Risk, resilience and youth sexuality: Negotiations of sexual risk among iTaukei women university students in Suva, Fiji

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Abstract

This thesis explores youth sexuality, sexual risk and sexual resilience among young indigenous Fijians (iTaukei), with a particular focus on young iTaukei women. Specifically, it focuses on iTaukei women attending university in Suva and the sexual and social risks they negotiate in their daily lives. Over the last twenty years Fiji has experienced significant political, economic and social change, including women’s increasing participation in education, changing courtship and marriage norms and declining fertility rates. Simultaneously, an escalation in sexually transmitted infection (STI) rates and recorded rates of sexual violence has occurred. Young iTaukei women are considered to be particularly vulnerable to sexual risks, including unplanned pregnancy, sexual violence and STIs, and increasing human immunodeficiency virus (HIV) infection rates have been documented among this group.

A hierarchy of sexual risks is scrutinised to develop a culturally grounded and gender sensitive understanding of sexual risk that is relevant to the lives of iTaukei women university students. Sexual resilience factors are also examined to identify influences that may promote more equal sexual relationships and positive sexual and reproductive health (SRH) outcomes among young people in Fiji. In order to construct a comprehensive understanding of sexual risk and sexual resilience, this thesis explores youth cultures and social experiences, sexual geographies, and young iTaukei women’s negotiations of casual sexual encounters and romantic relationships. It also examines young people’s SRH knowledge, attitudes and beliefs and critiques Fiji’s national response to HIV/STIs. An adapted ecological model is developed to theorise sexual risk and sexual resilience in young iTaukei women’s lives as determined by multiple and overlapping influences in their society.

A mixed methods, youth-centred approach with multiple groups of informants was utilised in the research. This included in-depth interviews, focus group discussions, participant observation, secondary data and policy analysis, and a quantitative survey. This created robust data sets that were then triangulated.
This thesis contributes to current theoretical discussions regarding SRH and HIV/STI prevention in Fiji and the wider Pacific region. This thesis also adds to the theoretical body of knowledge in the field of global health in the area of youth SRH and builds on the intellectual lineage of HIV scholarship. Research findings illustrate how young iTaukei women’s sexual risk and sexual resilience are produced through complex intersections of local culture, sex and gender ideologies, global processes, and varied sexual subjectivities and desires. The thesis reveals how sexual risk and sexual resilience among young iTaukei women are complex, dynamic and constantly shifting, as they are influenced by the complex interplay between multiple levels of influence.

The thesis demonstrates the need for a multi-level ecological analysis to inform effective STI/HIV prevention strategies in Fiji. It argues that in order to address the complex nature of sexual risk and promote sexual resilience an equally complex and multifaceted approach must be utilised. This response must take place at multiple levels, communities must drive this response, and men must be included in initiatives and as advocates for women’s sexual and reproductive rights. In addition, existing currents of change that are challenging unequal gender relations need to be supported, and culturally appropriate and ‘youth-friendly’ health services and interventions are needed.
Declaration

I declare that:

I. the thesis comprises only my original work towards the Doctor of Philosophy
II. due acknowledgment has been made in the text to all other material used
III. the thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices

Signed:

Date: 17/2/17
Acknowledgements

Firstly, to the young iTaukei women who entrusted to me their life stories I am extraordinarily grateful. I feel honoured that you shared your experiences, hopes and dreams and gave me the opportunity to be a part of your life for a short while. To the young iTaukei men and USP students who also took part in my research I am eternally grateful. Vinaka Vakalevu.

I am indebted to my research assistants Vilisi, Alesi, Sairusi and Uate, without whom the fruitfulness of my data collection would not have been possible. Vinaka Vakalevu. The friendship and support extended to me throughout my fieldwork and the laughter we shared will never be forgotten. I dedicate this thesis to you and to your fellow USP peer educators. Keep up the great work!

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HIV knowledge

STI knowledge

Reproductive health knowledge

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PREVENTING MOTHER TO CHILD TRANSMISSION

MONITORING AND EVALUATION OF IMPACT

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<th>Term</th>
<th>Translation</th>
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<tr>
<td>buiniga</td>
<td>traditional female iTaukei hairstyle</td>
</tr>
<tr>
<td>bulubulu</td>
<td>ceremony of forgiveness</td>
</tr>
<tr>
<td>bure ni sa</td>
<td>the village clubhouse or men’s house</td>
</tr>
<tr>
<td>butako</td>
<td>to steal</td>
</tr>
<tr>
<td>Daucina</td>
<td>Fijian Spirit God that pursues and seduces women</td>
</tr>
<tr>
<td>dodomo lo</td>
<td>secret or undisclosed love</td>
</tr>
<tr>
<td>galu</td>
<td>to be silent</td>
</tr>
<tr>
<td>gauna i liu</td>
<td>the past</td>
</tr>
<tr>
<td>gauna mai muri</td>
<td>the future</td>
</tr>
<tr>
<td>gone tagane</td>
<td>young unmarried men</td>
</tr>
<tr>
<td>gone yalewa</td>
<td>young unmarried women</td>
</tr>
<tr>
<td>i cake</td>
<td>above</td>
</tr>
<tr>
<td>io</td>
<td>yes</td>
</tr>
<tr>
<td>i ra</td>
<td>below</td>
</tr>
<tr>
<td>isa</td>
<td>cry of regret, sorrow</td>
</tr>
<tr>
<td>iTaukei</td>
<td>indigenous Fijians</td>
</tr>
<tr>
<td>kaivalagi</td>
<td>white person, foreigner</td>
</tr>
<tr>
<td>kakase</td>
<td>gossip</td>
</tr>
<tr>
<td>kana vinaka saraga</td>
<td>satisfied my appetite (male slang inferring the sex was</td>
</tr>
<tr>
<td></td>
<td>good)</td>
</tr>
<tr>
<td>katakata ka mamaca</td>
<td>hot and dry (referring to a woman’s vagina)</td>
</tr>
<tr>
<td>kaukauwa</td>
<td>strength</td>
</tr>
<tr>
<td>lako</td>
<td>go</td>
</tr>
<tr>
<td>loloma</td>
<td>affection, caring</td>
</tr>
<tr>
<td>lotu</td>
<td>church</td>
</tr>
<tr>
<td>madua</td>
<td>shame and loss of face</td>
</tr>
<tr>
<td>magiti</td>
<td>ceremonial food gifts</td>
</tr>
<tr>
<td>mamaca vinaka</td>
<td>nice and dry (referring to a woman’s vagina)</td>
</tr>
<tr>
<td>maroroi</td>
<td>to keep, preserve</td>
</tr>
<tr>
<td>mataqali</td>
<td>a sub-clan; exogamous, landowning unit</td>
</tr>
</tbody>
</table>
mateni lialia       crazy drunk, intoxicated
mate ni vula       menstruation
meke               a form of exhibition dancing
nara vakadua       she got it last night (male slang inferring a woman had sex with them)
qori vutulaki      hey wanker (a slang term used by men when a peer has not been successful in securing a sexual partner)
salusalu           a large and heavy garland of flowers and leaves presented to distinguished guests at formal occasions.
sega               no
sega vinaka        no thank you
sulu jaba          formal dress of iTaukei women
tabu               taboo, forbidden, prohibited
tabua              whale tooth, considered the most valuable good given in ceremonial presentations
taki               to dip a container into liquid. Also, term used to describe a style of alcohol consumption seen in many nightclubs in Suva
tanoa              kava bowl
taralala           a quasi-traditional (since early colonial times) shuffle dance
tavale             cross cousin (classified as those whose parents have a brother-sister relationship)
tona               gonorrhoea, commonly used to describe all STIs
vakarorogo         listen to, obey
vanua              land but constitutes social, cultural and physical dimensions all of which are interrelated
veidavoleni        cross-cousin of opposite sex
veidomoni          passionate sexual love
veiganeni          siblings and parallel cousins of the opposite sex
veilomani          mutual compassionate love
veitabui  forbidden to each other, forbidden to talk to each other (a kin taboo)
veiteve  male circumcision
veiwali  joke
vinaka  thank you
vali  to study, learn
vunibaka  fig tree
vutulaki  wank (masturbate)
wadru  masturbate
wede  flirt
yagona  a cultivated shrub, Piper methysticum used as a ceremonial and social drink. Commonly known as Kava
yau  traditional wealth
# List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>abstinence, be faithful, use a condom</td>
</tr>
<tr>
<td>ABCDE</td>
<td>abstinence, be faithful, use a condom, do other things, education</td>
</tr>
<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency</td>
</tr>
<tr>
<td>AHD</td>
<td>Adolescent Health and Development Program</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
</tr>
<tr>
<td>BBS</td>
<td>Behavioural Surveillance Survey</td>
</tr>
<tr>
<td>CWM</td>
<td>Colonial War Memorial</td>
</tr>
<tr>
<td>ELF</td>
<td>Emerging Leaders Forum</td>
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<tr>
<td>FBO</td>
<td>faith-based organisations</td>
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<tr>
<td>FEMSR</td>
<td>Fiji ecological model of sexual risk</td>
</tr>
<tr>
<td>FGD</td>
<td>focus group discussion</td>
</tr>
<tr>
<td>FJN+</td>
<td>Fiji Network of People Living with HIV</td>
</tr>
<tr>
<td>FLE</td>
<td>Family Life Education</td>
</tr>
<tr>
<td>FWCC</td>
<td>Fiji Women’s Crisis Centre</td>
</tr>
<tr>
<td>FWRM</td>
<td>Fiji Women’s Rights Movement</td>
</tr>
<tr>
<td>GNI</td>
<td>gross national income</td>
</tr>
<tr>
<td>HBM</td>
<td>health belief model</td>
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<tr>
<td>HIS</td>
<td>Health Information System</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>IBBS</td>
<td>Integrated Behavioural and Biological Surveillance</td>
</tr>
<tr>
<td>ICLSSE</td>
<td>integrated comprehensive life skills with sexuality education</td>
</tr>
<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>LGBTI</td>
<td>lesbian, gay, bisexual, transgender and intersex</td>
</tr>
<tr>
<td>LMIC</td>
<td>low and middle income countries</td>
</tr>
<tr>
<td>MENFiji</td>
<td>Men’s Empowerment Network of Fiji</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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</tbody>
</table>
MSM  men who have sex with men
MSP  Medical Services Pacific
NSAAC  National Substance Abuse Advisory Council
NGO  non-government organisation
NSP  National Strategic Plan on HIV and STIs, 2012–2015
PCSS  Pacific Counselling and Social Services
PLHIV  people living with HIV
PMTCT  prevention of mother-to-child-transmission
PPS  probability proportional to size
RFHAF  Reproductive and Family Health Association of Fiji
SAN  Survival Advocacy Network
SDA  Seventh Day Adventist
SGS  Second Generation Surveillance
SPC  Secretariat of the Pacific Community
SRH  sexual and reproductive health
SRHR  sexual and reproductive health and rights
STD  sexually transmitted disease
STI  sexually transmitted infection
STSS  Suva tertiary sexual and reproductive health survey
TPB  theory of planned behaviour
TFL  Telecom Fiji Limited
UN  United Nations
UNAIDS  the Joint United Nations Programme on HIV/AIDS
UNDP  the United Nations Development Programme
UNFPA  the United Nations Population Fund
UNICEF  the United Nations Children’s Fund
UNWomen  the United Nations Entity for Gender Equality and the Empowerment of Women
UPNG  University of Papua New Guinea
USP  University of the South Pacific
VCCT  voluntary confidential counselling and testing
WAC  Women’s Action for Change
WHO

World Health Organization
Introduction

It’s Saturday night in Suva. Joana, Lucy and Emily are looking forward to celebrating the end of their first semester at the University of the South Pacific (USP). At 7 pm the girls meet on campus to change for the night out, thereby avoiding the suspicion of their parents, who all think they are sleeping at a friend’s house. The USP campus bar is a place where students like to prime,¹ and tonight Emily has organised to meet her boyfriend Jason and some of his friends there for pre-drinks.

Keen to get the celebrations underway, the girls make their way across campus to the university bar. On arrival a band is playing and they spot Jason with a small group sitting outside, who wave them over. The girls move towards the table and sit down. Lucy notices that George, a guy she has a crush on, is in the group. Their eyes meet and George gives Lucy a cheeky smile. Embarrassed, Lucy quickly stands up and goes to the bar. Jason moves over to Emily and puts his arm around her. Emily pulls away. ‘You’re drunk already aren’t you?’ she says, and Jason smiles. ‘Why do you have to always get drunk so early?’ Jason angrily pushes her away and returns to his friends. Emily holds back tears and the other girls comfort her.

Over the next few hours, the group drink at the university bar and later head into town on the bus. As the bus pulls into the interchange, shopkeepers are closing up for the night and market sellers are bedding down ahead of a busy day selling their vegetables. At the same time groups of young men wander through the bus interchange and sit smoking cigarettes near the roadside. The group walks towards Suva’s main nightclub strip and make their way up a flight of stairs into Unicorn’s nightclub.²

It’s past 11 pm when they enter the club, which is packed with university students and other young people. Men and women dance energetically to ‘Club can’t handle me’ (Flo Rida), their thighs and hips brushing against each other rhythmically. The music is loud and the heavy thud of the bass makes the floor seem like it is vibrating. The smell of sweat, cigarettes, stale beer and sweet rum fills the air. Lights flash around the room making it difficult to see. There is an intense energy in the club, it is the end of semester

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¹ ‘Prime’ is a term used by students to describe pre-drinks before a night out.
² Pseudonyms are used for all nightclubs in Suva mentioned throughout the thesis.
and everyone wants to party. The group settle into a booth and order a round of taki. Later they move to the dance floor. After a few songs, George asks Lucy to dance. ‘Give me everything tonight’ (Pitbull) starts to play and George pulls Lucy close, their bodies dancing in unison to the music. As the next song starts, Lucy grabs Emily and Joana and they all make their way to the bathroom, where they chat energetically about Lucy’s dance with George.

As the girls return to the dance floor, Emily spots Jason dancing closely with another girl. Furious, Emily grabs Jason’s hand and pulls him away. She’s worried and upset because Jason cheated on her once before. Trying to defuse the situation, George suggests the group move onto another club, so they relocate to Hunter’s. Jason orders a jug of taki and joins the group on the dance floor. When it comes to Joana’s turn, urged on by her friends she downs the glass of rum and passes it back to Jason. As the night goes on several more taki rounds are circulated.

It’s after 2 am and Lucy and George are dancing together while the rest of the group sit at a nearby table. Feeling very drunk, Joana makes her way to the bathroom. Jason signals to Emily that he wants to leave, and they say goodbye to Lucy and George. Outside Jason suggests they head to a cheap motel on Waimanu road, so they can spend the night together. Still angry with Jason, Emily says no. Jason begs her and apologises for dancing with another girl. Emily hesitates but then agrees; thinking that spending the whole night together would be romantic.

Not long after Emily and Jason leave, the group decides to head up to the Telecom Fiji Limited (TFL) tower near USP. George and Lucy search the club for Joana, but unable to find her they presume she has already left. They make their way up to the tower, where people chatting and drinking greet them. The group mingle for a while and then George takes Lucy’s hand and suggests they take a walk down the hill to the seawall. Once down at the water’s edge, they find a deserted spot and have sex quickly to avoid being seen by anyone walking by. There are no condom vending machines on the seawall,

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3 In this instance taki refers to the style of alcohol consumption seen in many nightclubs in Suva. One jug of alcohol (usually beer or rum and cola) is shared among a group of friends, who consume the alcohol one at a time through a shared glass. A more detailed explanation of taki, including its cultural significance can be found in Chapter 3.
and neither Lucy nor George came prepared but they take the risk and have unprotected sex. Afterwards they rejoin the group, drinking until the early hours of the morning.

Emerging from the toilets heavily intoxicated, Joana searches the club for Lucy, Emily and the rest of the group. Unable to find them, she goes to leave but runs into Wayne, a guy she met on a bus trip to Nadi. Wayne suggests they dance and Joana agrees. After a while, feeling dizzy and having difficulty standing, Joana signals that she needs to sit down. Shortly after Joana blacks out and Wayne carries her out of the club and into a taxi. Wayne takes Joana to his house where he rapes her. The next morning Joana wakes up confused and unsure of where she is, but she knows Wayne had sex with her without her consent. Distressed, she leaves quickly and returns home. Later that day she tells Emily about the rape.

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This thesis is about young iTaukei women\textsuperscript{4} at university in Fiji and the sexual risks they experience, and the ways in which their vulnerability to human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) is shaped by their identities, values, experiences and positioning within their culture. The above narrative is a composite of Saturday night experiences shared with me during in-depth interviews as well as more casual conversations with young iTaukei women and describes the prevailing youth culture of USP students. It details a night out in Suva for a group of friends and the range of experiences they encounter, including fun and shared social experiences, casual sexual encounters, excessive alcohol consumption, sexual violence and the negotiation of steady relationships. It specifies the ways in which young iTaukei navigate local sexual geographies; exploring how different social spaces shape sexual desire, sexual experience, sexual risk and how these are gendered.

The thesis explores the intimate lives of young iTaukei women like Lucy, Emily and Joana\textsuperscript{5} to contextualise youth sexuality, sexual risk and sexual resilience in urban Fiji. I analyse the dynamics introduced in the above narrative throughout the following chapters.

\textsuperscript{4} iTaukei or indigenous Fijian refers to people whose ancestry is Melanesian in origin.

\textsuperscript{5} Pseudonyms are used for all research participants throughout the thesis.
The objectives that drove this research were firstly to create a culturally grounded and gender sensitive understanding of sexual risk and sexual resilience that is relevant to the lives of young iTaukei and especially to young iTaukei women. Secondly, to address the gap in evidence needed to reduce HIV/STI risk and promote sexual resilience among young people in Fiji. Thirdly, to develop a comprehensive ecological framework that can be applied in planning and monitoring the HIV/STI situation and response in Fiji.

The term ‘risk’ is historically rooted in epidemiology, specifying a ‘concern for adverse outcomes related to morbidity and mortality’ (Jessor 1991, p. 597). In the context of HIV, risk is typically defined within a biomedical paradigm; the ‘probability that a person may acquire HIV infection’ (Aggleton 2004, p. 7). In my thinking on sexual risk, I draw from the work of Boyce and colleagues (2007, p. 18) and suggest that sexual risk ‘cannot simply be understood by focusing on sexual acts alone…risk occurs in sexual activity but the antecedents of risk may take shape beyond…the performative sphere of sex itself’. Thus, my definition of sexual risk moves beyond a purely biomedical understanding to encompass a broader focus on youth sexuality in order to understand the ‘intricacy of sexuality as lived, and the actualities of sexual risk as experienced’ (Boyce et al. 2007, p. 30) by young iTaukei women. The discussion of sexual risk in the thesis refers to young iTaukei women’s vulnerability to HIV/STIs but also acknowledges the risks of sexual violence, unplanned pregnancy, a damaged reputation, heartbreak, stigma and discrimination, and individual and familial shame. This definition of sexual risk acknowledges the lived experiences of young iTaukei women and the complex set of interconnected risks they negotiate in their daily lives. It also recognises that even though HIV/STI risk is key in terms of prevention efforts, it is rarely the priority risk young women concern themselves with as they traverse their social and sexual lives. Therefore, although HIV/STI risk is my key concern because of the research objective of understanding the best way to limit HIV/STIs, a composite of other risks are also unpacked in the thesis.

In defining sexual resilience, I draw from the work of Kirmayer and colleagues (2009, p. 102) on community resilience relating to Aboriginal health and suggest that resilience ‘is a broad and flexible concept, encompassing processes of risk and vulnerability, growth
and transformation, culture and community, social structure and personality, and power and agency’.

Kirmayer et al. propose that resilience ‘reflects processes that draw from multiple sources of strength and resources to allow people to face, live with, manage, and overcome challenges’ (Kirmayer et al. 2009, p. 69). Thus, in the context of this thesis sexual resilience refers to young iTaukei women’s capacity to face, manage and overcome challenges that relate to their sexual and reproductive health (SRH) and wellbeing, as well as the factors that promote behaviour with positive SRH outcomes. The characteristics of sexual resilience in the thesis also encompass safe sex, sexual autonomy, and young iTaukei women’s capacity to pursue sexual desire, love, mutually respectful relationships, and to assert their right to sexual consent or abstinence.

My discussion of youth sexuality in the thesis encompasses premarital intercourse, sexual desire, sexual reputation, love, pleasure, sexual violence and heartbreak. I focus primarily on the sexuality of young iTaukei women, but also discuss male partners and peers to demonstrate how female sexuality is socially constructed in direct opposition to male sexuality in iTaukei culture. I explore the distinction between dominant heteronormative sexual scripts in Fiji, which dictate the value of female purity and subject women to moral surveillance and scrutiny while also normalising male sexual prowess and sexual assertiveness. An exploration of ideals of male sexuality and their contradiction with ideals of female sexuality is vital in understanding the constraints within which young iTaukei women act on sexual desire and how this shapes their sexual risk. Although I was open to researching all or any sexualities that emerged among my informants, none of the young women who participated in the research were open to discussing same-sex desires or relationships with me. Throughout my fieldwork, I did develop social relationships with a number of young homosexual men. However, the focus of my research with young

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6 The concept of resilience is used widely in psychology and is often understood as the ability of individuals to experience positive outcomes despite adversity (Luthar 2006; Masten 2001; Rutter 1985, 2007). In this view, resilience necessitates a significant risk or adversity and is represented as an individual trait, with social and cultural contexts largely ignored (Kirmayer et al. 2009; Waller 2001). In my portrayal of resilience, I move beyond individual-centred understandings and suggest resilience is influenced and shaped by the interplay between ecological levels of influence (Burack et al. 2007; Kirmayer et al. 2009; Waller 2001).
women was limited to young iTaukei women who explicitly identified as heterosexual. This silence may in part be due to the prevailing heteronormative sexual culture in Fiji and the subsequent stigmatisation of same-sex desire and relationships.

The specific questions that guided the research were as follows: How do the construction of gender and sexuality, and processes of social change in iTaukei culture shape the sexual lives, and thus sexual risks, of young iTaukei women? How are youth cultures created and adapted within various social spaces in Suva and what impact do they have on the sexual risks negotiated by young iTaukei women? What are the gendered power dynamics of romantic relationships and casual sexual encounters among young iTaukei and how do these shape young iTaukei women’s sexual risks? What factors shape young iTaukei’s SRH attitudes, knowledge and beliefs and how do these in turn influence their health-seeking behaviours? What factors can potentially promote sexual resilience for young iTaukei women? How are sexual risks addressed at a national level in Fiji and how do SRH policies and interventions shape the sexual risks of young iTaukei women in Suva?

In the thesis I present a culturally grounded ecological model of sexual risk, specific to young iTaukei women. In doing so, I provide a culturally appropriate framework for thinking about sexual risk and HIV/STI prevention in Fiji. This model is grounded in a relational Fijian concept of the self, local belief systems, practices and experiences, which are so often absent in Pacific public health interventions (Hammar 2007; Jenkins 2007; Lepani 2008a; Meleisea 2009). This framework can be utilised by HIV researchers, university administrators, government departments, non-government organisations (NGOs), religious leaders, iTaukei elders and global agencies in the formation of SRH policy and interventions in Fiji, with potential applications in the broader Pacific. The thesis demonstrates the need for a shift in SRH interventions from focusing only on

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7 Social change refers to the ‘the transformation, over time, of the institutions and culture of a society’ (Giddens 2006, p. 69).
8 Ecological models of health behaviour theorise the influence of sociocultural, environment and policy influences on individual health behaviours (Sallis, Owen & Fisher 2008). The ecological model of sexual risk will be presented in detail later in the thesis.
individual and relational level behaviour change, to utilising an ecological approach that addresses risk at multiple intersecting levels. Although the majority of ecological factors discussed in the thesis relate to young iTaukei women’s sexual risk, sexual resilience factors are also explored to identify influences that can lead to more equal sexual relationships and positive SRH outcomes. Resilience factors offer information that can be utilised by SRH interventions to assist young people to respond to multi-level pressures and expectations. By exploring existing examples of sexual resilience, I identify potential for opportunities to build sexual resilience among young iTaukei women from within an iTaukei cultural framework. By widening the focus of sexual risk research, I contribute to current theoretical discussions regarding SRH and HIV/STI prevention in Fiji and the wider Pacific region. The thesis also adds to the theoretical body of knowledge in the field of global health and builds on the intellectual lineage of HIV scholarship.

YOUNG PEOPLE AND SEXUAL RISK

Globally young people aged 15–24 years are particularly vulnerable to STIs and remain at the centre of the HIV epidemic, accounting for 34 per cent of new HIV infections in people aged 15 and older in 2014 (UNAIDS 2015). Adolescent girls and young women are especially vulnerable to HIV. In 2014, 58 per cent of young people aged 15–24 years living with HIV worldwide were female (UNAIDS 2015). In sub-Saharan Africa, the number was even higher, with young women accounting for 63 per cent of young people aged 15–24 years living with HIV in the region. In addition, the disease burden of STIs in women worldwide is more than fivefold compared to men, and is due to both biological and social factors (WHO 2013).

Gender is a key issue in determining sexual risk. Globally young women are regularly constrained by gender roles, gendered power relations, and sociocultural norms and expectations (Aggleton, Ball & Mane 2000; Bell, S & Aggleton 2013; Chandra-Mouli et al. 2015; Mane & Lawson 2007; Richardo et al. 2006; Weiss, Whelan & Rao Gupta 2000). In addition, they often lack basic information on sexuality and reproduction and have limited self-efficacy in SRH decision-making practices, which leaves them vulnerable to poor SRH outcomes. Young men may also have limited access to sexuality education; however, gender ideals and sociocultural norms frequently support male dominance, male
sexual autonomy and ideals of male sexual prowess (Aggleton, Ball & Mane 2000; Mane & Lawson 2007; Richardo et al. 2006). The importance of increasing dialogues regarding gender and sociocultural norms in SRH interventions and developing programs with consideration of the beliefs, experiences, desires and needs of young people is well recognised (Aggleton, Ball & Mane 2000; Mane & Lawson 2007; Richardo et al. 2006; Weiss, Whelan & Rao Gupta 2000).

Most university students fall within the highly vulnerable 15–24-year age group for the acquisition of HIV/STIs. However, the sexual risks of university students are often overlooked due to the assumption that the most educated young people in any society should be informed and responsible enough to avoid infection (Muparamoto 2012). In reality, university students are like many of their non-tertiary educated peers; they are exposed to and often engage in a range of behaviours that increase their sexual risk, including multiple and concurrent sexual partnerships, low and inconsistent condom use, transactional sex and excessive alcohol consumption. University students’ life circumstances, living arrangements and isolation from parental supervision provide an environment where young people have greater opportunities to engage in high-risk behaviours (Iwuagwu, Ajuwon & Olaseha 2000; Masvawure 2010; Masvawure et al. 2009). Therefore, understanding the sexual risks of university students is important to ensure policy and interventions are developed with consideration of the real needs of these young people. Although there is abundant research on university students’ sexual risk and sexual violence in high-income countries (especially North America), parallel research in low and middle-income countries (LMIC) with university students is sparse.

**SITUATING RISK IN FIJI**

Fiji is an archipelago of more than 332 islands, 110 of which are permanently inhabited. The largest is Viti Levu, where the main urban centres of Nadi, Lautoka and the capital Suva are located. Fiji is a multi-ethnic society with a population of 837,271 made up of

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10 This figure is from the last national population census, which was conducted in 2007.
57 per cent iTaukei (those whose ancestry is Melanesian in origin), 37 per cent Indo-Fijian (those whose ancestry can be traced to India) and six per cent other ethnic groups (Caucasians, Chinese and other Pacific Islanders) (Fiji Islands Bureau of Statistics 2008a). A young and rapidly urbanising country, Fiji is often called ‘the hub of the Pacific’ due to it being a base for several regional and international agencies and a dominant trading centre in the region (Fiji Islands Bureau of Statistics 2008a, 2008b). English is used widely in government and business, and is the language of instruction in educational institutions after the first three years of primary school where children are taught in their mother tongue (Fijian or Hindi). Christianity profoundly influences social, political and economic life in Fiji (George 2012; Newland 2007; Ryle 2010) and Sunday church services are always heavily attended.

Over the past three decades, Fiji has experienced significant economic, social and political instability, with four military coups since 1987. In 2014, Fiji held its first democratic election in eight years, which resulted in victory for Prime Minister Bainimarama and the FijiFirst Party. Despite recent instabilities Fiji is considered an upper middle income country and has one of the most developed economies in the Pacific (World Bank 2015a). Fiji has a high literacy rate (99.5 per cent among 15–24 year olds), almost universal primary education, and gender equity in primary and secondary school attendance (Chandra & Lewai 2005; UNAIDS 2014b; World Bank 2015a). Life expectancy at birth is 73 years for women and 67 years for men (WHO 2015). The country has seen a decline in fertility rates over the last three decades to a total fertility rate of 2.6 children per woman, which has been attributed to women’s increased educational attainment and employment, delayed age at first marriage and the widespread promotion of family planning (Chandra & Lewai 2005; WHO 2015).

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11 57 per cent of the Fiji population is under 29 years of age.
12 99 per cent of iTaukei identify as Christian (Fiji Islands Bureau of Statistics 2008b). Hinduism and Islam are the major religions of the Indo-Fijian population.
14 In 2014, Fiji’s gross national income (GNI) was $US4,540 which elevated it from a lower middle income country to a upper middle income country. Upper middle income countries GNI falls between $4,086 and $12,615.
HIV arrived late in Fiji. Since the first confirmed case in 1987, HIV rates have slowly but steadily increased. The most recent official HIV prevalence rates were released in December 2015 and report a cumulative total of 545 confirmed cases, of which 85 per cent were heterosexually transmitted (Ministry of Health and Medical Services 2015). However, to date no epidemiological HIV sero-surveys have been conducted within the general population so the true picture of HIV in Fiji is still unknown. However, a 2012 estimate suggested the actual number of people living with HIV in the country could be close to double the recorded rate (1000 people) and predicated a prevalence rate of 0.2 per cent for 15–49 year olds (UNAIDS 2014b). STIs other than HIV are particularly prevalent in Fiji (Cliffe, Tabeizi & Sullivan 2008; UNAIDS 2014b). The few available studies suggest Chlamydia is hyper-endemic among the sexually active population, with up to one third of women and men potentially infected (UNAIDS 2014b).^{15}

HIV/STIs disproportionately affect young people in Fiji, especially young iTaukei, who make up the vast majority of notifications (Fiji Ministry of Health 2012; Ministry of Health and Medical Services 2015; UNAIDS 2012a).^{16} HIV rates among women in Fiji continue to increase annually, with women accounting for 51 per cent of cumulative confirmed HIV cases in 2015 (Ministry of Health and Medical Services 2015). Endemic STI rates in the country and the increasing number of HIV infections in females compared to males, suggest the strong potential for the feminisation of HIV in Fiji (Hammar 2011; UNAIDS 2014b). The high rate of sexual violence against women in Fiji further points to women’s increased vulnerability to HIV infection (Chandra-Mouli et al. 2015; Fiji Women's Crisis Centre 2013; UNAIDS 2014a; WHO 2010). A recent study conducted by the Fiji Women’s Crisis Centre (FWCC) (2013) demonstrates the extent of sexual violence experienced by girls and women. For example, 16 per cent of women surveyed had experienced child sexual abuse, 3.4 per cent had been raped since they turned 15 years of age and 29 per cent reported their first sexual experience was either forced or

^{15} For example, a survey of antenatal clinic attends in 2004 found 29 per cent were infected with Chlamydia, 1.7 per cent with gonorrhea and 2.6 per cent with syphilis. Chlamydia rates were even higher in women under 25 years of age (34 per cent) (UNAIDS 2014b).

^{16} In 2010, 69 per cent of Chlamydia notifications were recorded in the 20–29 year age group, with iTaukei making up 81 per cent of all Chlamydia notifications (Fiji Ministry of Health 2012; UNAIDS 2012a). Similarly, in 2015, 41 per cent of HIV notifications were recorded in the 20–29 year age group, and iTaukei made up 82 per cent of recorded HIV cases in the country (Ministry of Health and Medical Services 2015).
coerced. In addition, 28 per cent of ever-partnered women reported that they had been forced by their partner/husband to have sex when they did not want to (Fiji Women's Crisis Centre 2013). The current burden of HIV/STIs on young heterosexual iTaukei, and the threat of a feminised epidemic, motivated my focus on the sexual risk of young heterosexual iTaukei women in this research.

USP is Fiji’s largest tertiary institution and is also the largest in the Pacific region. It operates three campuses in Fiji and a further 11 in other South Pacific countries. Over 7000 young people from Fiji and across the region study at USP’s Laucala Bay campus in Suva every year and live in the halls of residence, nearby student accommodation or with relatives. As it is a fee-paying university, many of its students rely on scholarships to attend. Laucala Bay campus is perched halfway up Laucala Bay Road overlooking Suva Point. Worn paths run alongside manicured lawns and lush tropical gardens and take you through the vast campus that includes ten halls of residence, an array of sports facilities, shops and food outlets, a performance centre, as well as numerous lecture halls, classrooms and offices. During the semester, the campus is always full of life. Students sit in groups studying or chatting while eating their lunch. Couples sit together arm-in-arm or find a quiet spot to embrace. The computer labs are full of students studying or using Facebook. Others make use of the campus pool, gym or tennis courts.
Laucala Bay campus is a hub of youth social life in Suva and thus a key site for sexual encounters and sexual risk. There is currently a paucity of research concerning the SRH behaviours of university students in Fiji, apart from a few studies examining tertiary students as part of a wider group (see, for example, Fiji Ministry of Health 2008; Hammar 2011; Kaitani 2003). These studies have highlighted tertiary students high-risk behaviours, such as multiple sexual partners, low condom use, binge drinking and consequently their vulnerability to HIV/STIs (Fiji Ministry of Health 2008; Hammar 2011; Kaitani 2003). This thesis builds on the work of these researchers by providing a deeper understanding of the sexual risk and sexual resilience of iTaukei women university students in Fiji. Young iTaukei women were chosen as the focus for this research due to their documented vulnerability to HIV/STIs and the paucity of research exploring their sexual risks. Although other Pacific Islander university students (including Indo-Fijian students) were including in the quantitative component of the research, it was beyond the bounds of one PhD to look in-depth at more than one cultural group. Therefore, these students were omitted from the qualitative aspects of the research.
STIs are a significant health issue in Fiji and the broader Pacific. The silence surrounding young people’s premarital sexual activity reduces opportunities for frank discussion about the depth of the problem, as highlighted in the following quote:

"STIs are a huge issue. I think the bottom line is people are scared of saying young people in the Pacific are sexually active…and the outcome of that is STIs…Whether you like it or not the rate of young people being sexually active in the Pacific is going up. Whereas the mindset of a lot of our traditional leaders, ah church leaders and all, they are always thinking otherwise about that and it’s slowly sinking in now."

(Program Manager of NGO, key informant interview)

Conducting research on youth sexuality in Fiji can be challenging, due in part to this public silence, and its challenging aspect has contributed to a paucity of research in the area. This thesis begins to address this gap. It contributes to the argument for the need to understand and address sociocultural and structural factors that influence young people’s risk-taking behaviours. Young iTaukei women’s sexual risks, I suggest, are produced through the interaction of culture, religious and gender ideologies, global processes, norms and values, complex sexual subjectivities and sexual desires.

THE RESEARCH PROCESS

The fieldwork setting

In Suva, you have to learn to love the rain. The southeast trades bring endless flotillas of cumulus clouds in from the humid Pacific. Like towering battleships they float in over the reefs, across the harbour and bank on the mountain range behind the capital. When enough of them are assembled to commence action the first lightning bolt is fired, followed immediately by a sharp crack of thunder, and then down comes the rain. *Sa tau mai na uca!*

(Peter Thomson, *Kava in the Blood*)

Over the 15 months I lived in Suva between June 2011 and September 2012, I did indeed learn to love the rain. Some days it was just a brief afternoon shower, which would be followed by intense sunshine and stifling humidity. Other days the rain would set in and continue without break for what seemed like an eternity. Midway through my fieldwork, as I prepared to distribute surveys throughout the halls of residence on Laucala Bay campus, the rain set in. This time it was different, though, it was accompanied by strong winds that flung nearby palm trees about with ease. By the time we distributed the last
survey, the government had advised people to relocate to higher ground and stay indoors. Cyclone Daphne was close and torrential rain and gale-force winds were predicted. Fiji was not directly hit by Cyclone Daphne but the effects of the cyclone were felt with widespread loss of power and flooding, and heavy rainfall continuing for days.

Suva, the political and administrative capital of Fiji, is located on the southeast coast of Viti Levu. At the last census the city had a population of 85,691 (Fiji Islands Bureau of Statistics 2008a). The growing urban corridors around Suva house the neighbouring cities of Lami, Nasinu and Nausori, which when combined with Suva constitute more than half (59 per cent) of the country’s urban population. Several regional and international agencies, such as the United Nations (UN) and the Secretariat of the Pacific Community (SPC) have offices in Suva, and the city is home to a large expatriate community. As you walk through the streets of downtown Suva, the effects of urbanisation are clear; street youth hustle to shine the shoes of pedestrians walking by a three-storey department store that sells clothes and accessories outside the reach of most. Poverty and unemployment are juxtaposed with growing wealth and modernisation. Expatriates and affluent locals live in the houses that line the suburbs behind the city, which are also a popular spot for crime and burglaries.

Shortly after I arrived in Suva, I observed a training workshop for new USP peer educators. There I met Vilisi, a young iTaukei woman who was a USP student and senior peer educator. Vilisi and I started meeting up regularly, and she introduced me to some of her fellow peer educators, Alesi, Uate and Sairusi. I quickly developed a friendship with the group and hung out with them regularly on campus, in town and at nightclubs. I also observed as they delivered their peer outreach sessions at the USP campus. This group of young people contributed significantly to my research, assisting with the planning of research activities, recruitment of participants and conducting of focus groups. They also became a sounding board on which I could discuss ideas, ask questions and receive invaluable feedback about research findings.
Methodology: A mixed methods approach

In order to gain a deeper understanding of the factors that contribute to young iTaukei women’s sexual risk and sexual resilience, a combination of qualitative and quantitative methods was employed. These included focus group discussions (FGDs), in-depth interviews, participant observation and a survey. A mixed methods approach allowed for the triangulation of data collected through a variety of different data sources, and strengthened and enriched the overall findings (Creswell 2003; Hesse-Biber 2010). FGDs and participant observation were conducted initially to inform survey questions and shape in-depth interview guides. In this respect, the qualitative and quantitative data complemented each other and aided in the gradual development of the research project (Creswell 2003; Hesse-Biber 2010).

Many researchers have clearly demonstrated the value of utilising ethnographic approaches that take into account local contexts, experiences and understandings in HIV research in the Pacific and globally (see, for example, Butt & Eves 2008; Hirsch et al. 2009b; Munro, J & Butt 2012; Parker & Aggleton 2007; Schoepf 2001). The use of
ethnography in this research provided an in-depth and participant-centred understanding of youth sexuality, sexual risk and sexual resilience and aided in the development of a culturally grounded ecological model of sexual risk that can be applied to the HIV/STI response in Fiji.

The utility of a grounded theory\textsuperscript{17} approach became evident not long into my fieldwork. I entered the field prepared to examine transactional sex among young iTaukei women, and the possible link between this practice and increased sexual risk. However, during my initial scoping and participant observation, young people told me transactional sex was not a significant issue among university students. I also quickly learned that young people did not need to be part of a marginalised group to be vulnerable to sexual risks. Subsequently I refocused the research to explore the range of factors that increased young iTaukei women university students’ sexual risk.

Five FGDs were conducted involving a total of 41 participants. All participants were iTaukei, aged 18–29 years and enrolled at USP. Group discussions offered insight into the ways in which young iTaukei communicate about sex and SRH, and the shared meanings, attitudes and values attached to youth sexuality in Fiji (Sarantakos 2005; Zeller 1993). Focus groups were held in English but at times participants felt more comfortable speaking in Fijian. A translator was on hand for when I needed assistance translating Fijian into English. Discussions lasted between one and 1.5 hours and were digitally recorded.

Initially, I held a mixed-sex focus group with USP peer educators to gain a deeper understanding of peer educator roles and their understanding of barriers to condom use among students. Five female and three male peer educators participated in the FGD. This meeting was set up by Vilisi and held on campus in the postgraduate student lounge, which I was able to use in private for all my FGDs and in-depth interviews. The second

\textsuperscript{17} Grounded theory refers to the construction of a theory through the systematic analysis of data (Glaser 1978; Glaser & Strauss 1967; Strauss 1987). While I did not use a pure grounded theory process, I utilised a grounded theory approach in my research where data was collected in layers and ongoing analysis of key themes took place over an extended period of time (see below for more detail).
focus group included eight young iTaukei women and explored courtship and premarital relationships. Vilisi and Alesi initially invited four participants, who in turn invited four others. The third focus group was conducted with eight young iTaukei men and explored the same topic as focus group two. Sairusi and Uate approached the participants to take part in the discussion. The fourth and fifth FGDs examined SRH and campus life, and included nine young iTaukei men and eight young iTaukei women respectively. The same recruitment method to the previous FGDs was employed. I was aware of the possibility of coercion, or a sense of obligation to participate. Thus, I was careful to let participants know before the FGDs commenced that they were welcome to refuse the invitation to participate, and they could leave the room at any time during the discussion.

At the start of each FGD, I introduced myself and explained the study. I then provided each participant with an information sheet and consent form, which they signed and returned to me. I did not take their consent to participate as blanket consent and let people know they were not obliged to answer specific questions if they were uncomfortable. At the end of each focus group, I provided food and drinks and we sat as a group and chatted. I facilitated the peer educator focus group and the two female FGDs. Vilisi, already a trained research assistant, took notes throughout these discussions. Due to social conventions that deter opposite sex discussions of sexuality in public, I felt I would garner richer data if I used a male research assistant to facilitate the male FGDs. Sairusi showed interest in learning research skills, so I employed him for the task. I provided Sairusi with training on focus group facilitation and conducted mock FGDs with other peer educators to increase his facilitation skills. At both male FGDs I introduced myself and ensured all participants had consented to take part in the study and then left the room. Uate provided support to Sairusi during the discussions and took detailed notes.

Conversations during the focus groups flowed freely and young people were surprisingly candid with their personal experiences of premarital sex, pregnancy and STIs. At times two or three individuals dominated the discussions while others sat silently or provided only brief verbal affirmations. It was clear that some participants were uncomfortable with some of the topics discussed; some responded by laughing, others stared in disbelief when fellow participants shared personal stories. To encourage all participants to share,
Sairusi and I directed questions to each participant and invited the quieter participants to share personal experiences. However, we were also careful not to coerce participants into speaking if they were not comfortable doing so. This approach worked, with most participants contributing to the discussion.

A self-administered Suva Tertiary Student SRH (STSS) survey was conducted with the wider USP student population to assess their knowledge, attitudes and practices concerning HIV/STIs, including their use of SRH services. The number of survey participants was determined by the desire to secure a sample size of at least (n>100) and allow for a potentially low response rate (<50 per cent), together with consideration of time and financial constraints. Thus, it was considered feasible to approach just under half of the students living in the halls of residence at Laucala Bay campus (n=340). Surveys were distributed throughout the ten halls of residence using a probability proportional to size (PPS) sampling technique (Babbie 2008; Lavrakas 2008). PPS sampling was chosen due to the difference in the number of beds in each building and

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18 This survey will be referred to as the STSS survey throughout the thesis.
ensured each student had the same probability of selection overall. A fixed number of students were selected in each hall based on the overall sample size \((n=340)\) with the following equation: number of beds / the total number of students in the halls of residence \(X\) overall sample size.\(^{19}\) One hundred and fifty-eight surveys were returned and after data cleaning 157 remained.

Table 1: STSS survey demographic data

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>52% male and 48% female</td>
</tr>
<tr>
<td>Age</td>
<td>Mean age of participants was 21.9 years</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>44% other Pacific Islander, 36% iTaukei, 16% Indo-Fijian and 4% other ethnicity</td>
</tr>
<tr>
<td>Relationships status</td>
<td>65% single, 20% steady relationship, 12% casual or new relationship and 3% married</td>
</tr>
<tr>
<td>Degree(^{20})</td>
<td>83% undergraduate degree, 10% pre-degree, 5% post-graduate degree and 2% sub-degree</td>
</tr>
</tbody>
</table>

Surveys were distributed with the assistance of Vilisi, Alesi and Sairusi. A self-administered survey was chosen because it offers considerable privacy to participants by allowing them to complete the survey at their own convenience (Catania et al. 1993). Surveys were placed in an A4 envelope with an information sheet attached and put under the doors of selected rooms. Students were advised that participation was voluntary and if they chose to participate to place completed surveys into the envelope provided, seal it and then return it to their residential advisor.\(^{21}\) Each hall residential advisor then took completed surveys to the Campus Life Office where they were securely stored for me to collect. Students who participated in the survey were given the opportunity to enter a draw to win a $100 USP bookshop voucher, or one of 10 movies passes or McDonald’s meal vouchers. To ensure the details of students participating in the draw could not be linked to survey data, participants were asked to place contact information in a separate sealable envelope.

\(^{19}\) For example, there are 718 beds across all ten halls of residence and 1st Hall has 43 beds. Therefore, in order to determine the number of participants in 1st Hall the following calculation was conducted: \(43/718 \times 340 = 20\). Thus 20 students were randomly selected from 1st Hall to participate in the study.

\(^{20}\) USP offers courses at a range of levels including: pre-degree (Preliminary and Foundation), sub-degree (Vocational), degree and postgraduate qualifications.

\(^{21}\) A residential advisor is a USP student also living in the halls of residence. They are responsible for ensuring fellow students adhere to residential rules and policies.
In-depth interviews were conducted with 17 iTaukei women from 19–26 years of age and enrolled at USP. These interviews were open-ended but also included some guided questions that allowed me to gather personal insights and stories from young iTaukei women while also guiding the specific discussions and topics covered during the interviews (Babbie 2008; Bernard 2006; Sarantakos 2005). Themes covered in the in-depth interviews included childhood and gender socialisation; menarche and puberty; university life; alcohol use; sexual values; attraction; courtship and dating practices; premarital relationships; sexual jealousy; marriage and children; SRH; and sexual and relationship history. Some young women used these interviews to seek information about SRH issues. The interviews took place on campus in the same private room as the FGDs or at my home in Suva Point. Vilisi and Alesi assisted with the initial recruitment of five participants, who then introduced me to other friends and so on, thus snowball sampling was used to recruit twelve women. The remaining five I recruited myself, having got to know them over the course of my fieldwork. As with FGDs, I was aware of the possibility of coercion and ensured all women knew participation was voluntary and that we could skip over any questions they were not comfortable answering.

Before commencing the interviews, I gave an overview of the study, provided an information sheet and gained formal consent from participants. All interviews were held in English, lasted between one and 1.5 hours and were digitally recorded. I provided participants with drinks and snacks during the interviews. All the young women were very open about their personal experiences of sexuality and reproduction. Initially, a few were shy about talking candidly about their sexual activity. In order to make these young women feel at ease, I shared my own relationship stories, which seemed to build rapport, and for some women appeared to make them more comfortable discussing their own experiences. Humour was also a useful medium that I used to break the ice at the beginning of interviews and establish a relationship with participants. At the end of interviews, young women often expressed how much they enjoyed sharing their personal experiences.

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22 I took care to ensure young iTaukei women who participated in the study came from a range of socio-economic, religious and family backgrounds. This included women who had relocated to Suva from outer islands to undertake tertiary studies (often on full scholarship) as well as women who had grown up in urban parts of Fiji, including Suva.
experiences and assisting with my research. Some asked to see me again and our later meetings formed part of my participant observation.

Participant observation centred on my immersion in the daily lives and activities of young iTaukei women. This included observing women interacting with their peers, teachers, boyfriends, families and health care professionals. In my first six months of fieldwork, I was invited to sit in on a full semester of teaching at USP in a social science subject on families, sexuality and social change. Observing the classroom dynamics, and participating in small group discussions provided my first insight into how young people in Fiji communicate about gender and relationships and the shared attitudes and values attached to social change, sexuality and social relations in Fiji. I also observed USP peer education training and refresher courses and regularly joined peer education outreach sessions on campus, which furthered my understanding of dominant gender and sexuality norms in Fiji.

As I got to know young iTaukei women I began to spend time with them and their peers on campus at USP. I regularly hung out with young women during the day, sitting and chatting about their study and social and sexual lives when they were between classes. As strong relationships formed, young women began to visit me at my home in Suva Point, a short walk from the campus grounds, and we would share food and chat about their experiences and ambitions. To further immerse myself in the local youth culture in Suva, I began to hang out with young iTaukei women in other social spaces, including at the local movie theatre, shopping malls and parks around Suva City. I regularly attended nightclubs where I interacted with young iTaukei and observed and participated in their social and drinking practices. As my fieldwork lasted for 15 months, the chances of my presence impacting how young people behaved when we interacted and socialised during participant observation most likely declined over time. Immersing myself in the local youth culture and daily lives of young iTaukei women enriched my knowledge of their lived experiences and assisted with the interpretation of the data collected through other methods. It also helped me to build rapport with young women and gain acceptance within their peer group, which allowed me to observe from the inside (Bernard 2006; Sarantakos 2005).
Interviews were also conducted with 22 key informants with relevant knowledge in the areas of health, education, youth issues and religion. Key informants from the health sector included research and program staff from UN agencies, the Fiji Ministry of Health (MoH) and international NGOs. A general practitioner and nurse from the reproductive health clinic in Suva were also interviewed. Key informants from the education sector included the director of a Ministry of Education (MoE) department charged with responding to drug and alcohol issues, academics working in SRH education, USP counsellors and staff who coordinate the USP Peer Education Network program. Interviews with people working in religious organisations included ministers, pastors and community educators from the Methodist, Seventh Day Adventist (SDA) and Catholic churches. Three nightclub managers were also interviewed to gain insight into organisational culture concerning the sale of alcohol in these venues.

Key informants were invited to participate via email, over the phone or in person and were provided with an information sheet outlining the details of the study. Interviews typically lasted one hour. I organised these interviews and enlisted the help of Vilisi and Uate with securing interviews with religious leaders. Interviews typically took place at the key informant’s place of work or a nearby café. Although I interviewed a range of stakeholders relevant to youth sexuality and SRH, a few significant stakeholders did not respond to requests to take part in the study. This included representatives from the Fiji Women’s Rights Movement (FWRM) and the Fiji Women’s Crisis Centre (FWCC). These organisations are important because their work centres on promoting women’s rights, including sexual and reproductive health and rights (SRHR). However, the messages I received were that the staff working in these organisations were too busy to find the time to participate.

A capacity-building workshop was held with USP peer educators. This session focused on expanding participants’ understanding of the different factors that constitute and shape youth sexuality and building their skills in communicating effectively about sexuality during peer outreach activities. New methods of communicating about sexuality were trialled, including social/sexual mapping, which was used to determine popular student hangouts and sites for sexual encounters on campus at USP and in Suva City.
The value of utilising participatory approaches in youth SRH research and practice has been widely demonstrated (Cornwall & Welbourn 2002; Gordon & Cornwall 2004; Kesby & Gwanzura-Ottemoller 2007; Mathur, Malhotra & Mehta 2001). In the context of my doctoral research, a pure participatory approach was deemed unsuitable due to the discretion and privacy required to conduct research concerning youth sexuality in a Fijian cultural context. This placed limitations on the degree to which young people could be seen to be openly participating in the research. The safest social context in which to discuss youth sexuality in-depth was in the company of peer educators and thus my research with them was highly participatory. In all other situations and contexts, participatory methods were not appropriate. Consequently, my research sits on rung five of Roger Hart’s Ladder of Youth Participation (Hart 1997). Young people were consulted at various stages of the research, and I used their input in the development of research tools and during data analysis. Thus, although I did not use a purely participatory approach, the research encompassed elements of youth participation.
Data analysis

Following a grounded theory approach (Glaser 1978; Glaser & Strauss 1967; Strauss 1987), data analysis was undertaken in layers concurrently with data collection. Each stage of analysis informed and guided the subsequent research activities. Analysis of FGD data was conducted in the field and helped to guide the development of survey questions, which in turn helped with the formation of in-depth interview guides. This allowed the development of a model of sexual risk specific to young iTaukei women and the research process to be guided by the data, rather than being limited to prescriptive pre-established guideline (Sarantakos 2005; Strauss & Corbin 1998).

All focus groups and in-depth interviews were recorded and transcribed verbatim by me shortly after they took place. Vilisi assisted with the translation of any Fijian into English to ensure accuracy. Most key informant interviews were digitally recorded or if not, extensive notes were taken during interviews. Transcriptions of FGDs, interviews and observation notes were input into NVivo 10 software for data storage, coding and analysis. Survey data were entered into the statistical program SPSS version 22 and analysed using descriptive statistics, primarily frequency distributions and measures of central tendency. Additionally, responses to specific SRH knowledge and attitude questions were grouped to create a new binary variable that would identify the percentage of participants who correctly answered all five HIV and STI knowledge questions or showed positive attitudes towards people living with HIV (PLHIV).

Ethical considerations

Ethics approval for the study was obtained from three ethics committees: the Human Research Ethics Committee of the University of Melbourne, the Fiji National Health Research Committee and the USP Research Ethics Committee. Permission was also sought and obtained from the Fiji Ministry of Education, National Heritage, Culture and Arts to interview staff within this department.

A number of key ethical issues relating to undertaking sexuality research with young people were carefully considered and addressed throughout the research process. This included ensuring voluntary participation and informed consent, and maintaining privacy
during interviews and FGDs. As far as possible, I sought to ensure the anonymity of research participants. In addition, I safeguarded the confidential storage of data at all times. I was aware of the stigma that can sometimes be associated with researching HIV and sexuality. In order to reduce my participants’ exposure to stigma or discrimination, I conducted my research discreetly and was sensitive to context. Referral to appropriate services was provided to participants who requested help for SRH issues.

As part of my ethics process, prior to publishing my research findings I returned to Suva in September 2013 and presented my research findings at an open seminar at USP. I invited key stakeholders who took part in the research, academics and students from USP, staff from government, international and local NGOs and religious leaders. Feedback from the seminar was overwhelmingly positive, and community elders endorsed the research findings. The most senior female elder present thanked me for ‘breaking the silence’ and opening up a dialogue about young iTaukei women’s sexual risk. The USP Research Office subsequently approved the publication of my research findings, both in thesis form and as peer reviewed journal articles.

CHAPTER OVERVIEW
The thesis is primarily concerned with young iTaukei women’s sexual risk, which is the central theme connecting each chapter. Chapter 1 sets the sociocultural, religious and historical context of the study. It reviews relevant literature of iTaukei culture, past and present, with regard to the roles modernity, tradition, identity and gender play in shaping youth sexuality, risk and resilience in contemporary urban Fiji. It highlights the role traditional and modern constructions of gender play in silencing female sexuality and exposing women’s SRH behaviours to continuous community surveillance and judgement. The factors that shape iTaukei identity, including social hierarchies, traditional cultural norms, Christianity and globalised cultural influences, are examined. Tensions between traditional cultural beliefs and modern attitudes and their impact on shaping the social and sexual lives of young urban iTaukei are scrutinised. Gender roles and norms that position women as subordinate to men in premarital relationships, marriage and the family are discussed. The sociocultural construction of sexuality and
desire in iTaukei culture, which position female and male sexuality in opposition to one another, are explored.

Chapter 2 presents a conceptual framework for the thesis. It begins to unpack the complexities of young iTaukei women’s sexual subjectivities, sexual risk and sexual resilience in urban Fiji. Sexual risk and sexual resilience, I suggest, are influenced by changing contexts, places and relationships. I discuss three key concepts that underpin my theorisation of sexual risk throughout the thesis: youth sexual cultures, sexual geographies and sexual violence. The chapter engages with relevant HIV/STI literature to establish a theoretical framework that is subsequently applied to my analysis of sexual risk. It critiques popular individual-level models used to theorise HIV/STI risk worldwide, and discusses the limitations of models that assume individualism and rationality for use in collectivist cultures and in sexuality research. It presents an argument for the value of ecological models in developing a more holistic understanding of sexual risk. The chapter introduces an adapted ecological model of risk that I have developed in response to my research findings and provides a roadmap of how the model is used to discuss sexual risk and sexual resilience throughout the thesis.

Chapter 3 explores casual sexual encounters and highlights the ways in which young iTaukei women’s sexual risk and sexual resilience in these situations are highly contextual. Sexual morality, I suggest, is preserved by performing different types of sexualities in certain spaces, times and contexts. Sexual risk is explored through the narratives of Joana, Lucy and Emily and the experiences they encounter on a night out in Suva. These experiences illuminate how dominant practices that characterise urban youth cultures, such as binge drinking and premarital sexual activity, are created and adapted within various social spaces, and how this in turn contributes to young iTaukei women’s sexual risk. The tactics young iTaukei women employ to maintain their sexual reputation while also acting on sexual desire are explored. The chapter examines how the spatial organisation of sexual desire in Suva together with urban youth cultures enable young iTaukei to seek out casual sex, and how this environment shapes young women’s sexual risk.
In Chapter 4, romantic relationships and sexual risk are explored through the narratives of two young women, Kara and Lulu. I detail their experiences of love, desire, premarital sex, pregnancy, STIs and heartbreak. The chapter investigates the concepts of love, secrecy, power and shame and how they combine to heighten the sexual risk and reduce the sexual resilience of young iTaukei women in romantic relationships. Through exploring youth sexuality and the consequences of female sexual transgression, it demonstrates how fear of collective shame and loss of morality motivates young iTaukei women to hide their romantic relationships, and how this secrecy contributes to their sexual risk. It explores the gender dynamics of romantic relationships among urban iTaukei, examining dominant sexual scripts and male dominance in sexual decision-making practices. The chapter demonstrates how young women’s self-efficacy in negotiating safe sex practices is constrained by their desire to perform ideal gender roles and maintain their sexual reputation. It shows that young iTaukei women’s sexual risk is further complicated by the importance assigned to sexual pleasure, and the preference for maintaining and securing intimacy over safeguarding sexual health within the context of romantic relationships. The chapter ultimately dispels the myth that love relationships offer young iTaukei women protection against sexual risk.

The focus of Chapter 5 is the SRH attitudes, knowledge and health-seeking behaviours of young iTaukei in Suva. It demonstrates how local beliefs and the ‘othering’ of risk result in the belief among many young iTaukei that they are ‘immune’ to infection. It highlights the role of Christian morality in aligning popular perceptions of condom use and PLHIV with deviance and sin, and how this in turn reduces young iTaukei’s willingness to access condoms and HIV/STI testing services. The role of traditional cultural norms and social hierarchies in constraining intergenerational dialogues concerning sexuality and SRH, as well as reducing young iTaukei’s willingness to utilise SRH services, is also explored. The importance of maintaining sexual respectability and the impact this has on young iTaukei women’s health-seeking behaviours are also discussed. The chapter provides context for the impact of institutional-level factors on young iTaukei women’s sexual risk and sexual resilience, and consequently why current SRH education programs and services in Suva are not having as wide a reach or influence as intended.
In Chapter 6, I provide a detailed critique of Fiji’s national response to HIV/STIs. This chapter constitutes the most comprehensive review of the national response produced to date (Mitchell 2015) and provides critical background to understanding how sexual risk is being addressed via formal channels. Mapping and critiquing the various components of the national response to HIV/STIs in Fiji underpins my analysis of why current SRH education programs and services are falling short of their intended mark. Specifically, the chapter addresses the components of SRH policy, service delivery, education and programmatic work and identifies strengths and weakness in each.

The penultimate chapter presents a culturally appropriate model to theorise sexual risk among young iTaukei women university students. The chapter brings together insights about the multiplicity of risks women face as they negotiate their social and sexual lives in Suva and reveals how a range of other competing risks shape their sexual risk. It theorises young women’s sexual risk and sexual resilience at different ecological levels of influence and discusses the potential impact of research findings for reducing sexual risk among young iTaukei in Suva. It is the chapter where I apply the research findings for a policy and programmatic audience.

The thesis concludes by restating the key findings of the research, which demonstrate the complex, fluid and multifaceted nature of youth sexuality, sexual risk and sexual resilience in Fiji. The conclusion reiterates the importance of culturally appropriate multi-level models of understanding to support interventions and the value of utilising comprehensive ecological frameworks for planning and monitoring the HIV/STI situation and response in Fiji. It ends with a discussion of important areas for future sexual risk and sexual resilience research in Fiji.
Chapter 1  Gender, sexuality and social change in Fiji: The sociocultural context of sexual risk for young urban iTaukei

INTRODUCTION
To appreciate young iTaukei women’s sexual risk and their opportunities for sexual resilience, an understanding of historical and contemporary constructions of gender and sexuality is essential. In contemporary Fiji, traditional cultural customs and beliefs coexist with modern attitudes that are increasingly shaped by globalisation and the influence of outside ideologies. Young iTaukei must constantly navigate the tensions between value systems defined as traditional and modern in their social and sexual lives. Kaitani (2003) citing Hau'ofa (2000) argues for the importance of acknowledging and appreciating the past in iTaukei culture in order to understand the future. In the Fijian dialect, the term for past gauna i liu refers to the future; gauna (time) and liu (front). In the same vein, the term for the future gauna mai muri makes explicit reference to the past; muri (behind) (Kaitani 2003). Kaitani (2003, p. 108) notes that the ‘importance of the past in Pacific societies is part of indigenous philosophy, and hence the thinking and terminology behind the concept that denotes it: “e liu”, identifies that the past is in fact the future’. Thus, Kaitani argues that to adequately understand the SRH behaviours of young iTaukei men (and I also argue iTaukei women) we must first look back and see how traditional cultural norms and values, social relations, gender roles and sexualities have evolved over time.

In this chapter I follow Kaitani’s lead and look back at iTaukei culture to examine how social change and perceptions of the past, along with the constant evolution of societal norms and attitudes, have shaped contemporary understandings of gender and sexuality as well as iTaukei social relations more broadly. Specifically, I reveal how traditional and modern understandings of gender work to silence female sexuality and subject women’s SRH behaviours to constant community surveillance. The chapter provides context for understanding how sexual risk and sexual resilience are considered throughout the thesis.

The primary data featured in this chapter are derived from qualitative methods such as FGDs with young iTaukei and in-depth interviews with young iTaukei women. This is
supplemented with data collected during participant observation on campus at USP and at popular locations frequented by young iTaukei around Suva. My discussion of this primary data is interspersed with a critical reading of historical literature that has documented iTaukei culture and beliefs over time.

Initially, I examine identity and social relations in iTaukei culture, including the positioning of women and youth within gender and age hierarchies. Subsequently, I explore iTaukei customs of courtship and marriage in historical and modern contexts, discussing how urbanisation and globalisation have reconfigured courtship into more informal styles of dating and marriage. I then turn to analysing sociocultural constructs of sex, sexuality and desire among iTaukei. The cultural values that encourage the containment of female sexuality to ensure purity at marriage are described in detail. Throughout this chapter, I reveal how the past continues to shape the future of Fiji and how young iTaukei women must simultaneously negotiate competing values as they navigate their social and sexual lives, and consequently their sexual risk and resilience.

**ITAUKEI SOCIAL RELATIONS: THE IMPORTANCE OF CONNECTEDNESS, PLACE AND SOCIAL HIERARCHY**

*Collective identity*

In iTaukei culture, self-identity is anchored in its relational context, to one’s kinship group and social network (Becker, AE 1995, p. 16; Brison 2007; Nabobo-Baba 2006; Ravuvu 1987; Toren 2005, 2011). Social relationships are cultivated and maintained through selflessness, consideration, togetherness and *loloma* (affection and caring), and individual actions are ideally centred on the promotion of collective interests (Becker, AE 1995; Nabobo-Baba 2006; Ravuvu 1983, 1987, 1988; Toren 2011). In contrast to concepts of the self that are characterised by individualism, autonomy and self-sufficiency (Dumont 1985; Marsella 1985; Sampson 1988), the Fijian self is ‘a locus of relationship[s]…kin are always the ground against which the self is manifested’ (Toren 2011, p. 30). This is likened to the flowers on a *salousalu*,23 which is tightly knitted together with each flower adding to the finished product, as each person has a role to play within their community.

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23 The *salousalu* is a heavy garland of flowers and sweet-scented leaves framed in a woven fibre of pandanus. It is usually presented to distinguished guests at formal occasions in Fiji (Gatty 2009).
Wardlow (2006, p. 111) and Besnier (2011, pp. 20-1) following the lead of Strathern (1988) suggest Pacific Islanders are not autonomous individuals but rather ‘dividuals’, whose relationships and obligations are predefined at birth through existing systems of exchange, marriage alliances and reproduction. Dividual and individual characteristics exist; however, the ‘dividual’ self often ‘competes with ideological orientations that actively seek to disembed the self from structures of exchange, remove it from the tyranny of obligation, and distance it from expectant others’ (Besnier 2011, p. 21). In a rural Fijian context, Brison (2007) argues, identity is fluid and is often adapted to particular settings and contexts. In other words, iTaukei constantly negotiate the tensions between ‘dividual’ obligations to kin and desire for personal autonomy and individuality. For young iTaukei living in Suva today, the ways in which they negotiate value systems defined as traditional and modern shifts across time, location and milieu, and as Besnier (2011, p. 232) suggests in the context of Tonga, ‘modernity and its twin, tradition, emerge out of…multidirectional entanglements’. In other words, for young iTaukei, as it is for their neighbours in Tonga, tradition and social change are not distinct ‘realms of reality’ but rather intersect and mutually inform each other in the present depending on specific contexts, relationships and spaces (Besnier 2011, p. 12). Thus for iTaukei, like their
Pacific neighbours, identity is forged through the interplay between individual desires and collective interests, and this is often played out as a debate between modernity and tradition.

iTaukei have long been exposed to different cultures and selves. The introduction of Christianity and British colonial rule provided opportunities for the cultivation of individualism. To this day, however, iTaukei still operate through community networks and relationships to vanua (Ravuvu 1987). The term vanua constitutes social, cultural and physical dimensions, all of which are interrelated (Ravuvu 1983, 1987). It refers to an area of land with which an individual or group identify, including the animal and plant life, as well as the group itself whose members are socially and politically associated. Vanua may also refer to the values and beliefs of a particular group of people, including their life philosophies and supernatural beliefs (Ravuvu 1983, 1987). In a contemporary urban context where communal living is less common and people have access to modern technologies and lifestyles, increasing value is being placed on individualism and individual performance (Williksen-Bakker 2004). However, as Besnier (2011, p. 21) advises, ‘the ghost of the dividual self always haunts people’s lives, even if they actively seek individuality’. In other words, the Fijian self is deeply grounded in a relational matrix, and individual actions are still considered in light of wider relational and community contexts.

Individual commitment to the maintenance of social relations and the collective interests of the community is achieved through respecting social hierarchies, which are based on gender, age and rank (chiefly versus non-chiefly) (Becker, AE 1995; Ravuvu 1983; Toren 1990, 2015). At a household level in a traditional rural context, an unmarried woman was accountable to her father and other male relatives, whereas a married woman was answerable to her husband and his entire mataqali (sub-clan) (Becker, AE 1995; Ravuvu 1983; Toren 1990, 2015). A woman’s role (and value) within her husband’s mataqali centred on her productive and reproductive capacity (Becker, AE 1995; Ravuvu 1983).

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24 The mataqali is a social unit with definitive kin-group origin that exists within a larger clan. It is an exogamous, landowning group that is ranked in order of their lineal decent (Gatty 2009; Ravuvu 1983; Toren 1990).
In his role as the household head, a husband made decisions on behalf of his family with the guidance of his mataqali elders (Becker, AE 1995; Ravuvu 1983; Sahlins 1962; Toren 1990). Thus, adult female and male roles were tied to collective identities within their kin group. The collective nature of iTaukei social relations means that in contemporary Fiji sexual risk is not merely an individual risk, it has collective consequences. As I will demonstrate in the following chapters, the collective consequences of sexual risk suggest that working towards community sexual resilience, rather than focusing solely on individual sexual resilience, is a more realistic and achievable goal in a Fijian context.

**Gender and social hierarchy**

Historically, gender norms in iTaukei culture have dictated that a wife should vakarorogo (obey) her husband; violence often underscored early marital relations until male authority was established (Sahlins 1962; Toren 1990, 1999, 2015). Men’s formalised authority over women was secured through men’s greater access to resources gained though patrilineal inheritance titles (Leckie 2002; Toren 1990, 2015). The patrilocal residence of women denied them land rights while affording men with formalised social and political power (Jala 1998; Leckie 2002; Toren 2015). Male dominance was legitimated during the British colonial period (1874–1970) by colonial structures that supported chiefly hierarchies and patriarchal inheritance rights that restricted women’s access to land, political authority and monetary resources (Jala 1997; Leckie 2000, 2002). Although gender is a critical factor in social hierarchies, the interaction of gender with age and rank is such that some women outrank some men; in particular, older women of chiefly ancestry will outrank younger men and men of lower rank (Toren 1990, 2015).25

Gender inequality characterises iTaukei social relations in contemporary Fiji, with men typically occupying formal positions of power and authority. This includes domination over their wives and sisters, and gender-based violence continues to be pervasive and largely socially sanctioned (Fiji Women's Crisis Centre 2013; George 2012, 2015; Jones 2009; Kaitani 2003; Labbé 2011). A recent study conducted by the FWCC (2013) reported one in three iTaukei women (33 per cent) have experienced physical abuse by a non-partner (i.e. father or other male family member) and 72 per cent physical and/or

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25 For a definition of chiefly status and obligations see Quain (1948, pp. xii-iii) and Roth (1953, pp. 59-60).
sexual violence by a husband or partner in their lifetime. In addition, 48 per cent of iTaukei women agreed with at least one ‘justification’ for a man beating his wife and 57 per cent believed that a good wife should obey her husband (even if she disagrees with him) (Fiji Women's Crisis Centre 2013). These findings suggest gender inequality remains engrained in Fijian society. Gender-based violence continues to be condoned and normalised, and both women and men participate in reinforcing these attitudes as normal, despite pockets of active resistance to gender-based violence. Social hierarchies and gender dynamics in iTaukei culture significantly impact on young iTaukei women’s sexual risk and opportunities for sexual resilience, the impact of which is discussed throughout the thesis.

**Space and social hierarchy**

Historically, respect for social hierarchies was achieved through adhering to the rigorous etiquette that underpinned interpersonal relations (Becker, AE 1995; Ravuvu 1983; Toren 1990, 2015). This decorum was composed and expressed through the use of space: i cake/i ra (above/below), including the order in which people were invited to eat food or drink yaqona (kava) at social gatherings and via sleeping arrangements at a household level. The performance of this etiquette was required on a daily basis to demonstrate respect and acknowledge status within the community (Becker, AE 1995; Brison 2007; Ravuvu 1983; Sahlins 1962; Toren 1990, 1999, 2015; Williams [1858] 1982). Seating arrangements were status-ordered, with higher status men seated i cake and women and children seated i ra. The division of labour within the household was also organised spatially, with tasks divided by gender, age and rank. Women were responsible for household chores inside and close to home, with men responsible for physically strenuous activities such as clearing and cultivating land, building houses and hunting (Ravuvu 1983; Sahlins 1962; Toren 1990; Williams [1858] 1982). Women’s movement between social spaces, particularly outside the village setting, was highly regulated and restricted by their wider kin group (Leckie 2000; Toren 1999). During the colonial period women

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26 This is significantly higher than the global prevalence of physical and/or sexual intimate partner violence over a woman’s lifetime (30 per cent) (Fiji Women's Crisis Centre 2013).

27 Yaqona or kava is a cultivated shrub, *Piper methysticum*, used as a ceremonial and social drink. It is also often referred to as ‘grog’ (Gatty 2009).
were subject to increased surveillance and reduced mobility by the colonial government (Jolly 1998; Leckie 2002; Lukere 1997).

In contemporary urban Suva, the social organisation of space has shifted and the strict spatial etiquette of *i cake/i ra* is more relaxed, although men and women still follow some traditional protocols and sit separately during formal ceremonies and at church (Kaitani 2003). The gendered division of labour has also changed, with more women seeking out higher education and combining familial and household responsibilities with paid work (George 2012; Kaitani 2003). At a household level, however, chores are still often divided by gender with women’s roles focused on cooking, cleaning and washing. Young iTaukei women and men in Suva today have greater freedom to move between and share social spaces while undertaking tertiary education. However, young iTaukei women’s mobility is often restricted to daytime activities, whereas young men can usually move freely during both day and night (Kaitani 2003; Labbé 2011; Sami 2006; White 2005). The shifting social organisation of space in Suva has changed the social and sexual behaviours of young iTaukei and consequently their sexual risk and sexual resilience, which I discuss at length in Chapter 3.

For those young people transitioning into urban university life from rural village life additional challenges exist, including navigating new social spaces and the relaxation of traditional social etiquette. The lack of clear rules concerning seating arrangements, the order in which people should speak, and to whom a young person is permitted to speak in the university and wider social settings, often leave young iTaukei confused. This is not to say that elements from the past (traditional norms, rules and beliefs) do not exist in contemporary Suva or that iTaukei completely reject traditional values for modern lifestyles. Rather, young iTaukei today must, depending on the situation or setting, be both modern and traditional at the same time, or shift between both sets of norms according to social context. The challenge for many young iTaukei is balancing competing ideologies as they navigate a variety of social spaces and negotiate their social lives in Suva. As Nicola explained during an all-female FGD with university students:

Nicola: My first year [at USP] was very challenging.... [It] was my first year too in Suva...The things that challenged me a lot is the dress code
around school, how they communicate and I would say their behaviour. How I behaved back in the island is different. So my behaviour, try[ing] to adjust to their behaviour is really challenging to me.

Elke: Do you mean there were more rules back on the island in terms of behaviour for people of different ages and sex? Can you tell me what is different?

Nicola: OK the difference, back in the island is really strict in the manner. I mean it’s still in a traditional way, we still respect the elders and we still you know? If you see this person you have to respect him even though I’m older than [him], just like tradition eh? It’s our culture. So when I came here and I see like most of [laughs], many people having the same class are older than me [but] like we are treated all the same [laughs], and I had that freedom to talk to them and communicate eh?

As we see here Nicola makes a clear distinction between island life and life in the capital, Suva. This difference is expressed through space, comportment and rules of social behaviour and interaction.

**Youth and social hierarchy**

The hierarchical nature of social relations in iTaukei culture means that young people hold a subordinate status within society (Ravuvu 1983; Toren 1990; Vakaoti 2012). Historically, young iTaukei were expected to be silent, respectful and obey the authority of elders, who in turn passed on knowledge and life skills (Adinkrah 1995; Brison 2007; Ravuvu 1983, 1987; Toren 1990). It was only at marriage that a young person was considered an adult (Toren 1990). Silence (galu) has important cultural significance in iTaukei culture and non-verbal communication is considered equally important to verbal communication (Nabobo-Baba 2006; Ravuvu 1983). Silence ‘emits dignity, and summons a respect that transcends all in a vanua’ and is a culturally desirable trait among iTaukei (Nabobo-Baba 2006, p. 94). From a young age, iTaukei children are taught to remain silent and listen to their elders as a way of demonstrating respect. The high respect given to silence makes discussing sensitive issues with elders particularly culturally challenging for young iTaukei.
In a contemporary context, *gone tagane* (young unmarried men) and *gone yalewa*\(^{28}\) (young unmarried women) continue to been seen as ‘adults in waiting’, holding a relatively passive and marginalised role within society (Carling 2009; Jones 2009; Vakaoti 2012, p. 11). Young people are typically considered adults when they marry or after completion of tertiary education. Jones (2009) also notes that for young iTaukei men, wage employment is linked to male adult status. The authoritarian nature of social relations in iTaukei culture continues to dictate that young people must obey their elders, which in turn limits their ability to voice opinions and question older community members (Adinkrah 1995; Jones 2009; Varani-Norton 2014). Although youth are recognised in public policy and programming, they remain largely left out of key decision-making process and initiatives (Vakaoti 2012). Despite this, some young people are becoming active participants in political and social movements, including HIV prevention, human rights, mental health and suicide prevention. However, persisting social hierarchies and the importance of *galu* continue to reduce young iTaukei’s willingness to seek out SRH information and services, which inhibits opportunities for sexual resilience and contributes to sexual risk (see Chapter 5).

**ITAUKEI CUSTOMS OF COURTSHIP AND MARRIAGE: FROM FORGING OF ALLIANCES TO LOVE MARRIAGES**

*Traditional and contemporary marriage practices*

Historically, marriages were arranged in Fiji with young iTaukei women betrothed to a *tavale*\(^{29}\) (cross-cousin) at an early age (Becker, AE 1995; Ravuvu 1983; Sahlins 1962; Thomson, B [1908] 1968; Williams [1858] 1982). Marrying one’s *tavale* was considered ideal because in-laws were already blood relatives. Marriage was seen as an instrument in which social and economic alliances and resources could be secured and strengthened, as well as to produce offspring for the *mataqali* (Becker, AE 1995; Ravuvu 1983; Sahlins 1962). Some high-ranked (chieflly) men practised polygamy, which facilitated and reinforced chiefly power and wealth (Quain 1948; Roth 1953; Thomson, B [1908] 1968; Williams [1858] 1982). The nature of marriage, therefore, often had little to do with two

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\(^{28}\) *Gone tagane* and *gone yalewa* are unmarried and typically over the age of 16.

\(^{29}\) *Tavale* are classified as those whose parents have a brother-sister relationship (Quain 1948; Ravuvu 1983).
people falling in love, but rather represented the forging of alliances and intergroup solidarity (Ravuvu 1983; Sahlins 1962).

Traditional marriage customs included a formal request of marriage and the giving of yau (traditional wealth) from the groom’s to the bride’s family.30 Young couples whose parents did not agree to their wishes to marry often eloped (Ravuvu 1983; Toren 1999). Elopement was considered butako (a theft) from the woman’s mataqali and required the groom to offer compensation in the form of bulubulu (ceremony of forgiveness) (Ravuvu 1983; Sahlins 1962). Typically, after the presentation of the bulubulu the family on both sides accepted the marriage to avoid prolonging the madua (shame) brought about by the elopement and to maintain cordial relations between the groups (Ravuvu 1983).

Historically, sexual love and desire have been contextualised in opposition to other forms of love, such as compassionate or familial love in iTaukei culture (Toren 1990, 1999). Veidomoni (passionate and mutually desirous sexual love) was used to describe passionate sexual affairs (before or outside of marriage) and the sexual love between equals (male and female cross-cousins). In contrast, veilomani (mutual compassionate love) was used to depict one’s feelings for their kin (including their husband or wife) and was considered ‘true love’ (Toren 1990, p. 131; 1999). Marriage was said to transform veidomoni between equals into hierarchical veilomani between a husband and wife. It was only when a wife was no longer a threat to her husband’s authority that ‘true love’ could begin (Toren 1999, p. 144). Thus, indigenous notions of true love were predicated on the subjugation of women within marriage and the family.

With the introduction of Christianity in the 1840s, societal ideals relating to marriage began to change. Churches banned polygamy and young people had greater freedom to

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30 Yau is typically the presentation of a few good size whales’ teeth (tabua), mats, cloth and other valuables including kitchenwares (Ravuvu 1983). This transaction forges social alliances between the respective mataqali and compensates the woman’s group for the provision of a wife and future progeny. It is not unusual for both groups to ceremonially offer yau and magiti (ceremonial food gifts) to each other as a symbol of respect, recognition and acceptance. However, the groom’s mataqali will always make a proportionally larger offering (Becker, AE 1995; Ravuvu 1983; Sahlins 1962).

31 Bulubulu in this instance refers to a ceremony of forgiveness and the burying of resentments. After a young couple has eloped the young man will present a whale tooth to the young woman’s family (Gatty 2009).
choose marriage partners, although *tavale* unions were still preferred (Henderson 1932; Quain 1948; Sahlins 1962; Toren 1990, 1999). In contemporary urban Fiji, marriage practices are more relaxed, with young people often delaying marriage until the completion of tertiary education. The singulate mean age of marriage among iTaukei women has increased from 22.2 years in 1976 to 24.7 years in 2007 (Fiji Bureau of Statistics 2014).\(^{32}\) Love marriages are the norm, although *tavale* unions continue to be a preference among some traditionally-minded families. Married couples often reside in Suva independent of the husband’s and wife’s *mataqali* for employment or study (Kaitani 2003; Ravuvu 1983). These couples are, however, still expected to meet the social and economic commitments required by the husband’s *mataqali*. The traditional marriage customs, such as giving of *yau*, are no longer rigidly adhered to, and are dependent on the kin groups’ ability to meet the costs and labour required (Ravuvu 1983). Contemporary styles of marriage have provided young iTaukei women with more freedom, including the opportunity to experience multiple relationships prior to marriage. It has also opened them up to possibilities of increased exposure to HIV/STIs.

**Contemporary social transitions: Courtship and clandestine encounters**

Customarily, opportunities for young iTaukei women and men to meet and interact centred on village dances, choir practice, *yaqona* ceremonies, and other social gatherings (Macnaught 1982; Toren 1990). Village dances in particular provided a space for young iTaukei to flirt (*wede*) and joke (*veiwali*) with one’s *veidavoleni* (cross-cousins of opposite sex), and for young couples to sneak off to meet secretly in the dark without being questioned about their absence (Quain 1948; Toren 1999). Such behaviour was rarely tolerated outside of the village dance context, and as previously discussed young women’s movements were often closely monitored and restricted by their kin.

While all other kin relationships are characterised by respect and varying degrees of avoidance, *tavale* relationships are personified by equality, friendship, shared reciprocity, and for *veidavoleni* flirtation, joking (which is usually explicitly sexual), desire and intimacy (Quain 1948; Ravuvu 1983; Sahlins 1962; Toren 1990, 1995, 2005). The

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\(^{32}\) This is the most recently available data on the singulate mean age of marriage among iTaukei women.
equality that typifies veidavoleni relationships is transformed, however, during courtship and marriage to one that, like all other kin relationships, is characterised by male domination (Toren 1990, 1999, 2015). Toren (2015) argues that the transformation of equality between veidavoleni to a hierarchical relationship is essential to the survival of iTaukei social hierarchies.

Historically, tavale relationships involved a period of courtship before marriage, which included the use of ‘go-betweens’ (usually a same sex cross-cousin or sibling) to speak on the couples’ behalf, deliver gifts and arrange clandestine sexual encounters (Quain 1948; Sahlins 1962; Toren 1990, 1999). If, during one of these clandestine meetings, a young woman fell pregnant, she and her family, and even her community, experienced shame and loss of social status (Becker, AE 1995; Toren 1990). At the same time, a young man’s role in premarital pregnancy would see him gain prestige within his peer group. Young unmarried couples that conceived a child out of wedlock were often forced to marry to prevent public shame, and the young man was required to offer a bulubulu to the young woman’s mataqali. Some young unmarried women sought out clandestine abortions to avoid the shame of an illegitimate child and forced marriage (Roth 1953; Thomson, B [1908] 1968).

In Suva today, many courtship practices (such as the use of ‘go-betweens’ or ‘side corners’ as they are now known) remain. Globalisation and the influence of outside ideologies have, however, opened the door to new courtship practices and modern styles of dating centring on the use of technology (mobile phones and social networking sites). In 2013, mobile cellular subscription in Fiji was 106 per 100 people (World Bank 2015b). The largest online social networking site in the Pacific today is Facebook, and Fiji has the largest Facebook population in the region, with almost 200,000 Fijians

33 These clandestine meeting points were usually outside of the village, in gardens, temporary unoccupied bush houses or school outhouses (Toren 1999).
34 A number of abortifacients were historically used, including the use of a pointed stick to break the placenta; the ingestion of purgatives made from leaves, bark or root of herbs; and a violent form of massage (Roth 1953; Thomson, B [1908] 1968).
35 This figure must be viewed in light of the fact that some individuals may have more than one mobile phone subscription.
(approximately 20 per cent of the population) holding a Facebook account (Cave 2012). Young iTaukei’s perception of the change in courtship practices was highlighted by Joe in a FGD with male university students: ‘I think it’s moved on eh?...it’s more modern, there’s Facebook, telephone, Twitter, social networking things like that eh?...technology has been a big factor in how relationships and dating has changed’. Technology provides a medium through which courtship and sexual activity can be organised easily and discreetly without parental knowledge. Dates typically take the form of young couples spending time together unchaperoned at various locations around Suva, including the movies, cheap restaurants, parks, USP campus and the seawall (see also Kaitani 2003). Kerela highlighted the impact of globalisation and social change on courtship norms during an all-female FGD with university students:

Young people are more bold [sic] eh?...people have been exposed and educated and there’s modernisation so you aren’t as restricted as you were before. Like before I think our parents would not object to what our grandparents had to say, or what the community had to say. You need[ed] to think about the effect it would have on the culture and everything, but today it’s what I will and if I want to do this I will do this! I will consider what you think, but with young people times have changed eh?

Kelera’s comment highlights her desire for individualism over relationality and suggests young iTaukei living in Suva today are more willing to subvert cultural norms regarding courtship than previous generations. However, as I discuss in following chapters, although dating practices are less restricted today, young iTaukei women continue to negotiate their premarital relationships with consideration of collective interests.

While modern technologies provide new ways of ‘doing’ courtship, such practices continue to be gendered. As with previous generations, young iTaukei women are expected to remain passive, show minimal sexual interest and wait for the man to make the first move. Increasingly, young women are questioning societal ideals relating to women’s roles in courtship, and some are even challenging them and approaching men directly for dates. By disrupting customary male dominance in courtship, these young women can threaten young men’s masculinity and position within the social hierarchy. This is evident in the way young iTaukei men are often left feeling embarrassed and confused when approached directly by young women. To counter this, young men often
label young women’s forwardness as ‘slutty’. Thus, young men may prefer ‘old’ gender dynamics but seemingly have no issue with new technologies and sites for courtship.

Although young iTaukei engage in changing courtship practices, older generations are less accepting of modern styles of dating and their break from traditional values and institutions (see also Kaitani 2003). Parents and elders often view dating as transgressing sociocultural norms and fear it might lead to loss of morality in the form of premarital pregnancy. As Hewat (2008, p. 152) rightly suggests, the inference of sexual activity tied to modern courtship practices is at odds with moral frameworks in the Pacific that dictate sex should be confined to marriage. As apparent in Lela’s (23, university student) comment during an in-depth interview, young women internalise the negative assumptions about modern forms of dating and often seek to hide their own dating activity:

Oh my God my parents do not agree with me dating really! So...[I] just say I’m going to be late from school or I’m going to do an assignment and then I’ll go out on a date.

Similar to Lela, young iTaukei will organise dating around university, church or social events away from the family home, as well as at night, to avoid being seen by family or community members. The impact of clandestine relationships on young iTaukei women’s sexual risk and sexual resilience is discussed at length in following chapters.

**Dance and desire**

Dancing has historically played an important role in iTaukei culture, including during traditional formal ceremonies where group exhibition dancing (*meke*)\(^{36}\) would follow the feast (Quain 1948; Roth 1953; Thomson, B [1908] 1968; Toren 1990, 1999; Williams [1858] 1982). In the 1920s, an anglicised social dance *taralala*\(^{37}\) became popular. At the time, it was considered by chiefs and missionaries as a ‘poison infecting Fijian moral life’

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\(^{36}\) A form of exhibition dancing, usually by men or by women with movements that act out the formal words of song and chanting (Gatty 2009).

\(^{37}\) A quasi-traditional (since early colonial times) shuffle dance where men and women stand side by side with arms around each other’s waist. For a long time it was the only social dance performed in rural villages (Gatty 2009).
because of its ‘unprecedented liberation from the strictures of both ancient etiquette and evangelical wowserism’ (Macnaught 1982, p. 106). In the 1980s, a style of ‘rubbish hall’ dancing on the island of Gau was similarly associated with immorality and contextualised in opposition to formal village hall dances where chiefs were often present (Toren 1999). During this period, village hall dances in Gau were highly regulated, with dance partners required to hold each other at a distance of ten inches. In contrast, the rambunctious European-style dancing that took place outside the village in rubbish halls was unregulated by chiefs, and chaperoned by only a few married men and women (Toren 1999). These dances were associated by older community members with ‘the European way’, excessive alcohol consumption, ‘wild, uncontrolled, incestuous sexuality’ and unsanctioned sexual liaisons (Toren 1999, p. 135). For young people, dancing was associated with fun and an opportunity to act on sexual desire, whether subtly through reserved flirting at formal village dances (eye contact or a squeeze of a hand) or more overtly outside the village at unregulated dances.

In the modern urban context of Suva, dancing continues to play an important role in the social life of young iTaukei. A popular place to dance is at one of the many nightclubs in town. Dancing in nightclubs, like the rubbish halls of Gau in the 1980s, is associated with overt sexuality. Many Suva nightclubs are linked to ‘immoral’ behaviour and excessive alcohol consumption, as well as violence and sexual aggression, theft and prostitution (Jones 2009; Kaitani 2003; Labbé 2011). Jones (2009, p. 82) noted that heavy alcohol consumption by women in Fiji is equated with ‘loosening of morals and sexual inhibitions, and general irreligiousness’. For this reason, Jones suggests a woman’s reputation may be questioned simply by entering certain nightclubs. My first experience of nightclub dancing in Suva was exhilarating. In contrast to the normally reserved interaction between young men and women in public, dancing in nightclubs is an overt sexual display. The freedom of nightclubs in contemporary Suva and consumption of alcohol among young iTaukei is explored in-depth in Chapter 3.

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38 Rubbish hall dances were located in temporary shelters situated outside the village. They were usually put on to raise money for a particular social cause (Toren 1999).
CULTURAL CONSTRUCTS OF SEX, SEXUALITY AND DESIRE AMONG ITAUKEI

Sociocultural ideals of female and male sexuality

Historically, female sexuality and sexual desire in iTaukei culture were constructed as passive and weak and were rarely openly discussed; they were only indirectly acknowledged and represented through tales such as the Fijian God Daucina, where women are rendered helpless to the power of seduction (Quain 1948; Toren 1999).39 Once married, a woman’s sexual desire was thought to be ‘awoken’ by her husband. Female sexuality was considered something that must be protected and “‘taken care of’ [maroro]’ until marriage to avoid familial shame (Toren 1990, p. 188; 1999; Quain 1948; Ravuvu 1983; Williams [1858] 1982). The responsibility of ensuring female purity was largely assigned to male kin. At the same time, a young woman’s maternal and paternal grandmothers and other paternal female relatives were responsible for educating her on hygiene, puberty and proper feminine social behaviours (Kaitani 2003; Varani-Norton 2014). The importance of protecting female sexuality and cultivating ideal feminine attributes has always been motivated by the desire to protect family morality, as well as the desire to capitalise on ceremonial marital exchanges, which are larger when young women are thought to be virgins (Kaitani 2003; Quain 1948; Toren 1990, 2015).

At marriage, the surveillance and judgement of iTaukei women’s sexuality (and fertility) shifted from her family to her groom’s mataqali. The mataqali awaited confirmation of the bride’s virginity, which was determined by a senior woman examining the bridal bedding for blood after the couple consummated their relationship (Becker, AE 1995; Toren 1999). If evidence suggested the bride was not a virgin, she was publicly shamed at the feast that traditionally followed consummation. A roast pig was presented to the bride’s group with its belly left wide open, rather than closed as would be the case if she had been determined a virgin (Toren 1990, p. 52).40 The very public and graphic nature of this practice means the humiliation was shared by both the bride’s and groom’s mataqali (Becker, AE 1995). Not long after, the scrutiny of newly married women shifts

39 Daucina ‘the lamp bearer’ was thought to spy on those young women who bathed alone at night and visit them in their sleep. He would take on the form of a male cross-cousin or attractive stranger and use his power to seduce young women who were powerless to his charm (Toren 1999, p. 139).
40 See also Becker, AE (1995, pp. 88-9) and Quain (1948, pp. 338-40).
to her reproductive capacity, which belongs to her husband’s *mataqali* after marriage (Becker, AE 1995; Ravuvu 1983). Women within the husband’s *mataqali* would closely monitor for signs to confirm a new bride’s pregnancy, which in turn would validate the group’s provision of *yau*. Thus, from puberty right through to the end of her child-bearing years, an iTaukei woman’s sexuality has historically been subject to the monitoring and surveillance of her, and later her husband’s, *mataqali*.

Scrutiny of young iTaukei women’s sexuality continues in contemporary urban Fiji and is regulated through surveillance and gossip. Female sexuality is still idealised as passive and judged against traditional iTaukei ideals, as well as Christian standards of femininity and virtue. The social expectation of female virginity at marriage also persists (even if rare in reality) (Kaitani 2003; Labbé 2011; Sami 2006). Eta highlighted the extent to which young iTaukei women feel pressure to uphold sexual purity during an all-female FGD with university students: ‘Women need to keep themselves holy and pure for if we get married...if you’re not a virgin and they find out on your wedding day...you’ll be stigmatised for life!’

Gossip (*kakase*) is considered important in strengthening social relations and monitoring individual behaviours in iTaukei culture (Becker, AE 1995; Brison 2007). In rural Fiji, Becker (1995, pp. 86-7) suggests gossip is a ‘moral critique of behavior...fueled by the conflicts of interpersonal or intergenerational interests in the community’. Community surveillance and gossip are focused on an individual’s morality and commitment to the *mataqali* or wider village, where women and men are praised for their ability to perform ascribed gender roles. Although speaking of a rural village setting in 1995, Becker’s observation of the collective gaze of community members is still relevant in urban Fiji today. Elenoa’s (19, university student) comment during an in-depth interview illuminates young iTaukei women’s perceptions of this kind of surveillance:

There is a thing about Fijian people that I just don’t like. They talk a lot, they gossip eh? And no matter how much you want to hide yourself they’ll somehow know because it’s a small country...If the girl got pregnant she would be like sweared [sic] at and everyone would be like gossiping about her.
Using the example of premarital pregnancy, Elenoa explicitly critiques the moral judgement, gossip and sexual stigma that is often ascribed to young iTaukei women who transgress sexually. As following chapters discuss, young iTaukei women in Suva continue to face community pressure to maintain sexual respectability, and are constantly subjected to moral surveillance centred on their sexuality. Young women’s departure from idealised feminine behaviours renders them vulnerable to community gossip and sexual defamation, and it threatens their personal and family reputations.

Male sexuality, in contrast, was historically contextualised as powerful, unruly and associated with unfulfilled desire in iTaukei culture (Lukere 1997; Toren 1990, 1999). A young man was considered helpless to veidomoni and a victim of his own sexual desires; however, young women were seen to stimulate male desire and therefore were blamed for this helplessness (Toren 1999). This understanding of male sexuality facilitated male promiscuity and placed blame for any sexual transgression squarely on young women. Thus, as Toren (1999, p. 143) noted, young women were able to ‘arouse desire without apparently being subject to it’. The unruly nature of male sexual desire was said to be further enhanced when under the influence of alcohol (Toren 1994, 1999).

In contemporary urban Fiji, male sexuality is still understood as powerful and uncontrollable and men continue to gain social status for their engagement in premarital sex (Kaitani 2003; Labbé 2011).41 Wider notions of ideal iTaukei masculinity are similarly associated with power, physical strength and at times violence (Presterudstuen & Schieder 2016; Teaiwa 2005). In Suva, alcohol consumption is still associated with increased male sexual desire and ideal masculinity (Jones 2009; Labbé 2011).42 In the same vein, alcohol is considered to increase female sexual desire and act as catalyst for young iTaukei women engaging in premarital sexual activity (Labbé 2011). The impact of sociocultural ideals concerning appropriate sexuality on young iTaukei women’s

41 Socially constructed sexual double standards that normalise male premarital and extramarital sexual activity while at the same time highly valuing female premarital purity and reproving women for sexually transgressing, are normative in many cultures globally, including Indonesia (Bennett 2005b), Mexico (Hirsch 2009), Vanuatu (Cummings 2008) and Papua New Guinea (Keck 2007; Wardlow 2008).
42 For a detailed discussion of masculinity and alcohol use among young iTaukei men see (Jones 2009).
sexual risk and sexual resilience is demonstrated in the case studies embedded in following chapters.

**Cultural taboos and practices**

In the past in Fiji, as in many other Pacific Island societies, discussions about human sexuality in mixed company were considered *tabu* (taboo) (Bavadra & Kierski 1980; Kaitani 2003; Labbé 2011; Laquian & Naroba 1990; Sahlins 1962). *Tabu* refers to something that is forbidden, prohibited on the basis that it could be harmful to society (Gatty 2009, pp. 245-6). Sex and sexuality were topics rarely discussed openly, and if discussed, strict taboos dictated that *veiganeni*\(^{43}\) (siblings and parallel cousins of the opposite sex) could not be in the same room together. This included direct reference to sexuality or anything related, such as genitals or underwear (Kaitani 2003; Labbé 2011). These cultural and linguistic taboos were seen as protective and a way of safeguarding women and men’s sexuality, and in turn wider relational and community interests. *Veidavoleni* were the only category of kin allowed (and even encouraged) to refer to sex in each other’s presence, although this was usually done in a humorous way through joking and mock flirting (Sahlins 1962; Toren 1999). Sexual shame, a concept that is common throughout Melanesia, underpins this silence and is ‘related to the maintenance of social order primarily through avoidance taboos that regulate various kinship and gender relations’ (Lepani 2008a, p. 254). Avoidance taboos in Fiji relate specifically to brothers and sisters, parallel cousins of the opposite sex and between relatives by marriage, and are associated with respecting social hierarchies as well as avoiding sexual intimacy (Kaitani 2003; Ravuvu 1983; Sahlins 1962; Toren 1990, 1999). Cultural taboos and sexual shame continue to reduce opportunities for intergenerational discussions concerning sex and SRH issues in contemporary Fiji. I explore the impact of this on young iTaukei women’s sexual risk and sexual resilience later in the thesis.

At the onset of puberty, *veiganeni* are considered to be *veitabui* (forbidden to each other) and must refrain from flirtatious or joking behaviour when in the presence of one another, as well as direct bodily contact (Toren 1990, p. 43; Kaitani 2003; Ravuvu 1983; Sahlins

\(^{43}\) Parallel cousins are classified as those whose parents have a brother-brother relationship. Parallel cousins are considered to be the same as one’s brothers or sisters (Ravuvu 1983).
Historically, avoidance taboos included the separation of boys and girls at puberty (Sahlins 1962; Thomson, B [1908] 1968). In pre-Christian times, it was customary for boys to sleep in the *bure ni sa* (the village clubhouse or men’s house). The social organisation of space in this way was designed to prevent incest, premarital sex and safeguard female virginity, in reality, however, premarital sex still took place (Kaitani 2003; Quain 1948; Thomson, B [1908] 1968; Williams [1858] 1982). Customs that limited fertility, such as post-partum sexual taboos, were also practised during this period (Kaitani 2003; Lukere 1997).

A number of initiation practices and ‘puberty rites’ existed in Fiji during the pre-Christian and colonial periods, including male circumcision (*veiteve*) and the custom of tattooing a girl’s buttocks and vulva just before she reached puberty (Thomson, B [1908] 1968; Williams [1858] 1982). Tattooing was thought to make women’s vaginas ‘*mamaca vinaka* – “nice and dry”’ (Toren 1999, p. 137). This was seemingly for the benefit of their husbands, although Thomson, B ([1908] 1968) noted it was also believed to incite women’s sexual passion. In some parts of Fiji, young iTaukei women’s first menstruation (*mate ni vula*) was acknowledged through a ceremonial feast and signalled her transition into womanhood (Kaitani 2003; Stewart 1980). Celebrating young women’s first menstruation is still practised in parts of Fiji today (Biturogoiwasa 2001; Kaitani 2003; Varani-Norton 2014), and in Suva some families will mark the occasion with a family feast. This celebration makes public the reproductive and sexual status of women; first menstruation is marked formally and with it a shifting expectation regarding their behaviour.

**Christianity and sexual morality**

The introduction of Christianity in the 1840s, and the missionaries’ attempts to emulate Western family structures and patterns of social interaction, saw the abandonment of the *bure ni sa* and young men commenced sleeping at their family home (Kaitani 2003; Thomson, B [1908] 1968). The missionaries also eradicated many iTaukei rituals and initiation practices, including female tattooing (Roth 1953; Toren 1990). These were

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44 Toren (1999, p. 137) further noted that men in Gau in the 1980s still reported that a woman was at her most desirable when ‘her vagina is “hot and dry”, *katakata ka mamaca*’.

Missionaries sought to ‘educate’ young girls and women on Victorian standards of ideal femininity and to prepare them for motherhood and domestic life (Burton & Deane 1936; Jolly 1998; Lukere 1997; White 2005). This included European methods of cooking, sewing, sanitation, child and maternal health, and other domestic chores in an attempt to abolish practices they saw as uncivilised and unsafe. Christian morality was strongly imposed on iTaukei women, who were encourage to adopt modest dress, and young girls who had previously been free of clothes until puberty were clothed (Burton & Deane 1936; Toren 1999). Church teachings centred on the Ten Commandments, which emphasised love and kindness, and associated alcohol consumption, adultery, premarital sex and abortion with immorality (Ravuvu 1983; Toren 1994). Subsequently, sex became seen as more sinful outside of the sanctity of marriage. The sociocultural value of female virginity and purity was an ideal that Christianity only deepened.

Christianity soon became entwined with iTaukei cultural identity and continues to be central to identity in contemporary Fiji (Kaitani 2003; Nabobo-Baba 2006; Rakuita 2007; Toren 1999). Lela (23, university student) aptly described the entrenched nature of Christianity for Fijians during an in-depth interview: ‘Being Fijian is being so Christian...it’s like Christianity is a race by itself. You’re born a Christian if you’re born Fijian’. Christianity remains highly influential in shaping gender roles and sexual moralities in contemporary Fiji (Kaitani 2003; Sami 2006; Varani-Norton 2014). The Christian church (*lotu*) continues to ‘educate’ women on appropriate feminine behaviours and domestic life as well as advocating for women’s roles to centre on the home, both in

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45 Christian churches play a powerful role in shaping sexual moralities throughout the Pacific (see, for example, Buchanan-Aruwafu, Maebiru & Aruwafu 2003; Eves 2012; Kelly et al. 2009; Kelly-Hanku, Aggleton & Shih 2014; Kennedy et al. 2014; McMillan 2011; McPherson 2008).
their wifely duties and as a mother (George 2015). The impact of Christian ideology on young iTaukei women’s sexual risk and sexual resilience is explored in following chapters.

In terms of sexuality, the Methodist church has strongly denounced and stigmatised homosexuality through homophobic rhetoric that links homosexuality to sin and immorality (George 2008; Labbé 2011; Sami 2006; White 2005). This includes the belief that HIV and acquired immune deficiency syndrome (AIDS) is a punishment for the sin of homosexuality (Fiji Times 1994 cited in White 2005). The Methodist church has also been noted as lacking compassion and empathy for PLHIV in Fiji (Labbé 2011). The impact of church teachings on iTaukei’s attitudes towards PLHIV in Fiji is discussed in Chapter 5. In addition to condemning homosexuality, Christian churches continue to advocate against premarital sex, framing it as dangerous, shameful and immoral (Kaitani 2003; Sami 2006). Church teachings centre on the importance of abstinence and fidelity, and their pro-life and anti-condom rhetoric limits young iTaukei’s exposure to SRH information and their willingness to seek out contraceptives. Ana (24, university student) emphasised the influence of church beliefs on individual and relational attitudes to contraception during an in-depth interview: ‘My mum said that contraceptives are un-Christian’. This results in many young people opting to use less safe contraceptive methods (rhythm or calendar), which offer limited protection against pregnancy and no protection against HIV/STIs (Kaitani 2003; Labbé 2011; Sami 2006). Some Christian denominations (most notably the SDA church) are moving towards expanding their dialogue on SRH and condom use with young people. SRH education within the church settings is discussed in greater depth in Chapter 6.

Pleasure and sin

The importance of sexual pleasure underpins male (and female) sexuality in contemporary Fiji. Condoms are linked by young people with reduced sexual satisfaction, which is regularly reported as a reason for non-use (Hammar 2011; Kaitani 2003; Labbé 2011). Male iTaukei sexuality, including the priority of pleasure in sexual relationships and the desire for multiple sexual partnerships, is strongly influenced by peer group expectations and values. This is not to say that male sexuality is not influenced by
religious ideologies and familial expectations. Indeed, the Christian church continues to shape male sexuality in contemporary Fiji, and premarital sex is considered a sin for young men, as it is for women. Although iTaukei ideals of masculinity are tied to men’s capacity to secure multiple sexual partners, young men still internalise church teachings on the immorality of premarital sex as evidenced in Frank’s comment during a FGD with male university students:

Sex is a sacred thing between husband and wife. It is meant for reproduction not for having fun. Ah having sex before marriage is wrong. I know that the pressure is there and I’ve fallen into that but attending youth [group] and sitting around with church elders you get to learn a lot from them...They are so concerned that we stay away from sex and you know? Even though we are like old enough to make our own choices but the thing is they are…saving you from what you could say [is a] road to death and hell, eternal burning in hell.

As we see here Frank has internalised Christian values regarding reproduction and sex and embraced these beliefs as his own. He makes reference to his past sexual experience as a moral failing and urges the group to follow the advice of church elders to avoid the wrath of God. Thus, young iTaukei men, like young women, must navigate their sexuality through multiple and conflicting ideologies and value systems. The difference, however, is that young men are not subject to the same community surveillance and moral judgement as young iTaukei women if they do transgress and engage in premarital sex. Also, their transgressions are not made visible through the body as is the case for women when a pregnancy occurs.

CONCLUSION

Identity and social relations in iTaukei culture are centred in a relational matrix, and so collective experiences and relatedness are an essential element of ‘being’ Fijian. Modern urban life in Fiji has seen the fading out of many traditional cultural practices, and the introduction of Christianity has resulted in changes to family structures and patterns of social interaction. This includes the abandonment of men’s houses, the increasing popularity of love marriages, the dissolving of post-partum taboos and the abolishment of polygamy. Kin obligations remain important. Families living in Suva are still expected to meet the social and economic commitments of the husband’s mataqali. Despite rapid
urbanisation and modernisation, iTaukei culture continues to be strongly connected with the past, and traditional ideologies and value systems play a central role in shaping iTaukei identity and social relations in contemporary Fiji.

Young iTaukei women living in Suva today have greater access to tertiary education, and many are delaying marriage until the end of their studies. Longer periods of courtship, which centre on the use of modern technologies such as Facebook and mobile phones, allow young women to experience multiple relationships prior to marriage. This also increases young iTaukei women’s potential exposure to HIV/STIs and to other risks associated with sexual activity. Although young women have greater freedom to move between different social spaces than previous generations, the surveillance of their movement continues and centres on their sexual morality. Christianity and traditional iTaukei beliefs shape gender roles and sexual moralities in contemporary Fiji and therefore the surveillance of female sexuality. The tension between individual desires, religious values and collective interests sees young iTaukei women engage in clandestine relationships in order to hide their dating practices from their families and wider community, which in turn increases their sexual risk and reduces opportunities for sexual resilience. The impact of silence and secrecy in young iTaukei women’s lives for their SRH is highlighted in Chapters 3, 4 and 5.

The next chapter reviews current HIV/STI literature relevant to sexual risk and sexual resilience for young people in Fiji. It unpacks key concepts of sexual risk, sexual resilience, sexual geographies, youth sexual cultures and sexual violence, and it introduces a theoretical framework of sexual risk and sexual resilience for the thesis. It also provides a roadmap for how sexual risk and sexual resilience are subsequently considered in each chapter of the thesis.
Chapter 2  Theorising sexual risk in Fiji

INTRODUCTION
This chapter engages with relevant literature on youth sexuality, HIV/STI risk and youth SRH to situate my thesis within the fields of global health and HIV/STI research. I begin by revisiting two key concepts discussed briefly in the introduction: sexual risk and sexual resilience and unpack their complexities for young urban iTaukei women. I point to specific contexts, places and relationships that either increase or decrease young women’s sexual risk and sexual resilience, and therefore their vulnerability to poor SRH outcomes. I continue by introducing three theoretical concepts that underpin my discussion of sexual risk and sexual resilience throughout the thesis: youth sexual cultures, sexual geographies and sexual violence. Youth sexual cultures are discussed as I examine the characteristics of the urban youth sexual culture in Suva, including its public/private duality. I explore the notion of sexual geographies and describe how young iTaukei women’s sexual risks are shaped by the social organisation of space in Suva. I outline seven forms of sexual violence that were experienced by young iTaukei women in my research and examine how they increase sexual risk and reduce opportunities for sexual resilience.

The second half of the chapter examines a range of popular HIV/STI risk models and critique the most common models used to predict and theorise risk behaviours among university students in LMIC. I then discuss the utility of ecological models for theorising HIV/STI risk among young people in Fiji. Next, I introduce an adapted ecological model of sexual risk that I have developed in response to my research findings, which I refer to as the Fijian Ecological Model of Sexual Risk (FEMSR). This model provides a framework for analysing sexual risk that includes multiple levels of influence on young iTaukei women’s sexual risk and sexual resilience behaviours. I conclude by providing a road map of how sexual risk and sexual resilience are considered throughout the thesis in reference to this Fiji-specific ecological model.
KEY CONCEPTS EXPLORED IN THE THESIS

Sexual risk
Increasingly, HIV scholars are recognising that sexual risk is about more than individual choice; rather, it is now widely acknowledged that the ‘social environment plays a key role in providing opportunities and structuring the risks young people face’ (Aggleton, Ball & Mane 2000, p. 214). These researchers suggest that sexual risks are influenced by the interaction between a range of personal and societal factors. This includes sexualities and sexual subjectivities, the meanings assigned to sex, the context in which sexual acts take place, the type of sexual relationships as well as sociocultural, structural and environmental factors that influence vulnerability (Aggleton 2004; Aggleton, Ball & Mane 2000; Bell, S & Aggleton 2013; Boyce et al. 2007; Hirsch et al. 2009b; Ingham 2006; Leclerc-Madlala 2002; Marston, King & Ingham 2006; Ricardo et al. 2006). The construction of ‘risk groups’ has long been criticised, with scholars now suggesting HIV research and practice should focus on risky situations and contexts (Beer 2008, p. 114; Herdt & Lindenbaum 1992; Hewat 2008; Schoepf 2001; Treichler 1999).

In my analysis of sexual risk, I draw from the work of these scholars and focus on what Aggleton and colleagues (2006, p. 4) have described as the ‘structuring of vulnerability’ to HIV/STIs, by examining the complex set of sociocultural, structural and environment factors that limit young iTaukei women’s capacity to reduce their sexual risks. Although the term ‘vulnerability’ is apt when discussing the complexities of young people’s sexual lives, I have chosen to use the term ‘sexual risk’ in this thesis because I am primarily concerned with the intersection of competing risks young iTaukei women negotiate on a daily basis. In addition, in young iTaukei’s own taxonomy relating to HIV/STIs and sexual health, the terms ‘risk’, ‘risky situations’ and ‘dangerous’ behaviours feature heavily in their everyday lexicon. This is shaped by the public health messages and peer education outreach that iTaukei university students are exposed to. Young iTaukei women did not specify an indigenous word for sexual risk. Thus, as ‘risk’ is a concept directly relevant to young iTaukei women, it is used to discuss their vulnerability to HIV/STIs and other SRH issues in the thesis.

The intersections of multiple competing risks, or what Linda Bennett has described as ‘hierarchies of risk’ (L R Bennett 2016, pers. comm., 14 May), that young iTaukei women
face are complex and must be considered in light of the varying constraints and opportunities within which young women negotiate their social and sexual lives. As Hirsch et al. (2009a, p. 19) rightly suggest, people constantly navigate a range of opportunities and pressures ‘that are often economically, socially, and culturally more salient, significant, and obviously consequential than the biomedical risk of HIV infection’. Sexual risk and sexual resilience, I suggest, are not static phenomenon; they are dynamic and constantly shifting and influenced by the complex interplay between individual, relational, community, institutional and societal influences. Thus, young iTaukei women may demonstrate sexual risk or sexual resilience behaviours in one situation but not in another. Young women’s interpretation of risk changes depending on context, and thus different kinds of competing risks play out in different circumstances and specific points in time. Young women will consider risks in relation to a range of sociocultural influences, so hierarchies of risk are developed where certain risks are considered more important than others.

The risk of a **damaged sexual reputation** features heavily in the formation of young iTaukei women’s sexual risk and is often prioritised in their hierarchies of risk. As previous research in Uganda, Indonesia and the Solomon Islands has shown, the desire to maintain a faultless public image is often a strong motivator for young women to hide their sexual activity, which thereby contributes to their sexual risk (Bell, S & Aggleton 2013; Bennett 2005a; Buchanan-Aruwafu & Maebiru 2008). The risk of a damaged sexual reputation through public knowledge of premarital sexual activity is often at the forefront of young iTaukei women’s minds. The sociocultural expectation of female purity results in young women’s preoccupation with maintaining a public image of sexual respectability. The enduring importance of collective identity in iTaukei culture means that young iTaukei women fear the risk of both **individual and collective shame** that can stem from their engagement in premarital sexual activity. Young women’s sexual transgression can impact familial and even community morality. To reduce individual and collective threats to reputation, young women go to great lengths to hide their dating practices and sexual relationships. Research in the Cook Islands, Solomon Islands and Indonesia has also
revealed that young women use a range of tactics to ensure sexual respectability and avoid individual and collective shame while engaging in clandestine premarital sexual relationships (Alexeyeff 2009; Bennett 2005a; Buchanan-Aruwafu & Maebiru 2008).

The risk of premarital pregnancy and its impact on young iTaukei women’s reputations is also prioritised in young iTaukei women’s hierarchies of risk. Sexual transgression in the form of premarital pregnancy can impact on individual and relational morality. Societal level beliefs, including religious ideologies, shape community perceptions of premarital pregnancy and the blame, shame and stigma young women are subject to if they fall pregnant out of wedlock. Studies in Papua New Guinea and Papua have also noted the individual and collective shame experienced when young women conceive out of wedlock (Butt 2007; Butt & Munro 2007; Kelly et al. 2009; Munro, J 2012; Vallely et al. 2013). The impact of a damaged reputation through premarital pregnancy means that risk of pregnancy is considered more immanent and worrying than any concern of contracting HIV/STIs among young urban iTaukei women.

The risk of damage to romantic relationships is important for young iTaukei women. Scholars have pointed to female passivity in sexual decision-making centring on women’s desire not to disrupt the culturally accepted construction of female sexual norms and to protect their sexual respectability (Rivers et al. 1998; Varga 2003). The risk of damage to romantic relationships as well as sexual reputation is thought to be heightened if young iTaukei women are sexual assertive. This includes revealing SRH knowledge and/or attempting to negotiate the use of condoms. Fear of negative reputational and relationship outcomes contributes to many young iTaukei women allowing their partners to take the lead in sexual decision-making. Sexual passivity ensures sexual respectability is upheld. In addition, the sharing of sexual histories with their partners can also threaten young iTaukei women’s sexual reputation, which results in some young women hiding past sexual experiences.

Young iTaukei women frequently acknowledge the risk of male partner infidelity. This risk is often discussed in the context of male partners seeking sexual gratification elsewhere when a young woman is practising premarital abstinence. Although most are
optimistic about their romantic partner’s fidelity, unfaithfulness on the part of male partners is common. Indeed, 13 of the 17 young iTaukei women in the in-depth interviews discussed romantic partner infidelity. Young iTaukei women often reject male infidelity and end relationships with romantic partners if it occurs. Others attempt to reconcile with an unfaithful partner, especially if they share a child. Male partner infidelity can contribute significantly to young iTaukei women’s sexual risk through increasing their and their partner/s potential exposure to HIV/STIs.

The risk of **heartbreak** is closely linked to male partner infidelity. Young iTaukei women regularly discuss their experiences of heartbreak when a romantic partner has been unfaithful. Young iTaukei women’s experiences of heartbreak in romantic relationships can have long lasting impacts on their sexual desires and future romantic endeavours. Research in the United States and New Zealand has also demonstrated the emotional and psychological impact that heartbreak within the context of romantic relationships can have on young women, including their apprehension for future romantic endeavours (Rhoades et al. 2011; Schäfer 2008). Therefore, past experience of heartbreak means that trust within romantic relationships is highly valued by young iTaukei women.

Peer influences also shape young iTaukei women’s sexual risk, including risk of **social exclusion**. Research among university students in Sub-Saharan Africa has shown that peer pressure and risk of social isolation shape young people’s engagement in substance use and sexual activity, including sexual debut (Akintola, Ngubane & Makhaba 2011; Aluzimbi et al. 2013; Atwoli et al. 2011; Deressa & Azazh 2011; Masvawure 2010). Peer pressure and the desire to belong within one’s peer group also influence young iTaukei women to engage in premarital sex and consume alcohol in Suva. The link between alcohol consumption and sexual activity is pronounced in the urban youth sexual culture among iTaukei. Consequently, the risk of social exclusion is a strong motivator for young iTaukei women’s engagement in a range of social and sexual behaviours.

**Sexual violence** can shape young iTaukei women’s sexual risk through reducing their capacity to refuse unwanted sex, practise safe sex and avoid premarital pregnancy. Nine of the 17 in-depth interview participants disclosed to me that they, or their friends, had
experienced sexual violence. Local discourses of blame and responsibility for sexual violence in Fiji differ depending on the form of violence perpetrated. In the case of sexual assault by an intimate partner or acquaintance when intoxicated, young iTaukei women rarely name this as ‘rape’. Instead, young women often contextualise it as unwanted sex, placing the blame on themselves for ‘allowing’ the sexual assault to occur due to their level of intoxication. In contrast, sexual violence committed by a stranger when sober is clearly articulated by young iTaukei women as rape. Consequently, local interpretations of sexual violence are often incommensurate with public health and legal definitions (Wood, Lambert & Jewkes 2007). There is often an ‘othering’ of sexual violence by young iTaukei women, who contextualise it as happening to ‘bad’ girls who dress inappropriately or stay out late at night. Victim blaming in the context of sexual violence, especially if women are thought to have transgressed ideal gender norms or consume alcohol, is common (Grubb & Turner 2012). Although local discourses may assert rape by a stranger is the most common form of sexual violence in Fiji, research suggests sexual violence perpetrated by an intimate partner is far more common (Fiji Women's Crisis Centre 2013). I discuss young iTaukei women’s experiences of sexual violence in greater detail below.

The risk of spiritual consequences often weighs heavily on the minds of young iTaukei women. Christian beliefs are internalised by young women, such as the immorality of premarital sex or contraceptive use, and they fear spiritual consequences and being perceived by the community as a bad Christian if they transgressed sexually. Consequently, religiosity and spirituality can strongly influence young iTaukei women’s sexual risk through their desire to adhere to church teachings and beliefs, which in turn reduces their willingness to use contraceptives and seek out SRH information. Research in sub-Saharan Africa has also highlighted the link between religiosity and young people’s attitudes towards and use of contraception (Mehra et al. 2012; Nsubuga et al. 2016).

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46 Throughout the thesis I refer to young iTaukei women who experience sexual violence as ‘victims’ or ‘victims/survivors’ because these terms are commonly used by Fijian feminists and women’s organisations, such as the FWCC in Fiji (see, for example, Fiji Women's Crisis Centre 2013).
The risk of contracting HIV/STIs is widely discussed in public health campaigns in Fiji and is consequently an issue important for some young iTaukei women. However, although most young women acknowledge the general risk of contracting HIV/STIs, their perception of their own risk is often minimal. There is a consistent ‘othering’ of risk among young iTaukei where risk is reframed outwards onto ‘other’ people engaging in perceived deviant or high-risk behaviours (e.g. casual and commercial sex). Previous research in Fiji has also noted a moral ‘othering’ of HIV/STI risk (Hammar 2010; Labbé 2011). Consequently, young iTaukei women’s construction of sexual risk is focused more on reputation than on HIV/STI risk. I explore the ‘othering’ of HIV/STI risk and its implications of young iTaukei women’s sexual risk in Chapters 4 and 5.

These ten competing risks outlined above are understood and negotiated differently depending on contexts, places and relationships. They impact on young iTaukei women’s cumulative sexual risk in a number of ways, including their willingness to discuss or initiate safe sex practices with partners, their preference to hide sexual activity from their family and wider community, and their willingness to access SRH services. This matrix of risks form the wider risk context for young iTaukei women’s sexual risk and are explored throughout the thesis.

**Sexual resilience**

Leading scholars in this area of enquiry have argued that sexual resilience in young people is not merely an individual characteristic but rather is produced through the complex interplay between ecological influences, including individual characteristics, familial and community structures and processes, sociocultural contexts and norms and environmental factors (Aggleton & Campbell 2000; Clark et al. 2006; Landau et al. 2000; Miller, BC 2002; Resnick et al. 1997; Ricardo et al. 2006). This can include familial support and connectedness, positive peer groups and role models, availability of SRH education and services, exposure to positive relationships and norms of gender equity, and access to socio-economic opportunities.

In the context of young people’s SRH outcomes, sexual resilience is equally important to consider as sexual risk. In the thesis, I move beyond a biomedical understanding of
HIV/STI risk that seeks to control disease; instead, I focus on the experiences of youth sexuality in Fiji and explore the factors that contribute to positive SRH and wellbeing among young iTaukei women. My position in the thesis is to reaffirm young people’s right to positive and fulfilling sexual subjectivities and relationships. Although a rights-based framework is not indigenous to Fiji, this discourse is asserted in the work of NGOs and women’s organisations as well as the country’s national HIV/STI strategic plan. All of the USP peer educators I worked with were familiar with rights-based approaches and supported this ideology in the context of SRH. I argue that in order to secure young people’s SRH, we must do more than ameliorate risks; rather, we must also build individual and community resilience. Therefore, identifying factors that promote sexual resilience among young iTaukei women at individual and community levels is also of concern throughout the thesis.

While there is little published research on youth resilience in the Pacific, available literature suggests a range of factors can contribute to young people’s resilience including familial, community, and wider structural and environmental influences (Clark et al. 2006; Noble, Pereira & Saune 2011). For example, a recent study across six Pacific nations (Marshall Islands, Federated States of Micronesia, Tonga, Samoa, Papua New Guinea and Solomon Islands) identified a number of resilience factors that may decrease the likelihood of urban Pacific youth engaging in crime and violence. These include access and connection to strong role models and mentoring; positive parent-child communication; strong familial and community relationships; opportunities for participation in community activities; relevant education; and engagement with religious structures (Noble, Pereira & Saune 2011). In another study of Maori youth in New Zealand, the importance of a positive and caring family environment that included good parent–child communication was noted as increasing sexual resilience and reducing sexual risk among young people (Clark et al. 2006). These studies highlight the importance of social connectedness, as opposed to social exclusion, as central to building resilience among young people in the Pacific. Similarly, I argue that social connectedness is key to finding a space for respectful dialogue regarding SRH issues which, in turn, could assist in building community sexual resilience in Fiji.
A range of interrelated ecological factors shape young iTaukei women’s sexual resilience in urban Fiji. This includes young women’s past sexual histories and SRH knowledge at an individual level. Relational and community level protective factors include strong family role models and support structures, positive and open parent–child dialogue regarding SRH issues, affirmative peer influences and group dynamics, and respectful relationships. Factors at an institutional level include access to in-depth and relevant SRH information and availability of culturally appropriate and ‘youth-friendly’ SRH services. At a societal level, factors such as church-sanctioned provision of condoms also influence young women’s sexual resilience. I explore the concept of sexual resilience in the following chapters through the voices and narratives of young iTaukei women. As I demonstrate throughout the thesis, understanding how sexual resilience is developed through multiple levels of influence, especially at the relational and community levels, is vital to reduce sexual risk and promote sexual resilience in Fiji. It is also central to developing solutions that are home-grown and thus culturally viable.

Youth sexual culture
The work of scholars concerned with youth cultures (Amit-Talai & Wulff 1995; Bucholtz 2002; Cole & Durham 2007) and, in particular, the ‘anthropology of youth’ informs my theorisation of young iTaukei women’s sexual risk and sexual resilience. These authors focus on youth agency, youth cultural production and practices, and the development of new youth identities that are shaped and influenced by capitalism, transnationalism and local cultures (Bucholtz 2002). The seminal edited book on adolescent sexual cultures (Irvine 1994) and the later work of scholars concerned with youth sexual cultures and SRH (Bennett 2005a, 2005b; Buchanan-Aruwafu & Maebiru 2008; Butt & Munro 2007; Cummings 2008; Hewat 2008; Leclerc-Madlala 2002; Wood, Lambert & Jewkes 2007) have helped to shape my theorisation of the urban youth sexual culture in Suva. These authors have demonstrated the value of exploring youth sexual cultures as a fruitful lens for understanding sexual risk and sexual resilience. The relationship between culture and youth sexuality was clearly articulated by Irvine (1994, p. 8) when she suggested ‘cultures infuse sexuality with meaning’ and thus sexual risk and sexual resilience. Young people often ‘personalize and negotiate sexual cultures in highly idiosyncratic ways’ (Irvine 1994, p. 11) and consequently it is essential to understand how the dominant youth sexual culture in Suva shapes young iTaukeis’ behaviours.
Herdt (2001, p. 141) describes sexual culture as ‘a set of symbolic meanings and practices that regulate sexual conduct’. In the context of urban Suva, the dominant youth sexual culture is multifaceted and embodies contradictory values, experiences and choices that are shaped by both social change and tradition. This includes globalised cultural influences, religious ideologies, traditional cultural beliefs and gender norms, which interact to restrict or enable different young iTaukei women to act on sexual desire at different times, and within different spaces and contexts. Young women’s sexual subjectivities in Suva are negotiated within this complex contemporary urban youth sexual culture. Young iTaukei women will enact a sexual self that differs across time and space in order to negotiate the tension between individual desires and collective interests. Consequently, the urban youth sexual culture among iTaukei is characterised by a public/private duality where young women engage in what Hirsch (2009, p. 53) describes as the ‘performance of sexual respectability’ in public and have sexual relationships in private. While allowing young iTaukei women to act on sexual desire, the dual youth sexual culture in Suva also impacts on their sexual risk. In Chapters 3–5 I theorise the impact of the urban youth sexual culture on shaping the sexual risk and sexual resilience of young iTaukei women. I regularly inhabited this youth culture while in Fiji due to my age, marital status, friendship group and use of participant observation.

**Sexual geographies**

Sexual geography (Allen 2013; Bell, D & Valentine 1995; Browne, Lim & Brown 2007; Duncan 1996; Hirsch et al. 2009b; Johnston & Longhurst 2010) is a theoretical concept I use to theorise what Hirsch and colleagues (2009a, p. 16) have termed the ‘topography of sexual risk’. Increasingly, scholars are examining sexual geography in relation to HIV risk (see, for example, Gaines et al. 2012; Hirsch et al. 2007; Hirsch et al. 2009b; Kuhanan 2010; Wardlow 2007). This research suggests the importance of considering the ways in which sexual behaviours are shaped both by the social organisation of space, and the social and symbolic meanings ascribed to physical spaces. In the milieu of HIV vulnerability, sexual geographies and risky social spaces have been noted as just as important, if not more important, than high-risk behaviours or high-risk groups (Hirsch et al. 2007, p. 994).
As highlighted in the discussion above, the urban youth sexual culture and young iTaukei women’s sexual risks in Suva are influenced by different locations and contexts. The physical environment itself shapes sexual geographies, with premarital sex often taking place outside in public parks, USP campus and the seawall. As they move between social spaces in Suva, young iTaukei women face close observation and moral scrutiny, which largely focuses on their sexuality. Gossip is used to monitor and reinforce this moral surveillance. Social preoccupation with female sexual purity often sees young women prohibited from male-gendered spaces or nocturnal spaces by both romantic partners and parents. In Chapter 3, I explicitly theorise the roles that mobility, gendered spaces and sexual geographies play in shaping premarital sexual activity and sexual risk in Suva. The locations of health services and sites where condoms are available also shape sexual risk and opportunities for sexual resilience, which are explored in Chapter 5. Social mapping informed my knowledge regarding youth sexual geographies in Suva, and I visited all spaces identified on the maps created by USP peer educators.

**Sexual violence**

Over the last two decades, scholars concerned with the dynamics of HIV transmission among young women have increasingly focused attention on various forms of sexual violence (Wood 2006). These researchers have demonstrated the role sexual violence can play in increasing women’s HIV/STI risk as well as unplanned pregnancies and other reproductive morbidities (Campbell, J 2002; Maman et al. 2000; Moore et al. 2007; Nyamhanga & Frumence 2014; WHO 2002b, 2014; Wood, Maforah & Jewkes 1998). Sexual violence is a complex and multifaceted public health and human rights issue with sociocultural, structural and individual origins (Ajuwon et al. 2001; Jewkes et al. 2013; Maman et al. 2000; WHO 2002b; Wood, Lambert & Jewkes 2007). Gender inequalities and gendered power relations often shape young women’s vulnerability to sexual violence. This includes patrilineal inheritance systems that provide men with greater

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47 According to the World Health Organization, sexual violence can be defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (WHO 2014, p. 76).
resources and societal norms that normalise interpersonal violence and support male dominance in sexual decision-making (Birungi et al. 2011; Fiji Women's Crisis Centre 2013; Nyamhanga & Frumence 2014; Petersen, Bhana & McKay 2005; Salomon & Hamelin 2008; WHO 2002b). In addition, sociocultural expectations and sexual double standards concerning male and female sexuality also shape young women’s vulnerability to sexual violence (Birungi et al. 2011; Erulkar 2004; Fiji Women's Crisis Centre 2013; Jewkes et al. 2013; Moore et al. 2007; Petersen, Bhana & McKay 2005; Salomon & Hamelin 2008; WHO 2002b; Wood, Lambert & Jewkes 2007).

Different kinds of sexual violence are interlinked and are often conceptualised as a continuum, with rape (forced sex without consent) and physical forms of sexual violence at the extreme end, sexual assault (unwanted and forced sexual contact) in the middle and sexual harassment (non-physical forms of abuse, verbal pressure and subtle manipulation) at the other end of the continuum (Ajuwon et al. 2001; Birungi et al. 2011; Moore et al. 2007; WHO 2002b; Wood 2006; Wood, Lambert & Jewkes 2007; Wood, Maforah & Jewkes 1998). The main characteristics shared by all forms of sexual violence are the victims/survivors lack of consent and the potential for physical, psychological and/or social consequences if she/he declines sexual advances (Ajuwon et al. 2001).

Research suggests sexual violence and other forms of gender-based violence against women and girls in Fiji and the broader Pacific are widespread (Ali 2006; AusAID 2008; Fiji Women's Crisis Centre 2013; Lepani 2008b; Salomon & Hamelin 2008; Spark 2014; UN Women 2014; UNICEF 2010; Wardlow 2006). A recent study conducted across six Pacific Island countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu) reported 60–80 per cent of women had experienced physical or sexual violence perpetrated by a partner or non-partner in their lifetime (UN Women 2014). In addition, gang rape, where a group of men sexually assault a lone woman, has been regularly reported in Fiji, Solomon Islands, New Caledonia and Papua New Guinea (AusAID 2008; Kaitani 2003; Lepani 2008b; Salomon & Hamelin 2008).

Discourses regarding sexual violence globally are complex, culturally laden, locally specific and influenced by prevailing sexuality and gender norms (Birungi et al. 2011;
In Pacific Island societies, as elsewhere, sexual violence is highly stigmatised (Ajuwon et al. 2001; Fiji Women's Crisis Centre 2013; UNIFEM 2010; Wood, Lambert & Jewkes 2007). There is often a ‘culture of silence’ regarding sexual violence, and public disclosure is discouraged due to the shame and stigma it can bring to the victim/survivor and their family (Ali 2006; Fiji Women's Crisis Centre 2013;UNESCAP 2009; UNIFEM 2010). Young women are often blamed when sexual violence occurs, and women’s transgression from gender ideals, including style of dress or movement after dark, are seen as catalysts for sexual assaults (Cummings 2008; Lepani 2008b; Singh, Singh & Fields 2013; Spark 2014; UNESCAP 2009). In Fiji, young iTaukei women’s restricted mobility is frequently linked to familial fear that sexual violence may occur if they move between social spaces alone or at night (see Chapter 3). Below I discuss the seven forms of sexual violence experienced by young iTaukei women in this research to situate my discussion of sexual violence in the thesis.

Young iTaukei women regularly experience **pressure from their romantic partners to engage in premarital sex.** This includes verbal pressure, coercive tactics and subtle manipulation. The fear of losing one’s partner to another woman by refusing sex can motivate young iTaukei women to yield to their partner’s verbal pressure and have intercourse for the first time. Past research in Sub-Saharan Africa has also shown that verbal pressure and coercive behaviours from male partners, along with women’s fear of male infidelity, are strong motivators for sexual debut among young women (Akintola, Ngubane & Makhaba 2011; Clüver, Elkonin & Young 2013; Maharaj & Munthree 2007; Moore et al. 2007; Nobelius et al. 2010; Wood, Lambert & Jewkes 2007). Young iTaukei women often use non-penetrative forms of sexual activity to placate male partners and reduce male pressure to engage in coitus. Pressure to engage in coitus usually continues, however, and women’s refusal to have penetrative sex can underlie men’s justifications for cheating on female partners who want to maintain their virginity.

In the context of romantic relationships, young iTaukei women also face **pressure to have sex without a condom,** including verbal pressure, subtle manipulation and coercive tactics. Condom coercion in the context of romantic relationships has also been noted in
research with young women in South Africa and the United States (Clüver, Elkonin & Young 2013; MacPhail & Campbell 2001; Teitelman, Bohinski & Tuttle 2010). Young iTaukei women’s experience of condom coercion in romantic relationships is exacerbated by inequitable gender and sexuality norms in iTaukei culture that reduce young women’s capacity to negotiate safe sex and consequently increases their sexual risk.

**Rape or sexual assault while intoxicated** is another form of sexual violence experienced by young iTaukei women. Young iTaukei closely associate alcohol consumption with sexual activity, including sexual coercion. Scholars have demonstrated the connection between alcohol use and sexual violence worldwide (Birungi et al. 2011; Jewkes et al. 2013; Stockman, Campbell & Celentano 2010; WHO 2002b; Zablotska et al. 2009). For example, in a study examining the prevalence of male perpetration of rape from six countries across Asia and the Pacific (Bangladesh, China, Cambodia, Indonesia, Papua New Guinea and Sri Lanka), 27 per cent of men reported the reason for the last rape of a non-partner woman was alcohol misuse (Jewkes et al. 2013). Young iTaukei women’s already limited capacity to refuse unwanted sex and negotiate safe sex practices is further constrained when they are under the influence of alcohol, which can leave them vulnerable to sexual violence.

Young iTaukei women are also the victims/survivors of **rape by non-intimate partners/strangers**. Globally, 7.2 per cent of women have experienced sexual violence by someone other than an intimate partner in their lifetime (WHO 2014, p. 14). Research by FWCC found even higher rates in Fiji, with 12 per cent of iTaukei women reporting sexual violence by a non-intimate partner since the age of 15 (Fiji Women's Crisis Centre 2013). Like other forms of sexual violence, young iTaukei women often choose to keep rape a secret from family and friends through fear of individual and familial shame and stigma. Consequently, societal values and the stigma assigned to sexual assault in Fiji often act to silence rather than support women who experience sexual violence. Despite the social stigma, support services are available to women who experience rape and other forms of sexual violence in Fiji. The FWCC has five crisis centres (Suva, Nadi, Ba, Rakiraki and Labasa) and a 24-hour telephone counselling service that provide crisis
counselling, legal and medical support to women who have experienced sexual violence. However, support remains limited for women living in remote areas and outer islands.

Some young iTaukei women suffer **sexual abuse in the family context**. Whitehead and Roffee (2016) suggest iTaukei social relations and the communal nature of living arrangements provide an environment where sexual abuse offenders have greater access to children. This is backed up by research conducted by FWCC that reported just under half (45.1 per cent) of child sexual abuse cases in Fiji are perpetrated by a male family member (excluding fathers and step-fathers) (Fiji Women's Crisis Centre 2013). Globally, child sexual abuse has been associated with experiences of sexual coercion and intimate partner violence, as well as high-risk sexual behaviour (early sexual debut, multiple sexual partnerships and low condom use) in adulthood and therefore increased HIV/STI risk (Maman et al. 2000; Salomon & Hamelin 2008; Wood 2006). Although no young iTaukei women specifically disclosed to me that they had experienced sexual abuse as a child (up to the age of 12 years), a few discussed experiencing child sexual abuse during their adolescence, perpetrated by members of their extended family.

Young iTaukei women can face **pressure to have an abortion** from intimate partners. Abortion coercion falls within a wider range of coercive practices termed ‘reproductive coercion’, where male partners may attempt pregnancy coercion, birth-control sabotage and control of pregnancy outcomes (Miller, E & Silverman 2010, p. 512). Young iTaukei women experience a range of coercive practices from male partners related to pregnancy, including verbal pressure to have an abortion when pregnancy occurs; threats, slander and sexual defamation if they refuse to terminate a pregnancy; and abortion coercion under duress. Such acts reduce young iTaukei women’s reproductive autonomy. Some young women do, however, resist partner pressure to have an abortion and choose to keep their baby, with or without the support of their intimate partner. Young women’s experiences of coerced abortion have also been noted by scholars in Indonesia and the United States (Bennett 2005b; Moore, Frohwirth & Miller 2010).

Experiences of **verbal slander and sexual defamation** are common among young iTaukei women who are thought to have transgressed sexually. This includes gossip,
derogatory slander and sexual stigma. Popular insults such as ‘promiscuous girl’, ‘slut’, ‘dirty’ and ‘whore’ are often directed at young iTaukei women who are known to have engaged in premarital or casual sex or those who have fallen pregnant out of wedlock. The impact of gossip and sexual defamation on young iTaukei women can include a damaged sexual reputation, individual and collective shame and stigma, social exclusion and poor mental health. The use of, or threats of, verbal slander and sexual defamation against young women and the subsequent sexual sigma experienced by women has been noted elsewhere, including Indonesia, South Africa and Vanuatu (Bennett 2005b; Cummings 2008; MacPhail & Campbell 2001).

These seven forms of sexual violence came out through the narratives of young iTaukei women in the research. Although this is not a thesis about sexual violence per se, it was a key theme that emerged during the research and it was therefore something I could not ignore. Sexual violence is a central component in shaping young iTaukei women’s sexual risk and is explored through the experiences of young iTaukei women in Chapters 3–5.

MODELLING RISK: PREDICTING AND UNDERSTANDING HIV/STI RISK RELATED BEHAVIOURS

Over the last two and a half decades, HIV researchers have shifted away from a behavioural research paradigm that sought primarily to understand knowledge, attitudes and sexual practices of individuals and ‘high-risk’ groups, towards research that also examines the impact of cultural and structural factors on shaping sexual behaviours (Aggleton 2004; Bolton & Singer 1992; Herdt & Lindenbaum 1992; Hirsch et al. 2009b; Ingham 2006; Parker 2001; Schoepf 2001). The 1990s saw a focus on understanding the influences of cultural meanings and broader structural factors on determining HIV vulnerability in different cultural contexts, in order to identify the most culturally appropriate ways to respond to the epidemic (see, for example, Farmer 1992; Farmer, Connors & Simmons 1996; Hammar 1996; Parker 2001; Schoepf 1992; Singer 1998; Treichler 1999). At the same time, the limitations of individualistic behavioural research methodologies that guided the development of prevention approaches became evident (Bolton & Singer 1992; Herdt & Lindenbaum 1992). Today it is widely acknowledged that sexual practices are shaped by a variety of interacting and interrelated influences,
including cultural, social, economic and political factors that vary across contexts and cultures (Aggleton 2004; Hirsch 2014; Kippax et al. 2013; Parker 2001; Poundstone, Strathdee & Celentano 2004; Rao Gupta et al. 2008; Schoepf 2001). Building on this intellectual lineage, the thesis theorises sexual risk beyond individual behaviours by exploring the wider cultural and structural factors that increase young iTaukei women’s vulnerability to HIV/STIs and other poor SRH outcomes.

**Individual-level models of health behaviour**

Despite recognition of the multiple and interrelated cultural and structural factors that determine HIV/STI risk, individual-level theoretical models continue to be widely used in HIV research and behavioural interventions globally. This includes the Health Belief Model (Becker, MH 1974; Janz & Becker 1984), and the Theories of Reasoned Action (Fishbein & Ajzen 1975) and Planned Behaviour (Ajzen 1991). The Information, Motivation, Behavioural Skills Model (Fisher & Fisher 1992), Social Cognitive Theory (Bandura 1986, 1994) and Protective Motivation Theory (Roger 1975) are also used. These social cognition models assume individual rationality and propose that attitudes, beliefs and expectations of future outcomes shape health behaviours (Dutta-Bergman 2005; Ingham, Woodcock & Stenner 1992; Yoder 1997). The two most commonly utilised models to explain and predict HIV/STI risk behaviours among university populations in LMICs are the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB), and I discuss these in greater detail below.

The HBM (Becker, MH 1974; Janz & Becker 1984) was developed in the United States in the 1950s to explain poor uptake of disease prevention programs and was subsequently expanded to predict preventative health behaviours. Later it was utilised to conceptualise and predict HIV risk behaviours (Montgomery et al. 1989; Rosenstock, Strecher & Becker 1994). The HBM incorporates a number of components: perceived susceptibility (perception of one’s risk in contracting a health condition), perceived severity (beliefs regarding the seriousness of an illness), perceived benefits (beliefs regarding the efficacy of advised actions in reducing the disease risk), perceived barriers (beliefs about the psychosocial or medical costs of undertaking the recommended action) and self-efficacy (belief in one’s capacity to take action) (Rosenstock, Strecher & Becker 1994).
The TPB (Ajzen 1991) suggests that a given behaviour can be predicted by an individual’s intention to engage in it. TPB proposes individuals’ intentions are determined by specific attitudes (favourable/unfavourable view of behaviour), subjective norms (perception of whether significant others approve/disapprove the behaviour) and perceived behaviour control (the perceived ease or difficulty of undertaking the behaviour) (Ajzen 1991). TPB has been extensively utilised in sexual risk behaviour research, including investigations of condom use in high income country contexts (especially North America) (Albarracin et al. 2001).

Despite their wide use, the HBM and TPB have been convincingly critiqued for their limited utility and suitability for sexuality research in non-Western contexts (Airhihenbuwa & Obregon 2000; Dutta-Bergman 2005; Yoder 1997). These authors question the relevance of these theories/models in cultural contexts that are different from those in which they were originally designed and verified. Airhihenbuwa and Obregon (2000) suggest that the principles that underpin the HBM and TPB (as well as other social cognition models), including individualism and rational decision-making, do not fit neatly into collectivist cultures, such as those found in Africa, Asia, Latin American, and the Caribbean (and I also argue the Pacific) (see also Dutta-Bergman 2005). Collective identity, Dutta-Bergman (2005) argues, results in barriers to action being situated within collectivist contexts rather than individual attitudes and beliefs. In other words, collective norms play a significant role in individual decision-making, a concept that is at odds with the principles of the HBM and TPB.

The applicability of the HBM and TPB to theories and predicted sexual behaviours and HIV risk has also been widely disputed (Airhihenbuwa & Obregon 2000; Ingham 2006; Ingham, Woodcock & Stenner 1992; Michal-Johnson & Bowen 1992; Munro, S et al. 2007). In particular, the assumption of a rational link between knowledge and sexual behaviours (e.g. high knowledge will lead to safe sex behaviours) has been challenged (Ingham, Woodcock & Stenner 1992; Michal-Johnson & Bowen 1992). In reality there are, as Ingham, Woodcock and Stenner (1992, p. 165) rightly suggest, a variety of factors that intervene between what young people ‘know’ and their capacity to act on this ‘knowledge’. The presumed level of free choice and limited consideration of the impact
of external pressures (e.g. peer and partner influence) on sexual behaviours in these models/theories have also been questioned (Ingham 2006; Ingham, Woodcock & Stenner 1992).

The failure of the HBM and TPB to recognise the influence of emotions or religious beliefs on behaviours is another identified shortcoming for their application in HIV research (Michal-Johnson & Bowen 1992; Munro, S et al. 2007). In addition, it has been argued that rational decision-making models/theories fail to consider the effect of gender and power relations and social reputation on shaping behaviours (Ingham 2006; Ingham, Woodcock & Stenner 1992; Yoder 1997). Their tendency to overlook the impact of structural factors, such as political or socio-economic contexts, on inhibiting certain behaviours has also been noted (Dutta-Bergman 2005; Ingham 2006). In other words, the HBM and TPB’s focus on individual rationality and oversight of wider social, cultural and structural factors ignore the cultural context in which risky behaviours take pace, and this reduces their utility in sexual risk research and interventions.

**Ecological models of health behaviour**

In an attempt to theorise health behaviours beyond individual-level factors, various ecological models (McLeroy et al. 1988; Sallis, Owen & Fisher 2008) have been developed. Ecological models of health behaviour identify the interrelationship between individuals and their environment (Sallis, Owen & Fisher 2008). Contemporary ecological models are based on the contributions of a number of key thinkers. This includes Urie Bronfenbrenner’s Systems Theory (1979), Kenneth McLeroy and others’ Ecological Model of Health Behaviour (1988) and Daniel Stokols’ Social Ecological Model for Health Promotion (1992; 2003). Ecological models contextualise individuals’ behaviours through multiple and interacting levels of influence, including intrapersonal (knowledge, attitudes and beliefs), interpersonal (social networks/support), organisational (policies, rules and structures), community (sociocultural norms, standards and social networks) and policy/structural (cultural contexts, laws and policies on health) (McLeroy et al. 1988; Sallis, Owen & Fisher 2008). Ecological models are distinguishable from individual-level behavioural models/theories because of their
consideration of broader social, cultural, environmental and policy influences on health behaviour (Sallis, Owen & Fisher 2008).

A key strength of ecological models is their comprehensive framework for theorising multiple and overlapping factors influencing health behaviours (Sallis, Owen & Fisher 2008). This framework can be used to develop intervention approaches targeting each level of influence. Ecological models suggest that behaviour change will be maximised when both individual-level and broader environmental/policy-levels are systematically targeted. However, an identified weakness of many ecological models is that they lack specificity about the assumed influences of behaviour (including how they function and interact across levels), which can inhibit theorisation of risk behaviours and identification of suitable interventions (McLeroy et al. 1988; Sallis, Owen & Fisher 2008).

The utility of ecological models in HIV/STI risk research and interventions is well recognised (Baral et al. 2013; DiClemente et al. 2005; Latkin & Knowlton 2005; Padilla et al. 2010) but as yet this approach has not been widely used. Limited use of ecological models in HIV risk research and interventions internationally has been attributed to the complexity of its multi-level analysis, which is often viewed as too cumbersome, lengthy or expensive (Kaufman et al. 2014; Sallis, Owen & Fisher 2008). In addition, ecological models are often multifaceted and context specific, making it difficult to generalise findings or replicate models across different cultural contexts. Despite these challenges, authors such as Baral et al. (2013) have argued for the efficacy of modified ecological models to contextualise HIV risk and inform research and practice.

While existing ecological models provide a starting point for the theorisation of sexual risk among young people in Fiji, there are a number of shortcomings that require improvement and adaptation as Baral et al. (2013) suggest. Firstly, existing models assume a self-construct characterised by individualism, which does not fit neatly into iTaukei culture, where the self is anchored in its relational context. Secondly, ecological models have tended to assume a secular society and therefore failed to produce

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48 For examples of the usefulness of ecological models in HIV research and prevention see, (Baral et al. 2013; Harper et al. 2014).
convincing understandings of how religious worldviews and religious morality impact upon the construction of risk at multiple levels. This is a serious limitation in the context of Fijian society, where Christianity is central to both identity and behavioural choices. Furthermore, the focus on large population groups within ecological models has also limited their practical application in contexts with low population density and small populations, such as in the Fijian context. In an attempt to address these shortcomings, the thesis develops and deploys an adaptation of the ecological model that is specific to sexual risk in Fiji.

THEORISING SEXUAL RISK IN FIJI: THE FIJI ECOLOGICAL MODEL OF SEXUAL RISK (FEMSR)

The thesis builds on past ecological models to develop the Fiji Ecological Model of Sexual Risk (Figure 1), which models and explores the multiple-level influences on sexual risk and sexual resilience in Fiji. The development of this model has been closely informed by the research findings and process. It helps to broaden and deepen our thinking about young iTaukei women’s sexuality, sexual risk and sexual resilience. It seeks to adequately theorise young iTaukei women’s sexual risk, in a manner than can inform intersectoral and multi-level interventions directed at reducing sexual risk and promoting sexual resilience among young iTaukei. The model theorises sexual risk in a holistic manner and can be used to design interventions that create whole community sexual resilience that in turn can support individual-level sexual resilience. The development of this model in response to local context may also find wider application in attempts to understand sexual risk among the broader population in Fiji, as well as other populations in the Pacific region.
Figure 1: Fijian Ecological Model of Sexual Risk (FEMSR)

The FEMSR is composed of five interconnected components: individual, relational, community, institutional and societal (Table 2). The model examines how these interconnected components shape individual and collective practices and sexual risk (and sexual resilience) behaviours. Importantly, the FEMSR incorporates a Fijian understanding of the self as grounded in a relational matrix rather than existing as an autonomous individual. This is represented in the diagram above by shifting the individual from the centre (where it has been placed in prior models), and anchoring it together with the relational and community levels.

Table 2: FEMSR characteristics of interrelated components

<table>
<thead>
<tr>
<th>Level</th>
<th>Key characteristics</th>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>Personal factors that influence behaviour, such as knowledge, beliefs and attitudes. These include a collective Fijian concept of the self; a person’s internalisation of religious faith; a person’s SRH knowledge and attitudes; a person’s reproductive and sexual health history; and a person’s use of alcohol.</td>
</tr>
<tr>
<td><strong>Relational</strong></td>
<td>Interpersonal relationships that shape social identity and family structures, such as peers, friends and family. These include peer pressure; intergenerational dialogue regarding sexuality and reproduction; social hierarchies; the dynamics of sexual and romantic partnerships; and the value assigned to pleasure and intimacy in sexual relationships.</td>
</tr>
</tbody>
</table>
Community
Established norms and values, social structures and network ties. These include the collective nature of iTaukei social relations; community surveillance of female sexuality and social organisation of space; community affirmation of male sexuality; urban youth cultures; and community tolerance of sexual and gender-based violence.

Institutional
Local, national and international SRH and HIV/STI programs and services. These include availability of, and access to, SRH services; dominant abstinence-based models of SRH education; the absence of harm reduction approaches; and peer education approaches on campus.

Societal
Cultural context, political and economic conditions, and national policies on SRH. These include traditional iTaukei cultural beliefs; globalised cultural influences on gender and sexual norms; religious beliefs regarding sexuality; dominant sexual scripts; HIV/STI related stigma; the agenda and influence of donor agencies; and national HIV/STI and substance use policies and laws.

**Utilising the FEMSR to theorise sexual risk and sexual resilience**

This section provides a road map of how the various and intersecting levels in the FEMSR are operationalised throughout the thesis and how different risk and protective factors feature in the exploration of young iTaukei women’s sexual risk and sexual resilience. The individual level of the FEMSR is utilised to examine factors that influence young iTaukei women’s sexual risk and sexual resilience. This includes their motivations to reduce HIV/STI risk through condom use and accessing SRH services. Young women’s attitudes and beliefs concerning SRH, including their disposition to use contraceptives, are also explored. In addition, the SRH knowledge of young iTaukei women is examined to determine how this shapes their understanding of sexual risk. Young women’s use of alcohol and their histories of sexual violence and STIs are also discussed, and the factors contributing to their sexual risk explored. Young iTaukei women’s negotiations of gender norms, religious ideals and cultural beliefs are examined to reveal their impact on young women’s self-efficacy in sexual relationships. This includes young iTaukei women’s desire to uphold a public image of sexual respectability and purity while also engaging in clandestine sexual relationships. The individual level of the FEMSR is anchored together with the relational and community levels, with many of the key factors discussed above simultaneously shaped by wider relational, community and societal levels.

The relational level of the FEMSR is employed to examine the ways in which interpersonal relationships shape young iTaukei women’s social positioning and consequently their sexual risk and sexual resilience. This includes examining how iTaukei social hierarchies shape gender norms and youth participation, and therefore young
women’s SRH knowledge and high-risk behaviours. The SRH attitudes of friends and family and their impact on young iTaukei women’s own understanding of sexual risk are discussed. Young iTaukei women’s sexual relationships (romantic and casual) and their sexual partner’s attitudes and beliefs regarding SRH are explored. In particular, the influence of male sexual partners on young women’s understanding of sexual risk, their capacity to negotiate the timing of sex and condom use, and their ability to refuse sex are considered. Many of the key characteristics in the relational level are shaped by wider community and societal levels and strongly influence young iTaukei women’s sexual behaviours.

The community level of the FEMSR is applied to theorise the roles of established norms and values, social structures and network ties in shaping young iTaukei women’s sexual risk and sexual resilience. This includes an analysis of how the USP culture and urban youth sexual culture contribute to young women’s sexual risk through normalising premarital sexual activity and excessive alcohol consumption. The ways in which the campus environment itself facilitates sexual activity and high-risk behaviours are also explored. The power of community surveillance of young iTaukei women’s sexuality on shaping sexual risk is discussed. The influence of religious organisations on young women’s SRH knowledge, attitudes and understandings of sexuality and sexual risk is also examined. An exploration of wider kin group influences, including community norms and beliefs about ideal feminine behaviours, is also undertaken to identify their impact on young iTaukei women’s sexual risk. As with the relational level, the community level is strongly shaped by societal level influences, and in turn, it shapes relational and individual levels.

The institutional level of the FEMSR is deployed to critique local, national and international SRH programs and services, and to theorise how gaps in service delivery increase young iTaukei women’s sexual risk. This includes examining the availability and access of SRH services in Suva. Young people’s perceptions of health care workers, including their judgemental attitudes and the barriers to young iTaukei women utilising these services, are also discussed. In addition, USP policies and interventions, including peer education and abstinence models, are reviewed for their effectiveness in increasing
sexual resilience among the student population. The institutional level is shaped by the societal and community level, and is influential at the relational and individual levels.

The **societal level** of the FEMSR is employed to examine the impact of wider cultural contexts, political and economic conditions and national policies on SRH on young women’s sexual risk and sexual resilience. This includes exploring how traditional cultural norms shape community, relational and individual understandings of sexuality and HIV/STI risk. Such cultural norms include taboos and silence around SRH issues and sexual shame. Gender norms and gender power relations’ impact on community ideals concerning female and male sexuality, male authority in sexual relationships, and the normalisation of sexual and gender-based violence against women are considered. The influence of changing gender roles on women’s sexuality, including higher educational attainment, delayed marriage and longer periods of courtship, is also discussed. The impact of globalised cultural influences and conservative religious ideologies on shaping community, relational and individual understandings of sexual risk is examined. In addition, the impact of HIV/STIs and substance use policies and laws on the institutional response to sexual risk, and individual and relational risk behaviours, are scrutinised. The societal level is overarching and influences institutional, community, relational and individual levels.

**CONCLUSION**

In contemporary urban Suva, young iTaukei women have dynamic and changing sexual subjectivities. Young women’s sexual risk and sexual resilience are complex, and they are shaped by a variety of contexts, locations and relationships. Depending on the situation young women find themselves in, sexual health concerns take low priority in hierarchies of risk and thus their actions to avoid risks take on many different forms, not all of which reduce HIV/STI risk. The ways in which sexual risks are discussed and theorised in the thesis move beyond an examination of individual risk behaviours. I develop a new way of thinking about young iTaukei women’s sexual risk and sexual resilience by considering the complexities of young women’s sexual subjectivities and the different contexts in which they negotiate their sexual relationships. I utilise the
concepts of youth sexual cultures, sexual geographies and sexual violence to illustrate how risks are shaped and negotiated.

Over the last two decades, there has been increasing recognition of the role cultural and structural factors play in shaping sexual risks globally. Although there are a range of models currently used to predict and theorise HIV/STI risk and inform policy and interventions, most focus on individual levels of influence. Despite their popularity, these models/theories are problematic because they propose individual rationality and ignore the impact of context and structure on behaviours. Ecological models move beyond the individual-level to acknowledge the interrelated relationship between an individual and their environment through an exploration of multiple-levels on the influence of risk behaviours. Although their focus on the social, cultural, environmental and policy influences of sexual risk makes them ideal for use in a variety of cultural contexts and settings, such models are often poorly utilised (including in research concerning university students) because they are context specific, time consuming and expensive.

An ecological model has proven to be the best fit for theorising sexual risk in Fiji, in a context where adequate time investment was viable. In an attempt to address some of the shortcomings of contemporary ecological models, the thesis proposes an adaptation of the ecological model to the specific context of sexual risk among young iTaukei women. The FEMS allows for an examination of the multiple and interrelated factors that shape individual and collective practices and consequently sexual risk. The FEMS modifies existing ecological models by shifting the individual from the centre and anchoring it together with the relational and community levels. The FEMS is deployed throughout the thesis and revisited in detail in Chapter 7, which provides a comprehensive overview of sexual risk and sexual resilience among young iTaukei women and discusses how this understanding of risk can inform policy and programs.

The thesis now turns its attention to premarital sexual activity and risk among urban iTaukei women, beginning in Chapter 3 with an exploration of sexual risk and sexual resilience in the context of casual sexual encounters. Specifically, it examines youth sexual geographies and urban youth cultures in Suva, describing how and when young
people engage in casual sex, as well as discussing the factors at individual, relational, community and societal levels that increase their sexual risk during casual sexual encounters.
Chapter 3  Saturday night in Suva: Youth cultures, sexual geographies and risk in the context of casual sexual encounters among young urban iTaukei

It’s another Saturday night in Suva. It’s mid-semester break and Lucy, Joana and Emily are visiting their friends Marie and Elenoa who live in the USP student residence halls. The girls are busy getting ready to attend a house party organised by a second year USP student. Elenoa turns on the radio and ‘Fireworks’ by R. Kelly is playing, Lucy urges her to turn it up. ‘I love this song!’ she declares enthusiastically. Marie pours some Bounty rum and cola and the girls take turns drinking from the glass. Lucy downs her glass in one go and passes it back to Marie who pours another and offers it to Joana.

‘Sega vinaka [no thanks],’ Joana says, declining the drink. Joana is still traumatised after her sexual assault last semester and doesn’t want to get drunk and risk the possibility of a similar experience. Emily, the only girl out of the group who knows about Joana’s rape, takes her aside and comforts her, assuring her it’s okay not to drink. The rest of the group continue drinking taki, careful not to make too much noise, knowing if they are caught drinking in the dorms they could be reported by the residential advisor and face disciplinary action. Despite the danger, the girls enjoy drinking together and drinking in the halls means they don’t have to worry about being seen by someone who might tell their parents.

The girls begin to make their way through the campus grounds to the Laucala Bay Road bus stop and head to the house party. By the time they arrive it’s full of students sitting around listening to music and drinking alcohol and yaqona. The group spend the next few hours enjoying the party, drinking and socialising. Later Emily’s boyfriend Jason arrives with some friends. Emily notices that Jason is drunk and worries how he might behave at the party. ‘How much have you had to drink?’ Emily inquires.

‘Why does it matter?’ Jason responds defensively. Emily goes off to find some food, thinking that may help Jason sober up a little. When she returns she finds Jason chatting with a group of girls. This angers Emily, who hates it when Jason flirts with other women.

She interjects, ‘Let’s go dance’… and Jason agrees.
Later in the evening, a young man approaches Marie, introducing himself as Kaine. ‘Aren’t you in my geography class?’ he asks.

‘I think so,’ Marie responds vaguely. Feeling very drunk and unsteady on her feet Marie sits down on a nearby couch and Kaine joins her. They sit and chat for a while, and then Kaine puts his arm around Marie, suggesting they take a walk outside. Seeing that Marie is affected by alcohol Joana interrupts, worried that Kaine may take advantage of her. Joana grabs Marie’s hand and leads her outside for some fresh air. Outside Joana realises how intoxicated Marie is and decides it’s best to take her home. Despite Marie’s protests Joana hails a cab and takes her back to the halls.

As the party comes to an end, Lucy and Elenoa decide to meet up with some friends at a park next to the seawall. Meanwhile Jason and Emily decide to go with Jason’s friends to Hunter’s nightclub. Lucy and Elenoa say goodbye to Emily and head for the park. On arrival they spot a small group of USP students close to the water’s edge, drinking and chatting. They join the group and Elenoa finds herself sitting next to a young iTaukei man who introduces himself as Timoci. ‘Would you like some of my drink?’ Timoci asks.

‘Vinaka [Thanks],’ Elenoa responds as she takes the drink. Elenoa is instantly attracted to Timoci and they continue chatting for the next hour, subtly flirting with each other. Timoci puts his arm around Elenoa and they start kissing. Elenoa pulls away, embarrassed about kissing in front of the group.

‘Shall we take a walk?’ Timoci whispers into Elenoa’s ear. Elenoa nods in agreement and they quietly leave the group. They walk for a while until they are out of sight from the main group and find a deserted spot. They sit down and start kissing. Elenoa is feeling drunk but is sure she wants to have sex with Timoci. They do so quickly, not wanting to be seen by anyone walking past. Intoxicated, neither Elenoa nor Timoci broach the topic of condoms and they have unprotected sex. Later they rejoin the group, and Lucy and Elenoa head back to Elenoa’s house.

The next morning Lucy and Elenoa wake early to help Elenoa’s mother prepare breakfast and get her siblings ready for church. ‘How did your studying go last night?’ Elenoa’s mum enquires, thinking the girls had spent the night in the USP library preparing for an upcoming exam.
‘Very well’ Elenoa responds. The girls quickly leave the room to avoid further questions; neither of them want to be forced to invent further lies to prevent disclosure of their activities. They focus on preparations for church, where they will no doubt be reminded of the sins of impure thoughts, premarital sex and drinking.

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Considering how the urban youth sexual culture and wider youth cultures among iTaukei are produced and refashioned within various social spaces in Suva is central to understanding the sexual risks faced by young iTaukei women. The above narrative follows the experiences of Lucy, Emily and Joana and their friends on a night out in Suva and is a mixture of experiences young iTaukei women recounted to me during in-depth interviews. Building on the narrative presented in the introduction of the thesis, it illustrates young iTaukei women’s experiences of negotiating alcohol consumption, casual sexual encounters and restricted mobility. It provides further context for how local sexual geographies and the urban youth sexual culture shape young iTaukei women’s sexual risk in Suva.

This chapter explores sexual risk and sexual resilience among young urban iTaukei in the context of casual sexual encounters. The concepts of sexual geographies and youth sexual cultures feature in my discussion as I explore how factors at individual, relational, community and societal levels of the FEMSR shape young iTaukei women’s sexual risk (and at times sexual resilience) during casual sex. The primary data featured in this chapter is derived from qualitative methods, such as FGDs with young iTaukei and in-depth interviews with young iTaukei women. This is supplemented with survey data collected from the wider USP student population and participant observation on campus at USP, nightclubs in Suva City and other popular locations frequented by young iTaukei. A social mapping exercise with USP peer educators on youth sexuality and HIV, which provided data on social spaces and sexual risk at USP and in Suva, also features in my discussion.

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49 In this chapter, casual sexual encounters refer to sex outside the context of romantic (steady) relationships.
In discussing sexual risk and sexual resilience, I firstly examine the urban youth sexual culture in Suva, discussing its public/private duality, which results in young iTaukei women performing sexual respectability in public and engaging in transgressive behaviours in private. I then explore wider youth cultures in Suva, such as the value of shared social experience in the context of binge drinking. Next, I discuss the social organisation of space in Suva, illustrating how the social and sexual behaviours of young iTaukei vary across different sites, as well as how space itself ‘is an essential element of the social organization of sexuality’ (Hirsch 2009, p. 53) and consequently sexual risk. I conclude by discussing the contexts in which young iTaukei seek out casual sex, as well as factors that may increase their sexual risk or sexual resilience during these casual sexual encounters.

CONTEMPORARY URBAN YOUTH CULTURES IN FIJI

Youth sexual culture: Secrecy, reputation and risk

The dominant youth sexual culture among young iTaukei in Suva is largely defined by the tension and interaction between modern and traditional value systems and norms. This includes religious ideologies, cultural taboos, globalised cultural influences and dominant gender ideals. Karen’s comment during an FGD with female university students emphasised the apparent opposition between social change and tradition felt by young iTaukei women as they negotiate their social and sexual lives:

There is pressure from the modern side and the traditional side eh? The modern side is like...a lot of people are having fun and you want to have fun too but then you have the traditional thing to uphold.

As we see, Karen highlights the tension young iTaukei women face between familial and community pressure to uphold idealised notions of femininity and purity and the desire to be part of the accepted USP culture that includes dating, consuming alcohol, attending nightclubs and engaging in premarital sex. The strain between individual desires and collective interests plays out differently in different spatial locations in Suva. Young iTaukei women will enact different types of self to balance the tension between individual desires and relational expectations. Young women’s experiences within these differing social contexts lead to a dual youth sexual culture, where many will hide their sexual
activity from family and peers to protect sexual morality, whilst also acting on sexual
desires in private. Mikaele provided context for this dual sexual culture during a FGD
attended by USP peer educators:

As young Fijians we have a lot of internal conflict. We are very sexual and
we have a lot of sex but publicly we don’t. In public we are ‘good’ we make
sure people don’t know what we do.

Mikaele’s observation references the way in which young iTaukei negotiate their public
and private lives. By ensuring that their public image is represented as ‘good’, they
manage to uphold the socially-sanctioned notion of an ‘ideal’ Fijian youth. That is,
someone who is respectful, restrained, humble, devout and, for young iTaukei women,
also ‘pure’ and innocent. Being seen to act in ways that meet familial and wider
community expectations in turn enables young iTaukei women to engage in premarital
sex without publicly damaging their or their family’s morality. Therefore, the youth
sexual culture among iTaukei in Suva is characterised by secrecy, regulated through
gossip and favours the appearance of sexual propriety over actual behaviour.50

For many young iTaukei women, sexual respectability is considered something worthy
of investment and is important in their hierarchies of risk. Young women are careful to
monitor their own sexuality and sexual comportment in line with what constitutes the
‘ideal’ Fijian woman.51 This is often achieved through avoiding certain social spaces
altogether, such as nightclubs, or by ensuring they are not seen in these spaces behaving
‘inappropriately’ by family members. The true skill in ensuring and maintaining a
faultless sexual image while also having the room to seek out sexual desires in private is,
as Hirsch (2009, p. 68) suggests, an individual’s capacity to contain ‘practices that deviate
from the ideal to spaces in which those practices will not count against...[them] in the
public calculus of sexual morality’. In other words, if young iTaukei women like Lucy,

50 Pacific scholars have noted a similar youth sexual culture characterised by gossip, secrecy and the
appearance of sexual respectability over practice in other Pacific Island countries, including Vanuatu,
Solomon Islands, Papua and Papua New Guinea (Buchanan-Aruwafu & Maebiru 2008; Buchanan-
51 Studies in the Cook Islands (Alexeyeff 2009), Solomon Islands (Buchanan-Aruwafu & Maebiru 2008)
and Indonesia (Bennett 2005a) also report that young women will adopt strategies to maintain a respectable
public image so they can engage in premarital sex in private without damaging their own or their family’s
public image.
Emily and Elenoa contain expressions of sexuality and sexual desire to discreet locations such as USP campus, house parties, parks, nightclubs, motels and the seawall, they stand a good chance of being able to uphold their public image of purity. Young women are thus able to show respect for traditional norms and gender ideals while at the same time subverting them. In reality this is often a difficult task; with social life in Suva centring on a relatively small number of sites, it is hard for young iTaukei women to avoid the public gaze and judgement of their peers, relatives and the wider community. The public scrutiny afforded to young iTaukei women shows that individual desires are not separate but rather located within wider relational and community dynamics (Alexeyeff 2009; Kaitani 2003).

**Youth drinking culture: Risk and the sociocultural, gendered context of alcohol use**

Arriving in Suva to start my fieldwork, I was unprepared for how popular alcohol consumption was among USP students and the broader Fiji population. With over 20 nightclubs in the proximity of Suva’s main business precinct alone, excessive alcohol consumption and nightclub attendance is a popular pastime among Fijians of all generations in Suva (particularly young men) (Adinkrah 1995; Fiji Ministry of Health 2008; Jones 2009; Plange 1998; Seru-Puamau et al. 2011). During an in-depth interview, Vula (22, university student) emphasised the popularity of alcohol among USP students: ‘My friends they could drink Mondays to Mondays, and most of them…come to class drunk!’ Alcohol consumption is deeply embedded in USP culture.

Throughout my 15 months of fieldwork, I regularly attended nightclubs where I often witnessed heavily intoxicated men (and women) escorted outside by bouncers. If they were lucky, their friends looked out for them. If they were not so lucky, they were left outside the establishment on the curb to sober up. The lack of care shown to intoxicated patrons in nightclubs in Suva has obvious ramifications, as Joana’s narrative featured in the introduction and this chapter highlights. Severe intoxication for young women heightens the risk of sexual violence, which is a significant issue in Fiji (Fiji Women's

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52 These 20 nightclubs cater for a population of approximately 85,691 people (Fiji Islands Bureau of Statistics 2008a).
In addition to the risk of sexual violence, excessive alcohol consumption has also been linked to the transmission of HIV/STIs in Fiji (Labbé 2011). Responsible service of alcohol is all but non-existent in Suva; even the more expensive ‘expat bars’, which claim to follow responsible service of alcohol laws, still only stop service when patrons are heavily intoxicated.

One of the factors that make alcohol consumption among young iTaukei so risky is the way in which it is consumed. Modelled on the format used for yaqona (kava) sessions, where one coconut shell is repeatedly dipped into the tanoa (kava bowl) and distributed sequentially, alcohol is most often served through taki. When young iTaukei go clubbing, one person in the group is charged with purchasing a round, most often a jug of mixed spirits or beer, and serving others with a small glass one by one. Just as it is the custom to consume the entire coconut shell of kava in one gulp, so too it is customary to

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53 Sexual violence has been found to increase young women’s risk to poor SRH outcomes, including HIV/STIs and unintended pregnancy, as well as other health outcomes such as mental health disorders and substance misuse (Chandra-Mouli et al. 2015; UNAIDS 2014a; WHO 2010).

54 Taki literally translates to ‘to dip (a container) into liquid’. It is a familiar idiom in kava sessions where taki! refers to serving a round of yaqona (Gatty 2009).
consume the glass of alcohol in one mouthful, after which the glass is returned to the server, who repeats the task until he/she has the final drink of the round. As each round begins, a new server will purchase and distribute the alcohol and so on (see also Jones 2009).

Consuming alcohol in this way is central to the Pacific notion of collective and shared social experiences. In this respect, alcohol consumption is a social act where the focus is on the collective activity (Jones 2009), and groups of friends stay connected during a night out through the ritual of taki. The solidarity embedded in this style of drinking makes it difficult for individuals to cease drinking before the rest of the group. Therefore, young iTaukei often face the choice to not drink at all (and risk being socially isolated) or drink with the group to excess. Choosing to buy your own drink is rarely an option in this social setting due to the negativity associated with individualistic alcohol consumption. Consequently, in hierarchies of risk, the risk of social isolation is often prioritised over any risk that may be associated with excessive alcohol consumption.

As Joana’s and Marie’s experiences in the two Saturday night narratives show, the drinking of alcohol through taki rounds leads to rapid intoxication and limited capacity to moderate one’s alcohol consumption. So, for young iTaukei, taki is about getting to a state of intoxication, as suggested by Angela (20, university student) during an in-depth interview: ‘Oh it’s about drinking to get drunk, get intoxicated!’ This style of alcohol consumption also makes it harder for bar staff to regulate the sale of alcohol to intoxicated patrons.

Young iTaukei closely associate alcohol consumption with modernity, fun, popularity and casual sex (see also Jones 2009; Kaitani 2003). Alcohol consumption is also associated with increased male (as well as female) sexual desire and sexual risk (see also Jones 2009; Labbé 2011). This includes sexual coercion, as explained by Sophie in an all-female FGD with university students: ‘In Fijian we say “gunu mo rawarawa” it means

55 Similar styles of drinking have been noted in the Cook Islands (Alexeyeff 2009; Koops 2002) albeit with subtle differences.
ah you get drunk. A Fijian girl if she ah gets more [sic] drunk she can easily be lured into bed’. During an all-male FGD with university students, Roger discussed the link between alcohol consumption and casual sex among young iTaukei: ‘I’ve seen things like that [casual sex] ah normally happen around drinking parties and things like that where people are drunk and they just screw anything that moves [laughs]’. Here Roger suggests that alcohol not only lowers inhibition but also acts as a catalyst for young people’s engagement in sexual behaviours that are otherwise burdened with stigma.

For young iTaukei men, alcohol is thought to give them strength (kaukauwa) that provides the confidence they need to approach a woman they desire, as highlighted by Louise during an a FGD with female university students:

They [men] go get drunk and then they come back. They go drink, get drunk get courage and then they come spill everything [feelings] and then wake up in the morning and blame it on alcohol. But then they say ‘oh it was all true’ but then they need alcohol to be able to say all that stuff.

Alcohol use can result in young iTaukei men being in a state of mateni lialia (crazy drunk) when they are more likely to behave erratically, act on sexual urges and display aggressive behaviour (see, in particular, Jones 2009). Men often use alcohol intoxication as an excuse for transgressing sociocultural norms and engaging in antisocial behaviour (Jones 2009; Kaitani 2003; Plange 1998). I frequently saw intoxicated young iTaukei men grabbing women on the dance floor and engaging in physical fights with other men in and outside of drinking venues. The cultural interpretation of male sexual desire as heightened and unruly when men are intoxicated legitimises this violence. Local discourses regarding sexual violence in Fiji place blame squarely on young women who allow themselves to be intoxicated and/or alone with a drunk man (see also Toren 1994, 1999). This is clearly demonstrated in Joana’s narrative through the shame and guilt she expressed to me for ‘allowing’ herself to be in a situation where she was raped, despite her inability to refuse sex at the time. Joana’s experience was not unique; four of the 17 in-depth interview participants disclosed to me that they, or their friends, were sexually assaulted when intoxicated. Young iTaukei women who experience sexual violence by an intimate partner or acquaintance when intoxicated are reluctant to report it due to fear of victim blaming. The direction of blame onto women like Joana speaks to larger gender
inequalities in Fijian society and the lack of SRH education for young people regarding sexual consent, especially when one or both parties are intoxicated (see Chapter 6).

While young iTaukei women are less likely than men to get to a state of *mateni lialia* when they consume alcohol, erratic behaviour and heightened sexual desire is also common among intoxicated women. When drinking, some young women will have the confidence to act on a man’s invitation, which if sober they would ordinarily not. Others, as Lucy and Elenoa’s narratives demonstrate, use alcohol to secure the confidence they need to follow through on sexual desire and engage in casual sex. For some young iTaukei men, women’s consumption of alcohol is perceived as increasing the likelihood that women will have sex with them, as suggested by Tomas during an all-male FGD with university students: ‘Mostly when the girl like goes out for drinking anything goes. Like whatever, you want to have sex come let’s go, anywhere any place’.

While young iTaukei men may express enthusiasm for young women’s increased sexual desire when under the influence of alcohol, when it comes to their girlfriends it is a different story. Their concern is twofold; firstly, young men want their steady girlfriends to behave like ‘good’ iTaukei women, which in their eyes does not include alcohol consumption or frequenting nightclubs. Secondly, they fear that if their girlfriends do drink, they might act on sexual urges and cheat on them. Some men respond to this fear by banning their girlfriends from going out to nightclubs and drinking, as highlighted by Frank during an a FGD with male university students: ‘A few boys I’ve known at USP like sometimes they ban their girlfriends from going out drinking cause they tend to get crazy’. Some young men will use this time away from their girlfriends to seek out casual sex. Alternatively, they make sure their girlfriends only go out with them present.

Young iTaukei women and men are often quick to acknowledge the negative impact alcohol consumption can have on their social and sexual lives, including the potential for infidelity resulting from a drunken night out. During an all-male FGD with university students, Josefa explained the adverse impact alcohol use could have on fidelity and romantic relationships:
A friend of mine went out drinking with his girlfriend one night, got drunk and sort of made out with my best friend’s girlfriend, and because of it they broke up. Yeah so, alcohol is bad!

For young iTaukei women, alcohol is also seen as a catalyst for sexual jealousy. Just as Emily felt angry and jealous when she saw Jason dancing and chatting with other girls, other young women often experience sexual jealousy when their boyfriends flirt and dance with another woman while intoxicated. These feelings of jealousy are often fuelled by experiences of infidelity by their male partners.

THE GEOGRAPHY OF YOUTH SEXUALITY AND SEXUAL DESIRE IN SUVA

The gendering of space and social life

Historically, the social organisation of space was highly gendered in iTaukei culture (Ravuvu 1983; Sahlins 1962; Toren 1990; Williams [1858] 1982). In contemporary urban Fiji, the social organisation of space is no longer as tightly regulated although traditional protocols, including gendered seating arrangements, still apply in some settings, such as church and formal occasions (Kaitani 2003). The increased mobility of young people throughout Fiji, including to Suva to undertake tertiary education, means young iTaukei women and men have greater opportunities to share social spaces.

While young iTaukei are afforded greater freedom to move between social spaces than previous generations, their experience and mobility within and between these spaces continues to be highly gendered. In particular, young iTaukei women’s access to, and movement between, different spaces require constant negotiation and are anchored in gender relations. Restriction of young women’s movements are linked to sociocultural norms and beliefs that dictate appropriate female behaviour and determine which spaces young women should and should not occupy. Women’s restriction of movement can also be linked to relational and community fears that a young woman’s mobility may result in her transgressing sexually or becoming the victim/survivor of sexual violence. A consequence of these anxieties is that young iTaukei women continue to experience spatial inequity, particularly concerning social and leisure opportunities.

For young iTaukei women living in Suva, the social and leisure opportunities that are designated as safe and respectable are limited to participation in sporting clubs, attending
church youth group meetings, hanging out on campus and, for some, frequenting the movie theatre or shopping mall in town. Parents often restrict young women’s movements after dark, with the preference being for young women to be in the safety of their home once the sun goes down. Ema (20, university student) emphasised this familial concern for young women’s safety in nocturnal spaces during an in-depth interview: ‘Oh she’s [mother] always just worried...She’s just like its dark and Suva’s dangerous so just go home early’.

In reality, like Joana, Lucy and Emily, young women frequently find ways to circumnavigate expectations of restricted mobility using the pretence of staying late on campus to attend classes or studying at a friend’s house, while using this time to occupy other spaces (designated as risky for women), such as nightclubs, parks and the seawall (see also Sami 2006). In this way, young iTaukei women use participation in tertiary education as a tool to negotiate their social and sexual lives by extending their mobility. For young women living on campus, mobility is less restricted. However, official USP rules restrict opposite-sex interaction in dorm rooms and young women are still warned of the dangers of frequenting nocturnal spaces on campus and around Suva.

In contrast, from a young age male iTaukei have greater freedom to move between social spaces during the day or night. One has to only venture out after dark to see young men occupying the streets of Suva. The night-time economy is overwhelmingly androcentric. The same fear does not exist concerning the potential loss of individual and familial morality for young iTaukei men as it does for young women. Consequently, young men’s movement between social spaces is not subject to the same surveillance or scrutiny that is afforded to their sisters. This highly gendered use of nocturnal space is not unique to Fiji and has been noted in youth subcultures elsewhere (Alexeyeff 2009; Bennett 2005b; Dundon 2007; Gough & Franch 2005).

_The surveillance of young women’s movement in social spaces_

Young iTaukei women’s movement around Suva is monitored through gossip. As young iTaukei women move between different social spaces, they are subject to the surveillance of their peers and wider community. This surveillance centres on young women’s
morality, and any public departure from idealised feminine behaviours (such as overtly displaying sexual desire) renders them vulnerable to gossip.\textsuperscript{56}

I was not long into my fieldwork in Suva when I experienced this community surveillance firsthand. One Monday afternoon, Albert, a male USP peer educator, approached me on campus to tell me his cousin Joe had seen me at Paddy’s (a local nightclub) the previous Saturday night. ‘I heard you were enjoying yourself?!’ Albert said suggestively, hinting to my level of intoxication. I was surprised and a little taken aback. ‘Yes it was good,’ I said hesitantly. ‘So did you get on the poles?’ Albert enquired while laughing. ‘Sega [no]!’ I responded shocked. Albert was referring to a set of poles elevated by a narrow bar that overlooked the dance floor at Paddy’s. Many highly-intoxicated patrons dance and spin around the poles while the crowd looks on and dances below. Having spent most of my life in a big city and in a culture where privacy is highly valued, Albert’s comments brought home to me just how small Suva was. From that point on, I was acutely aware that as I moved between social spaces in Suva I was going to be subject to similar scrutiny afforded to young iTaukei women. This public gaze was reconfirmed on a regular basis when iTaukei friends would tell me they or someone they knew had seen me at one of the nightclubs in town, at a rugby game or various other locations around Suva. Even the taxi drivers began to track my movements, automatically pre-empting my intended destination.

The gendered nature of social spaces in Suva is intertwined with, and shaped by, both daytime and night-time economies. During the day, movements between social spaces, such as the streets in and around Suva City, church gatherings, markets, shopping centres and places of work, are centred on the performance of sexual morality. Young iTaukei women, in particular, are careful to uphold idealised feminine behaviours, including refraining from public displays of sexual desire and affection. Respect for kin and the desire to avoid being the subject of gossip motivate young women to moderate and regulate their behaviour through a sort of ‘self-policing system’ (Green & Singleton 2006,\textsuperscript{56}

\textsuperscript{56} Young women in other Pacific Island countries are also subject to close observation and moral scrutiny, particularly when found frequenting male gendered spaces or nocturnal spaces (see, for example, Alexeyeff 2009; Buchanan-Aruwafu & Maebiru 2008; Cummings 2008; Dundon 2007).
The exception to this rule is the USP campus at Laucala Bay. One only has to spend a short time on the grounds to notice a stark difference between the ways young people interact on campus compared to other social spaces. Young women and men can be seen walking hand-in-hand, hugging and kissing. The campus provides a sort of semi-private space that seems to offer the same protection as nightfall, where young iTaukei and students of other ethnic groups feel comfortable expressing sexuality and acting on their desires. Although in theory USP campus is a public space, young people see the space as their own, and so they feel at relative ease displaying their affection and sexuality in ways they would not dare in other daytime public spaces, or in the presence of their kin.

The danger of nocturnal spaces: Desire, immorality and risk

As the sun goes down in Suva and day changes to night, so too does the nature of social spaces. The night-time economy in Suva is often associated by people of all generations with danger and immorality. Bars and nightclubs in Suva City and parks in and around the main shopping precinct and the seawall are the dominant sites for nocturnal social activity. Laucala Bay campus is also a popular nocturnal space for young iTaukei, many of whom use the space to ‘daylight’, socialise and date. In the early hours of the morning after nightclubs close, popular social spaces include the streets in and around the clubs in town, which are buzzing with food sellers, the seawall and the TFL tower on the hill close to USP. Students can often be heard speaking about the late-night antics that take place at the TFL tower, and frequenting this location is seen as a rite of passage among many university students. Amelia (22, university student) explained the significance of socialising at the TFL tower during an in-depth interview: ‘There is this phrase where like, you know “if you haven’t been to TFL tower you’re not [yet] a USP student”’.

The nightclubs around the main shopping precinct in Suva City are a popular social space for young iTaukei and a key site for the spatial organisation of desire and sexual risk.

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57 ‘Daylighting’ is a term used by USP students to describe an all-night study session. Students will stay all night on campus to work in the computer labs. Often these study sessions’ turn into small social gatherings.

58 Typically, nightclubs close around 3am although some are known to stay open as late as 5am. A few years prior to my fieldwork there was a ban on nightclubs staying open past 12am on Sunday but this ban was lifted and nightclubs are now free to trade in the early hours of Sunday morning.
These nightclubs are associated with unruly, immoral behaviour and seen as spaces for men to socialise and places their female relatives should not frequent (Jones 2009; Kaitani 2003; Labbé 2011). Although these spaces are not exclusively male spaces, they are often seen as locations that respectable, moral women should avoid. The understanding of nightclubs as a male-dominated space is changing, and young educated women are increasingly frequenting these spaces alongside men although these women are still acutely aware that their behaviour in these spaces is open to surveillance and judgement. There does, however, continue to be many nightclubs in Suva that ‘respectable’ Fijian women would not dare enter, particularly those close to the wharf frequented by visiting sailors and local sex workers. Female iTaukei university students prefer to attend more up-market nightclubs where the expatriate community in Suva also hangout. As highlighted by Carolina (20, university student) during an in-depth interview, young women are less likely to experience harassment in the more up-market drinking establishments: ‘Ah I usually go to Paddy’s because the crowd there it’s...civilised. They, you know don’t really harass you or anything’. Groups of young people typically move from one nightclub to the next and often visit three or four throughout the night.

For many young iTaukei, nightclubs offer a more open space for the experimentation of sexual desire and, in stark contrast to day-time, the abandonment of sexual decorum. Sexuality and sexual desire, as highlighted by Lucy and George’s narrative in the introduction, is often played out on the dance floor. In contrast to more formal and regulated Fijian dance such as the meke or the taralala, dancing in nightclubs is often hypersexual, unconstrained and performed with attitude. Dancing styles in Suva nightclubs are largely influenced by African American and hip-hop styles, with young people dancing in groups of friends as well as young men and women dancing one on one.

The music played in nightclubs frequented by young iTaukei is largely Western hip-hop, pop and dance music with some older classics such as ‘The summer of 69’ (Bryan Adams)

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59 The more up-market bars typically have strict ‘shirt and shoes’ dress policy and sometime charge a cover fee. Jones (2009) argues that the dress code at such establishments is designed to keep out large groups of young working class iTaukei men who are less likely to spend money on drinks and considered more likely to harass female patrons, pickpocket and get into fights.
also featured. The music itself is also largely sexualised, with lyrics speaking of sexual desire with a sense of urgency. The integration of global popular music into Fijian culture is also evident in the music (also largely pop and dance music) played on popular radio stations across the country and suggests it is now thoroughly embedded into local experiences of Fijian modernity, as Alexeyeff (2009) has shown in the Cook Islands.

The public nature of youth sexual activity

The spaces in which young iTaukei women and men have sex in Suva are central to the geography of youth sexuality in Fiji. Historically, premarital sex in Fiji often took place at night, outside in public but deserted spaces, such as bushes and vacant land, to avoid public knowledge of sexual activity (Kaitani 2003; Toren 1999). In contemporary Suva, premarital sex continues to take place outdoors, with casual sex more likely to take place in public spaces due to the spontaneity of such encounters and the likelihood of alcohol consumption. Lucy and George’s, and Elenoa and Timoci’s trysts on the seawall highlight the often unplanned nature of sexual activity for young iTaukei (particularly if alcohol has been consumed) and how such activity is often rushed to avoid being seen.

Casual sexual activity frequently occurs in a number of outside locations, which were mapped by the USP peer educators. This includes a cassava patch located opposite nightclubs frequented by university students, various parks around USP and Suva City, the TFL tower and the seawall at Suva Point. Those who have sex at night along the seawall are commonly referred to as ‘night crawlers’. Popular locations for sexual intimacy on campus at USP included the ‘Love Bure’ and the rugby pitch. The decision to have sex in public spaces is often initiated by young iTaukei men, as highlighted by Tomas during an FGD with male university students: ‘It’s mostly the boys..eh? Like if he really wants to have sex and the girl is like “ok, let’s go somewhere” and he will be “ok, seawall”’. Those who have access to money may also opt, as Emily and Jason did, to rent a cheap motel.

Young iTaukei often gossip about their peers’ casual sexual activity taking place in outside locations, as emphasised by Lela’s (23, university student) comment during an

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60 The ‘Love Bure’ is simply a table with a thatched Fijian style roof which provides some privacy.
in-depth interview: ‘I meet a guy and he was talking about the Love Bure and he said people have sex there and some girls even got pregnant. It’s like a 5-minute download! [laughs]’. The impact of globalisation on the way young iTaukei discuss youth sexuality is evident in Lela’s comment. She references modern technology, specifically the speed of Internet downloads, to compare the swiftness with which young women can get pregnant through casual sex. Although some young iTaukei engage in sexual acts in public places, the low population density in some parts of Suva means it is in fact possible to be alone and have relative privacy despite being out in the open.

CASUAL SEXUAL ENCOUNTERS, SEXUAL RISK AND SEXUAL RESILIENCE AMONG YOUNG URBAN ITAUKEI

The geography of youth sexual desire in Suva, combined with youth cultures that normalise excessive alcohol consumption, creates an enabling environment for young people to engage in casual sex. Casual sex is increasingly common among young iTaukei in Suva today as longer periods of courtship provide the opportunity for multiple sexual partners before marriage (see also Kaitani 2003). Casual sex is often referred to by young iTaukei men (and at times young women) as ‘Fix, Fuck, and Forget’ or the ‘3Fs’, which highlights the lack of emotional attachment young people associate with causal sexual partners. The traditional practice of bulubulu, where a young couple who is known to have had premarital sex is coerced into marriage, is rarely practised in Suva today. This allows young iTaukei to seek out casual sex with less concern that such a tryst will lead to marriage. Although both young iTaukei men and women are increasingly engaging in casual sex, young men are more open about their casual sexual encounters.

Data from the STSS survey provides an estimate of the rate of casual sexual activity among the broader USP student population, where 3 per cent of women and 30 per cent of men reported their last sexual encounter was with friend/casual acquaintance/stranger. Although this figure is lower than expected, it is possible that female participants

61 ‘Fix’ is a term commonly used by young Fijians. It refers to the desire to win over a woman with the intention of sexual intercourse being the end result. See also Kaitani (2003, p. 222).
underreported their engagement in casual sex in order to conform to sexual moralities that value premarital purity and monogamy.62

Despite the obvious social danger, young iTaukei women in Suva are increasingly choosing to forgo romantic relationships for more casual styles of sex, and some are opting for both, as highlighted by Amelia (22, university student) during an in-depth interview: ‘I’ve come across two of my friends, they have a boyfriend but they have their casual sex outside the relationship. Ok there’s three [laughs]’. In contrast to women who forge sexual identities through maintaining a public/private identity, these young women choose to actively pursue casual sex (while in committed relationships or when single). Such women see this as a fun, exciting way to act on sexual desire without being in romantic relationships. They view the sociocultural ‘rules’ that typically govern iTaukei romantic relationships (male domination and female subordination) as undesirable and so prefer the ‘no-strings-attached’ style of casual sex. In contrast to customary understandings of female sexuality, the case studies and quotes in the thesis highlight just how dynamic and powerful iTaukei female sexuality can be in contemporary urban Fiji.

The strong association between male sexual prowess and masculinity in iTaukei culture sees men praised for their engagement in casual sexual activity, regardless of whether they are also in romantic relationships or single. Community affirmation of male sexuality was evident in the comment made by Joni during an all-male FGD: ‘It’s like when you have sex with a girl your status, [you have] high status compared to others who don’t’. Young men are often heard discussing and bragging about their ‘sexual conquests’ using idioms such as ‘nara vakadua’ (she got it last night) and ‘kana vinaka saraga’ (satisfied my appetite). Jones (2009, p. 52) also noted similar metaphorical language used by young iTaukei men in his study to describe sex, which often centred on male ‘consumption’ of women. This included men describing enjoyable sex as kana vinaka (tasty) or maleka

62 The large difference in rates of casual sexual activity between men and women recorded in the survey data could be explained by the sociocultural stigma assigned to young women who engage in casual sex in Fiji, which may compel women to underreport this form of sexual activity. Social desirability bias often results in young women underreporting their premarital sexual activity (Fenton et al. 2001).
Young iTaukei women are aware that young men boast about their sexual activity, as emphasised by Rosie during a FGD with female university students: ‘For them it’s like [having] trophies, they’re proud of it. It makes them macho…something to brag about for them eh?’ Those young men who ‘fail’ to secure sex on a night out face ridicule from those peers who did, as explained by Ricky during an all-male FGD with university students:

It’s more like it takes you to another level. It’s like when one of your friends is coming along lako (go), the ones you go with to the nightclubs and then everyone shakes hands and makes fun of the one who didn’t get any [sex] saying ‘gori vutulaki’ (hey wanker).

Here Ricky highlights the extent to which sexual prowess is currency in the masculine hierarchy of friendship groups in Suva. Peer pressure and the desire to secure social value within one’s peer group are often motivating factors for young iTaukei men drinking alcohol and seeking out causal sexual encounters (see also Jones 2009; Kaitani 2003; Labbé 2011).

While young iTaukei men lose status from a lack of public acknowledgement of their participation in casual sex, young women lose status if their engagement in casual sex becomes public knowledge. Therefore, young iTaukei women go to great lengths to hide their casual sexual encounters and only disclosed such activity to me after a strong relationship was established. They are particularly careful not to disclose such activity outside of their immediate friendship group through fear that it could lead to gossip, moral judgement and being labelled a ‘slut’. Young women’s engagement in casual sex is still seen as transgressive, whereas for young iTaukei men it is seen as normative. Angela (20, university student) highlighted this sexual double standard during an in-depth interview:

Angela: We are always talking…in my group of friends like why are the boys like that [promiscuous] and then the girls are treated like this [called sluts]?

Buchanan-Aruwafu, Maebiru and Aruwafu (2003) also noted the use of euphemisms and metaphors to describe desire and sex among Solomon Island youth, many of which centre on conquests, consumption and food.
Elke: You mean in terms of it being more socially acceptable for boys to have casual sex than girls?

Angela: Yes, ah especially when the girl is considered a slut and the guy is like praised. ‘Oh yes he tapped that’.

Angela’s reference to a popular phrase among her male peers ‘he tapped that’ refers to the social recognition a young iTaukei man receives for having coitus. She highlights the contrasting experience young iTaukei women and men face when there is public knowledge they have engaged in casual sex; young men are praised and young women are shamed. Although some young women are beginning to be more open about their engagement in casual sex, most avoid the social risk highlighted by Angela and adhere to the secrecy of the urban youth sexual culture in Suva.

Negotiating safe sex during casual sexual encounters

Attitudes towards condom use are mixed among young iTaukei and the Fijian population more broadly. In terms of condom use in the context of casual sex, young iTaukei women are largely positive about their use, and see them as important both in terms of pregnancy prevention and to protect themselves from HIV/STIs. The translation of these positive attitudes into the actual use of condoms is, however, sporadic. Some young iTaukei women demonstrate sexual resilience and consistently use condoms during casual sex, as shown by Amelia (22, university student) during an in-depth interview: ‘If I’m [having sex] with my casuals I use condoms. Which is more concrete for me with a solid ground where I can be sure that I’m not getting any STIs or whatever’. Although this attitude and practice is not yet common among their peer group, some young women will choose to be sexually assertive and negotiate condom use to reduce their sexual risk. Sexual resilience among these young women is clear; their growing sense of sexual entitlement has lead them to be more concerned about their sexual health, which in turn has created sexual resilience at an individual level.

Others acknowledge the benefits of condoms, but admit they rarely insist upon condom use during causal sexual encounters. This is evident in a comment Ruth (20, university student) made during an in-depth interview:
I have made a few silly choices [had unprotected sex]...with people [casual sex partners] who after I have heard about and I’m like ‘Oh god seriously?’ and they [friends] are like ‘Yeah Ruth he was with so many [women]’ and I was like ‘Oh shit’. So I am failing in the part of not using contraceptives.

Here Ruth discusses how she later found out about the sexual history of her casual sexual partners and the implications this had for her sexual risk. Most young iTaukei women opt to use the contraceptive pill or the withdrawal method over condoms during casual sex to protect against pregnancy. This aligns with young women’s hierarchies of risk, where the risk of pregnancy is seen as a fundamental risk and often prioritised over the risk of HIV/STIs. Young iTaukei men, in contrast, are largely negative about the use of condoms during casual sexual encounters, and despite knowing their value in preventing pregnancy and HIV/STI, many prefer not to use condoms with any of their sexual partners.64

There are a number of reasons why young iTaukei chose to forgo condom use in the context of their sexual relationships, casual or otherwise, many of which are discussed at length in Chapter 4. Additional barriers exist in the context of casual sexual encounters. As George and Lucy’s, and Elenoa and Timoci’s narratives highlight, the often spontaneous nature of casual sex and the fact it frequently takes place outside leaves many young people unprepared and makes condom use in this context difficult.65 In addition, condoms are not easily accessible in outside locations where sex takes place, such as parks, the TFL tower and the seawall. Availability of condoms for USP students at night, when casual sexual encounters are more likely to take place in and around the campus grounds, is also limited due to the constant vandalism of condom vending machines in the toilets near the USP forecourt.

Alcohol use acts as a further barrier to safe sex practices, as highlighted by Eta during a FGD with female university students: ‘People don’t think about safety when they’re drunk’. Alcohol use inhibits judgement and also lowers young people’s capacity to

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64 Kaitani (2003) also noted similar findings relating to both attitudes to condom use and their actual use by young iTaukei men in her study.

65 Premarital and extramarital sex taking place outside, in bushes or empty houses, to avoid being seen has also been noted in other Pacific Island countries and was found to reduce the likelihood of condom use (Buchanan-Aruwafu & Maebiru 2008; Keck 2007; Wardlow 2007, 2009).
The uneven power dynamics that are present in iTaukei social relations are compounded with alcohol, and young iTaukei women find it particularly difficult to negotiate safe sex when they are intoxicated. Even for young iTaukei who regularly practise safe sex, excessive alcohol reduces their clarity and ability to make informed decisions about condom use (see also Kaitani 2003; Labbé 2011). During an all-female FGD with university students, Rosie highlighted the impulsive nature of unprotected sex during casual sexual encounters when one or both parties are intoxicated: ‘You’re in that moment you just go to do it eh?’ Similar to Eta, Rosie highlights the reality that consideration of safe sex practices does not enter the minds of most young iTaukei when they are intoxicated.

CONCLUSION

The experiences of Joana, Lucy and Emily and their friends highlight how societal, community and relational concerns influence the urban youth sexual culture of iTaukei and in turn how these shape women’s sexual risk and sexual resilience in causal sexual relationships. Suva’s youth sexual culture is shaped by the tension and interaction between traditional beliefs and modern value systems at the societal level, community norms and youth cultures at the community level, and partner dynamics at the relational level. This includes competing pressures to uphold traditional iTaukei norms and religious beliefs while also embracing modern lifestyles such as casual sexual activity, alcohol consumption and nightclub attendance. Thus, the youth sexual culture in Suva must be negotiated within the larger cultural framework of iTaukei social life.

Central to the urban youth sexual culture among iTaukei is the value assigned to one’s sexual reputation. Emily and Jason’s decision to spend the night in a motel in the first Saturday night narrative (Introduction) meant they could intimately connect through intercourse and leave discreetly the next morning without relational or community knowledge. Emily was able to enjoy sex with Jason while also maintaining her public image of sexual morality and ensuring wider collective interests were upheld. The

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66 Alcohol use among university students in Tanzania and South Africa has also been associated with inhibited judgement and lower capacity to negotiate condom use, despite good knowledge of HIV/STI prevention in these populations (Maswanya, Brown & Merriman 2009; Shefer, Strebel & Jacobs 2012).
public/private duality that exists within the youth sexual culture in Suva maintains the invisibility and silence of premarital sex and casual sex at relational and community levels, despite that fact it frequently occurs in Suva. This dual sexual culture also means sexual activity is confined to certain social spaces and often centres on the consumption of alcohol. Although some young iTaukei women show sexual resilience and negotiate condom use during casual sex, most do not practise safe sex during these encounters.

The sociocultural value assigned to the shared social experience of excessive alcohol consumption through taki rounds makes it difficult for young iTaukei to moderate their alcohol consumption or refrain from drinking altogether. It also reduces young women’s capacity to negotiate safe sex or, as Joana’s narrative highlights, refuse unwanted sex. Joana chose to confront Wayne after the rape and told him she was thinking of going to the police. He denied raping her and claimed she willingly had intercourse with him. Feeling like it was her word against his and worried she would be blamed, Joana never reported the rape, keeping it a secret from her family. Joana’s experience highlights dominant permissive attitudes to sexual violence in Fiji, the danger of young iTaukei’s drinking behaviours, and the importance of embedding harm-reduction approaches to alcohol use (that include discussions on sexual consent) to build a more sexually-resilient society in Fiji (see Chapter 6).

The geography of youth sexuality and sexual desire in Suva is divided between those spaces in which young iTaukei women endeavour to uphold gender ideals and conservative morality and those where they are relatively free to pursue pleasure and enact desire. Young iTaukei women’s movement between different social spaces is subject to constant community surveillance and judgement, which centres on their sexuality. Young women perform certain types of sexualities in different spaces with the goals of building and maintaining different types of social relations (Hirsch 2009, p. 54). However, the very secrecy that allows them to move freely between social spaces and act on sexual desire also increases their sexual risk. Although Lucy and Elenoa both enjoyed their seawall trysts, they took place in this public space because relational attitudes shaped by community and societal norms do not permit premarital sexual activity (especially casual sex) to take place in the family home. Unprepared and without condom access at
the seawall, Lucy and George, and Elenoa and Timoci, took the risk of unprotected sex. The hurried and secret nature of casual sexual encounters among young iTaukei limits the potential for safe sex and increases the risk of HIV/STIs and sexual violence. Therefore, sexual risk in Suva varies across locations and times and is highly contextual (Green & Singleton 2006). Ensuring condoms are accessible in locations where young people have sex in Suva could help to reduce sexual risk and build sexual resilience among young iTaukei.

The next chapter broadens the lens on sexual relationships among young iTaukei women by concentrating on women’s sexual risk and sexual resilience in the context of romantic relationships. It explains how young women’s negotiation of romantic relationships places them in specific circumstances in relation to risk. Chapter 4 also discusses how factors at each level of the FEMSR shape young women’s sexual behaviours and sexual risk in romantic unions.
Chapter 4  Love, power and secrecy: Premarital sex and risk in the context of romantic relationships among young urban iTaukei

Kara’s story: Love, trust and disappointment

Kara is a young iTaukei woman in her early twenties who grew up in a small village in the north east of Viti Levu with her parents and her six younger siblings. At age 16, Kara was sent to live with her uncle in Suva to complete her final two years of high school. The transition from village life to urban Suva was initially difficult for Kara. She had grown up wearing the traditional sulu jaba (formal dress of iTaukei women) and buiniga (traditional female iTaukei hairstyle). The young women in Suva dressed differently, in shorts and t-shirts, and they wore their hair long and up like kaivalagis (foreigners). Kara had trouble fitting in socially at school and often missed her family and natal village. Despite these challenges, Kara completed her final years of high school and gained a scholarship to study science at USP.

I first met Kara when she was in the final year of her undergraduate degree. She was a quietly spoken, unassuming young woman. During an in-depth interview, Kara spoke about her past relationship with Edmond, the father of her 18-month-old baby. Kara and Edmond were tavale (cross cousins) and Kara recalled that since her early teens she had been attracted to Edmond. With her family’s expectation that she would ‘bring back the blood’ and marry within the extended kin group, it seemed like Edmond and her were meant to be. They started dating in her first year at USP, and it was not long before Kara had fallen deeply in love and was sure Edmond felt the same way.

Kara grew up listening to elders talk about the importance of abstinence before marriage and knew that any transgression on her part would bring madua (shame) on her family. At the start of high school, Kara and her friends made a promise pact that they would remain virgins until marriage. Falling in love with Edmond changed everything. At first Kara was firm with Edmond about wanting to wait, and he initially supported her decision. The couple refrained from coitus but engaged in foreplay, which included Kara performing oral sex for Edmond. After a few months, Kara recalls that Edmond started to pressure her to ‘go all the way’, assuring her that they would be married soon: ‘He said
that he will marry me, he said that we would have a house [and] he’ll get a good job’. Wanting to please Edmond and feeling the gift of her virginity would be the ultimate sign of her love, Kara agreed. The couple began having intercourse in Edmond’s dorm room between classes, which helped to avoid any suspicion from her uncle.

Kara recalls at the time she had little knowledge of contraception, believing it was only available to married women: ‘I thought that family planning was only given to ladies who had already given birth…but then I didn’t know that it could be given to us’. Growing up in the village, she was socialised to believe that women should vakarorogo (obey) their male partners, so when Edmond told her using the withdrawal method (coitus interruptus) would be safe, Kara accepted it was their best option. Three months after they started having sex, Kara fell pregnant. Confident that Edmond would propose marriage with news of the pregnancy, Kara went to his dorm room. When she arrived, Kara disturbed Edmond having sex with another female student. Shocked and distressed by what she had seen, Kara fled the scene and sought comfort from a close female friend: ‘I was heartbroken…I was traumatised by what I saw!’

When Edmond found out about the pregnancy, he urged Kara to have an abortion, but showing tremendous agency, she refused: ‘When I told him I was pregnant he was shocked and he told me to get an abortion…[but] I couldn’t even…I didn’t want to have an abortion’. Furious, Edmond denied paternity and accused her of cheating; spreading rumours of Kara’s infidelity to avoid taking responsibility for the pregnancy. It was not long before gossip about her pregnancy spread through the student population on campus. Some of Kara’s peers started to avoid her, talking about her behind her back and calling her a slut for getting pregnant.

Kara knew her parents would be angry and shamed over her pregnancy, so she avoided telling them. After a few months, Kara went to the local hospital for a check-up and confirmed she was five months pregnant. The nurse chastised Kara for getting pregnant out of wedlock. When she arrived home that night, her uncle was waiting. Angry, he told her a nurse had called requesting she return to the hospital for further tests. Kara’s uncle continued to question her over the hospital visit until she broke down and confessed she
was pregnant. Later Kara called her parents to break the news. Shocked, angry and bitterly disappointed, Kara’s parents refused to speak to her for the remainder of her pregnancy: ‘Mum was really devastated, she was so disappointed and also Dad…they didn’t want to see me, to talk to me for some time’.

Kara returned to the hospital the following week. After undertaking voluntary confidential counselling and testing (VCCT), she informed the nurse she was experiencing increased vaginal discharge and the nurse treated her presumptively for gonorrhoea. As Kara’s pregnancy became more visible, the gossiping on campus increased. With Edmond still refusing to take responsibility, Kara felt overwhelmed and stopped attending classes altogether. After failing her exams, Kara lost her scholarship and dropped out of university. Shamed over her pregnancy and still grieving over Edmond’s betrayal, Kara refused to leave the house for the final trimester of her pregnancy.

After the baby was born, Kara’s parents initiated contact and made the journey down to Suva to meet their grandchild. Twelve months later, Kara’s extended family urged her to return to university. Her aunt began look after Kara’s son during the day so she could return to USP to complete her studies.

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This chapter is about love, power and secrecy and how they combine to exacerbate young iTaukei women’s sexual risk in the context of romantic relationships. It centres on the narratives of Kara above and Lulu below to explore the intimate lives of young women and their experiences of love, desire, heartbreak, premarital sex, pregnancy and STIs. These narratives illustrate the complex interplay of factors at every level of the FEMSR that compete in shaping young iTaukei women’s sexual risk and opportunities for sexual resilience within romantic relationships.67 Throughout this chapter, I expand my

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67 Romantic partners of young iTaukei women are often male iTaukei USP students or other young iTaukei men of a similar age. Some young women also date USP exchange students from other Pacific Island countries, Australia, New Zealand and America. A few young iTaukei women also disclosed romantic relationships with older married iTaukei men.
discussion on the impact of sexual geographies and youth cultures on shaping young iTaukei women’s sexual risk and sexual resilience. The data featured in this chapter is derived from qualitative methods such as FGDs with young iTaukei and in-depth interviews with young iTaukei women. This is supplemented with survey data collected from the wider USP student population, workshops conducted with USP peer educators, and participant observation on campus at USP and other popular locations frequented by young iTaukei in Suva.

To explore sexual risk and sexual resilience, I firstly describe young iTaukei women’s experiences of negotiating romantic relationships and premarital sex in Suva. I then examine virginity and virginity loss, the secrecy of romantic relationships, the impact of premarital pregnancy and the normalisation of male infidelity. Next, I consider negotiations of safe sex practices in romantic relationships, highlighting the range of sociocultural barriers and facilitators for condom use. I conclude by discussing how a combination of factors collide to exacerbate sexual risk and highlighting the possibilities for building sexual resilience among young iTaukei women in the context of their romantic relationships.

NEGOTIATING ROMANTIC RELATIONSHIPS AND PREMARITAL SEX

Contradictory sexualities in contemporary urban Fiji

In contemporary urban Fiji, the sociocultural expectation of, and value assigned to, female purity at marriage persist (see also Kaitani 2003; Labbé 2011; Sami 2006) and are highly evident in Kara’s narrative. Like most young iTaukei women, from a young age Kara was educated on the immorality of premarital sex and importance of abstinence by her church minister, her parents and village elders. Growing up, iTaukei girls internalise these messages, as highlighted by Carolina’s (20, university student) comments during an in-depth interview:

There is more expectation for girls to remain a virgin because of the four-night ceremony after the wedding, and honestly personally that is like the

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68 Carolina is referring to the traditional iTaukei practice of confirming a bride’s virginity by inspecting the bridal bedding for blood after the couple has consummated the marriage (see Chapter 1). Although not
most terrifying thing in the back of my mind because I know from biology that not all girls bleed on their first time, but on the 4th night if there is no blood then you are not a virgin and you’ve shamed your family.

The value placed on female virginity in iTaukei culture means that young women, like Kara and Carolina, fear the impact of shame and loss of morality that may result from a sexual transgression. In Melanesian cultures, shame is provoked when an individual’s transgressions are ‘exposed to the concentrated gaze of others’ (Epstein 1984, p. 26; Eves 2003; Toren 2005). In rural Fiji, Toren (2005, p. 277) argues that madua is ‘always a function of the dynamics of a relationship’ and is felt not only by the individual but also their family and wider community.

The transference of shame from an individual to their extended family has been described by Davies (2015, p. 33) as involving ‘kinships of shame’ in her work on sexuality in Indonesia. Davies (2015) suggests that the threat of shame is so powerful it motivates people to avoid behaviours that may be associated with immoral behaviour. The notion of ‘kinships of shame’ is relevant also in a Pacific context where young women’s behaviour directly impacts the way their family is publicly represented (Alexeyeff 2009; McMillan 2008, 2011), and shame regulates social relations and instigates adherence to appropriate public performance (Butt & Munro 2007; Epstein 1984). During an all-female FGD with university students, Jane explained the interplay between female behaviour, family morality and collective shame in the following way:

Sometimes, in a traditional sense you’re told that what you do is affecting, it’s a reflection of your parents or the family that you’re raised in eh? So it’s not just about you, it it’s about everybody else too.

In contrast, there is little sociocultural expectation assigned to male purity in iTaukei culture. Indeed, urban iTaukei men often face significant peer pressure to engage in sex prior to marriage, with ideal masculinity linked to male sexual prowess. During an in-

widely practised in urban Suva today some families still adhere to this traditional regulation of female sexuality.
depth interview, Lela (23, university student) discussed the different constructions of female and male sexuality in contemporary Fiji:

I think actually there is still a view that...the woman has to be a virgin before marriage. Men not so much it’s like men you have to have sex or it’s like you have to have several experiences with another woman before you actually marry a virgin.

Here Lela highlights the dominant sociocultural ideal that young iTaukei men should be sexually experienced by the time they marry, an expectation that is shared by both men and women. The contradiction between ideal femininity (purity) and masculinity (sexual prowess) discussed by Lela is apparent in Kara’s narrative. Kara faced public surveillance and scrutiny in the form of gossip, stigma and a damaged reputation for having premarital sex and falling pregnant. In contrast, Edmond faced no loss of social currency or shame for having premarital sex (with multiple sexual partners) or conceiving a child out of wedlock, and almost certainly gained prestige among his peer group. The perception that male sexuality is more ‘powerful’ than female sexuality and that men have little control over their sexual urges is widespread in iTaukei culture and was evident in the comment Marie (22, university student) made during an in-depth interview: ‘In Fiji...girls they shouldn’t have sex before marriage and the guys they can just do whatever they want…They think we should have more control…and men they don’t have control when it comes to that’. Ana (24, university student) further reinforced prevailing sexual double standards during an in-depth interview when she claimed:

I don’t think men will be expected only from the women...ah because there is wide knowledge that ah...no man is a virgin! [Laughs] Ah because men ah they have their sexual desires much more, I don’t know how to say it [pause] but their sexual appetite maybe...stronger than women.

Ana’s remark refers to dominant sexual scripts in iTaukei culture that dictate how young people should act within the context of their sexual relationships. As Ana suggests, this includes female sexual passivity and purity and male sexual dominance and prowess. Thus, female and male sexual scripts are set in opposition to one another; men should seek out sex and women should resist it. This, in turn, contributes to an innately conflicted script within the context of young iTaukei’s sexual relationships, where male dominance of sexual activity often wins over mutual sexual decision-making. In order to increase
sexual resilience among young iTaukei women, there needs to be a shift towards more equality in sexual decision-making within sexual and romantic relationships. In addition, acknowledgement of the mutuality of female and male desire is vital so that women do not have to perform as less desiring.

As young iTaukei women are becoming increasingly educated and delaying marriage, they begin to question sociocultural ideals concerning female sexuality and dominant sexual scripts. During an in-depth interview, Elenoa (19, university student) expressed her opinion on sexual double standards in iTaukei culture: ‘They are always emphasising it on girls but…what about the guys? A lot of the guys they are not even virgins before they get married to a virgin girl, so it’s unfair!’ Elenoa points specifically to the hypocrisy of a sexually-experienced man marrying a virgin. Some young iTaukei women in Suva consider sociocultural views on premarital abstinence as outdated and impractical in a modern urban context where young people do not marry until their late 20s and early 30s. As these views change, so too does the moral landscape of female sexuality in urban Fiji.

*Premarital sexual activity: Meanings and experiences of foreplay, oral sex and virginity loss*

Kara’s narrative highlights the range of sexual activities young iTaukei women experience within their romantic relationships. Initially Kara chose to abstain from coitus but enjoy a sexual relationship with Edmond that included oral sex she performed on him and foreplay. For Kara this was seen a way of maintaining her virginity while also allowing her to act on her sexual desire and intimately connect with Edmond through non-penetrative forms of sexual activity. Choosing to refrain from penetrative sex (at least in the short-term) is one way young iTaukei women enact a form of sexual resilience that preserves their sexual reputation and protects them from HIV/STIs and unplanned pregnancy. During an in-depth interview, Lela (23, university student) highlighted the way engaging in oral sex and foreplay can enable young women to maintain their sense of sexual morality:

> It’s [oral sex] a way to express our feelings that are like really brewing inside of us and you know to show how much we love each other…but without like
damaging you know my reputation, his reputation. OK but he doesn’t need to have a reputation because he’s a guy! [laughs]

In her comment, Lela emphasises the importance of her sexual reputation and the freedom that non-penetrative forms of sexual activity provide her to act on sexual desire while also ensuring her ‘purity’ until marriage. Many young iTaukei women also disclosed to me they used foreplay and oral sex to subdue the pressure they experienced from boyfriends to have coitus.

For most young iTaukei women, the decision to lose their virginity and the factors that motivate this decision are complex. In addition to verbal pressure and manipulation from male partners, being in love and the confidence that marriage is imminent minimise young women’s anxieties concerning the risks associated with coitus. Like Kara, young women often speak of how falling in love changed their perception of premarital sex. Coitus can be perceived as an act that will enhance a relationship, with virginity a gift that demonstrates a young woman’s love and commitment, as highlighted by Angela (20, university student) during an in-depth interview: ‘When you have sex it’s like having faith in your partner since you are giving your body to your partner…you have faith in your partner that he’s the one for you’. Thus, the landscape of female sexuality in Suva is not static; rather, it shifts depending on the type of relationships young iTaukei women are engaged in. For those young women who are in romantic relationships, loss of virginity is (at least on an individual level) an acceptable choice if love is present and marriage is expected to be forthcoming.

However, some young iTaukei women also internalise feelings of guilt and shame after they begin having coitus due to what they perceive as an individual moral failing.69 During an in-depth interview, Ema (20, university student) discussed the feelings of shame and regret she experienced after having sex with her boyfriend:

Umm to be honest [laughs] like sometimes straight after that [sex] I regret it because like I’m not really religious but then I read my Bible, I pray. But then only at certain times do I have sex and don’t feel bad about it.... I think about

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69 Hewat (2008) noted similar internalised feelings of guilt associated with premarital sex among young women in Papua despite such sexual activity being kept secret from family and the wider community.
it all the time...think about it being wrong. But when I’m there in the situation even if I’m thinking about it I just ignore it. I just have sex.

In her comment, Ema links premarital sex with immorality and religious shame. She also specifically associates the pleasure she experiences from having sex in the context of her romantic relationship with sin. The feelings of sexual guilt she and other young iTaukei women experience largely stem from deeply internalised Christian beliefs and the wider sociocultural value system of iTaukei culture. Thus, for young women shame can be felt internally even if sexual transgressions have not been publicly exposed. As Epstein (1984) rightly argues, shame can also be triggered by the knowledge that one’s shortcomings may soon be uncovered.

**Prevalence of premarital sexual activity**

Many young iTaukei in Suva today are regularly having premarital coitus. However, as Ruth (20, university student) highlighted during an in-depth interview, the taboo assigned to premarital sex means that young people must be careful not to discuss such activity outside their close friendship group:

Most USP students think it’s a *tabu*, you can’t have that [sex]. But the truth is they’re all doing it…I think they’ve accepted it, accepted the fact that even if it’s wrong people do it so it’s part of life... [but] it’s like unspoken. You can’t say...out loud that having sex before marriage is OK but you can do it.

Here Ruth highlights the dual nature of the dominant youth sexual culture in Suva, where young iTaukei engage in a range of premarital sexual activities in private and publicly adhere to a sociocultural and religious narrative that rejects premarital coitus.

Data from the STSS survey provides an estimate of the rate of sexual activity among the broader USP student population, where 40 per cent of women and 78 per cent of men surveyed reported ever having had sex.70 This figure is higher than other surveys conducted with tertiary students in Fiji, including the 2008 Second Generation

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70 The large difference in rates of sexual activity between men and women recorded in the survey data could be explained by the sociocultural stigma assigned to young women who engage in premarital sex in Fiji, which may compel women to underreport sexual activity. Social desirability bias often results in young women underreporting their premarital sexual activity (Fenton et al. 2001).
Surveillance (SGS) survey, which showed 25 per cent of female and 63 per cent of male tertiary students aged 15–24 years reported ever having sex (Fiji Ministry of Health 2008). When the STSS survey data is broken down into type of partner at last sexual encounter, it becomes clear that coitus often takes place within the context of romantic relationships. Ninety-seven per cent of women and 63 per cent of men reported their last sexual encounter was with their boyfriend/girlfriend/husband/wife. This finding firmly establishes the importance of considering the dynamics of established relationships as a key context for sexual risk among young people in Suva.

The age of first sex for young iTaukei is often delayed until the later years of high school and early years of university. This is particularly the case for young women and can be linked to their desire to delay coitus until they are in a loving, committed relationship. Data from the STSS survey provides a picture of the age of sexual debut among the broader USP student population, with the mean age at first sex 21 years for women and 17 years for men. The mean age at sexual debut was similar to tertiary students in the 2008 SGS (19.2 years for women and 17.3 years for men).

**Dodomo lo: Clandestine relationships and secret love**

As discussed in Chapter 3, the youth sexual culture among iTaukei in Suva is characterised by secrecy. The duality of this sexual culture extends to romantic relationships where young iTaukei women hide boyfriends from their family and peers. During a FGD with female university students, Lulu described how social constructions of female sexuality make disclosing romantic relationships and sexual activity difficult, and therefore why young women opt to keep these relationships secret:

> The thing about my parents is that they think the daughters haven’t been through such things [sex], they think we’re still innocent [laughs]. I don’t know how to explain to him [father], oh my gosh I’ve been through that but I just can’t.

71 Higher recorded rate of sexual activity in the STSS survey could be explained by the fact that USP peer educators distributed surveys, thus reducing stigma associated with participating in the study. In addition, respondents were provided with a sealable envelope to place completed surveys and a drop off point to hand them in, which ensured participants’ anonymity.
Dodomo lo (secret or undisclosed love) is seen by young iTaukei women as an ideal way to enjoy romantic relationships while ensuring (at least in a public sense) they are respecting parental authority, including their expectation of abstinence before marriage. It is not uncommon for close female friends and sometimes siblings to know about a young woman’s clandestine relationship. They often act as a go-between or provide an alibi so the couple can spend time together without parental knowledge.72

These hidden relationships allow women to pursue their desires for emotional intimacy and sexual pleasure while simultaneously ensuring these relationships are kept secret from parents and the wider community. The nature of clandestine romantic relationships allows young women to uphold both their own and collective interests, and thus avoid the individual and familial shame associated with premarital sexual relationships (Bennett 2005a). However, young iTaukei women’s sexuality continues to be constrained by sociocultural norms and their participation in secret relationships ‘is a highly circumscribed expression of autonomy’ (Butt 2007, p. 128). Clandestine romantic relationships also limit young women’s capacity to seek out SRH information and services, which in turn contributes to their sexual risk.73

The secrecy of romantic relationships limits the locations in which sexual activity can take place. Couples often make use of friends’ dorm rooms and relatives’ homes, or have sex in the family home during the day when their parents are at work. The nature of these sexual encounters is often rushed to avoid being caught, which makes negotiating safe sex difficult. When these locations are unavailable, young iTaukei will opt for having sex outside in parks, at the USP campus or along the seawall. The implications of risk associated with sexual activity taking place in outside public locations were explored in depth in Chapter 3.

72 Clandestine relationships and ‘secret sex’ among unmarried young people has also been noted in other Pacific Island country contexts (Buchanan-Aruwafu & Maebiru 2008; Buchanan-Aruwafu, Maebiru & Aruwafu 2003; Butt 2007; Butt & Munro 2007; Hemer 2015; Hewat 2008; Keck 2007; Lepani 2008a; McMillan 2011; McMillan & Worth 2011).

73 The impact of clandestine relationships on reducing young women’s access to SRH information and condoms, and capacity to negotiate safe sex has also been noted in the Solomon Islands and Papua (Buchanan-Aruwafu 2007; Buchanan-Aruwafu & Maebiru 2008; Hewat 2008).
The impact of premarital pregnancy

Kara’s life story draws attention to the individual and gendered consequences of premarital pregnancy in urban Fiji. Historically, young iTaukei women experienced individual and relational shame and loss of social status for premarital pregnancy (Becker, AE 1995; Toren 1990). In contemporary Suva, as Kara’s narrative highlights, young women still experience gossip, sexual stigma and shame for premarital pregnancy albeit to a lesser extent than previous generations. The blame for this transgression is directed away from young men towards young women and their kin, as emphasised by Pippa (20, university student) during an in-depth interview:

It’s [considered] a disgrace to society, to the family. Especially when they [parents] have high expectations for their daughter and something like that happens [premarital pregnancy] and it’s just like ‘Oh my goodness what will people think of us?’ I think it’s got to do with you know if they are trying to get their daughter to marry in the future you know the other party [groom’s family] will look at them in a different way.

Pippa’s comment highlights the collective shame of female sexual transgression and the impact it can have on family morality, as well as relational interests in future bride wealth transactions. Young iTaukei women like Kara experience the full impact of community disapproval of premarital pregnancy because this sexual transgression is publicly visible as a pregnancy progresses. Edmond’s refusal to take responsibility for the pregnancy further shamed Kara and damaged her sexual reputation. However, in urban Suva today, if a young couple conceive a child out of wedlock they are rarely forced to take part in a bulabulu (ceremony of forgiveness) and marry. Although some, like Kara, end up raising a child without the support of the father, other young iTaukei women disclosed turning down marriage proposals from romantic partners, opting instead to raise the baby alone with the support of their extended family. This was often the case when romantic partners had cheated and young women felt they could no longer trust them. These women, sometimes with the support of their families, demonstrated extraordinary sexual agency and resilience in very challenging situations.

The social implications of Kara’s pregnancy included the temporary withdrawal of tertiary education and family support. This highlights how premarital pregnancy for
young iTaukei women can have wide and long lasting implications, which include social isolation, loss of educational attainment and even homelessness. However, the value of children in iTaukei culture means that premarital pregnancy among young iTaukei women in Suva rarely results in a complete loss of social prospects, with many young women like Kara reconciling with their family and returning to university once their baby is born. The importance of children to ideal notions of womanhood was confirmed to me on a regular basis; when discovering I was childless at 31 years of age, young iTaukei women were both shocked and sympathetic to what they saw as my great misfortune. The role families can play in building and supporting sexual resilience among young iTaukei women when premarital pregnancy occurs should be considered a crucial component in future SRH policies and programs that seek to build sexual resilience among youth in Fiji.

‘Boys will be boys’: Male infidelity and risk

It is often through a romantic partner’s infidelities that a woman is at greatest risk of exposure to HIV (Hirsch et al. 2009a; UNAIDS 2009a). Research conducted in Melanesian countries, including Fiji and Papua New Guinea, has demonstrated the vulnerability of married women and those in long-term relationships to HIV infection (Hammar 2010; Kelly-Hanku, Aggleton & Shih 2014; Labbé 2011; Lepani 2012; Wardlow 2007). These studies have also highlighted the normalisation of male infidelity in the context of romantic relationships.

Historically, male infidelity was largely socially sanctioned in iTaukei culture (Lukere 1997; Toren 1990, 1999). In contemporary urban Fiji, a ‘boys will be boys’ attitude towards male infidelity continues, and young men largely escape public reprimand for having sex outside of their romantic relationship (see also Kaitani 2003; Labbé 2011). However, in private young iTaukei women do reject male infidelity and frequently choose to leave their partners when it occurs in the context of their romantic relationships. These

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74 Young women being advised to leave school or university during their pregnancy has also been reported in Papua New Guinea (Vallely et al. 2013).

75 Although this is the case in Suva, it should be noted that in a rural context, where traditional norms and values are more prominent, young women may experience more stigma and discrimination for a sexual transgression.
young women often experience anguish and heartbreak, as shared by Paulini (19, university student) during an in-depth interview:

He [boyfriend] slept with another girl and got her pregnant. He didn’t tell me, I was told by his friends. I was really broken hearted. I don’t know how to say it. I was really upset and angry.

Kara’s experience of infidelity was not unique; many other young iTaukei women disclosed that a romantic partner had cheated. This included one young woman whose boyfriend cheated on her when she was eight months pregnant. Another was asked to raise a baby her boyfriend had conceived through an affair with another student. In fact, as Paulini’s comment above suggests, several young women found out about their romantic partner’s infidelity when it was disclosed that another woman was pregnant to their partner.

Some young iTaukei women linked their premarital abstinence with their romantic partner’s infidelity, suggesting their boyfriends sought sex elsewhere because they were not willing to have intercourse. Peter’s comment during an all-male FGD with university students also suggest young iTaukei men obtain sexual gratification outside their romantic relationship when their partner is abstaining from sex before marriage:

With your girlfriend there are so many boundaries and so many rules but with your other girlfriends there’s...limited rules. Sex is so much not a part of that rule. Like you know, what do we say ‘friends with benefits’. So like, in that sense it’s like taking advantage of some other girls and you consider your real girlfriend to be [the one] you are having an intimate relationship with, [a] committed relationship.

Peter uses his ‘friends with benefits’ relationships to engage in ‘no strings attached’ sex while also maintaining a romantic relationship with a virgin. He believes the relationship he has with his girlfriend is ‘committed’ because of the intimacy they share, despite his obvious infidelities. Thus, young iTaukei men like Peter secure the ‘good’ Fijian girlfriend who represents an ideal future marriage partner while also satisfying their sexual urges and gaining experience through casual sex.
Although young iTaukei women regularly acknowledge that men’s infidelity is commonplace in Suva, most hope that their partners are faithful. It is this belief that largely guides their decision to forgo condoms in romantic relationships. The STSS survey data provides a picture of the broader male USP student populations’ engagement in multiple sexual relationships. Fifty per cent of men reported having sex with more than one person in the last 12 months and 36 per cent reported more than one sexual relationship at the same time in the past 12 months. However, it is not clear if this 36 per cent of men were in a romantic relationship at the time they were having sex with multiple partners. It does, however, highlight the extent that young men in Fiji engage in sexual relationships with more than one person at the same time, which in the absence of consistent condoms use increases their own and their partner/s risk of contracting HIV/STIs (UNAIDS 2010).

NEGOITIATING SAFE SEX IN ROMANTIC RELATIONSHIPS

Lulu’s story: Does love equal protection?

A fellow USP student introduced me to Lulu during a focus group I was facilitating on courtship and premarital sex. My initial impression of Lulu was that of a confident, bright young woman. Lulu is in her early twenties and lives with her parents, her younger sister and various other extended family members in the outskirts of Suva. Lulu’s mother worked part-time as a nurse at the Colonial War Memorial (CWM) hospital and her father is a Methodist preacher at a nearby church. Lulu had a strict Christian upbringing that centred on participating in church activities and upholding traditional iTaukei values.

Despite her strict childhood, at 17 Lulu started a sexual relationship with Sam, the coach of her netball team who was 10 years older and married. To avoid public knowledge of their affair, the couple were careful to keep their relationship a secret. Lulu would stay late after netball practice and they would spend time together, having intercourse in Sam’s office. Lulu enjoyed the sex and intimacy they shared but felt guilty about having sex out

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76 STSS survey data also indicated that multiple and concurrent sexual partnerships are practised among young iTaukei women with 15 per cent of women reporting having sex with more than one person in the last 12 months, and four per cent of women reporting more than one sexual relationship at the same time in the past 12 months.
of wedlock (especially with a married man). Sam worried about Lulu getting pregnant and the impact this would have on his marriage, so he ensured they always used condoms. After 12 months Sam ended their relationship abruptly, telling Lulu his wife was pregnant and they could no longer continue their affair. Lulu was hurt but also relieved she no longer had to lie to her friends and family to cover for the time she spent with Sam.

The following year, Lulu commenced her undergraduate studies at USP. Halfway into her first semester Lulu met Joel, a fellow student, at a USP social event. The attraction was instant and it wasn’t long before they started dating. Lulu didn’t want Joel to know about her previous relationship, so she lied and told him she was a virgin and the couple waited several months before they started having sex. Lulu let Joel make the decision concerning contraception, knowing if she mentioned condoms this might make him suspicious of her past sexual experience. Joel suggested they use the withdrawal method to prevent pregnancy, insisting that condoms were immoral, only for ‘dirty’ people and couples who didn’t trust each other. He also insisted that sex without a condom would be more pleasurable. Lulu agreed with Joel, the sex did feel better and more intimate. She recalled it also helped to strengthen their love and trust in each other:

    I’ve done it [sex without a condom] and I’ve tried it that way and it’s just like my mentality has changed from using a condom to not using a condom. It feels like I love you more which is stupid, I know it’s stupid but it just turns out that way.

After five months of dating, Lulu fell pregnant. Although a little shocked to learn of the pregnancy, Lulu recalled she was happy with the news. She had always wanted to have children, and despite being only part way through her first year at USP, she was certain she wanted to keep the baby. She had hoped Joel would ask her to marry him and that news of their engagement would soften the shock of the pregnancy for her parents. When Joel learned Lulu was pregnant, he did not share her enthusiasm. He urged Lulu to have an abortion, going so far as to organise an appointment for her that week and borrowing money from a friend to cover the cost of the procedure. Knowing that news of her
pregnancy would bring *madua* on her family\(^\text{77}\) and without the support of Joel to help raise the baby, Lulu felt like she had no other option but to give into Joel’s pressure to have an abortion:

> I was 19. He honestly, he opened me up to a whole new world [laughs]…I completely trusted him…Like most of the decisions in our relationship he would make. Inside of me I wanted to keep the baby but I just needed someone to tell me ‘OK you can keep it’. But then he was not at all supportive.

Lulu was devastated after the abortion and fell into a deep depression, grieving for the lost opportunity of motherhood. Joel offered little support during this period and began spending more time with his friends. Three months later Lulu started to develop pain when she urinated. On the encouragement of a USP peer educator and friend, Lulu went to the USP Medical Centre who referred her to the Reproductive Health Clinic on Brown Street. The doctor diagnosed her with Chlamydia and gave her antibiotics to treat her infection. Lulu confronted Joel with her news, demanding to know if he had cheated on her. Joel initially denied any infidelity but later admitted he had sex with a girl he met at a party a few months prior. Heartbroken by Joel’s betrayal and still mourning over the abortion, Lulu ended their relationship.

It took Lulu 18 months to get over the heartbreak of her abortion and Joel’s infidelity before she started dating again. When I met Lulu, she was close to finishing her undergraduate degree and had just started a new romantic relationship. Lulu entered this relationship cautiously but admits she was also armed with more knowledge, especially in terms of preventing STIs and pregnancy. Lulu’s past experiences allowed her to build up sexual resilience and be more assertive regarding SRH issues with her new boyfriend.

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Lulu’s story provides insight into why condom use is not widespread among young urban iTaukei in romantic relationships and points to a range of factors that are often prioritised

\(^{77}\) Vallely et al. (2013) also noted fear of bringing shame or embarrassment on their families, particularly if they were still in school or higher education and their parents had invested considerably in their education, as motivating factors for young single women to seek abortions in Papua New Guinea.
over HIV/STI prevention in young women’s hierarchies of risk. Throughout my fieldwork, young women shared similar stories about their difficulties negotiating safe sex in their romantic relationships. These narratives often included the belief that young women were safe from HIV/STIs because they were in a committed relationship and the relative value they placed on securing and maintaining intimacy above safeguarding their sexual health. Data from the STSS survey provides an estimate of the rate of condom use in romantic relationships among the broader USP student population. Thirty-four per cent of women and 42 per cent of men reported that they used a condom the last time they had sex with a boyfriend/girlfriend or husband/wife. Focus group and in-depth interview data suggested condom use among young iTaukei specifically was even lower. Although some iTaukei women and men do consistently use condoms with romantic partners, others opt instead to use the contraceptive pill or the withdrawal method to protect against pregnancy. This demonstrates that pregnancy is often prioritised over HIV/STI prevention in young iTaukei women’s hierarchies of risk.

**Constructions of HIV/STI risk among young iTaukei**

There is a consistent ‘othering’ of HIV/STI risk among young iTaukei in urban Fiji. This ‘othering’ of risk is evident in Lulu’s narrative, where the couple felt using condoms was unnecessary in the context of their romantic relationship. The way Lulu and Joel contextualised their HIV/STI risk (or lack of risk) played a crucial role in the decision to forgo condoms. Joel had assured Lulu that condoms were only necessary for people having what is commonly articulated in Fiji as ‘risky’ or ‘dirty’ sex, for example, sex with a sex worker, between men who have sex with men (MSM) and sex with a stranger/casual sexual encounter.78 Risk is externalised outwards and condoms are closely associated with mistrust, infidelity and disease.

As Hirsch et al. (2009a, p. 19) correctly suggest, the historical association of HIV risk with illicit and immoral sex in public health campaigns has ‘made condoms something to avoid, and thus “safe sex” has come to mean sex that is presumptively and apparently monogamous rather than sex that is actually monogamous’. Thus seeking to distance

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78 Past research has identified similar negative attitudes towards condom use among young people in Fiji (Hammar 2011; Kaitani 2003).
themselves from ‘dirty’ sex, young iTaukei, like Lulu and Joel, avoid condoms to validate their sexual activity as already safe. However, Joel’s infidelity exposed Lulu to Chlamydia and thus the illusion that their monogamous relationship somehow ‘protected’ Lulu from STIs was shattered. Although many young iTaukei women consider their risk minimal in the context of romantic relationships, if infidelity occurs they are left vulnerable to HIV/STIs.

Performing gender roles: Male dominance and female subordination

Gender inequality in iTaukei culture constrains young women’s self-efficacy in condom negotiation. Traditional iTaukei gender norms that privilege male authority in the familial and public spheres also frame men as the sexual decision-makers within romantic relationships. These same gender ideals assert that women should remain passive and vakarorogo their male partners (Labbé 2011; Toren 1990, 1999). In order to live up to these ideals, Lulu chose not to broach the topic of condom use with Joel, instead remaining silent and allowing him to make the decision concerning contraception. Similarly, Kara relied on Edmond’s knowledge to determine contraceptive use and followed his decision to use the withdrawal method. Both Lulu and Kara trusted their partner’s choice. They also prioritised the stability of their romantic relationships and their sexual reputations over safeguarding their sexual health in their hierarchies of risk. Many young iTaukei women disclosed to me their male partners determined the use or non-use of condoms in their romantic relationships. STSS survey data of the broader USP student population also showed that a partner not wanting to use a condom was the top reason (26 per cent) for women reporting non-use of condoms at last sex. Similarly, in the 2008 SGS ‘partner didn’t want’ was the second most frequent reason (21 per cent) for not using condoms at last sex for female tertiary students (Fiji Ministry of Health 2008).79

Lulu was also concerned that broaching the issue of contraception might make her appear too sexually experienced. Specifically, like many iTaukei women she was worried it would lead Joel to question her virtue or fidelity. Lulu’s self-efficacy in condom

79 McMillan (2008) study of condom use among young people in Tonga also showed that young women found it difficult to raise the topic of condom use with their sexual partner/s and most believed that it was the man’s responsibility.
negotiation was compromised by a desire not to damage her reputation. Therefore, young iTaukei women like Lulu will opt to ‘perform’ ideal gender roles by remaining passive, appearing pure and allowing men to lead sexual activity. Thus, part of the accepted normative sexual dynamic is young women hiding or lying about their sexual experience so as to preserve the appearance of sexual purity. When young iTaukei women do attempt to negotiate condom use in the context of romantic relationships, they are often met with resistance, followed by verbal pressure and subtle manipulation to engage in unprotected sex. Karen discussed experiencing condom coercion during a FGD with female university students:

Even with words there is so much pressure…[he said] “there is no feeling, how can you make love to me with a plastic bag [condom],”…it’s all pressure eh? Like some men don’t know when they say such words…it pressures the girls so much eh? and for them it’s like nothing.

Karen’s comment shows how deeply young women are affected by this coercive and hurtful behaviour.

The prioritisation of pleasure in romantic relationships

The value placed on pleasure by Lulu and Joel within their sexual relationship highlights another influential and often overlooked factor restricting condom use. The importance of sexual pleasure underpins youth sexuality in contemporary Fiji, and the belief that condoms reduce sexual satisfaction often contributes to their non-use. Young iTaukei talk about the benefits of ‘skin-to-skin’ sex for increased sexual satisfaction and desire. Conversely, they are often negative about the role condoms play in inhibiting pleasure. During a FGD with male university students, Ricky discussed his perception of condom use:

Every time I sleep with my girlfriend she’s the only one who cares about condoms. She’s the only one who pulls out the condom…I told her I don’t like using condoms. On one side I like condoms because it gives me, I last longer, gives me power but on the other side it’s like no taste it’s like you know a lollipop with the wrapper still on.

Previous research in Fiji (Fiji Ministry of Health 2008; Hammar 2011; Kaitani 2003; Labbé 2011) and Tonga and Vanuatu (McMillan 2008; McMillan & Worth 2011) also suggest that condom use among young people is often associated with a reduction of physical pleasure and sexual desire.
Here Ricky associates condom use with eating a lollipop with its plastic wrapper still on, suggesting you do not get the full sensual experience of intercourse if you use a condom. However, he also acknowledges the value or ‘power’ condoms provide in terms of increasing the length of time before he ejaculates.

STSS survey data from the broader USP student population also established a preference for ‘skin-to-skin’. The top reason reported for men (40 per cent) and one of the main reasons reported by women (16 per cent) for not using a condom the last time they had sex was a preference for ‘skin-to-skin’. Sexual pleasure therefore, is often given priority over protecting oneself and one’s partner from HIV/STIs. 81

‘Because it feels like I love you more’: Intimacy, love and trust

Love and the desire to share intimacy with romantic partners also motivate non-use of condoms among young iTaukei, as condoms are thought to disrupt intimacy and expressions of love. 82 When Lulu disclosed that having unprotected sex with Joel ‘feels like I love you more’, she suggested their love was heighten through non-use of condoms, which encapsulated the sentiment of many young iTaukei women. Unprotected sex is considered integral to facilitating and maintaining emotional intimacy, as well as a tangible way of demonstrating love and commitment. Thus, emotional intimacy is seen as a priority over condom use and consequently HIV/STI prevention. 83

Tied to expressions of love is the desire to show trust in one’s partner, with non-use of condoms seen by young iTaukei as a way of implying trust within the context of their romantic relationship. Broaching the topic of condom use not only brings up past sexual histories and the potential for infidelity, it can also disrupt established trust and destabilise a relationship (Hewat 2008). Young women regularly suggest that condom use is

81 The perception that condoms reduce sexual pleasure has also been noted to contribute to low or non-use of condoms among young people globally (Brown, LK et al. 2008; Katikiro & Njau 2012; Mash, Mash & de Villiers 2010; Sarkar 2008).

82 McMillan and Worth (2011) also note that condom use is considered to be a barrier to intimacy among young people in Vanuatu and Tonga.

83 Research conducted in the Netherlands has also shown that the desire to express love and secure intimacy with steady partners are motivating factors for non-condom use among young people (Gebhardt, Kuyper & Greunsven 2003).
unnecessary in their committed relationship because ‘they trust their partner’, yet as discussed above infidelity is commonplace. This sentiment was emphasised by Polly during an all-female FGD with university students: ‘If you’re in an intimate relationship…you don’t need to use condoms. [They are] only for those people who are single. Cause you trust each other’. Often this trust is taken on face value. No young iTaukei women who took part in this study disclosed they had requested their boyfriend be tested for HIV/STIs before having unprotected sex. Requests for partners to undertake HIV/STI tests are not yet part of the relationship lexicon among young iTaukei. There is an assumption among young iTaukei that love equals protection (Manuel 2005).

The immorality of condom use

There is significant immorality assigned to premarital sex and condom use by Christian denominations in Fiji (Kaitani 2003; Labbé 2011; Sami 2006). The Christian churches’ pro-life, anti-condom rhetoric deters safe sex practices among young iTaukei. Many view the risk of spiritual consequences and being perceived by the community as a bad Christian as more important in their hierarchies of risk than HIV/STI and/or pregnancy prevention. Young women and men regularly voice concern about going against Christian teachings and using condoms, repeating messages they have heard in church or at home about the immorality of condoms. During an all-male FGD with university students, John discussed the views of a local church leader regarding the role of condoms in promoting sexual activity among young people, a view that he subsequently internalised:

I was part of a workshop...[and] one of the church leaders, he was giving out his concern for massive distribution of condoms throughout Suva and condoms just given freely...his main concern is like we are promoting sex to other young people when we give out condoms and you know it’s true eh?

The perception that providing youth with access to condoms will increase premarital sexual activity is rhetoric commonly used by church leaders in urban Fiji. Consequently, there is often a perception that condom distribution leads directly to premarital sexual activity among young people.\textsuperscript{84} There is an urgent need to challenge this rhetoric in order

\textsuperscript{84} The link between condoms and immoral sex (premarital, infidelity and sex work) and the belief that condoms act as mediums that enable people to transgress sexually while avoiding the wrath of God (i.e.
to build a more sexually resilient society in Fiji that embraces condom use as a form of HIV/STI and pregnancy prevention.

‘Natural methods’ such as the withdrawal method used by both Kara and Lulu are common family planning methods among young iTaukei in romantic relationships (see also Kaitani 2003; Sami 2006). Young people opt for this method because it is discreet, it aligns with Christian beliefs concerning contraception, and because it does not inhibit intimacy or pleasure during sex. Although the withdrawal method may fit within Christian beliefs, as both Kara and Lulu’s narratives highlights, it puts women at risk of unplanned pregnancy and offers no protection against STIs.85

**Motivating factors for condom use in romantic relationships**

In addition to romantic partners, family and peers can play a substantial role in shaping the SRH attitudes and behaviours of young people, including condom use (Mmari & Sabherwal 2013; Richardo et al. 2006) and therefore their sexual resilience. Many young urban iTaukei use their peers and older same sex siblings as a source of advice concerning contraceptives. Young iTaukei women who have friends, older siblings or even parents who advocate for condom use are more likely to have a positive view on using condoms in the context of romantic relationships. During an in-depth interview, Carolina (20, university student) highlighted the influence of peer groups on individual SRH behaviours: ‘My friends, the social group I hang out with they are a very safe group so they use condoms a lot’.

Towards the end of my fieldwork, Lulu started dating a young Solomon Islander man, Benjamin. Lulu disclosed that her unintended pregnancy and later testing positive for Chlamydia had motivated her to insist the couple use condoms every time they had sex, despite Benjamin’s protests. Through this experience, Lulu gained the self-efficacy and sexual resilience she needed to negotiate safe sex with Benjamin. Lulu’s story was echoed contracting HIV/STIs) have been noted in other Pacific Island country contexts (Dundon 2007; Hammar 2008; McMillan 2011; McMillan & Worth 2011; Wardlow 2007, 2008). 85 The withdrawal method has been linked to higher risk of unintended pregnancy, especially among adolescent and young women (Dude et al. 2013).
by other young iTaukei women whose experience of the realities of an STI or unintended pregnancy were catalysts for condom use (and other contraceptives) in subsequent romantic and casual relationships. Although such young women still face resistance from male partners, their personal experiences motivate them to insist on safe sex and refuse sex altogether if their partner does not oblige. However, even though young iTaukei women may draw from past experiences to motivate their safe sex practices, they are reluctant to share these experiences with new partners, which highlights the limits of their agency and the constraints they work within their romantic relationships.

CONCLUSION

Kara and Lulu’s stories demonstrate the impact each level of the FEMSR has on shaping young iTaukei women’s (and young men’s) sexual risk and opportunities for sexual resilience in the context of romantic relationships. Cultural taboos and religious beliefs regarding premarital sex at a societal level, coupled with the desire to adhere to social hierarchies and collectivist values at the relational and community levels, lead many young iTaukei women to hide their romantic relationships. The gender dynamics of sexual relationships with romantic partners also leads some young women to lie about their past sexual activities with current partners, and the sharing of sexual histories is not encouraged. Although clandestine relationships allow young women to act on sexual desire while upholding collective interests, this secrecy limits their capacity to seek out SRH information and condoms, which contributes to their sexual risk. Kara and Lulu’s stories also point to opportunities to build young iTaukei women’s sexual resilience, including through relational and community support when premarital pregnancy occurs and the provision of culturally appropriate and ‘youth-friendly’ SRH services that provide young women with assistance and support rather than moral judgement and discrimination.

Limited condom use in the context of romantic relationships among young iTaukei shows that negotiating safe sex is complex and is impacted by factors at multiple levels. This includes negotiations of power and gender, which are produced at societal levels and reinforced at community and relational levels in Fiji. Gender hierarchies that privilege male dominance and female subordination in romantic relationships reduce young
iTaukei women’s capacity to negotiate condom use. Sociocultural and religious constructs of ideal femininity that purport women should remain ‘pure’ until marriage further constrain young women’s ability to negotiate safe sex, due to fears that appearing knowledgeable about SRH issues will compromise their sexual reputation. SRH policies and programs should seek to promote attitudinal change regarding gender norms and dominant sexual scripts in iTaukei culture and promote equitable sexual decision-making within relationships to help foster sexual resilience among young people in Fiji.

Young iTaukei’s desire to forgo condom use in the context of romantic relationships can also be linked to sociocultural constructions of love and intimacy, coupled with a wish to distance oneself from perceived ‘high-risk groups’ such as sex workers and MSM. For young iTaukei, love is closely associated with fidelity, trust and intimacy, and thus romantic relationships are considered to provide protection against HIV/STIs. Young people in romantic relationships assume a sense of immunity from infection, which is reinforced by popular discourses in public health campaigns at an institutional level that associate risk with particular subsets of the population, with which most iTaukei youth do not identify. Individual and relational ‘othering’ of risk can also be tied to wider societal level norms concerning the immorality of premarital sex. Although young iTaukei women may feel safe from infection within their romantic relationships, the high rate of male infidelity in fact suggests that love does not equal protection. Ensuring sexual resilience among young iTaukei women in romantic relationships requires greater consideration of established relationships as a key context for sexual risk in SRH policy and programming in Fiji.

The high value placed on sexual pleasure by both young women and men in romantic relationships further complicates condom use. It also challenges the simplistic assumption that women always want to use condoms and men do not, which is prevalent in public health literature globally (Marston, King & Ingham 2006). Young iTaukei’s prioritisation of sexual pleasure over protecting themselves and their partners from HIV/STIs can in part be linked to their limited exposure to the realities of HIV and AIDS (see Chapter 5). Current SRH education programs at an institutional level are falling short of the needs of young people (see Chapter 6). HIV/STI prevention programs that ignore the motivations
of desire, pleasure and intimacy overlook the social and personal embeddedness of sexuality (Boyce et al. 2007).

The following chapter explores young iTaukei’s SRH knowledge, attitudes and access to health services in Suva. It investigates how factors at relational, community, institutional and societal levels shape individual knowledge, attitudes and health-seeking behaviour, and therefore young iTaukei women’s sexual risk and sexual resilience.
Chapter 5 Young people’s attitudes, knowledge and access to health services in Suva as components of sexual risk

As Talei86 and I took shelter under a *vunibaka* (fig) tree to escape the blazing heat of the midday sun, our conversation turned as it often did to my research. I told Talei I was planning to attend some of the nightclubs that students go to in Suva. Talei furrowed her brow. ‘You have to be careful of the nightclubs Elke! You mustn’t go by yourself, make sure one of us goes with you.’

I quickly dismissed her concern. ‘I’ve been to nightclubs in Suva before, Talei, I’ll be fine.’

Talei’s eyes widened. ‘*Isa* (cry of regret) Elke! You must be careful. Some of the nightclubs are not for *kaivalagis* (foreigners). It’s not safe for you!’ She leant in close so I would not miss what she had to say next. ‘Plus, haven’t you heard about the HIV-positive man who goes around to nightclubs with a blood-filled syringe pricking people?’

‘*Sega!*’ (no) I said, trying to hold back laughter. ‘You’re joking, right?’ I was expecting Talei to burst into laughter; instead, the concern on her face grew.

‘*Io* (yes) Elke, it is true! You have to be careful when you go to the nightclubs, eh? You might get pricked with a needle and get HIV!’

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Sexual risk in Fiji is partly produced through local beliefs, such as the urban myth described above, as well as individual and relational attitudes and knowledge. In turn, knowledge, attitudes and beliefs shape young iTaukei’s access to SRH services in Suva. My conversation with Talei that hot summer’s day echoed the fears I encountered in many other conversations I had in Fiji about HIV. HIV risk is often constructed as external to a person’s behaviour (e.g., unrelated to a personal decision to have unprotected sex). Instead, risk is imagined in the form of a man wielding the HIV-infected, blood-filled

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86 Talei is a young iTaukei woman who was completing her undergraduate degree at the USP at the time the research was being conducted.
syringe or accidental blood contact on the rugby field. Such an understanding of risk deflects responsibility outwardly and as somehow up to ‘fate’, or external factors beyond one’s control. The danger of such urban myths is that they perpetuate the deflection of people’s understanding of their own HIV risk and help to reinforce the already pervasive stigma and discrimination experienced by PLHIV in Fiji. As Eves and Butt (2008, p. 11) rightly point out, HIV rumours and myths can also be used to promote moral agendas and aid in the construction of the ‘other’ in Pacific Island nations. In the case of the blood-filled syringe, such a myth speaks to the morality of those who frequent nightclubs in Suva and suggests those who steer clear of these establishments are safe from infection.

This chapter explores how factors at each level of the FEMSR shape the SRH attitudes, knowledge and health-seeking behaviours of young urban iTaukei and how this contributes to young women’s sexual risk and sexual resilience. The data featured in this chapter are derived from qualitative methods, such as FGDs with young iTaukei and in-depth interviews with young iTaukei women, as well as survey data collected from the wider USP student population. This is supplemented with data collected with USP peer educators during workshops and participant observation of their outreach activities on campus at USP.

To explore factors that facilitate young iTaukei women’s sexual risk, I first examine young iTaukei’s attitudes towards HIV and other STIs, focusing on the stigma assigned to positive status and the ‘othering’ of risk. I then investigate young people’s sources of SRH information in Suva. I focus on factors that reduce young iTaukei’s access to high-quality relevant information and the ways in which young people circumnavigate sociocultural norms to gain some of the information they desire. Next I examine young

87 Hammar (2011) has noted similar constructions of risk in Fiji, with people naming blood transfusions, accidental blood contact and tattoo needles, as well as renegade syringe injectors in nightclubs, as high-risk scenarios (see also Labbé 2011). AIDS rumours and myths have also been noted in Papua New Guinea (Beer 2008) and Papua (Butt 2005; Kirsch 2002).

88 For a detailed discussion on PLHIV and stigma in Fiji including at relational, community and institutional levels, see Labbé (2011).

89 In the context of this chapter and throughout the thesis when discussing SRH knowledge, I focus on HIV and other STI information, reproductive health information, condom and other contraceptive access and HIV/STI testing.
iTaukei’s SRH knowledge, describing their knowledge levels and gaps. This is followed by investigating the barriers to young iTaukei accessing condoms in Suva, emphasising the range of sociocultural factors that decrease young people’s willingness to seek out condoms. I conclude by discussing the key barriers to young iTaukei accessing SRH services specifically for HIV/STI testing, paying particular attention to concerns over anonymity, confidentiality and the judgemental attitudes of health care workers. My discussion thus reveals how existing SRH services are failing to be ‘youth-friendly’ and culturally appropriate.

FEAR, STIGMA AND RISK: PERCEPTIONS OF AND ATTITUDES TOWARDS HIV/STI

‘Othering’ of HIV/STI risk

Most young urban iTaukei have had limited exposure to PLHIV and therefore often lack an understanding of the health and social impacts of HIV infection. Although it is likely that many young people in Suva do in fact know someone living with HIV or affected by HIV, low testing uptake and subsequently low levels of recorded cases means that PLHIV may not know their status. The threat of stigma and discrimination may also make PLHIV reluctant to publicly reveal their status. This limited exposure to PLHIV contributes to the stigmatisation of PLHIV among young iTaukei, and positive status is associated with sexually transgressive behaviours, such as casual and commercial sex (see also Labbé 2011).

Poor knowledge of, and limited exposure to, the realities of HIV and AIDS also influence young iTaukei women and men in constructing their own risk as minimal. Similarly, young iTaukei only consider themselves vulnerable to STIs other than HIV when a close friend is infected, as emphasised by Lulu during a FGD with female university students: ‘My friends only started thinking they may be at risk when I got an STI’. Instead, as my conversation above with Talei demonstrates, young people often deflect risk onto external factors and ‘other people’. The ‘other’ is understood to include people who engage in casual and commercial sex, MSM, high school girls and people living in rural areas (see
Rural people are associated within increased vulnerability because they are perceived as being less educated and less aware of HIV compared to their urban counterparts. High school girls are considered vulnerable because of their naivety concerning courtship and premarital sex. USP students suggest that high school girls seek out male university students because of the status assigned to dating an older, educated man. The nature of such relationships is believed by USP students to leave high school girls with limited power and thus particularly vulnerable to sexual violence, pregnancy or HIV/STIs.

This ‘othering’ of HIV/STI risk is also shaped by young iTaukei’s belief that they are ‘immune’ to infection. Boyce et al. (2007, p. 2) suggest that this assurance of ‘immunity’ comes from a belief that because one is having what is typically considered ‘normal’ sex — penetrative vaginal intercourse with a regular partner — they are safe. Risk of HIV transmission, therefore, is believed to only be a threat to those engaging in ‘deviant’ and ‘promiscuous’ sexual behaviours (Boyce et al. 2007, p. 2). The perception that one is safe from infection because they are engaging in ‘normal’ sex (sex with a heterosexual romantic partner) is a prevailing assumption among many young iTaukei and was discussed in depth in Chapter 4. Globally, the relationship between a young person’s perceptions of their own HIV/STI risk and their use of condoms is poorly understood. However, research conducted in sub-Saharan Africa suggests that young people with low perceptions of risk (even if they engage in risk behaviours) are less likely to use condoms than peers who consider themselves vulnerable to HIV (Durojaiye 2008; Prata et al. 2006).

Attitudes towards people living with HIV

Young iTaukei’s understanding of HIV, and their attitudes towards PLHIV, are greatly influenced by societal level factors, including sociocultural norms and dominant sexual moralities. Fijians often draw on religious beliefs to make sense of HIV and AIDS, with positive HIV status believed by many to be intimately connected with a Christian

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90 Bennett (2015) also notes a moral othering of HIV/STI risk onto those considered to be engaging in deviant sexual behaviours (premarital and extramarital sex, queer sex and prostitution) in her work in Indonesia.
understanding of sin and immorality. Paulini (19, university student) confirmed this perception during an in-depth interview:

HIV is in the Bible. It was predicted that there would be a great plague that would take the lives of millions of people. It would cause people to become very sick and eventually they would die. That plague is HIV. It’s a punishment for sin!

As we see here, Paulini links HIV infection with retribution from God for moral wrongdoing. That is, HIV infection is interpreted as God’s punishment for sexual immorality and people’s divergence from purity (abstinence, fidelity and heterosexuality) into depravity (premarital sex, infidelity and homosexuality) (see also Labbé 2011; White 2005). This fate-based understanding of HIV, popular throughout the Pacific region, blames the individual for their moral failing and asserts the importance of personal redemption, devotion to God and living a sin-free life to avoid HIV infection (Eves 2008, 2012; Hermkens 2012; Kelly-Hanku, Aggleton & Shih 2014; McPherson 2008; Wardlow 2008). Understandings of HIV based in religious doctrine result in PLHIV in Fiji being constructed as deviant and dangerous. Consequently, PLHIV experience shame, stigma and social exclusion at relational and community levels. As with other perceived sexually transgressive behaviours (e.g., premarital sex), the shame experienced by PLHIV is also felt by their wider family and even their community.

Data from the STSS survey provides insight into the HIV attitudes of the broader USP student population. Significant fear and stigma associated with PLHIV was indicated, with less than half (41 per cent of women and 48 per cent of men) responding positively to five questions measuring their willingness to socialise with, and/or communicate with,

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92 Similar experiences of stigma, discrimination and social isolation have been reported in other Pacific Island countries (Hammar 2008; Kelly-Hanku, Aggleton & Shih 2014; McPherson 2008; Pacific Islands AIDS Foundation 2009, 2011; Salomon & Hamelin 2008; Wardlow 2008).

93 For a detailed discussion on collective shame and dishonour felt by Fijian families as a result of a family member contracting HIV see (Labbé 2011).
PLHIV (see Table 3). This suggests the presence of strong discriminatory attitudes against PLHIV among the USP student population. Men had slightly more accepting attitudes towards PLHIV than women, which could be explained by men having more accurate knowledge concerning HIV transmission routes compared to women (see below). Labbé (2011) also noted that in Fiji greater knowledge concerning HIV transmission routes reduced fears concerning personal safety, which in turn made people more willing to show support and acceptance towards PLHIV. Thus, accurate and comprehensive HIV education at an institutional level is a prerequisite for building community resilience and an essential component for reducing HIV related stigma and discrimination among young people and within the wider Fijian population.

Table 3: Attitudes towards HIV positive people among STSS participants

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Female % (n=76)</th>
<th>Male % (n=81)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you eat food prepared by a person who is HIV-positive?</td>
<td>42 (55%)</td>
<td>52 (64%)</td>
</tr>
<tr>
<td>Would you hold hands with someone who is HIV-positive?</td>
<td>53 (70%)</td>
<td>67 (83%)</td>
</tr>
<tr>
<td>Would you share a room with someone living with HIV/AIDS?</td>
<td>41 (54%)</td>
<td>52 (64%)</td>
</tr>
<tr>
<td>A teacher who is HIV positive should be allowed to continue teaching.</td>
<td>61 (80%)</td>
<td>67 (83%)</td>
</tr>
<tr>
<td>A student who is HIV-positive should be allowed to stay in class.</td>
<td>65 (86%)</td>
<td>67 (83%)</td>
</tr>
<tr>
<td>Answered ‘Yes’ to all five questions</td>
<td>31 (41%)</td>
<td>39 (48%)</td>
</tr>
</tbody>
</table>

Female and male STSS survey respondents were most concerned with eating food prepared by PLHIV and sharing a room with someone who has HIV/AIDS. This suggests a fear of contamination and major misconceptions about HIV transmission routes. Similar results were noted among tertiary students in the 2008 SGS survey, with less than 50 per cent reporting they would buy food from a shopkeeper or food seller known to have HIV/AIDS (Fiji Ministry of Health 2008). Butt et al. (2010) suggests that cultural ideas about illness and the body in Papua can help to explain why individuals and communities discriminate against PLHIV. For example, local understandings of illness in some highland tribes dictate that a person who becomes ill must withdraw from social life, and
other villagers will refrain from sitting, eating or sleeping near the sick person. Responses to HIV and AIDS among tribal people in Papua follow the existing cultural logic of illness, with PLHIV often socially isolated due to the fear they harbour an epidemic that could eradicate their population (Butt et al. 2010). This Melanesian understanding of illness, the body and contagion may also help to explain why young women and men in the STSS survey indicated that they would discriminate against PLHIV in situations that required close bodily contact. Given the importance of social connectedness in iTaukei culture, such attitudes would result in significant isolation of PLHIV.

The negative attitudes towards, and lack of compassion for, PLHIV in Fiji runs counter to collectivist values in iTaukei culture. This includes the importance of loloma (affection and caring), togetherness and consideration, which are seen as central to cultivating and maintaining social relations. HIV-related stigma and discrimination has the potential to permeate every aspect of a person’s life, from loss of relationships and intimacy, difficulty with accommodation, employment and education, and loss of social status and community connectedness. Herdt (2001, p. 145) further argues that in cultures where personhood is anchored in social relations, the harm caused by HIV-related stigma can include not only the ‘loss of social status and community belonging...[but of]...the loss of basic personhood, of existence itself’. Although the Government of Fiji HIV/AIDS Decree (2011) has made it unlawful to stigmatise or discriminate against PLHIV (see Chapter 6), my findings suggest there is still a long way to go to change wider community and societal attitudes concerning HIV in Fiji.

**Taboo versus stigma**

The notion of taboo associated with sexuality and SRH in Fijian culture was explored in depth in Chapter 1. It is, however, important at this point to establish that tabu (taboo) and stigma for iTaukei can and should be differentiated. Cultural and linguistic taboos are intended to protect youth sexuality and, in turn, wider relational and community relationships and interests. Stigma, in contrast, provides no protection. Instead it serves only to isolate and alienate people from their family and wider community. Stigma is by

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its very nature negative rather than protective. It not only leaves PLHIV open to discrimination it also decreases a young person’s willingness to access SRH services and condoms, which in turn influences their sexual risk. During a key informant interview a male USP counsellor elaborated on the divergence between taboo and stigma:

Cultural tabus in iTaukei society [concerning youth sex] are designed as a protective mechanism to safeguard youth sexuality and young people’s wellbeing. Stigma is not part of iTaukei custom; it only serves to further marginalise vulnerable people.

Here, the male USP counsellor opens up a dialogue and engages with iTaukei cultural beliefs in a respectful but questioning way in order to explicitly critique beliefs regarding taboo and stigma. While tabus are intended to protect both the individual and their community, stigma damages both. Thus, there is a need to acknowledge the difference between taboo and stigma in SRH education at an institutional level to help reduce the discrimination experienced by PLHIV in Fiji. Dialogues such as this that consider iTaukei culture and sexuality from within are key to developing culturally appropriate responses that build community resilience in Fiji.

FINDING A SPACE IN THE SILENCE: SOURCES OF SEXUAL AND REPRODUCTIVE HEALTH INFORMATION

In a traditional context, strict cultural and linguistic taboos in iTaukei culture restricted open discussions about sexuality and SRH issues (Bavadra & Kierski 1980; Kaitani 2003; Labbé 2011; Laquian & Naroba 1990; Sahlins 1962). In contemporary urban Fiji, silence and sexual shame continue to reduce opportunities for frank (particularly intergenerational) dialogue about SRH issues, as highlighted by Tomas during a FGD with male university students: ‘I think coming from the Fijian culture talking about sex is tabu and I think…[for] many of us students, Fiji students talking about sex in the open is…it’s not on’. Cultural and linguistic taboos permeate every aspect of Fijian life and, in turn, impact on the type of SRH information that is available to young people in Suva.95

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95 Across the Pacific cultural taboos constrain public discussions about sexuality and reproduction, especially intergenerationally and between opposite sex relatives (Buchanan-Aruwafu 2007; Buchanan-Aruwafu, Maebiru & Aruwafu 2003; Cummings 2008; Hemer 2015; Herdt 2011; Kelly et al. 2009; Kennedy et al. 2014; McMillan 2011; McPherson 2008; Raman et al. 2015; Vete 1995; Wardlow 2008).
Eta echoed Tomas’ sentiment during an all-female FGD with university students and emphasised the lack of information available to young iTaukei outside the university setting:

In the Fijian culture for some of us we don’t talk about that even with our mum’s, like ah reproductive and sexual health. So for us here if they have something here in university it will be really helpful.

The silence surrounding sexuality means young people often seek out SRH information through anonymous and ‘discreet’ methods, such as older same sex siblings and peers, the Internet, television advertisements and the *Love Patrol* television series. The public/private duality of the urban youth sexual culture in Fiji thus extends to the ways in which young people source SRH information. *Love Patrol* is particularly popular among young iTaukei women, who easily identify with the program’s characters and themes because of its Pacific setting. Fiji’s increasing access to social media technologies has dramatically expanded the digital literacy of young urban iTaukei and is helping to build their sexual resilience. Young people frequently use the Internet, particularly social networking sites such as Facebook, in their everyday lives. Young iTaukei are also increasingly turning to the Internet as a source to locate SRH information. Evidence on the effectiveness of the Internet and social media in improving youth SRH is limited. However, a recent systematic review consisting of ten studies in the United States, Kenya, Brazil and China published between 2000 and 2011 indicated that access to SRH information on the web can increase young people’s SRH knowledge, improve condom self-efficacy and decrease risky behaviours (Guse et al. 2012).

Data from the STSS survey confirms the significance of social and multimedia sources of SRH information among the broader USP student population. USP students’ preferred sources of SRH information were the Internet (64 per cent), books (51 per cent) and

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96 Love patrol is a ni-Vanuatu television series produced by Wan Smolbag Theatre. It is a drama or edutainment designed to educate viewers on HIV and AIDS and other SRH issues. For a detailed discussion on *Love Patrol’s* representation of HIV issues and youth sexuality, and the effect these representations have on audience attitudes towards PLHIV and opening up dialogues about SRH in Melanesia see (Drysdale 2014).

97 Kennedy et al. (2014) have also noted media sources (internet, books, radio and television) are seen as discreet and confidential ways to access SRH information among young people in Vanuatu.
television (47 per cent).\textsuperscript{98} This suggests anonymity in seeking out SRH information is highly valued across the student population. The 2008 SGS survey also highlighted the popularity of mass media as a source of HIV information among tertiary students in Fiji (Fiji Ministry of Health 2008). Thus, new sources of information are increasingly filling the gaps in SRH communication that have historically existed due to traditional taboos concerning open discussions of sex and SRH.

As the following conversation between Sairusi and two male focus group participants highlights, young iTaukei men also gain SRH information from pornographic films:

\begin{quote}
Sairusi: Where do you go for your SRH information?

Ricky: I started to watch some videos [laughter from group] and I got experience that way.

Joni: Regarding reproductive health and sexual life...ah yeah it’s like what he said [Ricky], ah watching porn [laughter from group].
\end{quote}

The sale of unauthorised films is common in Suva with several shops selling a wide range of television shows and feature films, including pornographic movies. Young iTaukei men seek out SRH information through this medium partly because they are not getting the information they desire from other sources.\textsuperscript{99}

USP peer educators are considered to be another anonymous and discreet way to source accurate SRH information. Peer education outreach at Laucala Bay campus provides students with access to SRH information delivered by fellow students. Unaisi, a USP peer educator, explained why peer educators are so popular at USP: ‘Young people like to listen to other young people...[young] people respect adults but some like listening to their peers explain more about issues regarding [SRH]’. Young iTaukei feel peer educators can be trusted to provide non-judgemental advice, which cannot be guaranteed if they approach an adult with the same issue or question. The discretion provided by peer educators is seen as an important aspect of this method of information delivery.

\textsuperscript{98} Survey respondents were given the option of choosing multiple responses.
\textsuperscript{99} Young people turning to pornographic films and magazines for SRH information has also been noted in Fiji by Kaitani (2003), as well as Papua New Guinea by Jenkins (2007), Vanuatu by Kennedy et al. (2014) and Solomon Islands by Buchanan-Aruwafu and Maebiru (2008).
educators encourages students to approach them for SRH information and condoms and therefore helps to build sexual resilience among USP students. Cultural and linguistic taboos and the importance of *galu* (silence) in iTaukei culture underpin young people’s preference for seeking SRH information from peers rather than older adults (i.e. health care workers or parents). The desire to remain silent, to listen and show respect for elders means that young iTaukei actively avoid asking parents or elders for advice concerning their SRH.

Despite the importance of *galu* and cultural and linguistic taboos, parental openness to discussing SRH matters can increase young iTaukei women’s sexual resilience by providing a safe space to ask questions and seek out contraceptives. Rosie highlighted this during an all-female FGD with university students: ‘My mum gives me condoms…she’ll ask me “do you have, still have condoms?” [and] if I don’t she’ll like go down to the health centre and get some [laughs]’. Although intergenerational dialogue regarding sex and SRH is not yet the norm in Fiji, Rosie’s relationship with her mother highlights the important role family and the wider community can play in supporting sexual resilience among young iTaukei women. It also shows that silence surrounding sexuality in Fiji is never absolute.

Although young iTaukei are accessing SRH information from a range of sources, they often report the need for more detailed and relevant information, including on negotiating premarital relationships and issues concerning sexuality as well as accurate information on STI symptoms. Young iTaukei women also speak regularly of the need for more information on reproductive health, including the different types of contraceptives available in Fiji and information on conception, pregnancy and birth. A lack of adequate reproductive health information at an institutional level not only has implications for HIV/STI risk among young iTaukei women (and young men), but it also leaves young women vulnerable to unplanned pregnancies and poor reproductive health.

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100 A similar desire for reproductive health information, as well as information on relationships and sexuality among young women in Vanuatu has been noted by Kennedy et al. (2014).
BEING IN THE KNOW: SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

HIV knowledge

Much of the current SRH education offered at an institutional level in Suva utilises an abstinence model (see Chapter 6), which leaves young people with limited and at times incorrect SRH knowledge. Josefa’s comment during an all-male FGD with university students highlights the limited HIV knowledge of many young iTaukei:

Last year...I was fortunate enough to be...part of a 3-day workshop. That is when I became aware. When they were talking about the window period [for HIV testing]…they were surprised when I lifted my hand up and ask ‘what was the window period?’ and they said all this stuff to me eh? That was when I became aware of sexual health and sexually transmitted infections and all this.

Josefa’s comment demonstrates that although most young iTaukei have heard of HIV and have basic knowledge of HIV transmission routes (i.e. through unprotected sex), they lack a comprehensive understanding of the virus. This includes knowledge of the window period for HIV testing (the time between when an individual is first exposed to HIV and when they are likely to test positive for HIV antibodies), as well as misinformation about HIV transmission modes. Labbé (2011) also noted misinformation about HIV transmission among Fijians, including the belief that casual contact with PLHIV (sharing cigarettes and utensils) may lead to HIV infection.

Belief that condoms do not offer adequate protection against HIV is another misconception among some young iTaukei. This false information may in part come from unclear SRH education delivered to young iTaukei, as evident in Sereana’s (21, university student) comment made during an in-depth interview: ‘Condoms they are not effective enough to protect...Like sometimes some AIDS victims when they are talking they said they used condoms but they like...[still] contracted HIV from their partners’. Mixed SRH messages at an institutional level result in misinformation about HIV transmission modes among individuals in Fiji. The importance of quality control of SRH educational messages delivered to young people in Fiji cannot be overstated.
Sereana’s comment above also draws attention to the lack of distinction between the HIV virus and the later advancement of AIDS among many young iTaukei. Young people often use the term HIV and AIDS interchangeably, stating that people ‘contract AIDS’ or ‘infect others with AIDS’. As Hammar (2011, p. 62) rightly suggests, this confusion can be partly explained by the use of terms such as ‘HIV/AIDS infection’, ‘AIDS transmission’, and ‘HIV/AIDS virus’ in public health campaigns, government speeches and newspaper articles in Fiji.\(^\text{101}\) This misuse of terminology at an institutional level in Fiji perpetuates misunderstandings of HIV and AIDS across the population.

Data from the STSS survey provides insight into HIV knowledge among the broader USP student population. While 96 per cent of women and 98 per cent of men had ever heard of HIV/AIDS, only 50 per cent of women and 65 per cent of men answered all five knowledge questions\(^\text{102}\) correctly (see Table 4). The 2008 SGS survey also noted HIV knowledge levels among female and male tertiary students was limited, with only 54 per cent of female and 50 per cent of male tertiary students answering the same five knowledge questions correctly (Fiji Ministry of Health 2008). The STSS survey participants lacked a comprehensive understanding of HIV transmission modes, including the belief among 19 per cent of young women and men that a person can contract HIV from mosquito bites.\(^\text{103}\)

Significant gender differences concerning HIV knowledge were apparent among STSS survey participants. More men than women reportedly understand that fidelity and condom use can protect against HIV transmission. Similarly, more men than women believed that a healthy-looking person could have HIV.\(^\text{104}\) While it is unclear as to why HIV knowledge is higher among male compared to female survey participants, social

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\(^{101}\) See, for example (Elbourne 2011; Gopal 2012; Sutherland 2010).

\(^{102}\) Questions were taken from 2010 UNGASS guidelines to identify knowledge factors that may impact or reduce HIV risk. Specifically, questions followed those outlined in UNGASS indicator #13 designed to identify the percentage of people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

\(^{103}\) Similar misconceptions that mosquitoes spread HIV was also noted among pregnant women attending an antenatal clinic in Port Moresby, Papua New Guinea (Andersson et al. 2003).

barriers to accessing SRH information are greater for some young women. Therefore, we can expect that this might translate to lower knowledge for those women. In addition, dominant sexual scripts in iTaukei culture expect men to be sexual experts, which may motivate young iTaukei men to source more SRH information than their female peers.

Table 4: Correct knowledge of HIV prevention among STSS participants

<table>
<thead>
<tr>
<th></th>
<th>% answered correctly Female n= 76</th>
<th>% answered correctly Male n= 81</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex with one, uninfected faithful partner can reduce the chance of getting HIV.</td>
<td>65 (86%)</td>
<td>74 (91%)</td>
</tr>
<tr>
<td>Using condoms correctly can reduce the chance of getting HIV.</td>
<td>61 (80%)</td>
<td>79 (98%)</td>
</tr>
<tr>
<td>A healthy-looking person can have HIV.</td>
<td>67 (88%)</td>
<td>75 (92%)</td>
</tr>
<tr>
<td>A person can get HIV from mosquito bites.</td>
<td>62 (81%)</td>
<td>66 (81%)</td>
</tr>
<tr>
<td>A person can get HIV from sharing a meal with someone who has HIV.</td>
<td>71 (93%)</td>
<td>75 (93%)</td>
</tr>
<tr>
<td>All answers correct</td>
<td>38 (50%)</td>
<td>53 (65%)</td>
</tr>
</tbody>
</table>

**STI knowledge**

Young iTaukei women and men’s knowledge of STIs other than HIV is minimal. In particular, they lack knowledge of the symptoms of STIs, including that some are asymptomatic. In terms of the health consequences of STIs, young people have little knowledge of the link between STIs and poor reproductive health. Specifically, there appears to be no awareness that untreated STIs are a major cause of female infertility. Young iTaukei also have major misconceptions concerning the appropriate ways to treat STIs, as highlighted by Masi during a FGD with male university students:

I’ve encountered a friend with *tona* (gonorrhoea) and he asked me for help and I was like ‘I don’t know. I think they said in the village for you to *wadru/vutulaki* (masturbate/wank) for the gonorrhoea to go away’. That’s what they say eh? But he said the next day he tried masturbating but it never healed, it’s still there.

Misconceptions among young iTaukei include, as suggested by Masi, that masturbation can cure infection. Popular beliefs also include that natural herbal remedies can cure
HIV/STIs. Other studies in Fiji have also noted poor knowledge and misconceptions concerning STIs (Hammar 2011; Kaitani 2003).

Data from the STSS survey provide a broad picture of STI knowledge among the USP student population. Eighty-two per cent of women and 84 per cent of men had ever heard of a STI other than HIV/AIDS. When asked to identify STIs out of a list of possible choices, 86 per cent identified gonorrhoea, 78 per cent syphilis, 63 per cent genital herpes, 55 per cent genital warts, 39 per cent Chlamydia and 19 per cent hepatitis B. This suggests that USP students are more familiar with the names of certain STIs (namely gonorrhoea and syphilis) than others. After Chlamydia, gonorrhoea is the most commonly diagnosed STI in Fiji. The visibility of gonorrhoea in terms of symptoms (especially for men) may attribute to higher knowledge of it among survey participants.

Hammar (2011) suggests that the Fiji population’s limited and often inaccurate knowledge concerning STIs could in part be explained by the absence of words in the Fijian lexicon for STI causes and symptoms, treatment modes and transmission dynamics as well as for the STIs themselves (see also Kaitani 2003). The exception to this is the iTaukei word *tona* (gonorrhoea), which is widely used as a generic term for STIs among young iTaukei in Suva. This may also help to explain why knowledge of Chlamydia was low in the STSS survey despite the high rates of Chlamydia in the country. Given the similarities between many of the symptoms and treatments of gonorrhoea and Chlamydia, it is likely that young people encompass Chlamydia in the umbrella term *tona*. Public health campaigns and the media often speak about STIs generically, discussing them broadly as ‘HIV/AIDS and STIs’. The limited use of specific STI names, and consequently limited information delivered about specific STI symptoms at an institutional level in Fiji, perpetuates young people’s lack of understanding concerning specific STIs.

The STSS survey asked a set of five STI knowledge questions that were distinct from the HIV questions. Reported knowledge of STIs was limited, with only 21 per cent of women and nine per cent of men able to answer all five STI knowledge questions correctly (see Table 5). The broader USP student population lacks knowledge concerning STI symptoms (i.e. pain during sex and urination), and the link between STIs and infertility.
In contrast to the HIV knowledge questions, women had slightly higher STI knowledge compared to men. It is unclear as to why female knowledge is higher, but it could be explained by the fact that two of the five questions relate specifically to reproductive health issues that directly affect women. Of significant concern is the belief among USP students (30 per cent of women and 48 per cent of men) that the contraceptive pill protects against STIs. This kind of misinformation could be effectively addressed by expanding the content of peer education and SRH education on campus. Increasing peer education on campus could be a key avenue for building sexual resilience among USP students.

**Table 5: Correct knowledge of STI symptoms among STSS participants**

<table>
<thead>
<tr>
<th></th>
<th>% answered correctly</th>
<th>% answered correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain during sex could be a sign of a STI.</td>
<td>34 (45%)</td>
<td>33 (41%)</td>
</tr>
<tr>
<td>Unusual discharge from the penis or vagina could be a sign of a STI.</td>
<td>54 (71%)</td>
<td>56 (69%)</td>
</tr>
<tr>
<td>Painful urination is not a sign of a STI.</td>
<td>47 (62%)</td>
<td>44 (54%)</td>
</tr>
<tr>
<td>The contraceptive pill protects against STIs.</td>
<td>53 (70%)</td>
<td>42 (52%)</td>
</tr>
<tr>
<td>STIs can lead to infertility.</td>
<td>39 (51%)</td>
<td>36 (44%)</td>
</tr>
<tr>
<td>All answers correct</td>
<td>16 (21%)</td>
<td>7 (9%)</td>
</tr>
</tbody>
</table>

**Reproductive health knowledge**

Young iTaukei women and men’s reproductive health knowledge is often minimal. Culturally, women are expected to be responsible for reproductive health issues (Kaitani 2003). Young iTaukei women gain some of their reproductive health knowledge, including information on menarche and how to manage menstruation, from their mothers, aunts and older female siblings. Other reproductive health information, such as pregnancy prevention, is more often sought via similar modes to HIV/STI information (peers and mass media).

Young iTaukei women’s family planning knowledge is mixed. Although most are aware that condom use is an affective form of pregnancy prevention, far fewer have heard of, or
are experienced in, using other birth control methods. Although most young women knew about the male condom, few spoke specifically about the female condom even though they are available alongside male condoms at several locations in Suva. Despite the potential female condoms hold for agency and sexual resilience among young iTaukei women, no female participants in my study disclosed using them. As the following conversation between myself and two female peer educators during a FGD with USP peer educators demonstrates, the low use of female condoms among USP students can be attributed to their size, the time taken to insert them and the noise associated with their use:

Unaisi: The instruction manual…the pamphlet inside the kit itself, it’s like a long process that you have to go through to insert the female condom, [so] it turns you off…I mean the instructions [tell you] you have to lie down like this or you have to squat or whatever. Oh my gosh! [laughter from FGD participants]. Also it makes a woop sound [when you’re having sex]…it’s loud, it’s louder than the male condom. If you were outside, then you could hear people having sex!

Elke: Do many students use the female condom?

Unaisi: Hardly, they are still getting use to the idea that there’s a Femidom [female condom].

Claire: It’s big packaging and the condom itself is bulky…and they [students] just look at it as being too technical. The male condom is seen as faster and easier.

Family planning methods used by a small number of young iTaukei women in this study included the male condom, the contraceptive pill (combined pill and progestogen only pill) and injectables. The contraceptive pill is available over the counter at pharmacies in Suva without prescription; however, similar to constrained condom access (see below), there are obstacles to accessing the contraceptive pill. Young women often refer to birth control simply as ‘pills’, or by their product name such as the injectable Depo-Provera or ‘Depo’. Some young iTaukei women have misconceptions concerning birth control, including the belief that the pill and injectables can cause infertility and other health
problems. Negative attitudes concerning contraceptives at a relational level and limited education at an institutional level in Fiji have led many young iTaukei women to be wary of contraceptives and for some to forgo using them altogether. Julie emphasised the impact of relational perceptions of contraceptive use on young iTaukei women’s attitudes during an all-female FGD with university students:

I don’t think it’s a good thing [contraception]. Well no it’s because my aunty and my mum you know they talk to us girl’s in the family and they say contraceptive pills is just no good.

Knowledge concerning emergency contraception among young iTaukei women is limited despite its availability in Suva. None of the young women in the FGDs or in-depth interviews disclosed using emergency contraception, and it is rarely discussed among young people or in SRH education programs in Fiji. Young women also lack knowledge of where to seek out free family planning methods in Suva. Young iTaukei women’s knowledge of reproductive health and contraception increases with sexual experience, and young women often learn about family planning and where to access free contraceptives after they fall pregnant. However, young unmarried people do have legal access to free family planning and other SRH services in Suva – despite their low use of such services (see Chapter 6). In order to foster sexual resilience among young iTaukei women (and men), the provision of comprehensive gender- and culturally-appropriate SRH education that addresses the needs of young iTaukei is required. This should incorporate information regarding family planning, including that it is free and legal for unmarried people in Fiji.

**BARRIERS TO CONDOM ACCESS: SURVEILLANCE, SHAME AND GOSSIP**

Christian churches play a central role in shaping societal understandings of sexuality in contemporary Fiji. Their influence on popular beliefs concerning premarital sex and contraception act as a significant barrier to young iTaukei seeking out condoms. In particular, the association of premarital sex with danger, shame and immorality by Christian denominations, their focus on abstinence-based education, and their pro-life

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105 Women’s lack of family planning knowledge and understanding of contraception in Fiji has been noted elsewhere, including similar misconception that it can cause infertility and/or cancer (Chandra 2000; Dewar 2006; Sami 2006).
anti-condom rhetoric act as deterrents to condom access and use. Young iTaukei are reluctant to purchase condoms from stores or access them for free from a health services because this suggests ‘premeditated sinning’, and as previously discussed, the risk of spiritual consequences is often prioritised in young iTaukei women’s hierarchies of risk. The result is that many young people opt for alternative church-sanctioned methods of contraception, such as the withdrawal method.

The immorality assigned to condoms means young iTaukei are often preoccupied with how they would be perceived and treated by their family and community if seen collecting or buying condoms. Embarrassment and shyness at having to collect condoms, and the potential for gossip, sexual stigma and shame that may result if seen accessing them, are at the forefront of young people’s minds. Fear of gossip is overwhelmingly internalised by young iTaukei women, as emphasised by Rosie during a FGD with female university students: ‘In university life that’s what people worry about [gossip]. They worry about what people think about them because…everyone knows each other. It’s a small community’. Here Rosie makes the link between female transgression, gossip and the potential for collective shame. In a study of gendered talk about sexuality and HIV in Papua New Guinea, Kelly et al. (2009, p. 226) noted that by engaging in gossip young people ‘participate in a process that upholds the rules and conventions of their culture’. Similarly, in Fiji young iTaukei help to reinforce the stigma attached to condoms through gossiping about peers and, in turn, perpetuate wider societal norms that deem premarital sexual activity as transgressive for women.

Young iTaukei women’s concern regarding the potential for gossip, sexual defamation and a compromised sexual reputation if seen collecting condoms is influenced by wider societal level norms. This includes sociocultural attitudes that label women who carry condoms as ‘deviant’ and ‘promiscuous’ while affording no such stigma to men. Julie explained this sentiment during an all-female FGD with university students: ‘I think it’s ok if males go [access condoms]...because everyone knows males are sexually active. But then when a woman goes I think they think that you’re like a whore’. As Julie suggests, the sexual morality of young iTaukei women who carry condoms is often called into question and their sexual experience is automatically assumed. Consequently, they often
rely on their male partners to provide condoms or use other family planning methods. The reluctance of many young iTaukei women to carry condoms points not only to the symbolism attached to them, but also to gender ideals and dominant sexual scripts in Fijian society. These overarching ideals of female sexual purity and male domination in sexual relationships, coupled with negative social perceptions of condom use, are significant barriers to young women accessing and (as previously discussed) negotiating condom use.

The importance of iTaukei social hierarchies and cultural taboos also act as barriers to condom access among young iTaukei. Young people often feel uncomfortable accessing condoms from places where older members of their community work. Timoci stressed this during an all-male FGD with university students:

> If [a] young person goes up to a place where they provide condoms and...sees that the person who is providing condoms is ah an older person say like 50...[he will say] ‘I just can’t go and get it from him’.

Consequently, young people’s desire to adhere to traditional taboos that reduce opportunities for intergenerational discussions of SRH issues and cultural norms that dictate the importance of remaining silent and respecting elders are often placed above their own SRH needs.106 As with seeking out SRH information, young iTaukei often associate condom access or use with going against the authority of their parents and elders.

In addition to concerns about breaching cultural norms, the often negative and judgemental attitudes of shopkeepers and other community gatekeepers deter young iTaukei from accessing condoms. The impact of judgemental shopkeepers contributes to the shame, embarrassment and reluctance of young iTaukei to purchase condoms in the future, as highlighted by Louise during a FGD with female university students:

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106 Cultural taboo associated with discussing SRH issues with relatives or people of the opposite sex has also been noted as hindering young people’s access to information and the ability of health workers to provide SRH information and services in other Pacific Island country contexts (Buchanan-Aruwafu, Maebiru & Aruwafu 2003; Keck 2007; Kennedy et al. 2013; Raman et al. 2015; Wilde 2007).
I went to buy a condom [from the pharmacy] and then the girl [shop keeper] asks me...‘how old are you?’ and I was like 18 and she was like ‘do your parents know what you are doing?’...and she gave me that look and I was so embarrassed because other people were looking. It was supposed to be [private]...but like everyone had to know about it.107

Young iTaukei prefer to access condoms through ‘discreet’ methods such as asking an older or braver friend108 to collect or buy for them. Collecting condoms from peer educators on campus at USP is also popular because peer educators are easily approachable and distribute condoms in a discreet manner.

The STSS survey provided insight into condom access among the broader USP student population. Although 81 per cent of respondents knew of condom availability on USP campus, only 10 per cent of women and 49 per cent of men had collected condoms from sites on campus in the past 12 months. This finding highlights that men, not women, take the sexual initiative in condom collecting in the wider USP population. In terms of USP students’ preferred condom access sites throughout Suva, the most popular location was the USP medical centre (39 per cent), followed by pharmacies around Suva (31 per cent), friends (27 per cent) and peer educators (14 per cent).109

107 Young women’s embarrassment at having to access contraceptives in busy pharmacies where others are privy to their purchases has also been noted in Nigeria (Cornwall 2007).
108 McMillan and Worth (2011) also noted the importance of friends and peer educators in supporting the access and supply of condoms for youth in Vanuatu.
109 Multiple responses were allowed for this question.
The USP medical centre on campus at Laucala Bay wraps condoms in newspaper to make collection discreet for students. Given its popularity as a condom collection point, this tactic appears to be facilitating student access. The availability of condoms in this way demonstrates how the USP medical centre has adjusted its service to ensure it is culturally appropriate and ‘youth-friendly’. Discretion and (where possible) anonymity are of central importance to young people feeling comfortable when accessing condoms. The second most popular location for collecting condoms was pharmacies. This was an interesting finding given the judgemental attitudes of shopkeepers described by young iTaukei. However, this may speak more to the lack of access (or knowledge of alternative access locations) to condoms throughout Suva than to the fact that young people feel comfortable accessing condoms from pharmacies. Promoting attitudinal shifts regarding condom use, prevailing gender norms and dominant sexual scripts, as well as providing safe spaces where youth feel comfortable accessing condoms, are central to reducing barriers to condom access, and consequently building sexual resilience in Fiji.
‘WHAT IF SOMEONE RECOGNISES ME?’: BARRIERS TO ACCESSING HIV/STI TESTING

Societal level norms as well as relational and community attitudes impact on young iTaukei’s willingness to seek out HIV/STI testing in Suva. Young people are particularly worried about being seen at HIV/STI testing centres and about how they would subsequently be perceived and treated by peers, family members and wider community. This concern was emphasised by Sala during an all-female FGD with university students:

When I told some of my friends to go [to get tested for HIV/STIs] and their girlfriends would tell them ‘Don’t go, what if like my cousin or what[ever] find out we were sitting there in the clinic?’

This was particularly the case in relation to the Reproductive Health Clinic on Brown Street, which is located on a busy road near the public hospital in Suva. Some young iTaukei express concern that its geographical location could result in them easily being seen entering the building. In addition, young iTaukei also expressed concern over the potential that peers or USP staff may see them visiting the HIV/STI testing and blood donor drive, which is located outside the USP Medical Centre at Laucala Bay campus for two weeks every year.

The dominant sexual morality in Fiji significantly deters young iTaukei women from engaging with SRH services through fear that being seen at HIV/STI testing sites will confirm their sexual activity and their sexual ‘purity’ will be questioned. Ana (24, university student) explained this fear during an in-depth interview:

Something about us here in Fiji is that when we go for these kinds of tests [HIV/STI test] people are not so opened minded about it. They…are scared about what people think you know? Going through those kinds of clinics means you are regularly having sex. So that is quite discouraging.

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110 The Reproductive Health Clinic does have a back entrance away from the main street but the location of this back entrance may not be known to young iTaukei. In addition, these young people still risk being seen in the location of the clinic, which may arouse suspicion and questioning from peers and community members.
As a result, many young iTaukei women prioritise their sexual reputation above knowing their HIV/STI status in their hierarchies of risk. In contrast, those young iTaukei women who have parents and siblings who openly discuss sexuality, contraceptive use and HIV/STI testing disclosed that they are less worried about relational and community attitudes and felt more comfortable accessing contraceptives and testing. Thus, familial structures can play an important role in building sexual resilience among young iTaukei women. There is a continuum of SRH behaviour among young iTaukei, which suggests it is possible to support young people to move along this continuum by building sexual resilience. In her study of young women’s sexual agency and SRHR in Fiji, Sami (2006) also highlighted the importance of familial attitudes for young unmarried women’s willingness to access SRH services.

Kaitani’s (2003) research offered additional insight as to why young iTaukei were reluctant to access the free HIV/STI testing that is available at the Reproductive Health Clinic in Suva. Kaitani noted in 2001 that the clinic was commonly referred to as the ‘STD clinic’ and as a result it was widely assumed that people accessing the clinic’s services have STIs. She suggests that this is one of the reasons why young iTaukei men in her study were hesitant to access the clinic. Ten years later at the time of my fieldwork, there was still a common belief among young iTaukei in Suva that anyone accessing the Reproductive Health Clinic is infected with an STI. The global shift from the use of sexually transmitted diseases (STD) to STI has seen young people now commonly refer to the clinic as the ‘STI clinic’. The stigma assigned to accessing the Reproductive Health Clinic services for HIV/STI testing was confirmed by Sara during a FGD with female university students: There’s...stigma attached to that eh?...getting [HIV/STI] tested eh? A lot of stigma!’ This stigma significantly limits young people’s willingness to regularly seek out testing, which in turn limits knowledge of their HIV/STI status. It also reduces their eagerness to access other services offered at the clinic, such as family planning advice and pap smears.
Concern over the negative attitudes of health care workers is a significant deterrent for young iTaukei accessing HIV/STI testing and other SRH services. A recent study of the knowledge and attitudes of health care workers towards SRH service clients in Fiji suggests young people have good reason to be concerned. Thirty-five per cent of healthcare workers surveyed across Fiji believed that HIV/STIs were punishment for immoral behaviour, while 46 per cent believed sex workers were responsible for the spread of HIV/STIs (Lui et al. 2012, p. 325). Wardlow (2008) argues that in Papua New Guinea, the high level of religiosity among many health workers, and its subsequent impact on the delivery of health messages and circulation of condoms, is an issue that is yet to be adequately explored in HIV and AIDS research, policy and practice. I concur; there is a need to better understand the links between health workers’ religiosity and the services they provide (including HIV/STI testing) and young people’s reluctance to access SRH services in Suva.

Apprehension regarding the confidentiality of SRH services in Suva is another obstacle to young people accessing HIV/STI testing. Young iTaukei disclosed concern regarding the assurance of anonymity and confidentiality when seeking out SRH services. My observation of the HIV/STI testing and blood donor drive initiative on campus at USP suggests they may have reason to be concerned. At the first point of contact, a nurse asks patients to add their details, including name, patient concern (i.e. discharge or sore/ulcer) and reason for visit (i.e. HIV/STI test or family planning advice) to a running client register, with all of the previous patients’ details visible to subsequent visitors. As a result, there is no confidentiality guaranteed for those utilising the service. Despite this, the temporary clinic reported that 96 students visited the service over two weeks in 2012 for VCCT and 10 students were treated for symptomatic STIs that may otherwise have gone untreated. Confidentiality of SRH services in Suva could be improved through better clinical processes, such as requiring nurses rather than patients to write down patient

111 The negative and judgemental attitudes of health care workers and confidentiality concerns have also been noted as key obstacles for young people seeking out SRH services in other Pacific Island countries (Buchanan-Aruwafu, Maebiru & Aruwafu 2003; Keck 2007; Kennedy et al. 2013, 2014; Meleisea 2009; Raman et al. 2015).

112 As this data was not publicly available and no formal process existed for me to gain approval to use it, permission was granted from the Director of the Reproductive Health Clinic in Suva to report on the data in the thesis. All of the data was de-identified prior to it being provided to me.
details on a client running sheet and making sure past patient details are not publicly visible. This would help to build sexual resilience by increasing young people’s confidence in SRH services.

Data from the STSS survey provides a comprehensive picture of HIV/STI testing among the broader USP student population over the 12 months prior to the survey. HIV/STI testing among students appears to be low, with only 17 per cent of women (8 per cent in the last 12 months and 9 per cent more than 12 months ago) and 12 per cent of men (5 per cent in the last 12 months and 7 per cent more than 12 months ago) having ever had a HIV test. Similarly, only 15 per cent of women (4 per cent in the last 12 months and 11 per cent more than 12 months ago) and 14 per cent of men (6 per cent in the last 12 months and 8 per cent more than 12 months ago) have ever had a test for a STI, other than HIV. Low uptake of HIV/STI testing is of particular concern and suggests that most USP students are unaware of their current HIV/STI status. The most popular location for HIV/STI testing among USP students was at hospital113 followed by reproductive health clinics and private doctors. A small percentage reported schools, blood donation centres and special events as their site for testing.

The 2008 SGS also showed low rates of HIV testing among tertiary students, with only 7 per cent of women and 14 per cent of men having ever had a HIV test, and just over 50 per cent of those students having had their most recent test in the last 12 months (Fiji Ministry of Health 2008). There is a clear need for more research with transparent and replicable methods to gain an accurate picture of HIV/STI testing among young people (and the wider Fiji population). This will help drive policy and programmatic work in the area by providing a clearer picture of prevalence rates and where programs should be targeted. Reducing barriers to HIV/STI testing is important in safeguarding the sexual health of young iTaukei and fostering sexual resilience in Fiji.

113 There is one public hospital (CWM Hospital) and one private hospital (Suva Private) in Suva. The survey did not ask students to specify from which hospital they sought HIV/STI testing as it is likely some sought testing from locations outside Suva.
CONCLUSION

The SRH attitudes, knowledge and health-seeking behaviours of young iTaukei in Suva are shaped by numerous interrelated factors at each level of the FEMS R. This includes their exposure to SRH education and public health messages at the institutional level, the attitudes of friends, partners and family at relational the level, and social relations and norms at the community level. National policies and laws as well as wider sociocultural beliefs at the societal level also shape young iTaukei’s SRH attitudes, knowledge and health-seeking behaviour, and therefore young women’s sexual risk and sexual resilience.

Sociocultural norms and the dominant sexual morality in Fiji have led to negative attitudes and high levels of stigma directed to PLHIV. The popular belief that HIV is a punishment for immoral and deviant behaviour sees young iTaukei deflect risk outwardly onto ‘other’ people in order to distance themselves from highly stigmatised groups such as sex workers and MSM. Urban legends and HIV myths, such as the man wielding a blood-fuelled syringe in Suva nightclubs, help to deflect this risk away from the self and contextualise transmission as up to ‘fate’ or external factors beyond an individual’s control. The sociocultural and religious norms that facilitate stigma and discrimination towards PLHIV in Fiji also decrease young iTaukei’s willingness to access condoms and HIV/STI testing. Young people (and in particular young women) are concerned about the wider relational and community consequences that may result from being seen collecting condoms or visiting a SRH clinic.

While young iTaukei’s (and in particular young women’s) access to in-depth and relevant SRH information is often restricted due to cultural and linguistic taboos, young people have identified a space in the silence where they can discreetly source some of the information they desire. However, the quality and relevance of this information is often inadequate and has led to young iTaukei having limited knowledge of SRH beyond awareness of basic HIV/STI transmission routes. The shortcomings of SRH education provided at the institutional level in Fiji (see Chapter 6), including inaccurate, misleading and narrow information, can be attributed to limited SRH knowledge at individual and relational levels. Thus, young iTaukei women’s sexual risk is partly produced through local beliefs and attitudes, as well as limited access to comprehensive SRH education and
information, condoms and HIV/STI testing in Suva. Therefore, fostering sexual resilience in Fiji requires policies and programs that, among other things, seek to reduce HIV and AIDS related stigma and discrimination, increase young people’s access to accurate and comprehensive SRH education and provide confidential, culturally appropriate and ‘youth-friendly’ SRH services.

The next chapter critiques the national response to HIV/STIs in Fiji. Examining factors at the community, institutional and societal levels of the FEMSR, it describes the various components that make up this response and provides context for understanding the impact of official policies and programs on young iTaukei women’s sexual risk and sexual resilience.
Chapter 6  The Fiji national response to HIV/STIs

[Contextual variables and AIDS-related policies must be seriously addressed if we are to bring about effective HIV-risk reduction, and work on these broad structural factors should therefore be understood as centrally important in order to contextualize and design relevant interventions (Parker, Easton & Klein 2000, p. s29).

INTRODUCTION

This chapter maps and critically reviews the various components of Fiji’s national HIV/STI response to provide further context for understanding young iTaukei women’s sexual risk and possibilities for increasing sexual resilience. It identifies key policy and programmatic strengths and areas requiring additional investment and support by discussing factors at the community, institutional and societal levels of the FEMSR. I analyse how current SRH initiatives are tracking against other national responses and discuss how they may increase sexual risk or facilitate sexual resilience among young people in Fiji. Prior to this study, there has been no review of this response and the national strategy has not been mapped in a holistic manner (Mitchell 2015). The data featured in this chapter are derived from a review of policy and program documents and interviews with key informants with knowledge in the areas of health, education, youth issues and religion. This is supplemented with data collected during participant observation conducted on campus at USP and with USP peer educators during workshops and observation of outreach activities.

I begin by exploring the governance, policy and legal frameworks that guide the delivery of SRH services and interventions in Fiji. I subsequently turn to the contemporary landscape of SRH services, describing what services are currently available to young iTaukei and identifying gaps in service delivery. I then examine the status of SRH education and critique the range of education programs offered to young people. Next, I discuss the rights-based approach to HIV/STIs in Fiji, with a particular focus on the HIV/AIDS Decree and the work of NGOs active in this space.

I then explore behaviour-change models, critiquing the value of peer education and the ABC (abstinence, be faithful, use a condom) approach in the Fijian context. Fiji’s
response to alcohol and substance misuse in the context of HIV/STI risk behaviour is then discussed and its weakness are highlighted. This is followed by a consideration of the national response to key risk groups such as sex workers, MSM and youth. In this discussion, I problematise the implications of targeting key groups in terms of perpetuating sexual stigma and social discrimination. I also explore national policy and programmatic responses directed at the prevention of mother-to-child transmission (PMTCT). I then critique the current monitoring and evaluation capacity of Fiji in relation to HIV/STI surveillance systems and the evaluation of prevention programs. Finally, I discuss current research strengths and the gaps in evidence for HIV/STI policy and programming.

HIV/STI GOVERNANCE, POLICY AND LEGAL FRAMEWORKS

A key strength of the national HIV/STI response in Fiji is the policy, legal framework and governance structures that guide the delivery of programs and services. This response is coordinated by a multi-sectoral HIV and AIDS Board (Fiji Ministry of Health 2011). The Board was established after the enactment of the HIV/AIDS Decree (2011) and is responsible for the review and adoption of national strategic plans. The HIV/AIDS Decree provides a legal framework for Fiji’s national HIV response that seeks to safeguard the privacy and rights of PLHIV and those affected by HIV and AIDS (Government of Fiji 2011; UNAIDS 2012a).

Fiji’s national HIV/STI policy is informed by: i) the Pacific Regional Strategy on HIV and other STIs 2009–2013, ii) the Fiji Reproductive Health Policy, and iii) recommendations made by the STI Regional Working Group for the Pacific (Fiji Ministry of Health 2011). The Fiji Government has adopted an inter-governmental approach with a number of Ministries aiding HIV/STI policy development, governance, programming and service delivery. Assisting the Government’s national HIV/STI response both financially and with technical support are a number of UN agencies (including UNAIDS, UNDP, UNFPA, UNICEF, UNWomen and the WHO).114

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114 The total expenditure for the AIDS program in Fiji in 2011 was US$2.25 million (UNAIDS 2012a). This figure includes funding from public (government), international and private donors. International and private donor contribution represents about 80% or 1.8 million of the total budget.
Fiji’s national response to HIV/STIs is set out in the Republic of Fiji National Strategic Plan on HIV and STIs, 2012–2015 (henceforth NSP). At the time of writing, the 2016–2020 National Strategic Action Plan on HIV & STI, which will replace the NSP, was in the final stages of development. The Fiji Government, in conjunction with UN agencies, faith-based organisations (FBOs), NGOs and USP, developed the NSP. It was guided by recommendations from a review of the Fiji National HIV/AIDS Strategic Plan, 2007–2011, which highlighted a number of challenges. This included challenges to prevention among youth and women, stigma and discrimination issues for PLHIV, the need for greater male involvement in SRH, and the need to expand diagnosis and treatment of STIs (Fiji Ministry of Health 2011).

The NSP provides a multi-sectoral approach to HIV/STI prevention, treatment, care, governance and research. It is strongly focused on strengthening prevention efforts, particularly among young people, while also increasing testing and improving the quality of health care and support provided to those living with, or affected by, HIV and AIDS (Fiji Ministry of Health 2011). Enhancing inter-sectoral collaboration, coordination and governance and operating within a rights-based framework are core principles that underpin the plan. Strengthening monitoring and evaluation of the national HIV/STI system, improving surveillance systems, and increasing research into risk behaviours and program and service effectiveness are also core components of the NSP.

The NSP acknowledges the low reported prevalence of HIV but high prevalence of STIs in Fiji and has therefore, for the first time, integrated prevention and treatment of HIV with other STIs. The focus on detecting and treating STIs through the Continuum of Care Strategy corresponds with recommendations made by the STI Regional Working Group for the Pacific in 2010 and the Pacific Regional Strategy on HIV and STIs 2009–2013, both of which called for greater detection and treatment of STIs (particularly Chlamydia) (Fiji Ministry of Health 2011; Secretariat of the Pacific Community 2009; STI Regional Working Group for the Pacific 2010). The NSP calls for the expansion of primary point of care sites, presumptive treatment of Chlamydia for pregnant women and their partners, and improvements to services so they are more accessible and ‘client-friendly’.
When compared to the national strategic plans of other Pacific Island countries, it is evident that Fiji’s NSP is more comprehensive. It is important to note that not all Pacific Island countries have active HIV/STI national strategic plans which Fiji’s can be compared to; however, all are currently in the process of drafting them. The exception to this is the *Papua New Guinea National HIV and AIDS Strategy 2011–2015*. Similar to Fiji’s NSP, Papua New Guinea’s Strategy focuses on prevention, counselling, testing, treatment, care and support (National AIDS Council of Papua New Guinea 2010). The marked difference between the two strategies can be seen in Papua New Guinea’s greater commitment to systems strengthening and, in particular, improving information systems, such as HIV/STI surveillance and biological, behavioural and operational research. The depth of Papua New Guinea’s national strategic plan is not overly surprising when you consider the size of its AIDS program budget and the support it receives from the international community.¹¹⁵ In 2010, Papua New Guinea’s monitoring and evaluation budget alone represented more than Fiji’s total AIDS program budget for 2011 (just over 3 million compared to 2.25 million).

In addition to government policy, a number of other sectors have developed their own strategies. FBOs have played an active role in Fiji’s national HIV response since the mid-1990s (UNICEF 2013). In 2004, the *Nadi Declaration: A statement of the World Council of Churches’ Pacific member churches on HIV/AIDS* was signed and endorsed by 17 member churches of the World Council of Churches and the Pacific Conference of Churches. This declaration was designed to be a policy document that FBOs could use to guide their HIV programs. It outlines the need to respond to HIV and AIDS within a human rights framework that includes ensuring access to treatment, VCCT, education on sexuality, and the provision of condoms where appropriate. The declarations stance on condoms was unprecedented and included recognition for ‘the freedom for individuals to make informed choices and to have access to condom use’ (World Council of Churches Office in the Pacific 2004, p. 4). Although this document represented an important step forward in the Christian churches’ response to HIV, it was not distributed broadly nor have many of the policies been implemented (UNICEF 2013).

¹¹⁵ Papua New Guinea’s total AIDS spending was over 131 million in 2010, of which just over 104 million came from international donors (UNAIDS 2012b).
More recently, the *Fiji Inter-Faith Strategy on HIV and AIDS, 2013–2017* (henceforth the Inter-Faith Strategy) has guided FBOs response to issues related to HIV and AIDS. Developed in partnership between UN agencies, FBOs and the Fiji MoH, the strategy is designed to strengthen the overall national response (UNICEF 2013). Specifically, the strategy sets out actions FBOs can undertake to prevent HIV infection and enable PLHIV to receive adequate treatment, care and support. This Inter-Faith Strategy aligns closely with the NSP. The development of the Inter-Faith Strategy has set Fiji apart from other Pacific Island countries, which do not have country-specific FBO strategies. However, Pacific-wide policies and guidelines do exist to guide Pacific Island countries.\(^{116}\)

USP has also developed its own policy to guide the institution’s response to HIV. Developed in 2001, the *USP HIV and AIDS Policy* focuses on the areas of discrimination; confidentiality; prevention; and health and safety (University of the South Pacific n.d.). Discrimination is addressed through an anti-discrimination policy for any staff or student with HIV and AIDS. Confidentiality relates to the university’s commitment to support the rights and confidentiality of all students and staff.\(^{117}\) Prevention is addressed through the university’s HIV prevention and education programs. Health and safety of staff and students is upheld by adhering to legal, ethical and medical standards.

The lack of new strategies to increase HIV/STI testing among young people within the NSP represents a gap in the national strategy. As discussed in the introduction, young people in Fiji carry the highest burden of HIV/STIs (Fiji Ministry of Health 2012; UNAIDS 2012a) and therefore promoting testing among this group is crucial. In Chapter 5, I discussed the low uptake of HIV/STI testing among young iTaukei and the broader USP student population and highlighted key barriers to young people seeking out SRH services for testing in Suva. Policies and strategies that increase testing uptake among young people in Fiji are imperative for strengthening the overall response and helping to build a sexually-resilient society in Fiji.

\(^{116}\) For example, *A Pacific guide on responding to HIV for Christian Ministers, Pastors and Communities*, which was developed by the South Pacific Association of Theological Schools in partnership with UNAIDS and UNDP (South Pacific Association of Theological Schools 2012).

\(^{117}\) However, as discussed in Chapter 5, confidentiality of students and staff during the HIV/STI testing and blood donor drive is not always guaranteed.
PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES

SRH services in Fiji are mainly offered through government-run clinics managed by the Fiji MoH. The MoH’s approach to delivering SRH services aligns with the NSP through its commitment to provide HIV/STI information, testing, counselling, antiretroviral therapy (ART) and reproductive health services (emergency contraception, male and female condoms, pap smears and pregnancy tests). These SRH services include three Hub Clinics in the administrative divisions of Central (Suva), Western (Lautoka) and Northern (Labasa).\textsuperscript{118} The Hub clinic in Suva is located within the Reproductive Health Clinic on Brown Street, Toorak opposite the CWM Hospital and is open Monday to Friday. It is housed in an old building with its main entrance visible from the street but also has a discreet back entrance. Information on the walls and pamphlets in the waiting and patient rooms include abstinence messages, warnings of the danger of drugs and alcohol, posters that urge condom use and messages on the importance of knowing your HIV status. People, most often youth, sit in the waiting area uncomfortably trying not to make eye contact with fellow patients before they are led into one of the treatment rooms by the nurse on duty.

\textsuperscript{118} Fiji is divided into four divisions (Central, Northern, Eastern and Western).
Three divisional and 16 sub-divisional hospitals also provide SRH services throughout Fiji, including counselling and testing (UNAIDS 2012a). Confirmatory testing is undertaken at Mataika House Reference Laboratory in Suva, at the three divisional hospital laboratories and, since 2015, within sub-divisional hospitals (in order to reduce the length of time for confirming HIV diagnosis) (Ministry of Health and Medical Services 2015; UNAIDS 2012a). In addition to government run SRH services, a few NGOs offer SRH clinical services in rural and urban areas of Fiji, such as the Oxfam Clinic and Medical Services Pacific (MSP) (Fiji Ministry of Health 2011).

The MoH and SPC through their Adolescent Health and Development Program (AHD) have established 24 ‘youth-friendly’ services operating around the country called ‘Our Place’ (UNAIDS 2012a). These clinics are designed to be drop-in centres where young people can seek SRH information and assistance. In 2011, close to 75,000 adolescents and young people used the services offered by Our Place which includes counselling, the provision of SRH and alcohol and drug information, free condoms and HIV/STI testing (Fiji Ministry of Health 2011; UNAIDS 2012a).
other main SRH service available to youth and offers information and counselling on SRH, and alcohol and drug use. During my fieldwork, the clinic was no longer providing HIV/STI testing, with young people being referred to the Reproductive Health Clinic. While there has been no published evaluation of the Our Place services in Fiji, an assessment conducted in 2010 of ‘youth-friendly’ services in Tonga, Solomon Islands, Vanuatu, Kiribati and Tuvalu suggested many services are falling short of being truly ‘youth-friendly’ (Secretariat of the Pacific Community 2010a). Confidentiality and privacy issues; limited opening hours; prohibitive cost; judgemental attitudes of service providers; insufficient training of clinic staff; the absence of youth-specific waiting areas; and a lack of youth involvement in the design, implementation or evaluation of SRH services were noted as shortcomings within many service models. Findings discussed in Chapter 5 also suggest that improvements are needed for SRH services in Suva to be ‘youth-friendly’, culturally appropriate and meet the needs of young people in Fiji.

The MoH also runs temporary mobile booths at major community events, such as the annual Hibiscus Festival and on USP’s Laucala Bay campus, for family planning advice and HIV/STI testing. SRH services are not available to USP students through the Medical Centre outside of MoH initiated campaigns. The exception to this is condoms, which are available free of charge from selected locations across Laucala Bay campus. The lack of SRH services on campus at USP has been criticised and concerns have been raised about the poor uptake of student referrals to the Reproductive Health Clinic in Suva (Key informant interview – Suva, May 2012). Young iTaukei university students see their campus as a relatively safe space and a place they have a certain degree of ownership over. The provision of comprehensive SRH services on campus at USP would address some of the sociocultural and structural factors that reduce young iTaukei’s willingness to visit these services in other locations in Suva, and would help to build sexual resilience among USP students.

The availability of testing in other health services across Fiji is dependent on different facilities’ laboratory capacity, and in the case of HIV whether staff are trained to conduct pre-and post-test counselling (UNAIDS 2012a). As such HIV/STI testing outside of main centres is very limited. While 51 per cent of the Fiji population live in urban areas, many
people continue to live in rural areas and outer islands, which often lack basic health services including SRH services (Fiji Islands Bureau of Statistics 2008a; UNAIDS 2014b; WHO 2011). This is not a problem unique to Fiji; people living outside of urban areas and particularly those living in remote outer islands across the Pacific have limited access to comprehensive SRH services (Jenkins & Buchanan-Aruwafu 2007; Kennedy et al. 2013; UNAIDS 2009b).

The availability of STI testing, and in particular Chlamydia testing, is also an issue in urban areas in Fiji. During my fieldwork, the availability of Chlamydia testing was sporadic at the Reproductive Health Clinic in Suva due to a hold on the reagent needed to undertake tests. Testing was available at Suva Private Hospital and through private doctors but for a considerable cost, outside the reach of most Fijians. Given the hyper-endemic rates of Chlamydia in the country, this requires urgent attention if it is to align with the NSP goal of increased testing and treatment. The introduction of free, rapid STI testing, and in particular Chlamydia testing, would help to address this issue.

SEXUAL AND REPRODUCTIVE HEALTH EDUCATION
SRH education is a key component in the national HIV/STI response in Fiji and is strongly focused on youth. Primary and secondary schools receive SRH education through the Family Life Education (FLE) program run by the MoH and MoE (UNAIDS 2012a). The FLE program aims to improve students’ SRH knowledge, attitudes, self-efficacy and risk behaviours (Secretariat of the Pacific Community 2010b). A recent shift has seen the FLE program move from an elective subject to being institutionalised in all schools through its incorporation into the general curriculum (Secretariat of the Pacific Community 2010b; Seru-Puamau & Roberts 2009). Prior to this, critiques of the FLE program suggested there was limited uptake, some resistance from teachers and parents, limited teacher training and support, and minimal monitoring and evaluation of the program (Chandra 2000; Sami 2006; Varani-Norton 2014). The conservative, abstinence-based education model of FLE and its limited focus on sexual health and rights

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120 The curriculum covers ten core areas: adolescent development and sexuality; family life and relationships; reproductive health and family planning; HIV/STI prevention; responsible parenting; life skills; society, culture and gender; drug and substance abuse; gender-based violence; and mental health.
(especially sexuality rights) has also been criticised (Sami 2006; Turagabeci & Tuivanualevu 2012). As a comment made during a key informant interview by the Program Director of a youth organisation in Suva suggests, teachers are still reluctant when it comes to teaching FLE: ‘There’s also a lot of teachers who are still uncomfortable about talking about SRH issues...work needs to be done to educate the teachers’.

FBOs in Fiji have integrated SRH education, including HIV/STI prevention, into their wider youth programs. For example, in 2003 the Youth Division of the Methodist church introduced the ‘4 corners’ program. This program incorporates four components: spirituality, iTaukei culture and practice, service to the community and vuli (to learn). The vuli or education component of the program incorporates a discussion on health issues, including SRH issues. This program includes guest talks provided by MoH nurses or the Fiji Network of People Living with HIV (FJN+) who discuss HIV issues and the realities of living with HIV to participants. These workshops largely focus on providing young people with information about HIV/STIs and are taught alongside church teachings on sexuality. Sexuality education typically follows an abstinence (abstinence before marriage and faithfulness within marriage) model where condom use as a form of HIV/STI prevention is not openly discussed. To date the SRH education provided by FBO is yet to be evaluated and as such the impact of these programs is unknown. There have been few rigorous published evaluations of FBOs HIV-prevention efforts globally. An evaluation of a five-year, abstinence-based school HIV prevention program in South Africa has, however, identified several areas of tension connected to the program’s faith-based focus (Casale et al. 2010). This includes support for abstinence-based approaches despite recognition of the structural constraints; a dichotomous construction of behaviours (i.e. good/right versus bad/wrong); and conflicting messages about condoms (Casale et al. 2010, p. 138). My research revealed similar tensions in current FBOs’ SRH education (as well as wider SRH education) in Fiji.

Policy level changes, including the development of the Nadi Declaration and the Inter-Faith Strategy suggests FBOs are beginning to acknowledge the value of condoms in preventing HIV/STIs. The SDA church is a good example of this shift. Through the Adventist Development and Relief Agency (ADRA), the SDA church runs a Youth
Information Centre in Suva. This centre provides SRH and substance-use education, access to the Internet, job-seeking workshops, and peer education training and outreach. Importantly, condoms are made available free of charge at the centre. The education provided at the centre follows the SDA church abstinence approach but also incorporates the B and C aspects of the ABC model (i.e. be faithful and use condoms). The SDA church currently stands as a good model of how to effectively balance church beliefs and teachings on sexuality with sound prevention programs that also include the provision of condoms. It also points to ways FBOs can foster sexual resilience among youth in Fiji. However, as highlighted in previous chapters, abstinence messages coupled with teachings about safe sex and condom distribution can be contradictory and confusing for young people. Nevertheless, it represents an important step forward in FBOs’ response to HIV/STIs in Fiji and their contribution to building a sexually-resilient society.

The NGO sector in Fiji has a number of organisations that include SRH education in their programmatic work. The largest is the Reproductive and Family Health Association of Fiji (RFHAF), the local arm of the International Planned Parenthood Federation (IPPF). RFHAF provides SRH education focused on youth at primary, secondary and tertiary levels. RFHAF’s SRH education program uses a specific tool developed by the organisation called the ICLSSE (integrated comprehensive life skills with sexuality education) tool. This tool focuses on behaviour change and includes discussions on values, sexuality and healthy relationships. RFHAF’s SRH education does use the ABC approach; however, condoms are discussed in the context of family planning but their use in HIV/STI prevention is not advocated.

Organisations in Fiji such as the FWCC and FWRM play an important role in providing SRH education and building the sexual resilience of young people. The FWCC includes a module on reproductive health and HIV in its four-week regional training program for people working in the area of violence against women and children. Since inception in 1995, more than 600 women and men from Fiji and across the Pacific have taken part in the FWCC regional training program (Fiji Women's Crisis Centre 2015). The FWRM incorporates education on violence against women, reproductive health, and HIV and AIDS into its larger Emerging Leaders Forum (ELF) program for young women. Between
2003 and 2013, 84 young women graduated from the ELF program (Fiji Women's Rights Movement 2013). In addition, UNFPA comes to discuss SRH issues with girls aged 10–12 years as part of the FWRM’s GIRLS Theatre project. In 2013, 27 girls from Suva took part in the program.

SRH education is also provided on campus to USP students through the USP Peer Education Network. Funded up until recently under the AHD program and supported by the MoH, SPC, UNFPA and UNICEF, the content of the peer education program aligns with the USP HIV/AIDS Policy and the NSP; namely, it seeks to increase awareness of HIV/STIs and prevent transmission among young people. The program extends the ABC model to include ABCDE (abstinence, be faithful, use a condom, do other things, education), which focuses on the provision of information to assist young people to be prepared if they do have sex and to make informed decisions about sexual activity. Although the USP peer education model is more in-depth than most SRH education programs in Fiji, adequate information on youth sexuality, sexual desire and pleasure is currently missing, and the program is predominately heterosexual in focus. Information on family planning and harm reduction is also limited.

The lack of monitoring and evaluation of SRH education programming in Fiji is a significant gap impacting on the longevity of these programs. Without program evaluation, little is known about the reach and impact of education activities. Further, the lack of evaluation means it is difficult to ascertain if the programs have met their objectives. A formalised monitoring and evaluation strategy for all SRH education programs is needed to ensure strengths and weaknesses of the programs are highlighted and addressed. Such evaluations can also be used to garner more support for the programs.

A RIGHTS-BASED APPROACH
The national HIV/STI response in Fiji operates within a human rights framework that explicitly includes a focus on gender equality and the rights of PLHIV. The enactment of the HIV/AIDS Decree provided the legal framework for this rights-based approach. The HIV/AIDS Decree was developed over a seven year period to enable the privacy and rights of PLHIV and those affected by HIV and AIDS (Government of Fiji 2011;
While HIV- and AIDS-related issues are addressed in the public health laws of some Pacific Island nations, only Fiji, Papua New Guinea and Pohnpei State (Federated States of Micronesia) have enacted HIV legislation specifically addressing HIV- and AIDS-related human rights concerns (UNDP 2013). The issue of stigma and discrimination has been partly addressed in the HIV/AIDS Decree, with people now legally able to seek redress through the courts if their rights have been violated. The Decree dictates that policies developed by the HIV and AIDS Board have legitimacy and any person who is found to breach these policies is committing an offence (Fiji Ministry of Health 2011). However, to date there has been no instance in which the HIV/AIDS Decree has been enforced in court (UNDP 2013), thus the efficacy of this legislation has not yet been tested.

The NSP is intended to put into practice the objectives outlined in the HIV/AIDS Decree, namely, responding to the HIV epidemic within a human rights framework that includes the reduction of stigma and discrimination (Fiji Ministry of Health 2011). The NSP addresses issues of gender equality, human rights, and stigma and discrimination through each of its priority areas. This includes increased presence of PLHIV and other minority groups in public events, the presence of HIV advocates in Hub Centres and increasing operational research to evaluate the effectiveness of current programs dealing with stigma and discrimination (Fiji Ministry of Health 2011). The development of the HIV/AIDS decree represents the necessary policy and legal foundations for a more sexually-resilient society in Fiji.

FBOs have also adopted a right-based approach that is largely guided by the Nadi Declaration and the Inter-Faith Strategy. The Transformational Leadership Development

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121 The HIV/AIDS Decree was amended shortly after its enactment in 2011 (HIV/AIDS Amendment Decree) to align it with human rights principles and the UN International Guidelines on HIV/AIDS and Human Rights (UNDP 2013). This included lifting travel bans on PLHIV, removing the criminal offence of deliberately infecting another with HIV (or attempting to do so), removal of the power of migration officers to refuse entry to Fiji for PLHIV, and removal of provision that allowed for mandatory HIV testing in some circumstances.

122 As of March 2014 there were three HIV advocates based in the three Hub Centres as support personnel for PLHIV (UNAIDS 2014b).
training for church leaders is one program that aims to better address the rights of PLHIV, and reduce HIV- and AIDS-related stigma and discrimination (UNDP 2012). However, as the comment below made by a Reverend from the Methodist Church during a key informant interview suggests, discrimination towards PLHIV by church members continues to be a problem in Fiji:

Church members still see HIV positive people as ‘you have got it, you deserve it’ which comes from an old theological understanding, but now we are trying to change this, getting people to understand that anybody can get it.

FBOs have the power to both contribute to HIV- and AIDS-related stigma and discrimination, and to ameliorate it through positively shaping social norms (Keikelame et al. 2010; Lindgren et al. 2013). Increasing the capacity of FBOs to adopt elements of a rights-based framework and reconfigure it to a local Fijian cultural context in order to reduce HIV- and AIDS-related stigma and promote the rights of PLHIV is needed in Fiji.

A number of NGOs in Fiji apply a strong rights-based approach to address SRHR. These organisations have historically negotiated their work in politically unstable environments and with limited political authority, which inevitably constrains the scope and depth of their work. However, despite this many NGOs continue to push conservative boundaries and advocate for change in policy at a societal level. This includes the work of women’s organisation such as FWCC, FWRM, Women’s Action for Change (WAC) and Fem’LINK Pacific. These organisations advocate for women’s rights and increasing women’s civil participation, reducing sexual and gender-based violence and promoting SRH and sexual resilience.

In 2013, FWRM ran a SRHR strategy meeting that brought together Pacific feminists and women’s rights advocates with the aim of advancing the SRHR agenda in the Pacific. The meeting produced an outcome statement that called for improvements to SRH including the right to legal and safe abortions and the importance of addressing high levels of STIs among Pacific women and girls. The SRHR of women in Fiji continue to be
limited due to the criminalisation of abortion.\textsuperscript{123} Although clandestine abortion services are available in Fiji, they are expensive and dangerous. Young iTaukei women’s experiences of abortion, as discussed in Chapter 4, are often both physically and emotionally painful. Guaranteeing access to safe abortion is both a health and development issue, and a fundamental human right (Cornwall, Standing & Lynch 2008). Following the call from women’s organisations by legislating safe abortions through reforms to law, and promoting attitudinal change at a societal level, are necessary to ensure a rights-based approach and to build sexual resilience in Fiji. Addressing the sexual and gender-based violence experienced by women, including women living with HIV, is also a much needed and important component of the national response to HIV/STIs in Fiji.

Advocacy organisations such as FJN+, the Survival Advocacy Network (SAN), and Men’s Empowerment Network of Fiji (MENFiji) undertake work concerning the rights and needs of PLHIV, sex workers, MSM and transgender people (Fiji Ministry of Health 2011; UNAIDS 2012a). However, stigma and discrimination remain a considerable problem for PLHIV and other minority groups in Fiji (Bavinton et al. 2011; McMillan & Worth 2010; Pacific Islands AIDS Foundation 2011; UNAIDS 2012a), as was highlighted in Chapter 5. The introduction of the ‘Prostitution offences’ section in the \textit{Government of Fiji Crimes Decree (2009)} represents another significant gap in the rights-based approach. This Decree outlines a wide range of offences relating to sex work, including the criminalisation of the client, and does little to safeguard the human rights of sex workers (Government of Fiji 2009). Working to secure the rights of people who sell sex is important for fostering sexual resilience in Fiji.

**PROMOTION OF BEHAVIOUR CHANGE**

The promotion of behaviour change is a key strategy in the national HIV/STI strategy in Fiji. The NSP calls for a focus on behaviour change, including the reduction of barriers

\textsuperscript{123} The exception to this is in cases where pregnancy is a threat to the life of the pregnant woman, or to preserve her physical or mental health. Legal interpretation also generally permits abortion on the grounds of rape, incest or foetal deformity as these factors are often permitted under the mental health provision.
to safe sex practices such as negative perceptions of condom use, as well as impediments to HIV/STI testing. Behaviour change is largely addressed through prevention programs, such as peer education that targets individuals and communities and is strongly youth focused. Given the silence surrounding intergenerational discussions of reproduction and sexuality in iTaukei culture, peer education is considered a discreet, culturally appropriate and ‘youth-friendly’ approach for delivering SRH education in Fiji.

The MoH, FBOs, NGOs and tertiary institutions run peer education in Fiji. Outreach activities typically include the distribution of SRH information and resources, one-to-one peer counselling, referrals to SRH services, condom demonstrations, and the distribution of condoms and lubricant. Peer education has been shown to be an effective tool in improving SRH knowledge, attitudes and in some cases reducing risk behaviours among young people in LMIC (Guse et al. 2012; Ibrahim et al. 2012; Maticka-Tyndale & Barnett 2010), and consequently building sexual resilience. While peer education seeks to create a safer youth sexual culture by changing behaviours at the individual and relational levels, it also has the potential to transform community norms and behaviours, and affect policy change at the societal level (Macdowall & Mitchell 2006).

Despite their wide use, the quality of peer education programs in Fiji is widely varied. Training provided to peer educators is often limited to short courses and an annual refresher course, with minimal access to mentoring and debriefing outside these times. The depth and scope of topics covered during the training is also limited to abstinence or ABC models (with the exception of USP), which in turn limits the capacity of peer educators to provide relevant information to peers. The USP Peer Education Network stands as the strongest model of peer education in Fiji. Selected students undergo a pre-test to assess their SRH knowledge, complete five days of peer education training, and on completion are tested to evaluate improvements in their knowledge. Refresher workshops are held periodically to address gaps in knowledge and provide updated statistical information. After each outreach activity, peer educators are responsible for

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124 The training covers a range of topics including: HIV/STIs; adolescent and youth development; human rights; mental health; unplanned pregnancy; alcohol and substance abuse; life skills; peer education and counselling; experiences of PLHIV; and interpersonal communication skills.
submitting reports to the Counselling Centre detailing activities undertaken and evaluating the strengthens and weakness of the outreach. Although some training and outreach activity evaluation of the USP Peer Education Network exists, there is a lack of whole-of-program evaluation, and as such little is known about the reach or impact of the program.

The University of Papua New Guinea (UPNG) runs a similar peer education program on campus in Port Moresby, which also includes regular training and support for peer educators (Anton 2011). The main difference between the two is UPNG’s extension of peer education activities to include the utilisation of mass media (television, radio, newspapers) and the use of UPNG specific SRH education materials. In addition, UPNG peer educators operate out of a dedicated space on campus where students can visit and access SRH information and condoms, which is currently missing from the USP Peer Education Network. The use of culturally and gender sensitive SRH resources developed specifically for USP students and the provision of a dedicated space from which USP peer educators can operate would further strengthen USP’s peer education program.

The role of peer education in building the sexual resilience of USP students is twofold; the USP Peer Education Network develops the SRH knowledge and skills of peer educators who then transfer this knowledge onto fellow students. Betty, a USP peer educator explains: ‘We as peer educators we’ve come to learn about this [SRH.] It makes us more open-minded and we in turn help empower others to be more open-minded about this topic’. Despite the USP Peer Education Network’s strength, it does have some weaknesses. During observation of outreach activities on campus, it was noted that some peer educators had limited communication skills and related confidence issues. The negative response to outreach by some USP students, which includes laughing, calling peer educators names and refusing to participate in the education workshops, further limits peer educators’ ability to provide detailed information during outreach activities. Concerns over the technical accuracy of peer education messages and barriers to delivering these messages to difficult audiences have also been raised by the Program Coordinator (Key informant interview – Suva, May 2012). Poor retention rates within the program are also an issue. Claire, a USP peer educator, emphasised the challenges and
also benefits of conducting peer education during a FGD attended by USP peer educators. This included reaching people who might otherwise avoid seeking out SRH information:

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\text{When you go and conduct outreach...people ah might be rude towards you or might call you names...Even just going up to...a group of guys eh? and then trying to talk to them about it and you know they pass comment or something like that, it's really hard eh? But then you see that out of all those guys one of them might be, you know, might look interested in wanting to know more about what you have to share.}
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Thus, the success of USP peer education activities are, in part, dependent on the social dynamics of the varied groups of peers receiving outreach at any given time. Thus, building the confidence of peer educators to respond to difficulties during outreach activities is needed for the ongoing success of the program.

Evaluation of peer education programs (including their impact and cost-effectiveness) in Fiji and across the Pacific is limited (Kennedy et al. 2014; SPC, UNFPA & UNICEF 2007). Past reviews have shown that peer educators are not routinely assessed for correct knowledge or their facilitation skills (SPC, UNFPA & UNICEF 2007). An assessment of the AHD Program peer education activities conducted in 2007 noted capacity building and mentoring of peer educators as vital to the ongoing success of the program in Fiji (Duvaga 2007). My findings similarly suggest that increased training and supervision through mentoring and debriefing within the USP Peer Education Network are needed. This would help to build peer educators’ confidence, arming them with skills required to undertake their roles and to adequately manage negative responses to their outreach activities.
ABC approaches have had limited success in the Pacific. Eves and Butt (2008, p. 6) argue this is due to their failure to correspond with the cultural realities of the region (see also Hammar 2007, 2008; Jenkins 2007; Meleisea 2009). Meleisea (2009, p. 48) further suggests that by targeting individual behaviours, ABC approaches in the Pacific give too little focus to the sociocultural, gendered and economic factors that shape individual choices, which significantly limits the effectiveness of behaviour change interventions (see also Herdt 2004). In the context of Papua New Guinea, Dundon (2009, p. 175) argues that women have limited ‘access to the level of social and sexual “choice” implicit in the ABC program’, with the freedom to ‘choose’ abstinence and monogamy in marriage (and, I also argue, romantic relationships) not always an option (see also Wardlow 2007).

In the Fiji context, ABC approaches tend to strongly emphasis the ‘A’ (Abstinence) and ‘B’ (Be faithful), with ‘C’ (use a condom) recommended only after the first two have failed. This approach does not reflect the realities of the sexual desires and behaviours of young people in Fiji and limits the utility of the ABC model. In addition, by not engaging with local sexual cultures, the effectiveness of behaviour change interventions is further compromised. As is demonstrated throughout the thesis, without critically engaging with
and unpacking the sexual ethics of Fijian society, current behaviour change models (such as ABC approaches and peer education) are failing to meet their objectives. This includes increasing condom use and HIV/STI testing, reducing HIV/STI rates and building sexual resilience in Fiji. The limitations of abstinence-based approaches are highlighted by USP peer educator Julia, who instead opts to provide information on the ‘D’ and ‘E’ aspects of the ABCDE approach: ‘[When] I’m doing awareness [outreach]…I can just tell from their expressions they don’t buy that [abstinence model] eh? So yeah [I just talk about] doing other things’. Thus, there is an urgent need to move beyond ABC approaches to provide comprehensive SRH education that considers local contexts and cultures to help foster sexual resilience among young people in Fiji.


HARM REDUCTION APPROACH
Policies and programs that address alcohol and substance misuse in the context of HIV/STI risk behaviours are an important part of any national HIV/STI response (Bakke
The latest NSP does not specifically set out strategies to deal with the issue of alcohol and substance use in the context of HIV/STI prevention. In contrast, the *Papua New Guinea National HIV and AIDS Strategy 2011–2015* identified the development of a national policy on harm reduction for alcohol and other drugs as new key priority areas for preventing HIV (National AIDS Council of Papua New Guinea 2010). As extensive research has shown a strong link between alcohol and drug use and increased risk of HIV/STI transmission, the omission of harm reduction strategies represents a problematic gap in the NSP (Morojele et al. 2006; Patrick et al. 2012; Weiser et al. 2006). Instead, the National Substance Abuse Advisory Council (NSAAC) largely manages the response to alcohol and substance use in Fiji and also fails to make any explicit policy links to HIV/STI prevention.

NSAAC is a statutory body within the MoE whose role includes undertaking research and policy development, providing information and education, and promoting treatment and care concerning substance use in Fiji (Fiji Ministry of Education 2013). Institutional level education programs include drug prevention and awareness in schools, which takes place through the FLE program. This education uses an abstinence approach to drug use, and seeks to minimise the use of alcohol through scare tactics, with limited information on strategies for responsible drinking. Abstinence-based models ignore the realities of young people’s alcohol use, which as discussed in Chapter 3 frequently includes binge-drinking. During a key informant interview, a Reverend from the Methodist church highlighted the need for a more holistic response to drug and alcohol use among young people in Fiji: ‘We are urged to do it because of the alcohol and drug use in our church…kava, marijuana, cigarettes and alcohol. There is urgency for us to talk about it’.

NSAAC also provides training to the USP Peer Education Network during their initial training week. As with the education provided in schools, this training is abstinence focused and provides peer educators with little information on strategies to reduce the harms associated with substance use. In addition to NSAAC education, the Fiji Police are sometimes invited to talk about drug and alcohol issues with young people, including to church youth groups. Past research suggests harm reduction is effective in reducing alcohol and drug related harms among young people (Marlatt & Witkiewitz 2002; Monti
et al. 1999; Toumbourou et al. 2007). The impact of harm reduction education specifically on reducing sexual risks has also been demonstrated. For example, a randomised intervention trial in South Africa reduced the rate of unprotected sex by 65 per cent among participants who received a 60-minute HIV and alcohol risk reduction behavioural skills intervention (compared to the control group who received only HIV education) (Marlatt & Witkiewitz 2002). The inclusion of harm reduction approaches to substance use alongside SRH education in all sectors in Fiji is needed, and would improve the national response to both alcohol and drug use and HIV/STI prevention. Thus, there is an urgent need to address this current gap in the NSP in order to build a sexually-resilient society in Fiji.

A significant gap in the harm reduction approach in Fiji is the paucity of liquor licensing laws at a societal level, such as responsible service of alcohol laws. Similarly, there is little policy regulating the environment in which alcohol is marketed, particularly its price and availability. Restrictions on nightclub and bar opening hours and the availability of takeaway alcohol are also minimal. The implications of poor alcohol policies and liquor licensing laws on young iTaukei women’s sexual risk was highlighted Chapter 3, and includes their heightened vulnerability to sexual violence.

KEY GROUPS
The official response to HIV/STIs is strongly focused on the prevention, counselling and testing of key populations considered at risk, including sex workers, MSM, transgender people and PLHIV (Fiji Ministry of Health 2011). Other identified key populations include people who engage in unprotected sex with multiple partners, employees in the tourism and seasonal agricultural industry, seafarers and members of the uniformed services (military, police and prisons services). Importantly, the latest NSP identified youth as a key population in their own right (Fiji Ministry of Health 2011). The acknowledged vulnerability of young people is also reflected in current prevention programs, with each sector specifically engaging youth in their programming. Married women are currently omitted as a key risk group from the NSP, despite increasing recognition throughout the region (especially Papua New Guinea) of their vulnerability to HIV (Hammar 2010; Kelly-Hanku, Aggleton & Shih 2014; Labbé 2011; Lepani 2012;
In contrast, the *Papua New Guinea National HIV and AIDS Strategy 2011–2015* specifically recognises the vulnerability of married women to HIV and outlines strategies to address this vulnerability (National AIDS Council of Papua New Guinea 2010).

While policy and programs focused on key populations in a country’s national HIV/STI strategy are important to ensure these groups have access to SRH information and services, it can in turn increase their exposure to stigma and discrimination from the wider population. This is evident in Fiji, where a moral othering of HIV/STIs sees the general population externalise infection risk outwardly to ‘other’ people. The strong focus on sex workers and MSM in HIV/STI prevention efforts has clearly aided this moral othering. It is therefore important to design prevention programs that engage the whole population, with smaller, discreet programs that sit alongside and involve specific at-risk groups. Using a combined approach that simultaneously engages the whole population and smaller subsets of the population will help to reduce stigma and avoid moral othering in the community.

**PREVENTING MOTHER TO CHILD TRANSMISSION**

The overall response to the PMTCT is guided by the *Fiji Policy on Prevention of Parent to Child Transmission of HIV* (UNAIDS 2014b). This strategy aims to prevent the transmission of HIV from a positive mother to her child during pregnancy, labour, delivery and breastfeeding. The NSP addresses PMTCT through the provision of community-based prevention programmes, as well as clinic-based initiatives that provide ART for PMTCT, and treatment for HIV-positive women and their children (Fiji Ministry of Health 2011). All pregnant women and their partners attending antenatal clinics in the three divisional hospitals in Suva, Lautoka and Labasa and two sub-divisional hospitals in Nadi and Nausori are offered HIV/STI testing through a partnership between MoH and the Pacific Counselling and Social Services (PCSS) (Fiji Ministry of Health 2011; UNAIDS 2012a).125 HIV antenatal testing in Fiji aligns with the HIV/AIDS Decree by ensuring no women are coerced into taking HIV tests.

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125 PCSS is now known as Empower Pacific.
In 2012, the MoH/PCSS partnership reached 13,000 pregnant women, which represented 60 per cent of pregnant women in the country (UNAIDS 2012a). In antenatal clinics that did not fall under the MoH/PCSS partnership trained nurses facilitated HIV testing. Altogether it is estimated that approximately 80 per cent of pregnant women in Fiji received a HIV test in 2012 as part of their antenatal care, up from 66 per cent in 2010 (UNAIDS 2012a).126 In contrast, in Vanuatu of the 12,375 women attending an ANC visit in 2012, only 11 per cent underwent HIV testing despite the availability of VCCT in all six hospitals in the country (Ministry of Health Vanuatu 2015). Increasing understandings of why some women choose not to be tested would provide valuable insight, and help to strengthen the provision of maternal and child health services and the national HIV strategy in Fiji (and the wider Pacific).

**MONITORING AND EVALUATION OF IMPACT**

There is currently no national HIV/STI monitoring and evaluation reporting mechanism in Fiji, which is a major gap in the national strategy. The MoH monitors some aspects of the national response through surveillance systems, such as the number of pregnant women receiving HIV tests and the number of people receiving ART (UNAIDS 2012a). UNAIDS also works closely with SPC to track HIV and AIDS notifications in Fiji and develops the annual HIV global data reports. However, there is currently no central database where this information is stored and sorted, and as such data is rarely analysed to identify trends.127

Due to the absence of a national reporting mechanism, most projects undertaken by NGOs and other sectors only provide monitoring and evaluation reports internally or to their funders (Fiji Ministry of Health 2011; UNAIDS 2012a). Monitoring and evaluation of programs are important to account and plan for resources, improve the overall program and to show whether the interventions have met their objectives (WHO 2004). It also

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126 Recent data from Empower Pacific has shown in the clinics where they operate, after pre-test counseling approximately 98 per cent of pregnant women opt to take the test (UNAIDS 2014b).
127 In 2015, a HIV online reporting tool was introduced in Fiji so that all new HIV notifications can be entered in real time, which should assist clinicians to collate and analyse data from their clinics (Ministry of Health and Medical Services 2015). Whether this online system will include other HIV/STI information and whether it will be used to analyse trends and inform future policy and programming is unknown.
provides a strong evidence-base in which future program and service delivery can be modelled. Without a national surveillance, monitoring and evaluation reporting system there is limited information available to either learn from past research and programs or to improve future planning, program and policy development. Similarly, without specific guidelines to assist organisations in the monitoring and evaluation of their HIV/STI programs, evaluation is often done in an ad hoc manner or not at all.\textsuperscript{128} Thus, it is difficult to determine if current programs and services are appropriately targeted and achieving their desired goals. Similarly, there is no way to properly assess real costs for the programs and therefore adequately budget for their continuation.

The latest NSP seeks to address this lack of a national reporting mechanism through integrating HIV/STI monitoring and evaluation into the overall Health Information System (HIS) under the MoH (Fiji Ministry of Health 2011). Once developed, this should assist with improving the monitoring and evaluation of HIV/STIs and further align such data with information on other health issues, such as reproductive health. It will be imperative to ensure all sectors have the capacity to contribute data to the system and to secure dedicated staff to collate and interpret this data, as well as to distribute it for future use.

**RESEARCH AND EVIDENCE FOR PROGRAMMING**

Research concerning sexual risk behaviours, health service usage and barriers to safe sex is minimal in Fiji. The lack of research may be attributed to cultural taboos and the difficulties of intergenerational discussions concerning sexuality and SRH in iTaukei culture, which make conducting research in youth sexuality challenging. In addition, there is currently no publicly available nationally representative HIV/STI surveillance data. The last SGS survey was conducted in 2008, which has led to a reliance on the use of old data, which limits the scope of evidence for future policy and programming in Fiji. The 2008 SGS only included a biological surveillance of antenatal clinic attendees and

\textsuperscript{128} Since completion of my fieldwork, a Monitoring and Evaluation Technical Working Group has been established and a Monitoring and Evaluation Framework for HIV/STI has been developed to sit alongside the NSP. However, it was recently acknowledged that the implementation of this framework needs to be strengthened (Ministry of Health and Medical Services 2015).
therefore missed other important groups, such as young people and men. Between 2011–2012 Integrated Behavioural and Biological Surveillance (IBBS) surveys were conducted with sex workers, MSM and transgender people in Fiji, but to date no youth specific IBBS has been conducted in the country (Mossman et al. 2012; Rawstorne et al. 2012). To fill the gap in knowledge, an updated nationally representative SGS survey that includes an IBBS is needed and would provide the evidence-based for the direction of future HIV/STI policy and programming.

The latest NSP attempts to address the lack of representative and meaningful HIV/STI research and data by increasing research efforts in a number of areas. This includes research examining trends in HIV/STIs and increasing evaluation of program and service effectiveness. Despite the high rates of HIV/STIs among young people in Fiji, youth are not a priority in the NSP research agenda. There is currently a gap in knowledge concerning young people’s SRH knowledge, attitudes and practices and no nationally representative data on HIV/STI rates among this group. There is also a paucity of qualitative research that explores sexual risk and sexual resilience among young people in Fiji, which the thesis begins to address.

**CONCLUSION**

This chapter has provided context for understanding how beliefs and values at the community level, programs and services at the institutional level, and policies and laws at the societal level of the FEMSR shape young iTaukei women’s sexual risk or sexual resilience. The strength of Fiji’s national response to HIV/STIs comes from its multi-sectoral collaborative approach. This includes a strong focus on prevention among young people through the use of peer educators to disseminate SRH information, increased focus on gender equality and SRHR, and the expansion of FBOs’ prevention programs. The development of a HIV/AIDS Decree and increased focus on a rights-based approach are also key strengths in the overall response.

Despite recent improvements, gaps remain. This includes the limited scope and depth of SRH and substance use education programs at an institutional level, which fail to recognise the cultural realities of young people’s sexual behaviours in Fiji. The provision
of SRH education often falls short of the comprehensive sexuality education young iTaukei desire. The limited technical capacity and knowledge of teachers and peer educators delivering SRH education and behavioural change interventions represent a key gap undermining the efficacy of this approach. Poor access and uptake of SRH services, including HIV/STI testing, reduces young iTaukei women’s access to contraceptives and treatment for STIs, which in turn increases their sexual risk. The absence of a comprehensive national monitoring and evaluation reporting mechanism, the lack of nationally representative HIV/STI surveillance data and limited research on sexual risk behaviours at a societal level also limit the national strategy.

In order to foster sexual resilience in Fiji, changes at policy and programmatic levels are needed. Firstly, it is vital to continue to maintain and support established multi-sectoral relationships that seek to advance the SRHR agenda. At a policy level, increasing young people’s access to and utilisation of SRH services that are comprehensive, culturally appropriate and ‘youth-friendly’ are important. This should include the provision of SRH services at USP’s Laucala Bay campus and the introduction of rapid STI testing in Fiji. Secondly, the legalisation of abortion is warranted and would reduce young iTaukei women’s risk of poor SRH outcomes. Thirdly, strengthening the national HIV/STI monitoring and evaluation reporting mechanism would help to guide the evaluation of SRH programs and prioritise future SRH research. At a programmatic level, it is essential that all SRH education is comprehensive, culturally and gender sensitive and relevant to the lived experiences of young iTaukei. The integration of harm reduction within SRH and drug and alcohol education (that includes a discussion on sexual consent) is also warranted. Programs should also target young iTaukei in romantic relationships and address issues regarding sexual violence, pleasure and healthy relationships within this context. Secondly, building the capacity of peer educators through increased training, support and mentoring is needed. Capacity building of FBOs to respond to SRH issues and help to build a sexually-resilient society is also crucial. Addressing factors at a policy and programmatic level is central to the success and sustainability of current and future HIV/STI prevention efforts in Fiji.
The next chapter theorises the multiple and overlapping influences of young iTaukei women’s sexual risk and sexual resilience by utilising the FEMSR. It provides guidelines for the application of this model in future SRH research, interventions and policy development in Fiji.
Chapter 7 Reimagining sexual risk in Fiji: Protecting the future through a culturally grounded model of sexual risk and sexual resilience

INTRODUCTION

This chapter provides a comprehensive overview of sexual risk and sexual resilience among young iTaukei women by bringing together the multiplicity of factors determining risks in the lives of young women whose experiences and views have been included in previous chapters. As outlined in the introduction, the objectives that drove this research were: 1) to create a culturally grounded and gender sensitive understanding of sexual risk and sexual resilience that is relevant to the lives of young iTaukei and especially to young iTaukei women; 2) to address the gap in evidence needed to reduce HIV/STI risk and promote sexual resilience among young people in Fiji; and 3) to develop a comprehensive ecological framework that can be applied in planning and monitoring the HIV/STI situation and response in Fiji. Throughout this chapter, I reiterate the voices of young iTaukei already included in previous chapters to highlight key points regarding sexual risk and sexual resilience.

This chapter responds to the complexities of young iTaukei women’s sexual risk by utilising the FEMSR to theorise sexual risk and sexual resilience in terms of multiple and overlapping ecological levels of influence. It bridges the insights between data collection, model theorisation, and the level of HIV/STI practice and intervention in Fiji. The FEMSR draws on past (enduring values and societal hierarchies) and present (social change) in order to predict what factors are needed to create a sexually-resilient society in Fiji. As the preceding chapters have demonstrated, the collective nature of iTaukei social relations means that the sexual risks faced by young iTaukei women are not only individual risks: they have collective consequences. I argue that responding to young women’s sexual risk requires efforts that build both individual and community sexual resilience in order to be more effective and sustainable.

I begin by discussing risk and resilience factors at each level of the FEMSR and considering the interrelatedness of these levels. I then revisit the ten competing risks experienced by young iTaukei women outlined in Chapter 2. Next, I discuss the
implications of the FEMSR for reducing sexual risk and promoting sexual resilience among young iTaukei women. I conclude by outlining approaches that could be adopted in future SRH interventions in Fiji to address sexual risk and build sexual resilience at each level of the FEMSR, in order to provide concrete recommendations that are aimed at protecting the future SRH and wellbeing of young iTaukei.

THEORISING YOUNG ITAUKEI WOMEN’S SEXUAL RISK: FACTORS INFLUENCING SEXUAL RISK AND SEXUAL RESILIENCE

Individual level factors
Throughout the thesis, I have identified numerous individual level factors associated with young iTaukei women’s sexual risk and sexual resilience, including (ii) a collective Fijian concept of the self; (ii) a person’s internalisation of religious faith; (iii) a person’s SRH knowledge and attitudes (iv) a person’s reproductive and sexual health history; and (vi) a person’s use of alcohol.

A collective Fijian concept of the self influences young iTaukei women’s SRH beliefs and behaviours. Young iTaukei’s identities are grounded in their relational contexts, and social relationships are nurtured and sustained through commitment to collective interests. Young iTaukei women’s self-esteem, coping strategies and self-efficacy regarding HIV/STI prevention are all shaped within the context of a collectivist culture. Mikaele aptly explained how relationality shapes the urban youth sexual culture among iTaukei: ‘As young Fijians we have a lot of internal conflict. We are very sexual and we have a lot of sex, but publicly we don’t. In public we are ‘good’ we make sure people don’t know what we do’. In order to uphold collective interests and avoid individual and collective shame and loss of morality, young iTaukei women maintain a public image of respectability and engage in premarital sex in private. Although clandestine sex allows young iTaukei women to act on desire while also respecting relational and community expectations, it limits their access to SRH information and services and therefore contributes to their sexual risk.

Young iTaukei women’s internalisation of religious faith impacts on both their sexual risk and sexual resilience. Lela pertinently described the embedded nature of Christianity
in iTaukei identity when she stated: ‘Being Fijian is being so Christian...it’s like Christianity is a race by itself. You’re born a Christian if you’re born Fijian’. Young women internalise Christian values regarding sexuality, such as the importance of female purity and that premarital sex and condom use are seen as sinful. Young iTaukei women adopt these ideals for a variety of reasons, including relational and community expectations, guilt and fear. Some young iTaukei women embrace Christian ideology in a manner that leads them to abstain from premarital sex, thus increasing their sexual resilience. Others believe they will abstain from sex until marriage but later make different choices, often due to the verbal pressure from their romantic partner. Others still, while internalising Christian doctrines, do have casual sex. Thus, female sexuality and young iTaukei women’s participation in premarital sexual activity occur along a continuum, and is constantly renegotiated depending on specific contexts, places and relationships. As highlighted by Ema, young women often experience shame and guilt associated with their sexual activity, which is linked to their spirituality: ‘sometimes straight after that [sex] I regret it…I think about it all the time...think about it being wrong’. In order to appear as though they are adhering to Christian ideals, these young iTaukei women engage in clandestine relationships, which compounds their sexual risk.

Young iTaukei women’s SRH knowledge and attitudes also shape their sexual risk and sexual resilience. Young women with comprehensive SRH knowledge are more aware of the risks they are taking and the risks that their sexual partner/s may expose them too. In contrast, young iTaukei women with limited or incorrect SRH knowledge, including HIV/STI transmission routes and the symptomology of STIs, are less equipped to reduce their sexual risk. Young women’s attitudes towards HIV/STIs and contraceptives, including a low personal perception and the ‘othering’ of risk, contribute to low and inconsistent condom use. The popular perception that condoms are for casual and commercial sex further limits their use within romantic relationships, adding to young iTaukei women’s sexual risk. Polly encapsulated this sentiment when she claimed: ‘in an intimate relationship you don’t…need to use condoms. [They are] only for those people who are single. Cause you trust each other’. Sexual resilience can be higher among young iTaukei women with positive attitudes towards, and actual use of, condoms for HIV/STI and pregnancy prevention. Amelia demonstrated how sexual agency could lead to young
women’s sexual resilience: ‘If I’m [having sex] with my casuals I use condoms. Which is more concrete for me…I can be sure that I’m not getting any STIs’.

Young iTaukei women’s reproductive and sexual history can influence to their sexual resilience. Personal experiences of a SRH crisis can contribute to young iTaukei women having greater understanding of the risks associated with sexual activity, as highlighted by Lulu: ‘My friends only started thinking they may be at risk when I got a STI’. Young women with personal (and peer) experiences of unplanned pregnancy, or those who have contracted a STI, are more likely to use condoms (and other contraceptives) with subsequent sexual partners and have greater success negotiating protection, thus increasing their sexual resilience.

Young iTaukei women’s use of alcohol increases their sexual risk by reducing their capacity to make informed decisions about the timing and location of sexual encounters and by reducing their self-efficacy in condom negotiation and consent. This was emphasised by Eta when she suggested: ‘People don’t think about safety [safe sex] when they’re drunk’. The perception that women who consume alcohol (especially to excess) are sexually available can further compound sexual risk (including risk of sexual violence) for young women who drink. Tomas captured this popular perception, suggesting ‘when the girl…goes out for drinking anything goes…you want to have sex come let’s go, anywhere any place’.

**Relational level factors**

Previous chapters have revealed how relational level factors influenced young iTaukei women’s sexual risk and sexual resilience, including through: (i) peer pressure; (ii) intergenerational dialogue regarding sexuality and reproduction; (iii) social hierarchies; (iv) the dynamics of sexual and romantic partnerships; and (v) the value assigned to pleasure and intimacy in sexual relationships.

Young iTaukei women face competing peer influences that vary across space, time and context. This includes the pressure to socialise at night, consume excessive amounts of alcohol, date and have premarital sex. In other contexts, peers can reinforce customary
social ideals, such as abstaining from sex or alcohol consumption. Peers can also have a positive influence on young iTaukei women’s contraceptive use. Carolina pointed out the importance of peers in promoting positive SRH behaviours when she shared: ‘the social group I hang out with they are a very safe group so they use condoms a lot’. Similarly, peer input can reduce sexual risk and build sexual resilience, as evidenced in the narrative in Chapter 3 where, seeing Marie was intoxicated and potentially in danger of sexual violence, Joana intervened and took Marie back to the halls of residence. Thus, for iTaukei women university students, there is often a continuum of peer influences that can shape both their sexual risk and sexual resilience.

Difficulties with intergenerational dialogue regarding sexuality and reproduction in iTaukei culture (between youth, parents and community elders) can restrict young iTaukei women’s access to SRH information, therefore contributing to their sexual risk. This includes young women’s inability to approach parents, community elders or health service staff for information regarding HIV/STIs and reproductive health and conversely, the limited capacity of adults to provide SRH information and advice to young people. Tomas captured the interrelatedness of the societal, relational and individual levels of the FEMS R when he suggested: ‘I think coming from the Fijian culture talking about sex is tabu…talking about sex in the open is…it’s not on’. Limited adult–youth communication about SRH issues, is as Tomas suggested, directly related to traditional iTaukei cultural beliefs and religious ideologies regarding sexuality. In contrast, parental candidness on SRH matters can increase young women’s sexual resilience by opening up a safe space where they can seek advice and access contraceptives. Rosie highlighted this when she shared: ‘My mum gives me condoms…she’ll ask me “do you have, still have condoms?” [and] if I don’t she’ll like go down to the health centre and get some’. Although intergenerational dialogue regarding sexuality and reproduction is not yet the norm in Fiji, it demonstrates the role family and community can play in building the sexually resilience of young people.

ITaukei social hierarchies shape youth participation and their subordinate position within social life. For young iTaukei women social hierarchies are particularly constraining: they provide men with formalised authority of women, they seek to restrict women’s
movement between social spaces, and they assert young women should remain silent and respect the authority of elders. Young iTaukei are reluctant to defy social hierarchies and prefer not to disclose their engagement in sexual activity by proxy through seeking out HIV/STI testing, SRH information or contraceptives. Timoci encapsulated this concern when he suggested: ‘If [a] young person goes [to a SRH service] and…[sees] the person who is providing condoms is an older person, say like 50…[they will say] “I just can’t go and get it from him”’. Avoiding SRH services where older members of the community work leaves young iTaukei women vulnerable to HIV/STIs and unplanned pregnancy, and thus adds to their sexual risk.

The gender dynamics of young urban iTaukei’s sexual and romantic partnerships are largely characterised by male dominance and female subordination. It is within these relationships that societal level gender norms are reinforced. Young iTaukei women are expected to follow the dominant sexual script, which dictates female passivity and the constraint of female sexual desire. In contrast, strong male desire and male dominance in all facets of sexual activity, including condom use or non-use, are normative. The performance of ideal gender roles within sexual relationships contributes to young iTaukei women’s sexual risk by constraining their capacity to negotiate condom use and the timing of sex. The uneven power dynamics in young people’s romantic relationships was highlighted in Lulu’s narrative (Chapter 4). Due to her desire to adhere to iTaukei cultural and gender norms, Lulu remained submissive and trusted Joel to make the decision regarding contraception. This resulted in her unplanned pregnancy and later coerced abortion.

The high value assigned to pleasure and intimacy in sexual relationships among young iTaukei significantly impacts on young iTaukei women’s sexual risk. The belief that condoms reduce sexual pleasure was voiced by many young iTaukei (especially young men), including by Ricky when he connected condom use with ‘no taste…like…a lollipop with the wrapper still on’. Young iTaukei often deem sexual pleasure more important than personal protection from HIV/STIs or pregnancy. The importance of shared intimacy and building trust within a romantic relationship also underlines non-use of condoms. Condoms are believed to inhibit closeness and expressions of love as well
as disrupting established trust. This sentiment was powerfully confirmed by Lulu when she confessed that non-use of condoms in her romantic relationship ‘feels like I love you more’.

**Community level factors**

Five key community level factors associated with young iTaukei women’s sexual risk and sexual resilience have been identified in the thesis: (i) the collective nature of iTaukei social relations; (ii) community surveillance of female sexuality and social organisation of space; (iii) community affirmation of male sexuality; (iv) urban youth cultures; and (v) community tolerance of sexual and gender-based violence.

The collective nature of iTaukei social relations and the inseparability of family, community and individual identity means that all behaviours (including sexual behaviours) have wider relational and community consequences. This was pointed out by Jane when she suggested: ‘In a traditional sense you’re told that what you do is...a reflection of your parents or the family that you’re raised in...So it’s not just about you, it it’s about everybody else too’. The impact of young iTaukei women’s sexual transgression on their family and wider community is perhaps most evident in premarital pregnancy. Pippa highlighted the collective shame of youth pregnancy when she claimed: ‘It’s [considered] a disgrace to society, to the family...it’s just like “Oh my goodness what will the people think of us?”’ Young iTaukei women are acutely aware of the impact of their behaviours on collective interests and thus attempt to reduce negative outcomes by hiding their sexual activity, which enhances their sexual risk.

The community surveillance of female sexuality and the social organisation of space in Suva shape young iTaukei women’s social and sexual behaviours. The high sociocultural value assigned to female purity and the importance of maintaining sexual respectability in iTaukei culture was aptly highlighted by Eta when she suggested: ‘Women need to like keep themselves holy and pure for if we get married...if you’re not a virgin and they find out on your wedding day...you’ll be stigmatised for life!’ Young women are careful to perform ideal feminine behaviours in public to minimise the potential for gossip and a damaged reputation. Most young iTaukei women defy expectations regarding restricted
mobility and occupy spaces designated as risky (nightclubs, parks and the seawall) to act on sexual desire and participate in shared social experiences. However, these women are careful to ensure their occupation of risky nocturnal spaces is kept secret from their parents and wider family. The restriction of female mobility and the surveillance and regulation of female sexuality contributes to young iTaukei women’s sexual risk by forcing sexual activity underground and in particular locations such as the USP campus and nocturnal spaces. It also limits young women’s capacity to seek out SRH information and services in locations where family or community members may see them.

In contrast to the close surveillance and control of female sexuality, young iTaukei men are largely free to pursue premarital sex and multiple sexual partnerships without reprimand. Community affirmation of male sexuality sees men rewarded for sexual prowess. Joni noted societal and peer expectations of male premarital sexual experience when he claimed: ‘It’s like when you have sex with a girl your status, [you have] high status compared to others who don’t’. Through engaging in multiple and often unprotected sexual relationships, young iTaukei men can enhance their (and their partners) sexual risk through increased opportunities for HIV/STI exposure.

Urban youth cultures were found to shape young iTaukei women’s sexual risk by normalising excessive alcohol consumption, premarital sex and multiple sexual partnerships. The popularity of alcohol among USP students was evident in the narratives of young iTaukei, including when Vula suggested her friends ‘could drink Monday to Monday’ and that some of them ‘come to class drunk!’ Similarly, Angela pointed to the binge-drinking culture at USP when she suggested ‘it’s about drinking to get drunk, get intoxicated!’ The collective nature of alcohol use (through taki rounds) limits responsible consumption of alcohol, which leaves young iTaukei women vulnerable to sexual violence and constrains their capacity to negotiate condom use. The duality of the urban youth sexual culture among iTaukei, which is characterised by secrecy and regulated through gossip, further perpetuates young iTaukei women’s sexual risk. This includes through limiting locations where sexual activity takes place, and reducing young women’s capacity to seek out SRH information and services.
Community tolerance of sexual and gender-based violence in Fijian society contributes to young iTaukei women’s sexual risk by normalising male authority and power in all facets of social life. This includes male dominance within sexual relationships, as well as sexual and condom coercion. Acceptance of sexual and gender-based violence also leaves young iTaukei women vulnerable to reproductive coercion, including coerced abortions. Local discourses of blame and responsibility for sexual violence in Fiji assert ‘bad’ girls who drink alcohol and stay out after dark are more susceptible to rape. This incites victim blaming and ignores the context in which sexual and gender-based violence most often takes place in Fiji – intimate relationships. As Joana’s narrative presented in the introduction highlighted, community tolerance for sexual and gender-based violence also reduces young iTaukei women’s capacity and willingness to report sexual violence when it does occur.

**Institutional level factors**

Foregoing chapters have highlighted how institutional level factors impact on young iTaukei women’s sexual risk and sexual resilience, including (i) the availability of and access to SRH services; (ii) dominant abstinence-based models of SRH education; (iii) the absence of harm reduction approaches; and (iv) peer education approaches on campus.

The limited availability of SRH services in Suva, including at USP, reduces young iTaukei women’s opportunity to access testing and know their HIV/STI status. It also constrains their opportunities for seeking treatment for STIs and accessing family planning, thus adding to their sexual risk. Young iTaukei women’s willingness to access available SRH services in Suva is constrained by a variety of factors. This includes, as articulated by Sala, the fear of individual and community consequences if seen utilising SRH centres: ‘I told some of my friends to go and their girlfriends…[told] them “Don’t go, what if like my cousin or whatever find out we were sitting there in the clinic?”’ The stigma assigned to SRH services was highlighted by Ana as another key barrier: ‘Something about us here in Fiji is that when we go for these kinds of tests [HIV/STI test] people are not so open minded about it. They…are scared about what people think you know?’ Louise also highlighted the difficulties young iTaukei women face when accessing condoms from other sites in Suva, including concerns over confidentiality and
the judgemental attitudes of retail staff: ‘I went to buy a condom and the [shopkeeper] asks me...‘how old are you?...do your parents know what you are doing?’...I was so embarrassed because other people were looking. It was supposed to be [private]...but like everyone had to know about it’. Despite low uptake of SRH services, compared to their rural peers young iTaukei women in Suva do have access to legal and free SRH services and contraception. Thus, among those young women who are willing to utilise them, SRH services play a role in building their sexual resilience. Making SRH services more culturally appropriate and ‘youth-friendly’ with better confidentiality could also contribute further to building a sexually-resilient community in Fiji.

Abstinence-based models of SRH education in Fiji fail to address the sociocultural and structural factors that shape young iTaukei women’s individual choices and consequently their sexual risk. Julia, a USP peer educator, pointed out the limitation of abstinence-based approaches: ‘[When] I’m doing awareness…I can just tell from their expressions they don’t buy that [abstinence]...So yeah [I just talk about] doing other things’. The lack of education concerning sexual wellbeing, including topics such as sexual consent, sexuality, pleasure and respectful relationships, represents a significant gap in current SRH education in Fiji. The paucity of information regarding reproductive health, including conception, birth and pregnancy is another shortcoming. Abstinence-based SRH education programs thus lack the content young iTaukei women need to be aware of their sexual risks and the risks their sexual partner/s may expose them to.

The absence of harm reduction approaches in alcohol education in Fiji can contribute to young iTaukei women’s sexual risk. The impact of inadequate education was evident in Joana’s narrative in the Introduction and Chapter 3. Joana lacked knowledge on how to pace her alcohol consumption and manage the pressure from her friends to binge drink, which led to her rapid intoxication leaving her more vulnerable to sexual violence. The abstinence-based focus of alcohol education provides young people with little information on the responsible consumption of alcohol and no strategies to reduce the harms associated with their alcohol use. Utilising harm reduction approaches in Fiji has the potential to support sexual resilience in young people by arming them with the knowledge of how to drink responsibly.
Peer education approaches on campus at USP can enable young iTaukei women’s sexual resilience by increasing their access to SRH information and condoms. The discretion offered by peer educators allows young women to avoid public knowledge of their sexual activity and the individual and collective shame that can stem from being seen accessing information or condoms at other locations (SRH clinic or pharmacies). As Unaisi, a USP peer educator suggested, it also allows young women to publicly adhere to social hierarchies and avoid intergenerational discussion of sexuality and reproduction: ‘Young people like to listen to other young people…[young] people respect adults but some like listening to their peers explain more about issues regarding [SRH]’. Consequently, USP peer educators can play an important role in building a sexually-resilient campus.

**Societal level factors**

Throughout the thesis, I identified various societal level factors associated with young iTaukei women’s sexual risk and sexual resilience: (i) traditional iTaukei cultural beliefs; (ii) globalised cultural influences on gender and sexual norms; (iii) religious beliefs regarding sexuality; (iv) dominant sexual scripts; (v) HIV/STI related stigma; (vi) the agendas and influence of donor agencies; and (vii) national HIV/STI and substance use policies and laws.

Traditional iTaukei cultural beliefs shape young iTaukei women’s sexual risk and sexual resilience in a number of ways. Cultural ideals, such as showing respect for elders, sexual abstinence until marriage and safeguarding virginity, can influence young women to refrain from coitus, or delay it for as long as possible, and thus act as resilience factors. However, the value assigned to female sexual purity and the cultural taboos ascribed to sexuality in iTaukei culture can also increase young iTaukei women’s sexual risk. When young women feel compelled to hide their sexual activity, this reduces their capacity to seek out SRH information and services and decreases opportunities for intergenerational dialogue regarding HIV/STI prevention. The interrelatedness of the different levels of the FEMSR is clearly demonstrated, with relational factors (difficulties with intergenerational dialogues regarding sexuality and reproduction, and social hierarchies) interacting with societal level factors (traditional iTaukei cultural beliefs) and consequently young women’s sexual risk.
Modernity and globalised cultural influences on gender and sexual norms complicate the youth landscape for young urban iTaukei women. As Kelera’s comment suggests, this includes increasingly liberal attitudes to premarital and casual sex, alcohol use, and more relaxed courtship and dating practices: ‘Young people are more bold [sic] eh?...people [are] educated and there’s modernisation so you aren’t as restricted as you were before…if I want to do this I will do this!...times have change eh?’ Longer periods of courtship offer increased opportunity for multiple sexual partners before marriage and consequently increase possibilities for HIV/STI exposure. The pressure to engage in modern youth cultures while also adhering to traditional iTaukei cultural and religious beliefs is a catalyst for young iTaukei women’s engagement in clandestine sex, which in turn adds to their sexual risk.

Religious beliefs regarding sexuality can shape young iTaukei women’s sexual risk or sexual resilience. The enculturation of Christianity into Fijian social life means that Christianity is now constitutive of iTaukei identity and enmeshed with many traditional iTaukei cultural beliefs. In particular, the focus on abstinence and female purity aligns closely with prevailing iTaukei cultural norms. The religiosity of young iTaukei women was found to promote abstinence from premarital sex, and in the case of SDA members’ alcohol use, and thereby contributes to young women’s sexual resilience. However, Christian teachings also compound sexual risk by associating premarital and casual sex with sin, discouraging condom use, failing to promote HIV/STI testing, and by increasing HIV/STI related stigma. Ana highlighted the impact of church beliefs on individual and relational attitudes to contraception when she asserted: ‘My mum said that contraceptives are un-Christian’.

Dominant sexual scripts, which are highly gendered in Fiji, place heavy expectations on young iTaukei regarding how to behave in sexual relationships. For young women, this includes sexual passivity, the constraint of sexual desire and the value placed on sexual purity. In contrast, sexual scripts dictate that men control sexual activity (initiation, timing and use of condoms), have strong sex drives and should be sexually experienced. The internalisation of dominant sexual scripts was apparent in Marie’s comment: ‘In Fiji...girls they shouldn’t have sex before marriage and the guys they can just do whatever
they want…They think we should have more control…and men they don’t have control when it comes to that’. Ana further reinforced common gendered sexual scripts when she claimed men have a ‘sexual appetite…stronger than women’. Many young iTaukei women follow normative sexual scripts and remain passive in their sexual relationships allowing their partners to dominant sexual decision-making, which contributes to their sexual risk. However, some young iTaukei women subvert sexual scripts and act on sexual desire, seek out casual sex and take the lead in condom negotiation. These women have a strong sense of sexual agency and demonstrate aspects of sexual resilience.

The high level of stigma related to HIV/STIs in Fiji influences young iTaukei’s SRH attitudes and risk behaviours. HIV/STI related stigma is shaped by Christian sexual moralities and wider social norms, as well as limited and inaccurate SRH knowledge. The impact of Christian ideologies on HIV/STI stigma was perhaps most clearly articulated by Paulini when she asserted: ‘HIV is in the Bible…It’s a punishment for sin!’ The stigma and discrimination shown towards PLHIV in the wider community influences young iTaukei women’s attitudes and the decision to utilise SRH services for condoms and HIV/STI testing. Concern over the confidentiality of SRH services and the fear of stigma that may result from testing positive to HIV/STIs further perpetuates young women’s unwillingness to use testing services and seek out treatment for STIs, which contributes to their sexual risk.

The agendas and influence of donor agencies at national and international levels shape the overall response to HIV/STIs in Fiji. This in turn influences the availability and scope of SRH education programs and services available to young iTaukei women. The provision of SRH education through FBOs or agencies that subscribe to abstinence-based approaches to HIV/STI prevention limits young women’s access to in-depth and relevant SRH information, which adds to their sexual risk. The funding provided to NGOs in the SRH sector is minimal, and greater investment is needed to ensure programs are more comprehensive and meeting the needs of young people in Fiji. In addition, the focus distinctly on HIV prevention within education programs and services is largely controlled by global donor agendas, which limits young people’s access to in-depth information on other STIs and reproductive health more generally.
National HIV/STI and substance use policies and laws in Fiji provide a strong basis for addressing young iTaukei women’s sexual risk. The focus on youth in policy and programmatic work, the development of a HIV/AIDS decree to reduce stigma and discrimination, and the increased focus on the treatment of STIs should all facilitate young women’s sexual resilience. However, a number of limitations in current HIV/STI and substance use policies and laws influence young iTaukei women’s sexual risk. This includes the tendency to focus on individual levels of risk; limited policy and programmatic work on increasing HIV/STI testing in youth; the criminalisation of abortions; and limited harm reduction approaches.

Young iTaukei women’s sexual risk is influenced at each level of the FEMSR. These levels overlap and interact and contribute to young women’s sexual risk or sexual resilience in particular relationships, places and contexts. The interrelatedness of the different levels of the FEMSR is particularly apparent in young iTaukei women’s sexual risk. For example, individual level factors (such as a collective Fijian concept of the self, and a person’s SRH knowledge and attitudes) are shaped by relational factors (such as difficulties with intergenerational dialogue regarding sexuality and reproduction, and social hierarchies) and community factors (including the collective nature of iTaukei social relations and community surveillance of female sexuality and social organisation of space). Institutional factors (such as availability of and access to SRH services, and dominant abstinence-based models of SRH education) also influence individual level factors. These levels then interact with a range of societal level factors (including traditional iTaukei cultural beliefs, dominant sexual scripts, and national HIV/STI and substance use policies and laws) all of which shape the preceding levels. The combination of factors at each level of the FEMSR contributes to young iTaukei women’s sexual risk through reducing their access to in-depth and relevant SRH information, culturally appropriate and ‘youth-friendly’ SRH services, perpetuating uneven gender dynamics in sexual relationships and increasing young women’s engagement in clandestine sex. Thus, young iTaukei women’s sexual risk is multifaceted, complicated and therefore difficult to predict.

Figure 2 highlights the range of sexual risk and sexual resilience factors identified in the
research. While I discussed above a number of sexual resilience factors evident in the research, in the diagram below I also present other possible resilience factors (in italics) that could increase sexual resilience among young iTaukei women. I consider how these resilience factors can be incorporated into future policy and programmatic work in Fiji below.
Figure 2: Risk and resilience factors of the FEUSER evident in the research

**Risk**

- Promotion of gender equality
- SHR policies and programmes
- Increased involvement in development of SHR programmes
- Lack of SHR information and services
- Peer education approaches on campus
- Appropriate and safe SRH services
- Childbearing in higher education
- SHR-related community engagement and partnerships
- Community-level initiatives

**Resilience**

- Collecting data on SRH
- Responsible alcohol use
- SHR knowledge and skills
- SHR awareness of risks
- Resilience of family, friends, and community

**Societal Level**

- Traditional iTaukei cultural beliefs
- Religious beliefs regarding sexuality
- Dominant sexual scripts
- HIV/STI related stigma
- Agenda and influence of donor agencies
- National HIV/STI and substance use policies and laws
- Gender and influence of donor agencies
- SHR/STI policies and guidelines
- Sexual norms
- Education policies supporting sexuality
- Population and geographic influences on gender and sexuality
- Traditional Taisese cultural beliefs

**Institutional Level**

- Availability and access to SRH services
- Peer education approaches in SRH services
- Changing church approaches to SRH
- Zero tolerance of sexual and gender-based violence
- Community centred and gender-based violence
- Community awareness of male sexuality
- Community awareness of female sexuality and social reproductive health
- Access to SRH information online
- Increased youth involvement in development of SHR policies and programmes
- Promotion of gender equality

**Relational Level**

- Peer influences
- Intergenerational dialogue regarding sexuality and reproduction
- Positive dynamics of partnerships
- Value assigned to safety in relationships
- Teenage pregnancy
- Community initiatives for SRH
- HIV-competent community
- Creating social spaces for open dialogues and debates about SRH

**Individual Level**

- Internalisation of religious faith
- SRH knowledge and attitudes
- Responsible alcohol use
- SHR knowledge and skills
- Motivation of family and friends
- SHR awareness of risks
- Collecting and reporting of SHR
- Individual-level resilience
MOVING BEYOND RISK: IMPLICATIONS OF THE FEMSR FOR REDUCING SEXUAL RISK AND BUILDING SEXUAL RESILIENCE IN FIJI

The sexual behaviours of young iTaukei women (and men) in Suva are shaped by multiple and intersecting ecological systems of influence. In Chapter 2, I unpacked the complexities of young iTaukei women’s sexual risk and introduced the ten competing risks young women face as they negotiate their social and sexual lives in Suva (Figure 3). As the preceding chapters have demonstrated, these ten conflicting risks shape young iTaukei women’s cumulative sexual risk and reduce opportunities for sexual resilience in a number of ways at each level of the FEMSR.

![Diagram of the ten competing risks for young iTaukei women](image)

**Figure 3: The ten competing risk for young iTaukei women identified in the research**

The importance given to these ten risks in young iTaukei women’s hierarchies of risk differs depending on contexts, places and relationships. Figure 3 highlights the three risks young iTaukei women most often prioritised in their hierarchies of risk and those that are the focus of public health efforts in Fiji. It is clear that public health perceptions of risk are not commensurate with what young women themselves view as most dangerous or risky. Although young iTaukei women view the risk of pregnancy, damaged sexual reputation and individual and collective shame as fundamental risks, the risk of HIV/STIs and sexual violence is largely ‘othered’ by young women. Consequently, risks outlined in public health policy and programming are not always the main risks young iTaukei
women concern themselves with.

In order to reduce sexual risk among young people in Fiji, prevention efforts need to move beyond individual and relational education initiatives and the provision of basic SRH services, and address risk factors at multiple levels, including those factors that young iTaukei women themselves view as risky or dangerous. Below I discuss the implications of the FEMSR for reducing sexual risk and building sexual resilience among young iTaukei women, and summarise approaches that could be implemented at multiple levels in future SRH interventions in Fiji. Future research into young people’s sexual risk should also consider how the multiple and interrelated factors described in the FEMSR influence sexual behaviours.

A key finding of this research was the importance of young iTaukei women’s identities and social positioning in shaping their social and sexual behaviours, and consequently their sexual risk and sexual resilience. At an individual level of the FEMSR, a collective Fijian concept of the self and the impact of female sexual transgression on young iTaukei women’s sexual reputations contributes to young women engaging in clandestine sexual relationships. The threat of individual and collective shame and loss of morality results in young women hiding their sexual activity from family and peers. Young iTaukei women’s internalisation of religious faith and fear of spiritual consequences further compels them to perform sexual respectability in public spaces despite acting on sexual desire in private. Given the link between collective identity, religious faith and sexual risk, culturally appropriate and gender specific programs targeting young iTaukei women that address these risks and provide a safe environment where they can ask questions, obtain and share information, and discuss their SRH issues or concerns are needed.

At an individual level, improving young iTaukei women’s SRH knowledge, attitudes and their self-efficacy regarding condom negotiation are important elements that may reduce their sexual risk and support sexual resilience. Interventions should increase access to comprehensive sexuality education and focus on addressing SRH knowledge, HIV-related stigma, excessive alcohol use, low condom use and HIV/STI testing. Programs should also cover gender inequality and sexual and gender-based violence, peer pressure,
desire and pleasure, sexual wellbeing and respectful relationships. This could include programs that teach skills to assist young iTaukei women to manage sexual coercion and report sexual violence when it does occur. Given the cultural and linguistic taboos assigned to SRH issues and the collective nature of iTaukei social relations, providing young iTaukei women with anonymous and discreet access to SRH information is imperative. In the context of USP, this could include scaling up peer education outreach activities, providing a dedicated space on campus for peer educators to operate, and developing of culturally and gender sensitive SRH resources specifically for USP students. In addition, it could also include a website for students to access technically accurate SRH information online. Programs targeting young iTaukei women must be developed with consideration of, and in response to, sociocultural understandings of identity, gender and sexuality, including how wider societal level factors such as traditional iTaukei cultural beliefs and dominant sexual scripts shape youth sexual behaviours.

At the relational level of the FEMSR, it is important that partners, family and elders play a role in building the sexual resilience of young iTaukei women. Stakeholders confirmed the importance of family and elders in fostering sexual resilience among young people during my seminar at USP in 2013. As previously discussed, the most senior female elder present during the seminar thanked me for ‘breaking the silence’ regarding youth sexuality and young iTaukei women’s sexual risk, and she noted the need for more open dialogue with and about young people’s SRH. The former President of Fiji, Ratu Epeli Nailitikau, stands as another good example of the role community elders can play in building a sexually-resilient society in Fiji. Ratu Epeli Nailitikau is a vocal advocate and leader in the HIV response in Fiji and the wider Pacific region. His work has included advocating for condom use and the rights of PLHIV. Increasing dialogue between young people, elders/parents and the public health sector is vital for fostering sexual resilience among youth in Fiji. Such dialogues should include a discussion about the risk factors young iTaukei women prioritise in their hierarchies of risk and ways to address these risks.

Intergenerational dialogue does take place during USP Peer Education Network training
and is well received when it is a local expert discussing SRH issues. However, parent-child communication regarding sexuality and SRH matters continues to be limited. Research findings suggest that difficulties with intergenerational dialogue regarding sexuality and reproduction, as well as iTaukei social hierarchies, restrict young iTaukei women’s access to SRH information and services, therefore compounding their sexual risk. Parent-centred programs that increase familial responsiveness to young people’s SRH needs and teach skills to aid intergenerational communication regarding sexuality would be beneficial. Opening up dialogue about the impact of traditional iTaukei cultural beliefs and taboos regarding sexuality on young iTaukei’s SRH would be central to the success of these programs. Generational shifts in parent-child communication is likely to occur as USP students become parents and are hopefully better equipped to discuss sexuality and SRH matters with their children.

Programs that address uneven power relations in young iTaukei’s relationships are vital given the significance of gender dynamics in sexual and romantic relationships for increasing young iTaukei women’s sexual risk. Programs targeting young iTaukei men that promote attitudinal change regarding patriarchal attitudes and behaviours, including male dominance in sexual decision-making, are needed. These programs should also increase male advocacy for the SRHR agenda, including encouraging gender-equitable norms, respectful relationships and male involvement in SRH (e.g. shared responsibility for condom use). The value assigned to pleasure in sexual relationships (especially by young men) is another relational level factor that increases young iTaukei women’s sexual risk. It is further compounded by the dynamics of young iTaukei’s sexual and romantic relationships where men largely control the use or non-use of condoms. Partner-centric programs should explore the issue of sexual consent and pleasure, including prevailing assumptions that lead to risky behaviours, and how mutual pleasure can be gained through safe sex practices (Cornwall, Corrêa & Jolly 2008; Lewis & Gordon 2008). These programs can work alongside community-based awareness programs that advocate for gender-equitable norms, which are discussed below.

Community involvement is a crucial precondition to successful HIV and AIDS management (Campbell, C et al. 2009; Campbell, C et al. 2013). Following the lead of
Lepani (2008a), I argue that in a Pacific context, a community-driven response to HIV/STIs is essential. Collective identity and the importance given to the promotion of collective interests in iTaukei culture can help to support a community-driven response and in turn build young iTaukei women and men’s sexual resilience. Increasing community support for sexual resilience among young people in Fiji and reducing sexual risks identified at the community level of the FEMSR are of central importance. The research has shown that the collective nature of iTaukei social relations and the community surveillance of female sexuality and social organisation of space contribute to young iTaukei women hiding their sexual relationships to maintain sexual respectability, which compounds their sexual risk. In addition, the community affirmation of male sexuality and tolerance of sexual and gender-based violence further increases young women’s sexual risk by normalising male sexual prowess and control in sexual relationships. Programs that encourage attitudinal change concerning dominant community stereotypes of ideal female and male sexuality and encourage positive community responses that promote youth sexual resilience would be an effective component of Fiji’s response to HIV/STIs. Research findings also indicate that urban youth cultures in Fiji that promote excessive alcohol consumption contribute to young iTaukei women’s sexual risk. Working with young people to shift attitudes surrounding the normalisation of binge drinking in social contexts is important and should form part of a larger harm reduction approach at institutional and societal levels.

Building on what Campbell and colleagues (2007, p. 2) have termed a ‘HIV-competent’ community129 in Fiji would help to address community-level FEMSR risk factors as well as addressing how communities respond to factors at other levels, including HIV stigma at the societal level. It would also encourage local communities to drive positive change in response to youth sexual risk and support sexual resilience. This conceptual framework seeks to create a ‘health-enabling social environment’, where communities are able to respond most effectively to HIV and AIDS by supporting and assisting people to enhance their health and wellbeing (Campbell, C, Nair & Maimane 2007, p. 350; Nhamo, Campbell & Gregson 2010). This includes reducing HIV and AIDS stigma, supporting

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129 It is also commonly referred to as an AIDS-competent community or HIV/AIDS-competent community.
PLHIV and their caregivers, increasing access to health services and preventing new infections. Six key strategies for developing a ‘HIV-competent’ community are suggested: 1) building knowledge and basic skills; 2) creating social spaces for critical dialogue; 3) promoting local ownership and responsibility; 4) building confidence in community strengths and resources; 5) building solidarity within the community; and 6) building partnerships between communities and outside actors and agencies (Campbell, C, Nair & Maimane 2007, p. 12; Nhamo, Campbell & Gregson 2010).

Community workshops or ‘community conversations’ (UNDP 2004, p. 4) using trained local facilitators would help Fijians to collectively identify community strengths and strategies to address young people’s sexual risk and, in turn, build the skills needed to develop a ‘HIV-competent’ community and a sexually-resilient society (Campbell, C, Nair & Maimane 2007; Campbell, C et al. 2013). In the context of Fiji, creating social spaces for dialogue and debate about HIV/STI and promoting local ownership and responsibility are particularly important given the silence that surrounds sexuality and SRH issues. By increasing community participation, dialogue and action this approach could help people to contextualise HIV/STIs as a community issue that they can positively influence and help to build sexual resilience among young people and also among the whole community in Fiji (Campbell, C et al. 2013).

Alongside targeted programs and ‘community conversations’, Fiji could also benefit from culturally-sensitive, community-based HIV/STI awareness programs. Engaging community gatekeepers, such as religious leaders, sports and media personalities and iTaukei elders, to increase dialogue concerning youth sexuality is vital to garnering wider community support for young people’s SRHR. Awareness programs could be run through key sites where communities gather, including churches, tertiary institutions, sporting clubs and during the annual Hibiscus Festival. The use of television advertisements and other forms of mass media would also be beneficial. Community-based awareness programs should promote safer sex behaviours, advocate for the rights of PLHIV and the uptake of HIV/STI testing, promote gender-equitable norms and behaviours, and increase dialogue concerning sexual and gender-based violence. While community level approaches are central to address young people’s sexual risk and foster sexual resilience
in Fiji, they need to take place alongside wider institutional and societal level change.

Research findings suggest a number of factors at the institutional level of the FEMSR influence young iTaukei women’s sexual risk and sexual resilience. Peer education approaches on campus at USP were found to promote sexual resilience by increasing young women’s access to discreet SRH information and condoms while also reducing the potential for gossip and individual and community shame and loss of morality. As discussed above, scaling up peer outreach activities by increasing the number of peer educators, developing USP-specific SRH materials, and expanding the breadth of outreach activities is warranted given the effectiveness of the program in reducing sexual risk. However, expansion of the program must also include technical up-skilling and increased mentoring and support for peer educators to ensure efficacy and sustainability.

In contrast, abstinence-based models of SRH education and the absence of harm reduction approaches were identified as institutional level factors that contribute to young iTaukei women’s sexual risk. Replacing abstinence-based programs with age-appropriate, culturally and gender sensitive comprehensive sexuality education that also incorporates harm reduction approaches would be more beneficial and relevant to the needs of young people in Fiji. Given the difficulty some teachers have delivering SRH education in schools, regular training and support for teachers are needed to ensure they are skilled and confident in delivering comprehensive sexuality education. Building the capacity of church and NGOs to provide comprehensive sexuality education through increased funding and external technical support would also be beneficial. In the case of FBOs, this should include advocacy regarding the importance of church-sanctioned provision of condoms. The evaluation of SRH education programs and other SRH initiatives in Fiji are needed to ensure strengths and weakness of programs are identified and addressed. Strengthening the national HIV/STI monitoring and evaluation reporting mechanism would help to guide the evaluation of SRH programs and prioritise future SRH research.

The limited availability of, and access to, SRH services also enhances young iTaukei women’s sexual risk at the institutional level of the FEMSR. Given the sociocultural and structural barriers to young people accessing SRH services in Suva, investment and
scaling up of high-quality, comprehensive, culturally appropriate and ‘youth-friendly’ SRH services in Suva (including at USP) are essential. The importance of providing ‘youth-friendly’ SRH services is widely acknowledged and is considered one of a number of fundamental components needed to reduce sexual risk and promote sexual resilience among young people globally (Aggleton & Campbell 2000; Resnick et al. 2012; Ricardo et al. 2006; Tylee et al. 2007; WHO 2002a). ‘Youth-friendly’ SRH services in Suva should be affordable, non-judgemental, confidential and available at times appropriate to young people. Services should include access to HIV/STI testing; contraception (condoms, contraceptive pills and emergency contraception); HIV/STI treatment; cervical and breast cancer screening; reproductive care; and counselling. Providing training and support to health service staff to deliver high quality, non-judgemental and confidential SRH services to young people and employing HIV advocates in all SRH service are also warranted. Barriers to young people accessing condoms at SRH services (and other retail stores) were noted in the research. Addressing these barriers through increasing condom access points at popular youth hangouts and sites of sexual activity (nightclubs, universities, parks and the seawall) would be beneficial.

Societal level factors can strongly influence subsequent levels of the FEMSR and thus play a significant role in shaping young iTaukei women’s sexual risk and sexual resilience. As findings in the thesis have shown, traditional iTaukei cultural and religious beliefs and dominant sexual scripts contribute to young iTaukei women’s sexual risk by promoting the value of female purity, the containment of female sexual desire and the silencing of SRH issues. In turn, these societal level factors constrain young iTaukei women’s power and self-efficacy in sexual relationships and reduce their willingness to access SRH information and service. Interventions that establish sociocultural norms in support of young people’s sexuality and SRHR are essential to reduce the impact of these sociocultural influences on young iTaukei women’s sexual risk and to promote sexual resilience.

HIV/STI stigma at a societal level of the FEMSR was noted in the research as contributing to the negative SRH attitudes and risk behaviours of young iTaukei in Suva. It is commonly recognised that reducing HIV- and AIDS-related stigma and discrimination
are vital enablers to the success of national HIV responses (Mahajan et al. 2008; Parker & Aggleton 2003; Piot 2006; UNAIDS 2012c). Addressing HIV/STI stigma through programs that promote attitudinal change regarding prevailing sexual moralities and reduce inaccurate SRH knowledge is vital to reduce this stigma in Fiji. As previously discussed, ensuring SRH staff are trained in HIV-related stigma is also essential to reduce stigma and discrimination experienced by PLHIV. Ensuring policies and laws in the HIV/AIDS Decree are upheld is also imperative.

As I have demonstrated in the thesis, national HIV/STI and substance use policies and laws, and the agenda and influence of donor agencies, can shape both the sexual risk and sexual resilience of young iTaukei women. At the societal level, there is a need to improve policies and laws to safeguard the SRHR of young people in Fiji. Policy reforms that increase the funding, reach and operational hours of SRH programs and services, including culturally appropriate and ‘youth-friendly’ services and peer education programs are needed. National SRH service guidelines that improve the delivery of services to young people would also be beneficial. The amendment of legislation that criminalises abortion and commitment to securing the delivery of comprehensive and safe abortion services to young women throughout Fiji would be an important step in securing the SRHR of young women. Ensuring national laws and police safeguard the rights of girls and women and prevent sexual and gender-based violence is also necessary.

Policy and law reforms at a societal level concerning alcohol-related harms are warranted. This should include education and awareness programs; liquor licensing sale, regulation and enforcement; venue trading hours; advertising; and price control and outlet density. Increasing funding and investment into the routine collection, analysis and use of HIV/STI data and regular evaluation of SRH programs would improve the quality and efficacy of SRH interventions in Fiji. In addition, increasing community (youth, iTaukei elders and religious leaders) engagement and participation in health policies and SRH service design, delivery and evaluation would ensure interventions were designed with consideration of local community needs.
CONCLUSION

The FEMS R has proven to be the best fit for theorising young iTaukei women’s sexual risk in a context where adequate time investment was feasible. The FEMS R demonstrates the multiple and interrelated factors that contribute to young women’s sexual risk and sexual resilience and validates why young iTaukei women prioritise certain risks over others in their hierarchies of risk. Sociocultural and gender norms fashioned at the societal level are played out at community and relational levels and increase sexual risk or sexual resilience at the individual level. In addition, national policies and laws and the agenda of global agencies dictate the provision of SRH education programs and services at the institutional level, which in turn shape sexual risk and sexual resilience at an individual level.

The thesis has demonstrated that public health perceptions of risk in Fiji are not commensurate with what young women themselves view as dangerous or risky. Consequently, in order to address young iTaukei women’s sexual risk and build their sexual resilience, SRH interventions need to align these different perspectives of risk more closely. This should include interventions at multiple levels that build on the success of existing policies and programs, including the NSP, HIV/AIDS Decree and the USP Peer Education Network. Programs that seek to improve individual, relational and community SRH attitudes, knowledge and support for youth SRHR and encourage safe SRH and alcohol use behaviours in young people are vital. The provision of comprehensive sexuality education and peer education, alongside parent-centered educational workshops, community conversations and community-based awareness programs, are needed to reduce young iTaukei women’s sexual risk and foster sexual resilience. These programs must be developed with consideration of, and in response to, sociocultural understandings of identity, gender and sexuality. Alongside SRH education and advocacy programs, the wide availability of culturally appropriate and ‘youth-friendly’ SRH services and policies that protect the SRHR of young people are required. Policies and programs that seek to establish sociocultural norms in support of young people’s SRH and decrease alcohol related harms are also paramount.

In this thesis, I have demonstrated that it is not simply a matter of individual knowledge,
attitudes or behaviours that shape young iTaukei women’s sexual risk or sexual resilience. It is a combination of factors at multiple ecological levels of influence that combine to exacerbate or promote young women’s SRH outcomes in various spaces, relationships and contexts. I do not seek to vilify or blame Fijian culture, religion or global processes. Instead, I suggest young women’s sexual subjectivities, sexual risk and sexual resilience are shaped by their identities, values, experiences and positioning within their culture.

The theorisation of research findings using the FEMS makes it clear that responses to sexual risk in Fiji must take place on multiple levels, communities must drive this response, men must be included in initiatives and be advocates for women’s SRHR, and long-term sociocultural shifts that support more equal gender relations are needed. Through a multifaceted response, the SRH of young iTaukei women (and men) in Fiji will hopefully be promoted. Although the FEMS was developed in consideration of the sexual risk and sexual resilience of young iTaukei women university students, it may also find wider application in attempts to understand sexual risk among the broader population in Fiji, as well as other populations in the Pacific region.
Conclusion

Young iTaukei women’s sexual risks are produced through complex intersections of culture, ideologies, global processes, norms and values, and varied sexual subjectivities and desires. This thesis has explored youth sexuality in urban Fiji in order to create a culturally grounded and gender sensitive understanding of sexual risk and sexual resilience that is relevant to the lives of young iTaukei, especially young iTaukei women. The research has addressed the gap in evidence needed to reduce sexual risk and promote sexual resilience among young people. It has also developed a comprehensive ecological framework that can be applied in planning and monitoring the HIV/STI situation and response in Fiji. This thesis demonstrates the value of utilising a comprehensive ecological framework, such as the FEMSR, for planning and monitoring the HIV/STI situation and response in Fiji, as well as the broader Pacific. It also highlights the depth of understanding that can be generated via mixed methods research that includes ethnography, in-depth interviews, FGDs, a survey and secondary data and policy analysis. This thesis has demonstrated that in order to address the complex nature of sexual risk and support sexual resilience in Fiji, an equally complex and multifaceted approach must be utilised.

The ways in which constructions of identity, gender and sexuality in iTaukei culture shape young iTaukei women’s sexual risk and sexual resilience are of central concern in the thesis. In Chapter 1, I provided a foundation for conceptualising how sexual risk is culturally manifested and located within Fijian society. I teased out the range of sociocultural factors that shape iTaukei identity by exploring iTaukei social relations and hierarchies, traditional cultural norms, Christian moralities and globalised cultural influences. I examined how collective experiences and kinship are not separate from, but rather shape, identity. I demonstrated how the tensions between traditional cultural beliefs and modern attitudes, and individualism versus relationality, impact significantly on the social and sexual lives of young iTaukei women university students. Subsequently, I revealed how young women forge their identities through negotiating their individual desires and the collective interests of their kin and wider community, which impacts on their sexual risk and opportunities for sexual resilience.
Sociocultural ideas of sexuality and desire in iTaukei culture assert male sexual prowess and female virtue, and thus female and male sexuality are constructed as being in opposition to one another. As discussed in Chapter 1, the social preoccupation with, and monitoring of, female sexuality is shaped by traditional iTaukei norms and Christian moralities that support female sexual purity. The subjugation of women in the context of relationships and social life has shaped both gender roles and sexual moralities in contemporary Fiji. The aspiration to uphold religious moralities and collective interests while at the same time acting on individual desires results in young iTaukei women engaging in clandestine sexual relationships. Despite the close scrutiny of female sexuality, young women in Suva today have greater access to tertiary education and longer periods of courtship than generations before them. Extended courtship provides the opportunity for young iTaukei women to experience multiple relationships before marriage, which in turn also increases their potential exposure to HIV/STIs and unplanned pregnancy. The foregoing chapters have demonstrated that tradition and social change concurrently shape the identities, sexualities and sexual risks of young urban iTaukei women.

Youth sexualities in urban Fiji are dynamic, fluid and complex. As described in Chapter 2, the negotiation of female sexuality depending on specific contexts, places and relationships means that sexual risk and sexual resilience are equally complicated. Hierarchies of risk are interpreted differently, depending on the situations young women find themselves in; consequently, the actions of young iTaukei women to avoid risk take many different forms. The danger of damaging one’s sexual reputation may be considered riskier than the threat of HIV/STIs, so young iTaukei women may privilege hiding their sexual activity over accessing SRH services for information and contraceptives.

In order to define a theoretical framework for my analysis of sexual risk and sexual resilience, in Chapter 2 I examined individual-level models commonly used for theorising HIV/STI risk globally and critiqued the two most popular models used to predict and theorise risk behaviours among university students in low and middle income countries, the health belief model and the theory of planned behaviour. This discussion established the limitations of these models for use in collectivist cultures and sexuality research. I
demonstrated that the assumptions of individualism and rationality that these models are based upon, and their tendency to overlook the impact of context and structure on behaviours, do not fit neatly with an iTaukei worldview. Instead, I argued that ecological models provide a more holistic understanding of sexual risk and sexual resilience by acknowledging the relationship individuals have with their environment, and allowing for an exploration of the role cultural and structural factors play in shaping HIV/STIs and other sexual risks.

The complexities of female sexual subjectivities and the urban youth sexual culture in Fiji were catalysts for the development of an adapted ecological model of risk that was introduced in Chapter 2. This model of risk was developed in response to my research findings and guided the theorisation of sexual risk and sexual resilience throughout the thesis. By developing the ecological model, I developed a more complex and holistic way of theorising young iTaukei women’s sexual risk and sexual resilience in contemporary urban Fiji.

Urban youth cultures and the spatial organisation of sexual desire in Suva facilitate young iTaukei women’s ability to seek out casual sexual encounters while also shaping their sexual risks. As discussed in Chapter 3, young iTaukei women’s sexual risk and sexual resilience during casual sexual encounters are highly contextual and are shaped by behaviours that characterise the dominant youth sexual culture in Suva, such as binge drinking and premarital sex. The normalisation of binge drinking within the USP culture and the sociocultural value assigned to shared social experiences of alcohol consumption see young iTaukei regularly engage in drinking practices that lead to rapid intoxication. Such practices also make it difficult for young iTaukei to moderate their alcohol consumption or refrain from drinking altogether. Binge drinking also limits young iTaukei women’s ability to practise safe sex and refuse unwanted sex; consequently, it increases their sexual risk. As I have discussed, the lack of harm reduction education concerning alcohol and other drug use in Fiji serves to exacerbate this problem.

As I demonstrated in Chapter 3, young iTaukei women’s sexual risk is further compromised by the nature of youth sexual geographies in Suva, which are characterised
by spaces where young iTaukei women perform sexual respectability and uphold gender ideals, and spaces where they are relatively free to act on sexual desire. Young iTaukei women’s sexual reputations are preserved, I have argued, by adhering to cultural expectations regarding sexual propriety in public spaces, such as markets, churches and the family home, while acting on sexual desire in the safety of the USP campus, nightclubs and nocturnal spaces such as parks and the seawall. However, as the preceding conversation has established, although secrecy and the maintenance of a faultless public image often affords young iTaukei women the opportunity to expand their mobility and act on sexual desire, it also increases their sexual risk. The nature of premarital and casual sex, which is often rushed and takes place outside, limits the opportunity for young iTaukei to practise safe sex and access condoms, and increases young iTaukei women’s risk of HIV/STIs and sexual violence.

Romantic relationships are a key site for sexual risk among young urban iTaukei women. As I confirmed in Chapter 4, romantic relationships are shaped by a range of internal and external factors, including concepts of love, shame, desire, secrecy and power, all of which combine to exacerbate young iTaukei women’s sexual risk. The fear of individual and collective shame and loss of morality that can result from female sexual transgression can strongly motivate young iTaukei women to hide their romantic relationships, which in turn reduces their capacity to access SRH information and services and increases their sexual risk. The gendered power dynamics of young women’s sexual relationships, and dominant sexual scripts that frequently support male sexual dominance and prowess and female sexual purity and passivity, further contribute to young iTaukei women’s sexual risk. As I demonstrated through the narratives of Kara and Lulu, the performance of gender ideals in young people’s romantic relationships often results in limitations on young iTaukei women’s self-efficacy in negotiating safe sex.

Love and the desire to share intimacy with a romantic partner further complicate condom use for young iTaukei women in romantic relationships. As examined in Chapter 4, love relationships are seen as a sign of trust and fidelity, and condom use is deemed unnecessary in this context for many young iTaukei. The desire to secure and maintain intimacy with a romantic partner and the high value placed on sexual pleasure in the
dominant youth sexual culture mean that non-use of condoms is often privileged over sexual health. Despite the popular perception among young iTaukei women that love equals protection in the context of romantic relationships, I have revealed how the frequency of male infidelity leaves many vulnerable to HIV/STIs.

Young iTaukei’s SRH knowledge, attitudes and beliefs are informed by wider society and play a role in shaping their health-seeking behaviours, sexual risk and sexual resilience. As I demonstrated in Chapter 5, sociocultural norms, local beliefs and Christian morality have contributed to negative attitudes concerning premarital sex and condom use, and the direction of stigma and discrimination toward PLHIV. There is dominant perception among iTaukei that HIV is a punishment from God for deviant and immoral behaviour. This results in many young iTaukei redirecting HIV/STI risk away from their own behaviours and onto ‘other’ people, in an attempt to distance themselves from highly stigmatised practices. These sociocultural and religious norms also reduce young iTaukei’s inclination to seek out condoms and HIV/STI testing.

Chapter 5 established how traditional cultural norms, taboos, and social hierarchies decrease opportunities for open intergenerational conversations about sexuality and SRH. I revealed how this further constrains young iTaukei (and especially young women) from accessing SRH information and services. For young iTaukei women, concern over maintaining sexual respectability, and the fear of familial and community consequences that may result from being seen accessing condoms or visiting a SRH clinic for testing, further compromise their health-seeking behaviour. Thus, young iTaukei women’s sexual risk is partially shaped by local norms, beliefs and attitudes and their restricted access to SRH education, contraceptives and HIV/STI testing.

National SRH policies and programs in Fiji further frame young iTaukei women’s sexual risk and opportunities for sexual resilience. In Chapter 6, I provided a comprehensive analysis of Fiji’s national response to HIV/STIs to identify how sexual risk is addressed at an institutional level in Fiji. I reviewed and critiqued the multiple components that make up the national approach to HIV/STIs in Fiji, including SRH policy, service delivery, education and programmatic work. In doing so, I established why many SRH
education programs and services are limited and at times inadequate in their approach and not ‘youth-friendly’ or culturally appropriate. Specifically, I revealed that although a key strength of Fiji’s national response to HIV/STIs comes from its focus on youth, gender equality and human rights, many of its SRH policies and programs still fail to adequately account for the realities of young people’s social and sexual behaviours.

In the penultimate chapter I applied the FEMS-R to illustrate how an ecological framework can be applied to the HIV/STI response in Fiji. I provided a comprehensive analysis of the various risks young women experience and negotiate during their social lives and sexual relationships, and discussed how these conflicting risks ultimately influence their sexual risk. By theorising young iTaukei women’s sexual risk and sexual resilience at multiple and interrelated ecological levels, I was able to demonstrate that in order to adequately address sexual risk and foster sexual resilience in Fiji, a multi-level response is essential. I also argued that communities should lead this response, men need to champion women’s SRHR, and longstanding sociocultural beliefs regarding gender relations and youth sexuality need to evolve.

**THE FUTURE OF SEXUAL RISK RESEARCH IN FIJI**

There are a number of themes I did not include in the scope of my research that relate to young people and sexual risk in Fiji. These include 1) lesbian, gay, bisexual, transgender and intersex (LGBTI) youth sexuality, sexual risk and sexual resilience; 2) the lived experiences of young people living with HIV or AIDS; 3) sexual risk and sexual resilience among young people not attending university; and 4) the sexual risk and sexual resilience of Indo-Fijian and other Pacific Islander students (with the exception of their inclusion in the STSS survey). Thus, my research explored only one component of the complex and dynamic landscape of youth sexuality in contemporary Fiji.

My research findings identified a number of issues that are important to sexual risk and sexual resilience among young urban iTaukei. However, further research is required to create a more complete picture of youth sexuality and the sexual behaviours of young people in Fiji. Utilising an action research approach to understand sexual risk and opportunities to foster sexual resilience among young people and the wider community
would be valuable. This could include 1) research that seeks to understand the benefits of a sex positive approach to sexual risk and building sexual resilience; 2) research that explores young men’s masculinity and the possibility of shifting dominant gender norms and creating more equal gender relationships; 3) research that seeks to understand how harm reduction approaches can reduce sexual risk and foster sexual resilience; and 4) research that explores the impact of greater church involvement in condom distribution and sex positive approaches.

In addition, there is a need for more ethnographic research that examines young iTaukei’s sexual risk and sexual resilience. This would ideally include a parallel ‘brother’ study to my research with young iTaukei men that explores their social and sexual behaviours, their SRH knowledge and contraceptive use, their experiences of casual sex and romantic relationships and their experiences navigating SRH services in Suva. Further ethnographic research with young iTaukei women that builds on the findings of this thesis concerning young women’s experiences of sexual violence and factors that can reduce sexual violence is of paramount importance. Research that explores young iTaukei women’s reproductive health in greater detail, including their experiences of clandestine abortions, premarital pregnancy and barriers and facilitators to contraceptive use, is also required to understand their health needs.

To date, there have been several studies exploring HIV risk among sex workers in Fiji and increasing research in the area of MSM and transgender people’s vulnerability to HIV (see, for example, Bavinton et al. 2011; McMillan & Worth 2010; Mossman et al. 2012; Rawstorne et al. 2012). Therefore, I have not suggested this as an area in need of immediate research enquiry at the present time.

Future research that builds on the findings from my study has the potential to assist in developing a more comprehensive understanding of youth sexuality, sexual risk and sexual resilience among young iTaukei and the wider youth population in Fiji. It is imperative that findings of rigorous research on sexual risk and resilience are translated into a multifaceted SRH response that meets the needs of young iTaukei. Through greater
investment in youth sexuality research and SRH interventions in Fiji, the future SRH and wellbeing of young iTaukei women and men will hopefully be safeguarded.
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Appendices

Appendix 1: Suva Student Sexual and Reproductive Health Survey (SSTS) tool

SEXUAL HEALTH AND RELATIONSHIPS AMONG UNIVERSITY STUDENTS IN SUVA

Are you...

☐ a USP Student
☐ Over 18

If you ticked both boxes you are eligible to take part in this survey. Please note that by completing and returning this survey you have indicated your consent to participate.

This is an anonymous survey. Please **do not** write your name anywhere on the survey.

Section A: About you

We want to know a bit about you. This will help us understand differences between female and male students. We will not ask for your name, and we cannot identify you by any of the information you give us.

A1. How old are you?
☐ ☐ years

A2. Are you...
☐ male ☐ female

A3. What is your relationship status?
☐ single ☐ married
☐ steady relationship ☐ casual or new relationship
☐ separated ☐ widow/widower
☐ divorced

A4. How many children do you have?
☐ ☐ children ☐ I don’t have any children
A5. Are you currently studying a...?

☐ pre-degree (preliminary/foundation) ☐ undergraduate degree

☐ sub-degree (certificate/diploma) ☐ postgraduate degree

A6. How far into your current course are you?

☐ first year ☐ second year

☐ third year ☐ fourth year or over

A7. What is your ethnicity?

☐ Indigenous Fijian (iTaukei) ☐ Indo-Fijian (Fiji Indian)

☐ other Pacific Islander ☐ other

Section B: What you know about HIV and sexually transmitted infections (STIs)

We want to know what you know about STIs and HIV. This will help us understand students’ reproductive and sexual health knowledge.

B1. Have you ever heard of HIV or the disease called AIDS?

☐ yes ☐ no [go to B3.]

B2. The following questions are statements about how HIV may be transmitted. Please indicate if you think the statement is true or false or if you don’t know. It is ok if you do not know the answers because we want to find out about student knowledge of HIV transmission.

B2.1 Having sex with only one, uninfected, faithful partner can reduce the chance of getting HIV.

☐ true ☐ false ☐ don’t know

B2.2 Using condoms correctly can reduce the chance of getting HIV.

☐ true ☐ false ☐ don’t know

B2.3 A healthy looking person can have HIV.

☐ true ☐ false ☐ don’t know

B2.4 A person can get HIV from mosquito bites

☐ true ☐ false ☐ don’t know

B2.5 A person can get HIV from sharing a meal with someone who has HIV.

☐ true ☐ false ☐ don’t know

B3. Do you know of any other infections that you can get through sex?
B3.1 Which of the following infections can you get through sex? (Check all that apply)

☐ SARS  ☐ Hepatitis B  ☐ Syphilis  ☐ Typhoid

☐ don’t know  ☐ Chlamydia  ☐ Genital herpes

☐ Genital warts  ☐ Gonorrhoea (Tona)

B4. The following are statements about sexually transmitted infections (STIs). Please indicate if you think each statement is true or false or if you don’t know.

B4.1 Pain during sex could be a sign of a STI

☐ true  ☐ false  ☐ don’t know

B4.2 Unusual discharge from the penis or vagina could be a sign of a STI.

☐ true  ☐ false  ☐ don’t know

B4.3 Painful urination is not a sign of a STI.

☐ true  ☐ false  ☐ don’t know

B4.4 The contraceptive pill protects against STIs

☐ true  ☐ false  ☐ don’t know

B4.5 STIs can lead to infertility?

☐ true  ☐ false  ☐ don’t know

Section C: What you think about HIV

The following questions are statements about HIV positive people. Please answer each question as honestly as you can.

C1. Would you eat food prepared by a person who is HIV-positive?

☐ yes  ☐ no  ☐ don’t know

C2. Would you hold hands with someone who is HIV-positive?

☐ yes  ☐ no  ☐ don’t know

C3. Would you share a room with someone living with HIV/AIDS?

☐ yes  ☐ no  ☐ don’t know

C4. Do you feel that a teacher/lecturer who is HIV-positive should be allowed to continue teaching?
Section D: Your experiences using reproductive and sexual health services

This section is about your experiences using reproductive and sexual health services in Suva, and where you could go to get HIV and STI information.

D1. Have you ever had a test for HIV/AIDS?
☐ yes, in last 12 months ☐ yes, but more than 12 months ago ☐ no [go to D3]

D2. If ‘Yes’, where did you go for your test?
☐ hospital ☐ reproductive health clinic (Brown St. Clinic)
☐ private doctor ☐ can’t remember ☐ other (specify___________)

D3. Have you ever had a test for sexually transmitted infections, other than HIV/AIDS?
☐ yes, in last 12 months ☐ yes, but more than 12 months ago ☐ no [go to D5.]

D4. If ‘Yes’, where did you go for your test?
☐ hospital ☐ reproductive health clinic (Brown St. Clinic)
☐ private doctor ☐ can’t remember ☐ other (specify___________)

D5. Are condoms available on campus at USP?
☐ yes ☐ no [go to D7.] ☐ don’t know

D6. If ‘Yes’, please write where it is possible to get condoms on campus.
________________________________________________________________________

D7. Not including the USP campus, where can you get condoms in Suva?
________________________________________________________________________

D8. If you use condoms, where do you usually get your condoms?
☐ friend ☐ USP health service ☐ supermarket ☐ private doctor
☐ hospital ☐ USP peer educator ☐ parent ☐ Our Place
☐ pharmacy ☐ other family member
☐ reproductive health clinic (Brown St. Clinic)
D9. Where do you get most of your information on sexually transmitted infections (STIs) and HIV? (Check all that apply)

- friend
- USP health service
- parent
- private doctor
- hospital
- Internet
- book/magazine
- USP peer educator
- TV
- other family member
- reproductive health clinic (Brown St. Clinic)
- other (please write___________________________)

D10. In the past 6 months have you received any STI/HIV education, such as workshops or a talk that was led by an expert or peer educator at USP?

- yes
- no
- don’t know/can’t remember

D11. In the past 6 months have you collected condoms from any of the sites on campus at USP?

- yes
- no
- don’t know/can’t remember

Section E: Relationships and Sex

This section asks questions about relationships and sex. We want to learn more about university students’ relationships and sexual practices. We recognise that this part is sensitive and we appreciate your honest answers to the questions. Remember, your name is not on the survey and there is no way you can be identified.

E1. Have you ever had sexual intercourse?

- yes
- no [end of survey, thank you for your participation]

E2. How old were you the first time you had sex?

- years old

E3. The first time you had sex, did you use a condom?

- yes
- no
- no, I hadn’t heard of a condom

E4. Have you had sex in the past 12 months?

- yes
- no [go to question E8.]

E5. If ‘Yes’, in the last 12 months how many people have you had sex with?

- people

E6. In the last 12 months have you had more than one sexual relationship at the same time?
E7. In the last 12 months have you had sex with more than one person at the same time, or have you been in a convoy or line up?

- [ ] yes  [ ] no

The following questions are about the last person you had sex with.

E8. The last person you had sex with was...

- [ ] your boyfriend/girlfriend
- [ ] your wife/husband
- [ ] friend
- [ ] a sex worker/prostitute
- [ ] a casual acquaintance
- [ ] someone you didn’t know/a stranger
- [ ] don’t know/can’t remember

E9. The last time you had sex did you enjoy it?

- [ ] yes  [ ] no

E10. The last time you had sex were you in love with the person?

- [ ] yes  [ ] no

E11. The last time you had sex did you use a condom?

- [ ] yes [go to E12.]
- [ ] no [go to E13.]

E12. The last time you had sex you used a condom because... (check all that apply)

- [ ] I didn’t want to get an STI
- [ ] I didn’t want to get HIV
- [ ] my partner wanted to use a condom
- [ ] I didn’t want to get pregnant/I didn’t want to get my female partner pregnant
- [ ] other (please write__________________________)

E13. The last time you had sex you didn’t use a condom because... (Check all that apply)

- [ ] it wasn’t easy to get one
- [ ] I prefer ‘skin-on-skin’
- [ ] I was too embarrassed
- [ ] the sex doesn’t feel as good
- [ ] I didn’t have the money to buy one
- [ ] I didn’t want to use one
- [ ] religious reasons
- [ ] my partner didn’t want to use one
- [ ] I was too drunk to use one
- [ ] I don’t know how to use a condom
☐ other (please write_______________________________________)

E14. The last time you had sex were you or your partner drunk?
☐ yes, I was drunk
☐ yes, both myself and my partner were drunk
☐ yes, my partner was drunk
☐ no, neither I or my partner were drunk

E15. The last time you had sex did you...?

E15.1 Give money to someone to have sex with you?
☐ yes
☐ no

E15.2 Get money from someone to have sex with you?
☐ yes
☐ no

E15.3 Give goods or favours to someone to have sex with you? (goods or favours might be gifts, clothes, food, taxi ride, alcohol, etc)
☐ yes
☐ no

E15.4 Get goods of favours from someone to have sex with you? (goods or favours might be gifts, clothes, food, taxi ride, alcohol, etc)
☐ yes
☐ no

E16. The last time you had sex were you...?

E16.1 Physically forced to have sex? (were you held down or physically forced or hurt by your sexual partner).
☐ yes
☐ no

E16.2 Scared or threatened with violence if you did not have sex?
☐ yes
☐ no

E17. The last time you had sex did you...?

E17.1 Physically force your sex partner to have sex? (did you hold down or physically force or hurt your sexual partner).
☐ yes
☐ no

E17.2 Scare or threaten to hurt your sex partner to get them to have sex?
☐ yes
☐ no

End of survey
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