TRANSMISSIBLE INFECTIONS

Respondents were asked if they had ever been diagnosed with a sexually transmissible infection (STI). The vast majority had never been diagnosed with an STI (89.0%), while 5.5% had been diagnosed, and a further 5.5% were not sure.

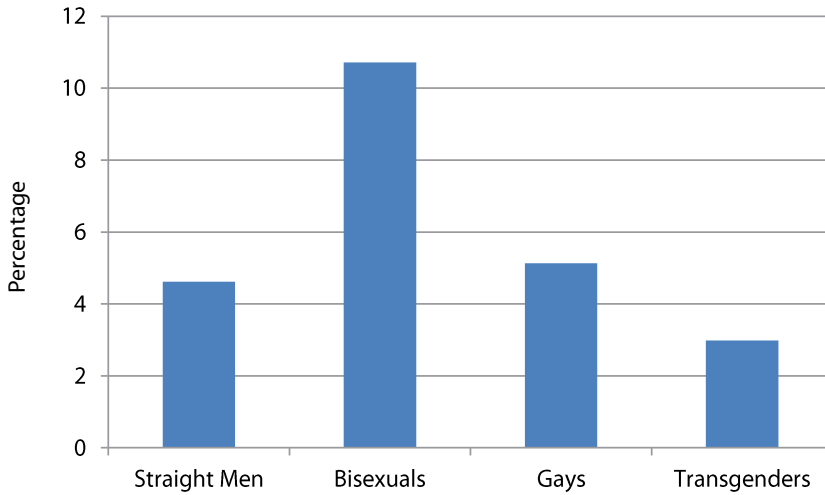
**Table 14.6: Previous STI diagnosis**

	Number	Percentage
Yes	11	5.5
No	178	89.0
Unsure	11	5.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

Data were missing for 12 respondents

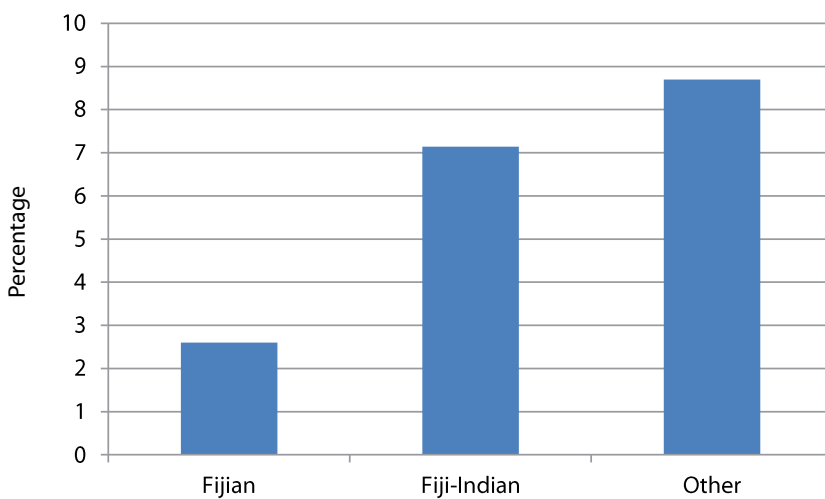
10.7% of bisexual respondents had ever been diagnosed with an STI, as compared to 4.6% of straight men, 5.1% of gays, and 3.0% of transgenders.

**Figure 14.1: Previous STI diagnosis by sexuality/gender grouping**



In terms of ethnicity, 8.7% of respondents from the group of "other" ethnicities, 7.1% of Fiji-Indians, and 2.6% of Fijians had ever been diagnosed with an STI.

**Figure 14.2: Previous STI diagnosis by ethnicity**



It should be noted that higher rates of diagnosis could be an artifact of higher testing rates rather than STIs actually being higher in certain groups. Unfortunately, we did not ask about *rates* of STI testing. Therefore, we cannot determine whether STI rates were actually higher amongst bisexuals, Fiji-Indians and those with "other" ethnicities, or whether these groups simply got tested more or were more willing to admit having had an STI.

## DISCUSSION AND VALIDATION

There is certainly room for improving the rates of HIV testing among MSM and TG in Fiji. However, it is important to recognise that people have valid reasons for not testing more often. In the validation meetings, a range of significant barriers to HIV testing were mentioned, such as: lack of trust in clinics, confidentiality issues, privacy issues, and feeling judged by unfriendly clinic staff. They also mentioned practical factors such as the time it takes to get tested, difficulties with the opening hours of clinics, and having to go for a second appointment to get the results. Participants felt that testing rates for HIV and STIs would increase among gays and TGs if there was a MSM-friendly clinic.

In terms of STIs, the STI rates reported in this study are likely to be under-reported. The validation participants felt that many people who filled out surveys may not have understood what we meant by having ever been diagnosed with an STI. They also said that people would feel ashamed to admit this. One of main reasons for our suspicion that STI rates were under-reported is that data from the Fiji Ministry of Health show that Fijians are diagnosed with STIs at much higher rates than Indo-Fijians and people with “other” ethnicities. For example, in 2007, there were over 1000 gonorrhoea diagnoses in Fijians, and only just over 200 in Indo-Fijians. Most of these diagnoses were in men.

In discussions with ATFF and UNDP staff members, it was acknowledged that the questionnaire item on STIs could have been substantially improved if we had asked about:

- Rates of STI testing as well as diagnosis; and
- Specific symptoms of STIs such as sores, itchiness, lumps, and discharge. People are able to answer these questions even if they don't have a real understanding of what it means to be diagnosed with an STI.

# 15. STIGMA AND DISCRIMINATION

## KEY FINDINGS

- ➔ The majority of respondents felt unsafe (65.7%) and uncomfortable (63.2%) expressing their sexuality and/or genders in Fiji.
- ➔ Bisexuals felt the least safe and comfortable, followed by straight men. Transgenders felt the most safe and comfortable expressing their sexuality/gender.
- ➔ Indo-Fijians felt less safe and comfortable expressing their sexuality/gender than Fijians and those of “other” ethnicities.
- ➔ Stigma and discrimination based on sexuality or gender was common. 66.2% of respondents reported being talked about by others, 57.2% experienced verbal abuse, and 30.3% had been physically hurt *in the past six months*.
- ➔ Gays and transgenders experienced more abuse and more frequently than bisexuals and especially straight men.
- ➔ 26.8% of respondents reported having been forced to have sex against their will. Again, this was more often experienced by gays and transgenders. 50% of all those who had been forced to have sex were transgenders and 31% were gays.

## PERCEPTIONS OF SAFETY AND COMFORT

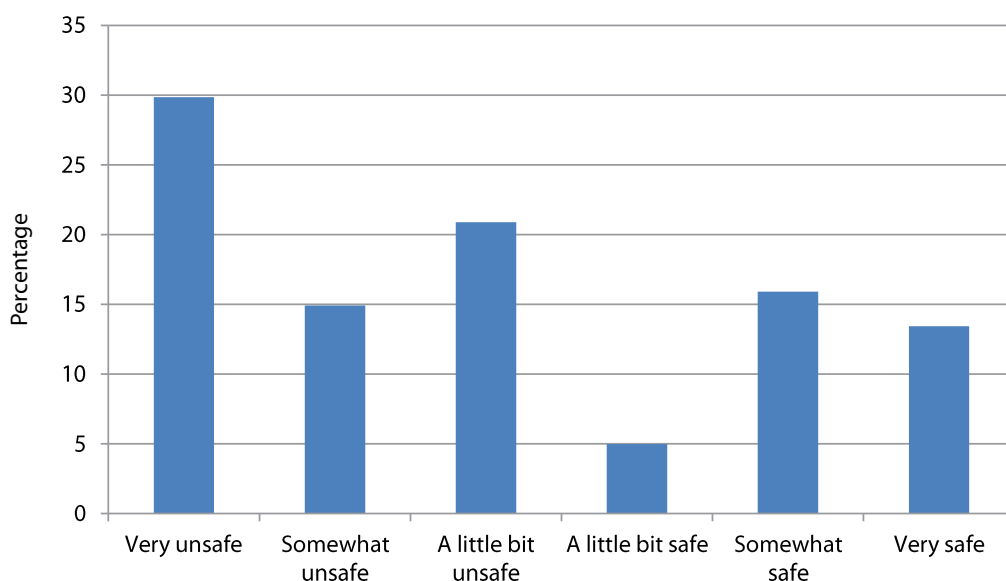
Respondents were asked: “How safe do you feel expressing your sexuality in Fiji?”. The majority of respondents (65.7%) reported feeling unsafe, with the greatest proportion of participants (29.9%) feeling “very unsafe”. The mean score (ranging from 1 = very unsafe to 6 = very safe) was 3.0, meaning that on average, the respondents felt “a little bit unsafe” expressing their sexualities in Fiji.

**Table 15.1: Perceptions of safety expressing sexuality in Fiji**

	Number	Percentage
<b>Very unsafe</b>	60	29.9
<b>Somewhat unsafe</b>	30	14.9
<b>A little bit unsafe</b>	42	20.9
<b>A little bit safe</b>	10	5.0
<b>Somewhat safe</b>	32	15.9
<b>Very safe</b>	27	13.4
<b>Total</b>	<b>201</b>	<b>100.0</b>

Data were missing for 11 respondents

**Figure 15.1: Perceptions of safety expressing sexuality in Fiji**



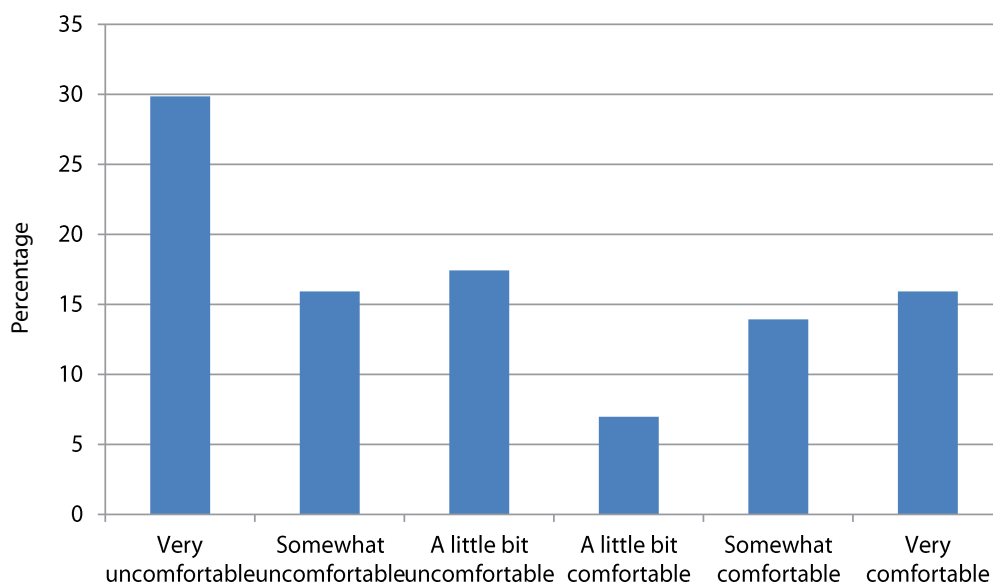
Respondents were also asked: "How comfortable do you feel expressing your sexuality in Fiji?". Again, the majority of respondents (63.2%) reported feeling uncomfortable expressing their sexualities and genders. 29.9% of respondents reported feeling "very uncomfortable". The mean score (ranging from 1 = very uncomfortable to 6 = very comfortable) was 3.1, meaning that on average, the respondents felt "a little bit uncomfortable" expressing their sexualities in Fiji.

**Table 15.2: Perceptions of comfort expressing sexuality in Fiji**

	Number	Percentage
Very uncomfortable	60	29.9
Somewhat uncomfortable	32	15.9
A little bit uncomfortable	35	17.4
A little bit comfortable	14	7.0
Somewhat comfortable	28	13.9
Very comfortable	32	15.9
<b>Total</b>	<b>201</b>	<b>100.0</b>

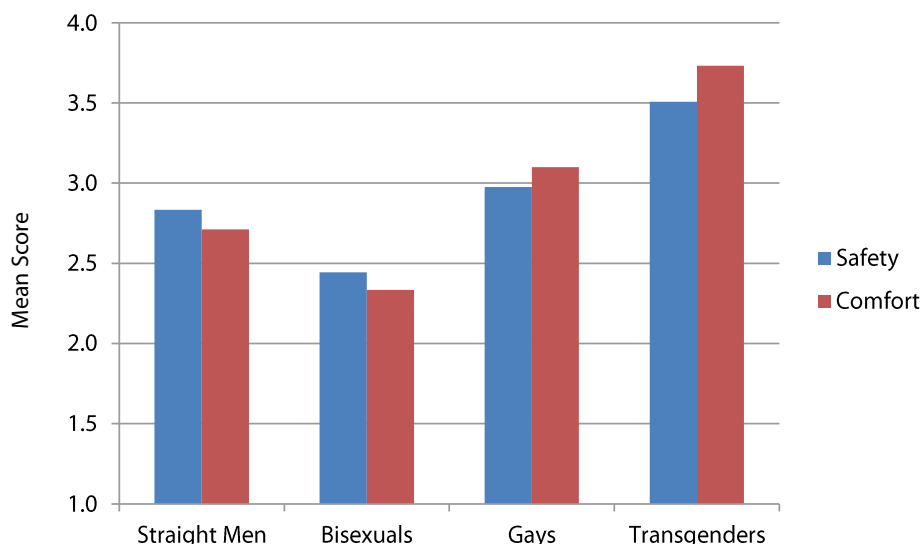
Data were missing for 11 respondents

**Figure 15.2: Perceptions of comfort expressing sexuality in Fiji**



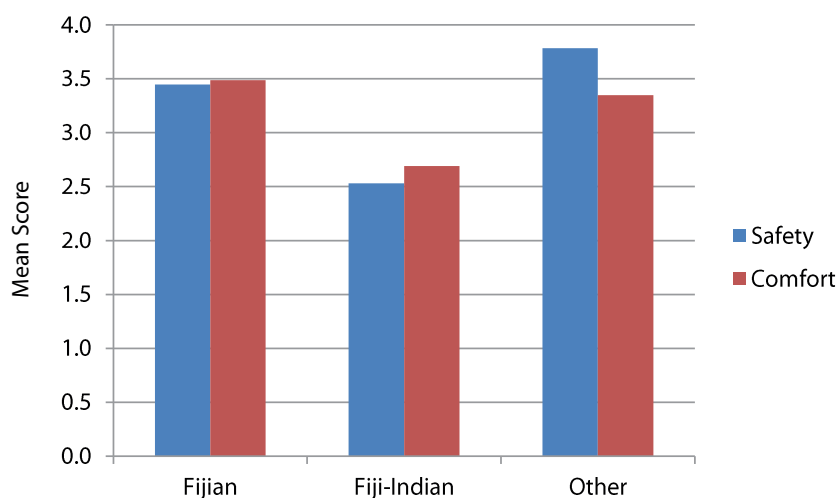
In terms of the sexuality/gender groupings, the bisexual respondents reported feeling least safe and least comfortable expressing their sexuality in Fiji. The transgenders, followed by the gay respondents, reported feeling the safest and most comfortable.

**Figure 15.3: Perceptions of safety and comfort expressing sexuality in Fiji by sexuality/gender grouping**



In terms of ethnicity, the Fiji-Indian respondents reported feeling less safe and comfortable expressing their sexuality/gender in Fiji than the Fijians or those from “other” ethnicities.

**Figure 15.4: Perceptions of safety and comfort expressing sexuality in Fiji by**



## DISCRIMINATION AND ABUSE

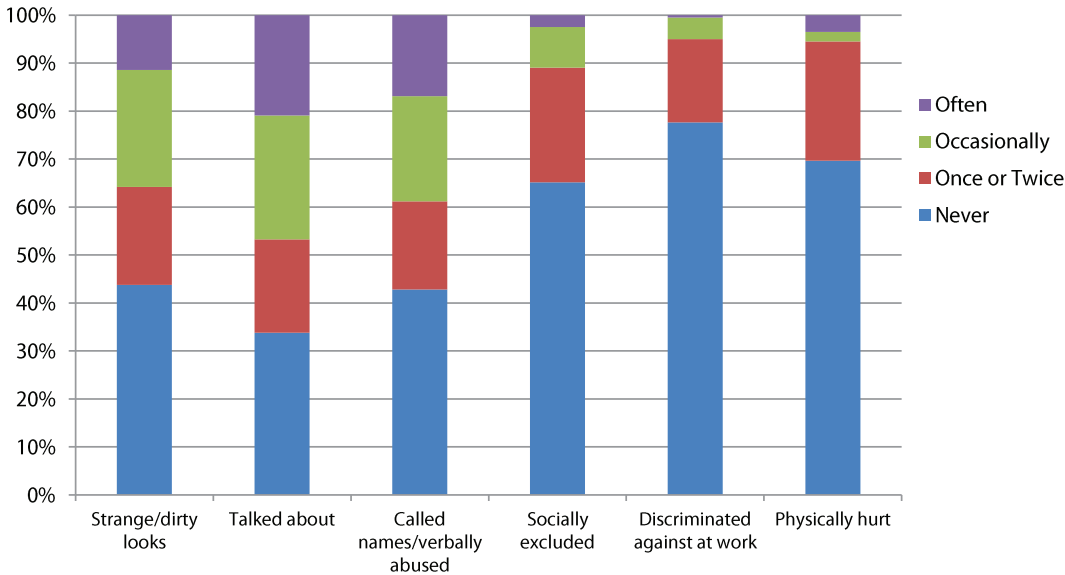
Experiences of stigma and discrimination because of sexuality or gender were fairly common in this sample of MSM and TG people. The questionnaire asked the respondents how often they had experienced certain kinds of discrimination *in the last six months*. The most common experience was being talked about by others, with 66.2% of respondents experiencing this. Verbal abuse was experienced by 57.2% of respondents. 30.3% reported being physically hurt, although this was not frequently reported. The full results are in the table and figure below.

**Table 15.3: Frequency of discrimination and abuse in the last six months**

	Number (Percentage)				Total
	Never	Once or Twice	Occasion-ally	Often	
<b>Being given strange/dirty looks</b>	88 (43.8)	41 (20.4)	49 (24.4)	23 (11.4)	<b>201 (100.0)</b>
<b>Being talked about</b>	68 (33.8)	39 (19.4)	52 (25.9)	42 (20.9)	<b>201 (100.0)</b>
<b>Being called names/verbally abused</b>	86 (42.8)	37 (18.4)	44 (21.9)	34 (16.9)	<b>201 (100.0)</b>
<b>Being socially excluded</b>	131 (65.2)	48 (23.9)	17 (8.5)	5 (2.5)	<b>201 (100.0)</b>
<b>Being discriminated against at work</b>	156 (77.6)	35 (17.4)	9 (4.5)	1 (0.5)	<b>201 (100.0)</b>
<b>Being physically hurt</b>	140 (69.7)	50 (24.9)	4 (2.0)	7 (3.5)	<b>201 (100.0)</b>

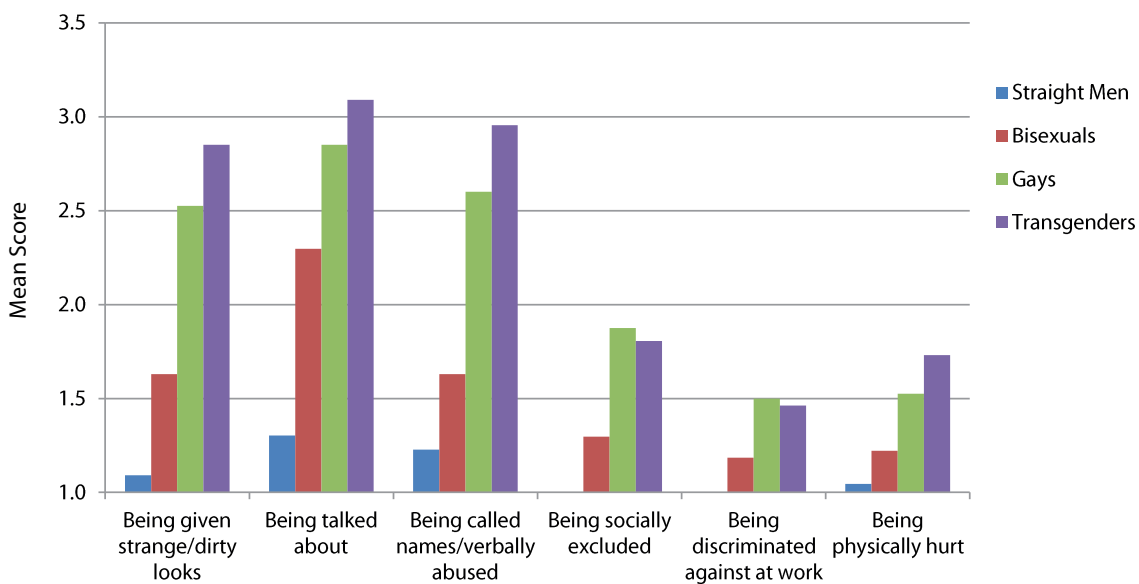
Data were missing for 11 respondents

**Figure 15.5: Frequency of discrimination and abuse in the last six months**



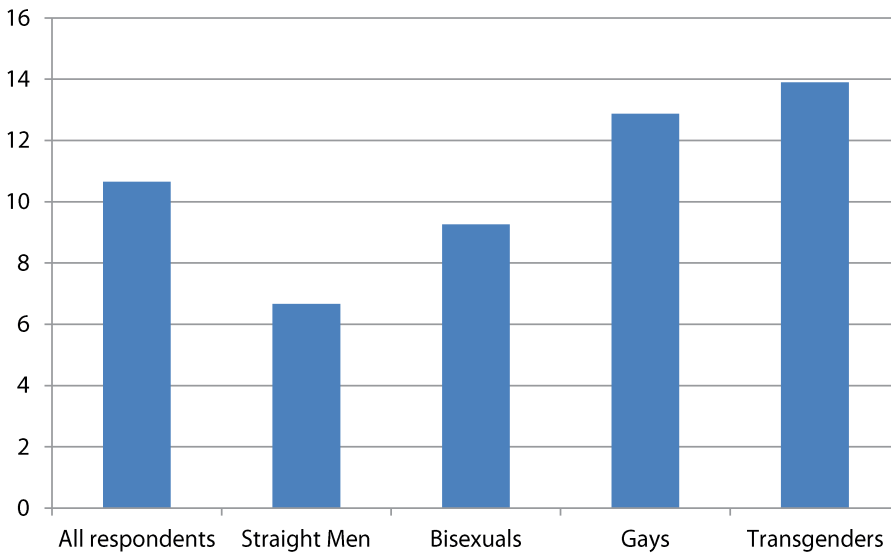
When these results were analysed according to the sexuality/gender groupings, transgenders emerged as the group most likely to experience stigma and discrimination based on their sexuality or gender, followed by the gay respondents. The straight men in the sample very rarely experienced abuse, and the bisexuals were in between.

**Figure 15.6: Experience of discrimination and abuse by sexuality/gender grouping**



All the different forms of stigma and discrimination were incorporated into one scale, demonstrated in the following figure. The results clearly showed that on average, straight men experienced the least discrimination, followed by bisexuals. Transgenders and gays experienced abuse based on their sexuality or gender much more frequently.

**Figure 15.7: Abuse Scale by sexuality/gender grouping**



## SAFETY AND ABUSE

We found a pattern where the groups that experienced the greatest amount of abuse (transgenders, followed by gays) also felt the safest expressing their gender and sexuality in Fiji, whereas the groups that experienced less abuse (straight men and bisexuals) felt the least safe.

**Figure 15.8: Abuse Scale and Safety Scale by sexuality/gender grouping**



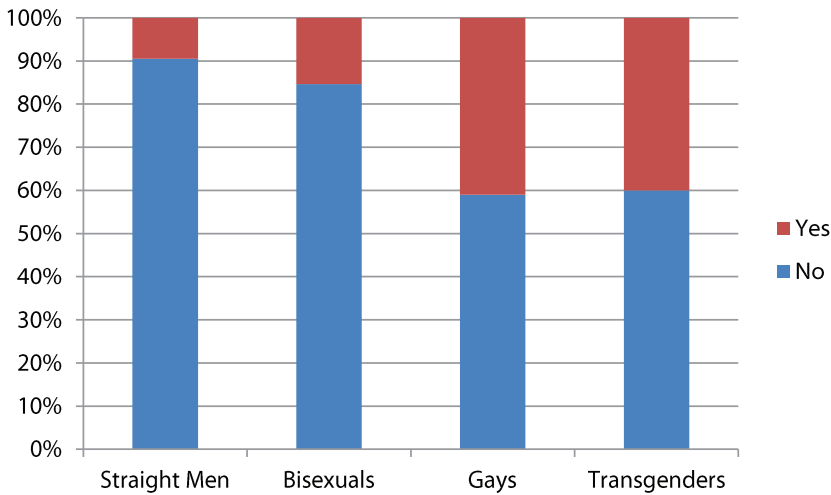
## FORCED SEX

A previous study in Fiji found that 21% of MSM and TG respondents had experienced sexual abuse such as forced sex or rape (Buchanan-Aruwafu, 2007), however the sample size was very small (48 interviews and focus groups with 26 participants). Without going into too much detail about this topic, respondents in this study were asked if they had ever been forced to have sex against their will. 26.8% (52 respondents) stated they had, and 73.2% (142 respondents) stated they had not. This question was not answered by 18 respondents.

When examined according to sexuality/gender category, the results showed that 41.0% of gays and 40.0% of transgenders had been forced to have sex against their will. By contrast, fewer bisexuals and straight men had experienced this (15.4% and 9.5% respectively).

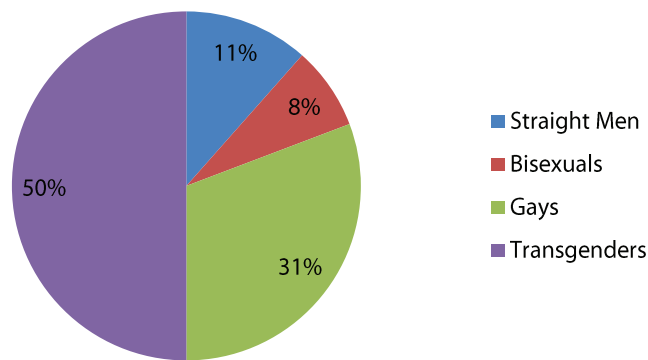


**Figure 15.9: Experiences of forced sex by sexuality/gender grouping**



Of the 52 respondents who had been forced to have sex against their will, 26 of these (50.0%) were transgender and 16 (30.8%) were gay.

**Figure 15.10: Sexuality/gender grouping of those respondents who had ever been forced to have sex against their will**



## DISCUSSION AND VALIDATION

It was confirmed in the validation meetings that Fiji is not a safe place to express a minority gender or sexual identity. Validation participants were not surprised to see that those who were most open about their sexualities and genders were also the ones most targeted for abuse. There was something of a sense of irritation at MSM who try to “pass” as heterosexual so as not to experience abuse. Many gays and TGs felt that they did not have this option, and that even if they did, they would not want to pretend to be anything other than what they are.

While it may seem somewhat contradictory that the groups which experienced the least amount of abuse also felt the least safe and comfortable, it is not a surprising pattern. This could be an artifact of how the questions were asked. The questions were “How safe do you feel *expressing your gender and sexuality?*” and “How often do you experience abuse *based on your gender or sexuality?*”. If we had asked generally about how safe respondents felt, perhaps the bisexuals and straight men, given that they experienced much less abuse, would have said that they felt safe. That is, bisexuals and particularly straight men could feel very safe in their day-to-day lives, but when it comes to the question of sexuality, and admitting to others that they have sex with men/TG, they might feel very unsafe. It makes sense on one level that the people who have dissonant identities and behaviours felt the least “safe” and “comfortable”. They are having sex with men, but they are not willing to take on a gay identity, which might cause them to feel stressed and unsafe. The gays and transgenders might have said they feel very safe expressing their gender and sexuality in Fiji because they are taking something of a defiant attitude towards the world. The view that many gays and TGs are tough and defiant was expressed in the validation meetings.

The validation meeting with the research assistants also resulted in some important comments. First, in the interviews with the respondents, the respondents often wanted to talk about their experiences of abuse and discrimination, suggesting a need for some kind of support service. Currently, there are no services in Fiji aimed to creating a safe space for MSM and TGs to talk about the trauma they may have experienced due to homophobic or transphobic abuse. Second, with regard to the item on forced sex, the research assistants reported that forced sex can mean very different things to different people, and the questionnaire did not go into what kind of forced sex it was. For some, it would have been experiences such as sexual

assault/rape and child sex abuse. Others may have interpreted the question as something along the lines of having sex when not feeling 100% comfortable with it. In at least one case, a straight male respondent talked about being forced by a group of transgenders to have sex. Thus, the findings for this question need to be interpreted with this wider view of forced sex in mind.

# 16. SOCIAL NETWORKS AND COMMUNITY

## KEY FINDINGS

- ➔ The majority of respondents had gay, transgender, straight male and female friends.
- ➔ Gays and TGs were most likely to have other gay and transgender friends, while straight men were most likely to have other straight male friends.
- ➔ Generally, some of the respondents' gay/TG friends knew each other, and some of all of their friends knew each other.
- ➔ Straight men were less likely to have gay/TG friends that knew each other. Transgenders had the densest social networks, where more people knew each other.
- ➔ Socially, Fijians had more Fijian friends than Indo-Fijian or "other" friends, while Indo-Fijians had more Indo-Fijian friends than Fijian or "other" friends.
- ➔ The most common places to socialise with friends were friends' homes, the "grog shop", and school/university.
- ➔ There was a sense that "community" is lacking among MSM and TGs in Fiji. However, there are fluid social networks that can be built on for the delivery of community development programs.
- ➔ Participants reported many kinds of divisions among groups of MSM and TGs in Fiji.
- ➔ The participants reported a strong desire to see a stronger sense of MSM and TG communities in Fiji.

The questionnaire asked a series of questions aimed at finding out about the social behaviour and networks of the respondents.

## SEXUALITY/GENDER AND SOCIAL NETWORKS

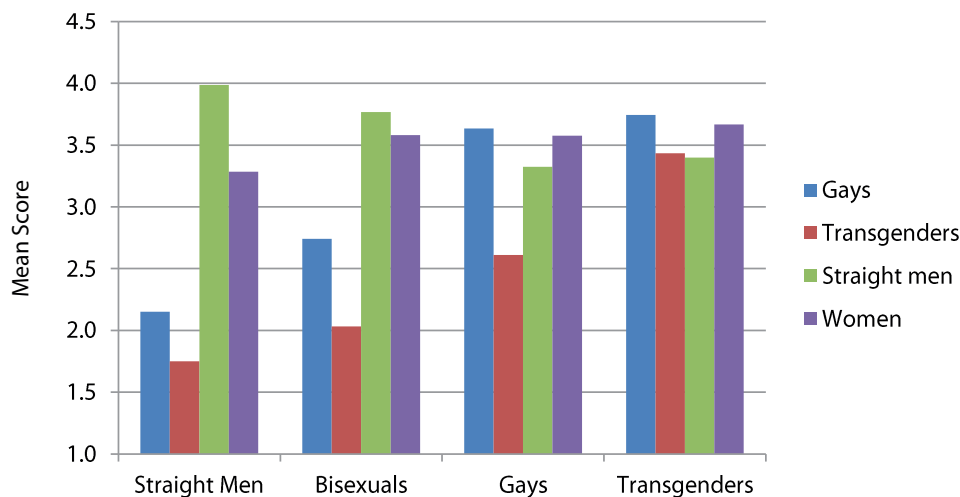
Respondents were asked how many of their friends were gay, TG, straight men, and women. The majority of respondents had gay, transgender, straight male and female friends.

**Table 16.1: Number of gay, transgender, straight male and female friends**

	Number (Percentage)					Total	Mean
	None	A few	Some	A lot	All		
<b>Gays</b>	12 (5.7)	58 (27.6)	47 (22.4)	89 (42.4)	4 (1.9)	<b>210</b> <b>(100.0)</b>	3.1
<b>Transgenders</b>	44 (20.9)	69 (32.7)	43 (20.4)	55 (26.1)	0 (0.0)	<b>211</b> <b>(100.0)</b>	2.5
<b>Straight men</b>	1 (0.5)	19 (9.0)	42 (20.0)	142 (67.6)	6 (2.9)	<b>210</b> <b>(100.0)</b>	3.6
<b>Women</b>	4 (1.9)	21 (10.0)	50 (23.9)	131 (62.7)	3 (1.4)	<b>209</b> <b>(100.0)</b>	3.5

When broken down by sexuality/gender grouping, we see that gays and transgenders are most likely to have other gay and transgender friends, and that straight men are most likely to have straight male friends. Once again, bisexuals fit somewhere in the middle.

**Figure 16.1: Gay, transgender, straight male and female friends by sexuality/gender grouping**



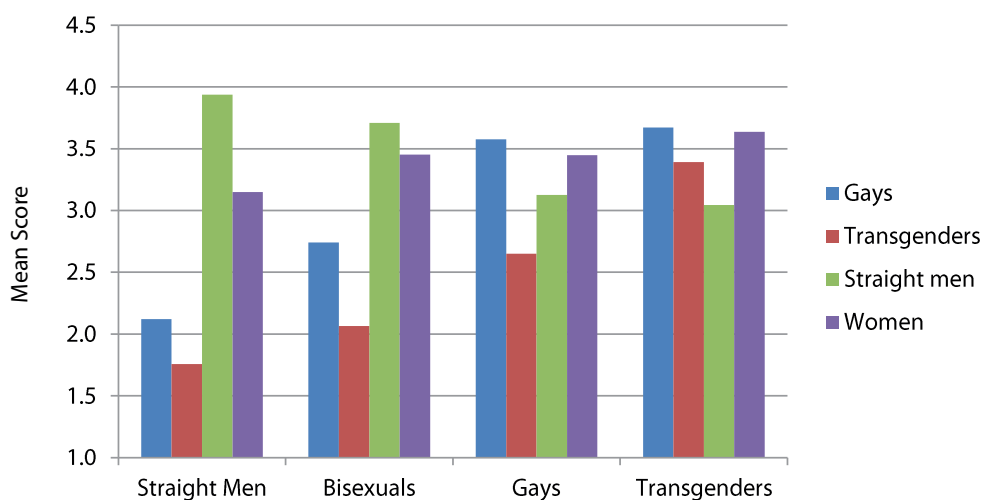
Respondents were also asked how much of their free time they spent with gays, transgenders, straight men, and women.

**Table 16.2: Free time spent with gay, transgender, straight male and female friends**

	Number (Percentage)					Total	Mean
	None	A few	Some	A lot	All		
<b>Gays</b>	15 (7.2)	57 (27.3)	49 (23.4)	84 (40.2)	4 (1.9)	<b>209</b> <b>(100.0)</b>	3.0
<b>Transgenders</b>	48 (23.1)	57 (27.4)	52 (25.0)	48 (23.1)	3 (1.4)	<b>208</b> <b>(100.0)</b>	2.5
<b>Straight men</b>	2 (1.0)	31 (15.0)	52 (25.1)	118 (57.0)	4 (1.9)	<b>207</b> <b>(100.0)</b>	3.4
<b>Women</b>	4 (1.9)	31 (15.0)	51 (24.6)	116 (56.0)	5 (2.4)	<b>207</b> <b>(100.0)</b>	3.4

A similar pattern of results emerged when this question was analysed according to sexuality/gender grouping (Figure 16.2).

**Figure 16.2: Free time spent with gay, transgender, straight male and female friends by sexuality/gender grouping**



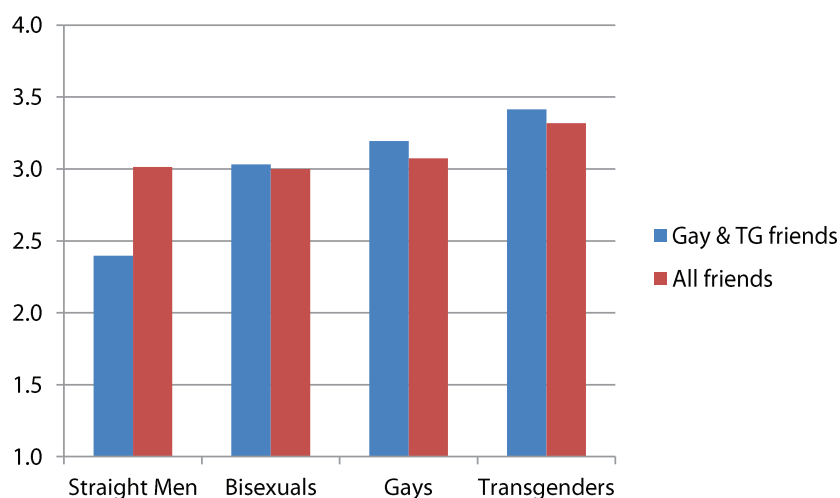
To gain a sense of the density of the social networks amongst MSM and TG in Fiji, the respondents were asked, “How many of your friends are also friends with each other?”. They were asked first about their gay and transgender friends as a group, and then all of their friends.

**Table 16.3: Density of social networks – gay and TG friends versus all friends**

	Number (Percentage)					Total	Mean
	None	A few	Some	A lot	All		
<b>Gay and TG friends</b>	5 (2.4)	66 (31.1)	71 (33.5)	66 (31.1)	4 (1.9)	<b>212</b> <b>(100.0)</b>	3.0
<b>All friends</b>	1 (0.5)	46 (21.9)	91 (43.3)	69 (32.9)	3 (1.4)	<b>210</b> <b>(100.0)</b>	3.1

This question was analysed according to the sexuality/gender groupings, demonstrating that transgenders had the densest networks (where more people know each other). Straight men tended to have less gay and TG friends that knew each other than the respondents from the other groupings. A potential explanation is that straight men may be more likely to engage with gays and transgenders in sexual rather than social terms. Given the high densities of the gay and TG networks, the gay and TG partners of straight men may actually know each other, but this fact may be unknown to their straight sex partners.

**Figure 16.3: Density of social networks by sexuality/gender grouping**



## ETHNICITY AND SOCIAL NETWORKS

The same two questions about number of friends and free time spent with friends was asked with regard to ethnicity. Unsurprisingly, most respondents had many Fijian and Fiji-Indian friends, and fewer friends from the other ethnic groups. The results are presented in Tables 16.4 and 16.5.

**Table 16.4: Number of friends from different ethnic groups**

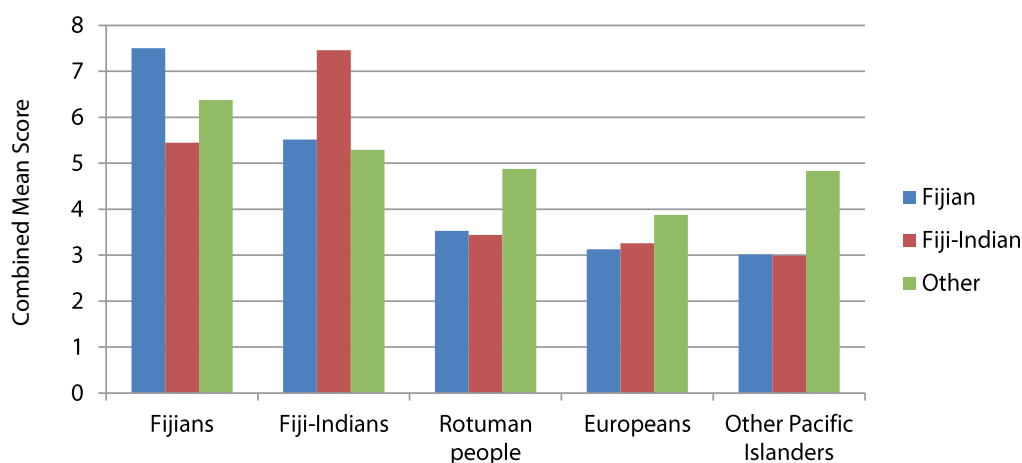
	Number (Percentage)					Total	Mean
	None	A few	Some	A lot	All		
<b>Fijians</b>	3 (1.4)	51 (24.5)	60 (28.8)	92 (44.2)	2 (1.0)	<b>208</b> <b>(100.0)</b>	3.2
<b>Fiji-Indians</b>	0 (0.0)	37 (17.8)	77 (37.0)	90 (43.3)	4 (1.9)	<b>208</b> <b>(100.0)</b>	3.3
<b>Rotumans</b>	78 (37.3)	91 (43.5)	33 (15.8)	7 (3.3)	0 (0.0)	<b>209</b> <b>(100.0)</b>	1.9
<b>Europeans</b>	103 (49.8)	64 (30.9)	34 (16.4)	6 (2.9)	0 (0.0)	<b>207</b> <b>(100.0)</b>	1.7
<b>Other Pacific Islanders</b>	97 (47.3)	72 (35.1)	30 (14.6)	6 (2.9)	0 (0.0)	<b>205</b> <b>(100.0)</b>	1.7

**Table 16.5: Free time spent with friends from different ethnic groups**

	Number (Percentage)					Total	Mean
	None	A few	Some	A lot	All		
<b>Fijians</b>	6 (2.8)	46 (21.8)	54 (25.6)	99 (46.9)	6 (2.8)	<b>211</b> <b>(100.0)</b>	3.3
<b>Fiji-Indians</b>	2 (1.0)	44 (21.1)	66 (31.6)	92 (44.0)	5 (2.4)	<b>209</b> <b>(100.0)</b>	3.3
<b>Rotumans</b>	87 (42.2)	67 (32.5)	42 (20.4)	10 (4.9)	0 (0.0)	<b>206</b> <b>(100.0)</b>	1.9
<b>Europeans</b>	107 (51.9)	72 (35.0)	20 (9.7)	6 (2.9)	1 (0.5)	<b>206</b> <b>(100.0)</b>	1.7
<b>Other Pacific Islanders</b>	95 (50.0)	59 (31.1)	26 (13.7)	10 (5.3)	0 (0.0)	<b>190</b> <b>(100.0)</b>	1.7

When these two questions were examined according to the ethnicity of the respondents, the expected pattern of results emerged. Fijians were most likely to have friends and spend time with other Fijians, and Fiji-Indians with other Fiji-Indians. Fijians were more likely to have friends and spend time with those from “other” ethnicities than the Fiji-Indians were. The respondents in the group made up of “other” ethnicities were more likely to have friends and spend time with Rotuman people, Europeans and other Pacific Islanders than with Fijians or Fiji-Indians.

**Figure 16.4: Number of friends and free time spent with friend from different ethnic groups by ethnicity**



## LOCATIONS OF SOCIALISING WITH FRIENDS

Respondents were asked: “Where do you hang out with your friends?” The results are as follows. Friends’ homes, the “grog shop”, and school/university were the most popular locations.

**Table 16.6: Locations of socialising with friends**

	Number (Percentage)					Total	Mean
	Never	Not Often	Some-times	Quite Often	Very Often		
<b>Your own home</b>	40 (19.2)	75 (36.1)	68 (32.7)	18 (8.7)	7 (3.4)	<b>208</b> <b>(100.0)</b>	2.4
<b>Your friends’ homes</b>	7 (3.3)	35 (16.7)	46 (21.9)	69 (32.9)	53 (25.2)	<b>210</b> <b>(100.0)</b>	3.6
<b>Hotel</b>	40 (19.0)	45 (21.4)	66 (31.4)	52 (24.8)	7 (3.3)	<b>210</b> <b>(100.0)</b>	2.7
<b>Clubs and bars</b>	59 (28.1)	50 (23.8)	55 (26.2)	39 (18.6)	7 (3.3)	<b>210</b> <b>(100.0)</b>	2.5

Continued

<b>Park / Public space</b>	83 (39.7)	53 (25.4)	43 (20.6)	23 (11.0)	7 (3.3)	<b>209</b> <b>(100.0)</b>	2.1
<b>Street / Bus stop</b>	41 (19.5)	73 (34.8)	74 (35.2)	17 (8.1)	5 (2.4)	<b>210</b> <b>(100.0)</b>	2.4
<b>Bus depot</b>	42 (20.2)	56 (26.9)	60 (28.8)	35 (16.8)	15 (7.2)	<b>208</b> <b>(100.0)</b>	2.6
<b>Cinema / Theatre</b>	55 (26.2)	68 (32.4)	58 (27.6)	19 (9.0)	10 (4.8)	<b>210</b> <b>(100.0)</b>	2.3
<b>Beach</b>	24 (11.5)	71 (34.0)	81 (38.8)	28 (13.4)	5 (2.4)	<b>209</b> <b>100</b>	2.6
<b>Shopping centre</b>	70 (34.3)	46 (22.5)	49 (24.0)	26 (12.7)	13 (6.4)	<b>204</b> <b>(100.0)</b>	2.3
<b>Restaurant / Café</b>	75 (35.9)	56 (26.8)	56 (26.8)	18 (8.6)	4 (1.9)	<b>209</b> <b>(100.0)</b>	2.1
<b>Your workplace</b>	75 (36.4)	56 (27.2)	42 (20.4)	23 (11.2)	10 (4.9)	<b>206</b> <b>(100.0)</b>	2.2
<b>Your friends' workplaces</b>	69 (33.0)	58 (27.8)	53 (25.4)	26 (12.4)	3 (1.4)	<b>209</b> <b>(100.0)</b>	2.2
<b>School / University</b>	13 (6.4)	35 (17.2)	69 (33.8)	59 (28.9)	28 (13.7)	<b>204</b> <b>(100.0)</b>	3.3
<b>Church / Temple / Mosque</b>	71 (35.7)	47 (23.6)	37 (18.6)	30 (15.1)	14 (7.0)	<b>199</b> <b>(100.0)</b>	2.3
<b>Functions / Parties</b>	40 (19.2)	75 (36.1)	68 (32.7)	18 (8.7)	7 (3.4)	<b>208</b> <b>(100.0)</b>	2.4
<b>Grog Shop</b>	7 (3.3)	35 (16.7)	46 (21.9)	69 (32.9)	53 (25.2)	<b>210</b> <b>(100.0)</b>	3.6

## DISCUSSION AND VALIDATION

The questionnaire did not include questions on the respondents' sense of or connection to an MSM, gay, TG, or 'GLBT' community. However, this was explored qualitatively in the validation process. Among the gays and TGs at the validation meetings, there was quite a lot of consensus regarding some key issues.

First, there was a view that there is not so much a sense of a GLBT community in Fiji as there are large, interconnected social networks. These networks are typically made up of "local gays" and TGs. The participants also mentioned that there are somewhat separate social networks of gay men with more "globalised" gay identities (although they did not use this term).

Second, there was a sense that something is missing from the "GLBT community" in Fiji, and that there are a range of divisions within the population of gays, TGs and other MSM. Participants spoke about there being divisive hierarchies and a growing problem of elitism in some sections of the population. There were concerns that gay and TG individuals were being tokenistically placed in leadership roles and do not have the capacity or desire to represent the needs of other gays, TGs and MSM.

Again, although they did not use the language of "global" versus "local", the differences between feminine gays and TGs versus masculine-acting gay men was discussed at length. The feminine gays and TGs felt that the gay men did not want to associate with them because of the fear of being "outed" in the broader community. Generally, it is an understandable concern regarding disclosure issues to the wider community. Another issue within the social networks of feminine gays and TGs was the intense competition for the attention and affections of straight men, which could cause serious conflicts. Finally, another issue was mentioned at all three validation meetings, relating to tokenistic involvement. Gays and TGs had been "used and abused" by others, including some MSM when organising events. It was reported that the event organisers make money from events featuring gays and TGs, but that they are made out to be a laughing stock. There was a strong feeling of resentment toward this, and that gays and TGs should stop supporting such events that undermine the cause of decreasing stigma and discrimination.

Third, despite these problems, there was palpable desire to see stronger communities emerge, along with more gay and TG community activities. Most participants did not think that the GLBT community in Fiji should develop into some kind of separate community from the general, heterosexual population. But there was clearly a desire for gay/TG safe spaces, services, and social activities.

# 17. PROGRAMS AND SERVICES

## KEY FINDINGS

- ➔ In line with the UNGASS indicator on HIV prevention programs, 40.1% of respondents knew where to get an HIV test *and* had been given condoms in the past six months.
- ➔ The majority (approximately 67-70%) had never been approached by HIV outreach workers, or been given condoms or lubricant by outreach workers.
- ➔ 43.0% could name one or more organisations working with MSM, gays or transgenders in Fiji. More gays and TGs were able to answer this question than straight men or bisexuals.

## HIV PREVENTION PROGRAMS

One of the UNGASS indicators relevant to MSM/TG is the percentage reached by HIV prevention programs. The indicator is defined in two parts:

1. Knowledge of where to go to get an HIV test, and
2. Being given condoms in the past 12 months (through outreach, drop-in centres or sexual health clinics).

Although our questionnaire did not ask these questions in exactly the same way as the UNGASS indicator, we were able to determine the answer to the two parts of the indicator, albeit for the last six months (rather than the last twelve). The results showed that 40.1% of the respondents knew where to get an HIV test and had been given condoms in the past 6 months.

**Table 17.1: UNGASS prevention programs indicator**

	Number	Percentage	N Size
<b>Knew where to get an HIV test</b>	92	46.0	200
<b>Had been given condoms in the past 6 months</b>	187	92.1	203
<b>Knew where to get an HIV test <u>and</u> had been given condoms in the past 6 months</b>	85	40.1	201

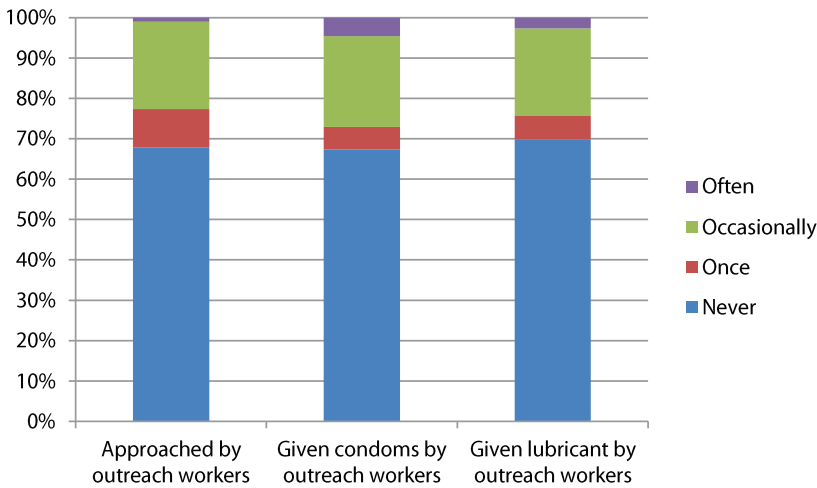
To gain a sense of how many MSM and TG were being reached by HIV organisations in Fiji, we asked how often they had been approached by HIV outreach workers, been given condoms and been given lubricant in the past six months. Over two-thirds had not experienced any of these in the previous six months. Around one-fifth of the respondents said they had occasionally been approached or given condoms/lubricant. There were no differences between straight men, gays and transgenders. See Table 17.2.

**Table 17.2: Experience of outreach**

	Number (Percentage)				Total
	Never	Once	Occasion-ally	Often	
<b>Approached by outreach workers</b>	135 (67.8)	19 (9.5)	43 (21.6)	2 (1.0)	<b>199</b> <b>(100.0)</b>
<b>Given condoms by outreach workers</b>	132 (67.3)	11 (5.6)	44 (22.4)	9 (4.6)	<b>196</b> <b>(100.0)</b>
<b>Given lubricant by outreach workers</b>	132 (69.8)	11 (5.8)	41 (21.7)	5 (2.6)	<b>189</b> <b>(100.0)</b>



**Figure 17.1: Experience of outreach**

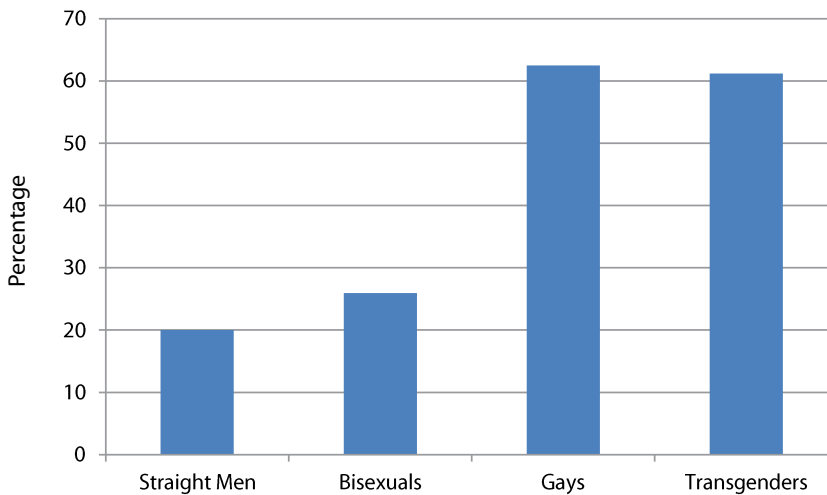


### SERVICES WORKING WITH MSM AND TG

The respondents were asked if, before coming into contact with the AIDS Task Force of Fiji (ATFF) for this interview, they could name any organisations in Fiji that worked with MSM, gays or transgenders. Of the 200 respondents who answered this question, 43.0% (86 respondents) could name one or more organisations, while 57.0% (114 respondents) could not name any. Quite a few who could not previously name any said that they now knew about ATFF.

When broken down by sexuality/gender grouping, there were big differences between the groups. Many more gays and transgenders were able to name one or more organisations (62.5% and 61.2% respectively), as compared to bisexuals (25.9%) and straight men (20.0%).

**Figure 17.2: Percentage of respondents that could name organisations working with MSM and TGs by sexuality/gender grouping**



The groups that were named are presented in Table 17.3.

**Table 17.3: Services working with MSM/TG that were named by respondents**

	Number	Percentage
AIDS Task Force of Fiji / Amithi Project	31	15.5
Human rights	19	9.5
Ministry of Health	13	6.5
Men Fiji / Men Empowerment	8	4.0
Red Cross	5	2.5
SAN	5	2.5
ADRA	3	1.5
AusAID	3	1.5
Fiji Rainbow	3	1.5
Marie Stopes	3	1.5
Sekoula Project	2	1.0
Drodrolagi Project	1	0.5
Family Planning Clinic	1	0.5
Ministry of Youth and Sports	1	0.5
UNAIDS	1	0.5
Pacific Rainbows	1	0.5
UNICEF	1	0.5
Specifically stated they knew of no organisations prior to the interview	106	53.0

Multiple responses were possible. Data were missing for 12 respondents.

## DISCUSSION AND VALIDATION

These findings support the notion that condoms are not difficult to obtain in urban Fiji, even for free. However, this does not automatically mean they will be used.

Only around one in five respondents were occasionally approached and the majority was never approached by HIV outreach workers in the previous six months, indicating that there is room for improvement.

In terms of the services named by the respondents, it is important to keep in mind that even if an organisation was on the list, it did not mean that the organisation necessarily worked with MSM/TGs – rather it simply meant that respondents believed this about the organisation. Some of the organisations mentioned were not known to ATFF staff members. For example, although 19 respondents mentioned “Human Rights”, we were unable to ascertain what exact organisation was meant by this.

## 18. LIMITATIONS

There is no such thing as a perfect research study. Like all studies, this one contained some limitations, although these did not overshadow the usefulness of the data.

As with all studies using snowball and convenience sampling methods, the sample in this study was not truly representative of the entire MSM and TG population in Fiji. This simply means that while helping to provide important insights, the data are not generalisable to all MSM and TG in Fiji. First, the respondents primarily came from urban areas of Fiji. The experiences of MSM and TG in rural areas are likely to be somewhat different. However, given that any HIV prevention interventions or MSM/TG community-building efforts will always have their foundations in the urban areas, this focus was appropriate. Second, as mentioned in Chapter 3, the ethnic mix in our sample did not correspond to the ethnic mix of Fiji as a whole, as our sample had a larger proportion of Fiji-Indians. Again, we do not view this as a significant weakness. The mix of ethnicities in urban areas is different to that of Fiji as a whole: Fiji-Indians make up 41.9% of the urban population, and “others” make up 8.3% (Fiji Islands Bureau of Statistics, 2008). Indeed, we believe the ethnic diversity in this sample is one of the key strengths of this study. It clearly demonstrated that ATFF has the capacity to reach a broad range of MSM and TG from different ethnic and religious backgrounds. If this is true of research, then it is most likely to be true for any HIV prevention and community activities also. Third, the proportions of the different sexuality/gender groupings may not correspond directly to the “true” situation in Fiji. For example, we had quite a large group of transgenders in our sample. However, given that no scientific size estimations of the MSM and TG populations have been conducted in Fiji, we cannot know the “true” proportions of straight MSM, gays, bisexuals and transgenders. In any case, throughout this report, we have broken down the findings by sexuality/gender grouping as much as possible so as to mitigate this potential problem.

The sample size in this study was fairly small due to limited available resources. However, as mentioned previously, it was not substantially smaller than many behavioural surveillance surveys of most-at-risk populations in a number of countries (for example, Colby, 2003; Lee, Rawstone & Worth, 2010).

As with all studies on sensitive topics, especially such as stigmatised sexual behaviours, we cannot know for sure that respondents answered truthfully or “correctly” on every question, or that they interpreted every question the way it was intended. Yet, we found that there was a high level of consistency across the data, which speaks to its validity. Many of the findings came out according to expectation. For example, patterns of condom use were fairly consistent, even though the questions were asked differently at different points; it was consistently found that condom use with straight male partners was lower than with other partners. The research assistants reported that in some cases, they suspected that some respondents under-reported the number of sexual partners and over-reported their rates of condom use. However, these are limitations of any self-report questionnaire into sexual behaviour. Although anonymous self-administered surveys *may* have increased the truthfulness of responses, when designing the study we had to weigh this against other factors such as the likelihood of respondents completing the questionnaire and their capacity to understand the questions. In the end, it was decided that an interviewer-administered questionnaire would be more desirable, so that the interviewer could explain the questions and clarify the responses.

As mentioned in Chapter 16, we acknowledge that the questions on STIs could have been substantially improved if we had asked about rates of STI testing and diagnosis, and specific symptoms of STIs such as sores, itchiness, lumps, and discharge.

There were some slight discrepancies in the data, for example, where a respondent might say that they had no MSM/TG sexual partners in the previous six months at one point but then report on their anal sex practices in the last six months at another point. Overall, these discrepancies were small. There was also a fair amount of missing data, particularly toward the end of the questionnaire. This was not surprising given the length of the questionnaire and the fact that it contained very sensitive and personal information regarding anal sex, alcohol and drug use, and sexual health testing. However, again, overall, even in the worst cases of missing data, approximately 90% of respondents still answered the questions.

This leads onto another point, which is not so much a limitation of our research as a cultural observation. Conducting research in Fiji is impacted by the authoritarian values of the overarching culture. For example, in schools, children are generally told what to think; in churches (which play a central role in Fijian culture), ministers are seen as authorities on how to live. Even in HIV peer education, it has been noted by ATFF staff that some peer educators can start to take on something of an authoritarian role and tell their peers what they should be doing rather than educating them in a more peer-based, neutral, and health promotion-based sense. This aspect of the culture has impacts on research. Throughout the data collection interviews and in the validation meetings, there was often a sense of respondents and participants wanting to provide the research assistants or research consultant with the “right” answer. This was true for something even as personal as sexuality and gender. In the validation meetings, it was quite clear that not much consideration had been given to labeling and choosing one’s sexual and gender identity previously. The facilitator (the first author of this report) was asked direct questions about “what would this person be?”, to which the answer was always, “I can’t answer that – it is up to them to choose their own identity”. There was also a sense that when choosing what gender or sexual identity to select from the list, many respondents would think about what they had been called by others, rather than what they had decided to call themselves. In many cases, it was quite clear that although respondents participated in social networks of MSM/gays/TGs, although they had MSM/gay/TG friends, and although they clearly saw themselves as different from the heterosexual population of Fiji, many of them had never before considered

these questions of their own sexual and gender identities. In the last fifteen years, ATFF has seen individuals change their outlook from “local” or feminine to more “global” over a period of time, suggesting a fluid situation where individuals continue to seek appropriate identities.

There are a number of implications from these observations. Both qualitative and quantitative research methods come from Western cultures, where categorisation and labeling feel natural and are inherent to the culture. Western cultures are also more individualistic (Mao, van de Ven & McCormick, 2004). There is a strong focus on the authenticity of the individualised self, a long tradition of claiming identities for oneself and establishing self-devised boundaries around those identities. In Fiji, as in many non-Western cultures, identity categories certainly exist, and they operate with real meanings in the culture. However, the focus on categorisation and the claiming of abiding individual identities is far less emphasised. Things are far more fluid. In Western countries, when a person moves from one sexual or gender identity to another it is usually perceived as a process of change – change that can be experienced as quite difficult and sometimes painful. In Fiji, it may be more likely that the person never really had a particularly fixed sexual or gender identity in the first place.

# 19. CONCLUSION AND RECOMMENDATIONS

This report has outlined the findings of the first research study to be conducted on MSM and transgenders in Fiji since ATFF conducted its last study in 1998. Although not necessarily representative of all MSM and TG in Fiji, the data gathered in this research are extremely valuable in helping us to understand the risk behaviour and other factors among MSM and TG, and in enabling us to develop recommendations for future HIV prevention and health promotion actions. As a community-based study, this research was very much focused on generating information to help answer the question: "Where to from here?". The following pages outline some of the most significant overarching findings of our research, along with key recommendations for the future.

## HIV PREVENTION AND HEALTH PROMOTION WITH MSM AND TRANSGENDERS IN FIJI

There is wide diversity among MSM and TG in Fiji. Different types of MSM/TG in Fiji have different experiences and belong to different social networks. Our research, both through the quantitative survey and the qualitative focus group discussions and interviews, determined that there are four broad groupings:

- Feminine gays and transgenders (often with "local" sexual and gender identities)
- Masculine-identified, "globalised" gay men
- Bisexuals
- Straight-identified men

People from all four groups participated in our research, although there were less "globalised" gay men than the other groups. In terms of HIV prevention and other health promotion activities, it seems clear that the four groups will need to be targeted in different ways. For example, the results showed that active social networks already exist among feminine gays and TGs, whereas straight men who have sex with men are less linked to each other socially. We also found that there are divisions between feminine gays and TGs versus "globalised" gay men, and that it may be unrealistic to expect one unified community to emerge, or for one community organisation to meet the needs of both of these groups. Further, it is clear that the feminine gays and TGs experience the most discrimination. However, they also perhaps have the most strengths: they are willing to openly contravene socially accepted gender and sexual roles, and they are willing to stand up for themselves. This is in contrast to the other types of MSM, especially straight men. It would also be unrealistic to expect a "community" of straight MSM to ever form in Fiji. The very idea of community is built upon shared identity. Straight-identified MSM in Fiji do not identify socially with the other types of MSM. They are connected sexually to the MSM and TG they have sex with, and it should be recognised that one of the easiest and most efficient ways of accessing these difficult-to-reach straight MSM would be through their gay- and TG-identified sex partners.

Given these important differences between the different types of MSM in Fiji, it is recommended that:

- 1. Taking into consideration the diversity among MSM/TG in Fiji, HIV/STI prevention and health promotion programs take a targeted and segmented approach to effectively reach a broad range of MSM and transgenders.**
- 2. A greater number of MSM and transgenders be reached by HIV prevention services and activities.**
- 3. Culturally-appropriate and locally-developed HIV prevention messages be developed, taking into account the differences between different types of MSM, different ethnicities, and different locations in Fiji.**
- 4. Greater funding be secured to allow HIV prevention and health promotion activities and resources to be implemented by various organisations.**

When prioritising HIV prevention interventions, there should be an emphasis on interventions that are likely to have the greatest impact and can be implemented at sufficient scale to have this impact. Interventions should be tailored to the nature of the epidemic in specific settings, including prioritisation of subgroups of MSM most at risk, as well as the capacity of the health, CBO and other services in those settings.

Furthermore, we suggest that:

- For the feminine gays and TGs, the response should be based on a community development model. Such a model would examine the broader social determinants of health, not just HIV prevention and condom use. This approach could focus on human rights, decreasing stigma and discrimination, providing space for social support, building self-esteem, and increasing psychological and community empowerment. It should be an egalitarian and grassroots response rather than an elitist or authoritarian one. Our research demonstrated that active informal social networks of feminine gays and TGs already exist in Fiji, and crisscross the entire country, or at least the island of Viti Levu. These existing networks can be utilised to develop and implement innovative HIV prevention and health promotion programs.
- "Globalised" gay men would also benefit from a community development model. However, for the most part, "globalised" gay men are likely to need specific responses tailored to their own identities and interests.

- Straight-identified MSM will probably not benefit from a community development-based response, as active social networks of straight MSM are not evident. Straight-identified MSM are always the hardest group to reach in any country. As mentioned, possibly the most efficient way of increasing condom use among these men is through the education and community mobilisation of their gay and TG sexual partners. Given that most straight men do not have sex with each other but rather with gays and TGs, empowering the gays and TGs to insist on condom use would therefore increase condom use among straight MSM also. Other methods to reach straight-identified MSM would most likely include training healthcare workers in cultural sensitivity to MSM and TG issues and increase their awareness of the specific health and social support needs of MSM/TG, with technical assistance from MSM community-based organisations (WHO, UNDP, UNAIDS, Department of Health Hong Kong, China and APCOM, 2010).
- Since we still do not know a great deal about bisexual MSM in Fiji, it remains unclear how best to work with them on HIV prevention and other health promotion activities. However, they will still tend to benefit from user-friendly clinics, and the sensitisation of healthcare workers as well as their gay and TG sex partners. At this stage, we recommend that more research is needed to understand the group of MSM who identify as bisexual as well as their male and female partners.

## CLINICAL SEXUAL HEALTH SERVICES

Our research highlighted that many MSM and TG in Fiji have not been tested for HIV. The results did not uncover high rates of STIs, however, we believe that rates of STIs were most likely under-reported. A key gap in Fiji's clinical sexual health services is a designated clinic for MSM and TG. It has been demonstrated in many countries around the world that HIV and STI testing rates can be substantially increased if MSM have a safe place to get tested. Thus, it is recommended that:

5. **Access to MSM- and TG-friendly and competent voluntary confidential counselling and testing (VCCT) and STI services be scaled up.**
6. **Health care workers be sensitised to the specific health and social support needs through programmes delivered in collaboration with MSM/TG CBOs.**

Such services could potentially achieve a great deal more than merely increasing the rates of HIV and STI testing among MSM and TG. They could also play a role in: data collection and further research on MSM and TG people; providing culturally-appropriate sexual health counselling; providing counselling around broader health and wellbeing issues; and referring MSM and TG into community-based HIV prevention and health promotion programs.

## STRATEGIC INFORMATION

This study is the first piece of research in over twelve years to be conducted with MSM and transgenders in Fiji. It has provided important information about the sexual risk behaviours of MSM and TGs; however, it is clearly not enough. Like any piece of research at a single point in time, this study has possibly posed more questions than answers, or at the very least, it has illuminated many areas requiring further research. We welcome more projects to increase understandings of MSM and transgenders in Fiji, especially those that are community-based and aimed squarely at implementing actions to improve the health and wellbeing of MSM and TGs. It is recommended that:

7. **Further research be conducted with MSM and transgenders in Fiji, on different topics, in different areas, and with different groups.**
8. **Agencies and research institutions develop respectful partnerships with MSM and TG community organisations that are mutually beneficial to all parties and which improve local research capacity, ensure that research is appropriate and relevant, and ensure that research leads to the implementation of actions.**
9. **Meaningful partnerships with MSM/TG organisations be developed in the implementation of national biological and behavioural surveillance programs.**

## RESPONDING TO STIGMA AND DISCRIMINATION

Our research demonstrated that Fiji is not experienced as a safe or comfortable place to express a minority sexuality or gender identity. We found high rates of recent experiences of abuse due to sexuality and gender. The results showed that feminine-identified gays and TGs experienced the most abuse, but that these individuals perhaps had the most social resources to draw upon. The bisexuals and straight men, while experiencing less abuse, felt less safe and comfortable expressing their sexualities and genders. Our research also uncovered a great need in those who had experienced abuse to talk about their experiences and to gain support from others. Currently, no such services exist for MSM and TG in Fiji, despite the extremely high levels of homophobia. Thus, two interlinked recommendations are made that:

10. **Homophobia and transphobia be addressed at a societal level.**
11. **Gender violence relating to MSM, TG and other gender-variant males must be addressed.**
12. **Mental health and support services specifically for MSM and TGs, or appropriate for MSM and TGs, be established.**

## **COMMUNITY-BUILDING**

This study highlighted the lack of a sense of MSM and TG community in Fiji. It is clear that strong social networks of MSM/TGs exist, at least among feminine gays and TGs, but that an overarching sense of community does not. The focus group discussions uncovered a great desire for community activities to develop. It is important to note that many of the most successful HIV prevention programs in the world arose out of or alongside community-building activities. Strong communities are able to advocate for their rights, empower themselves, support community members in healthy behaviours, and solve problems. The following recommendation is made for two reasons: (a) to assist in HIV prevention programs and (b) to build resilient MSM and TG communities as a goal in its own right.

13. **MSM and transgenders in Fiji should be supported to develop skills in community organising and to implement community activities aimed at building the MSM/TG communities in different locations around Fiji.**

# LIST OF RECOMMENDATIONS

1. Taking into consideration the diversity among MSM/TG in Fiji, HIV/STI prevention and health promotion programs take a targeted and segmented approach to effectively reach a broad range of MSM and transgenders.
2. A greater number of MSM and transgenders be reached by HIV prevention services and activities.
3. Culturally-appropriate and locally-developed HIV prevention messages be developed, taking into account the differences between different types of MSM, different ethnicities, and different locations in Fiji.
4. Greater funding be secured to allow HIV prevention and health promotion activities and resources to be implemented by various organisations.
5. Access to MSM- and TG-friendly and competent voluntary confidential counselling and testing (VCCT) and STI services be scaled up.
6. Health care workers be sensitised to the specific health and social support needs through programmes delivered in collaboration with MSM/TG CBOs.
7. Further research be conducted with MSM and transgenders in Fiji, on different topics, in different areas, and with different groups.
8. Agencies and research institutions develop respectful partnerships with MSM and TG community organisations that are mutually beneficial to all parties and which improve local research capacity, ensure that research is appropriate and relevant, and ensure that research leads to the implementation of actions.
9. Meaningful partnerships with MSM/TG organisations be developed in the implementation of national biological and behavioural surveillance programs.
10. Homophobia and transphobia be addressed at a societal level.
11. Gender violence relating to MSM, TG and other gender-variant males must be addressed.
12. Mental health and support services specifically for MSM and TGs, or appropriate for MSM and TGs, be established.
13. MSM and transgenders in Fiji should be supported to develop skills in community organising and to implement community activities aimed at building the MSM/TG communities in different locations around Fiji.



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## ABOUT THE AUTHORS

Throughout this project, the first author of this report: designed the research study, provided capacity development training to ATFF staff members and research assistants, facilitated the validation focus group discussions, analysed the data, and wrote the first draft of the report. The second author: initiated the project, applied for funds, provided the overall project management, assisted in the design of the research, trained and supervised the research assistants, interviewed survey respondents, did data entry, and drafted the final report. The remaining authors comprised the team of community-based research assistants who were trained in research skills, assisted to design the research, conducted the interviews, and were involved in interpreting the results during the validation process. Details about the first and second authors are included below.

**Ben Bavinton** has been involved in the HIV sector for nearly ten years in both volunteer and paid capacities. He worked in HIV prevention for six years at ACON (The AIDS Council of New South Wales), focusing on community-based peer education programs for gay and bisexual men in Sydney, Australia. In 2009-10, he was based at the Asia-Pacific Regional Support Team of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Bangkok, Thailand, working on building capacity within MSM community organisations and collating research on HIV in MSM and TG across Asia and the Pacific. He now works at the Kirby Institute for Infection and Immunity in Society (formerly known as the National Centre in HIV Epidemiology and Clinical Research) at the University of New South Wales as the project leader of an epidemiological cohort study on serodiscordant gay male relationships. Ben has a strong commitment to community-based responses to HIV and firmly believes in the strength and value of community-based research.

**Niraj Singh** is a transgender Indo-Fijian who has been working with the AIDS Task Force of Fiji for the past seven years, where s(he) is a project manager. S(he) is currently the MSM representative on the Fiji Global Fund Country Coordinating Mechanism (CCM), a national representative on the Pacific Sexual Diversity Network and the Pacific Alternate representative on the Asia Pacific Coalition on Male Sexual Health (APCOM). Niraj has a strong presence at national, regional, and international forums lobbying for appropriate representation and meaningful engagement of marginalised communities in especially responding to emerging issues around HIV/STIs and sexual health.



