PACIFIC MULTI-COUNTRY MAPPING AND BEHAVIOURAL STUDY: HIV AND STI RISK VULNERABILITY AMONG KEY POPULATIONS

KEY FINDINGS

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Acknowledgements

The Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations was conducted in 2015-2016 and examined the behaviour risk factors and social and structural determinants of risk that drive the epidemic among vulnerable groups, such as men who have sex with men, transgender people, sex workers and seafarers. The study covered nine Pacific countries: Cook Islands, Federated States of Micronesia, Kiribati, Palau, Republic of the Marshall Islands, Samoa, Tonga, Tuvalu and Vanuatu.

This study was undertaken by the United Nations Development Programme (UNDP), the United Nations Children’s Fund (UNICEF) and the University of New South Wales (UNSW). We gratefully acknowledge Heather Worth, Patrick Rawstorne, Michelle O’Connor, Karen McMillan, Robyn Drysdale, Hilary Gorman and Scott McGill from UNSW, who designed and implemented the study with the support of numerous local research assistants from the communities.

We acknowledge the efforts of government and civil society partners who participated in and provided guidance throughout the study, including Tuvalu Family Health Association, Tuvalu Pina Association, Samoa Fa’aafaine Association, Tonga Leitis Association, Tonga Family Health Association, Cook Islands Family Welfare Association, Wan Smolbag-Vanuatu, WUTMI- Marshall Islands, BIMBA-Kiribati and Pacific Sexual Diversity Network.

Thanks are also due to Maisoon Elbukhari Ibrahim, Programme Manager, Ferdinand Strobel, Policy Specialist, UNDP Pacific Office in Fiji, Sara Faletoese, UNDP Samoa, Russel Tamata, UNDP Vanuatu, Ian Mungall, Programme Analyst, UNDP Bangkok Regional Hub, Frances VuliVuli, HIV and AIDS Officer, UNICEF PACIFIC Office, Maria Vasileva-blazev, UNFPA Pacific Office, Ken Moala, Advisor/Co-Founder, Pacific Sexual Diversity Network, and Gabriela Ionascu, Strategic Information Adviser, UNAIDS Pacific Office. Additional support was provided by the Technical Working Group of the Pacific Islands Regional Multi-Country Coordinating Mechanism.

The Pacific Multi-Country Mapping and Behavioural Study was supported by UNDP under the Global Fund through the Multi-Country Western Pacific Integrated HIV/Tuberculosis Programme and the Joint UNICEF and UNFPA Pacific Regional Sexual and Reproductive Health Programme.
TRANSGENDER PEOPLE AND MEN WHO HAVE SEX WITH MEN
Population size estimates were calculated through stakeholder meetings and individual discussions with members of key populations, NGOs working with these groups and Ministries of Health.
Age of first sexual intercourse (with either a man or a woman) was reasonably similar across the countries. MSM and transgender people in Kiribati and Cook Islands had the earliest sexual debut.
Most MSM and transgender people had small numbers of male partners, but as the data indicates there were some men who had large partner numbers. Given very low condom use and no access to PrEP, these people are at considerable risk.
The data indicate a very wide range of condom use at last sex with a casual partner. Palau, Tonga and Vanuatu were the countries where condom use at last sex was over 50%. There is a clear need for better HIV prevention education and greater condom distribution.
Condom use was inconsistent in a number of countries. Kerry, a transgender person from Kiribati said, “I always ask them- but they decide... Some of my partners are very bad, I want to have sex with them so I have to accept what they want”. In the Cook Islands, an interviewee said, “I use condoms occasionally, not all the time to be honest around half of the time... Depends on what mood I am in”.

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The proportion of transgender people/MSM who sold sex varied from country to country. In Tonga and FSM, over half of those surveyed had been paid for sex in the last 12 months. Stevie, from FSM, said, “Some guys pay me - if they want to - but mostly not. Or they say ‘buy yourself a drink’”. A Cook Islands interviewee told us, “When I was working in Auckland, I decided to go and work the streets. I thought it was fun while it lasted. Here [in Rarotonga] it’s the older ones who pay”.
There was considerable difference between countries. In FSM almost all the MSM/transgender people surveyed also had sexual relationships with women, whereas in Kiribati a small minority had female partners. Allan, an i-Kiribati, has sex with women but, “I don’t feel happy with them”.

FEMALE PARTNERS IN THE LAST 12 MONTHS:

- **Federated States of Micronesia (FSM)**: 67%
- **Republic of the Marshall Islands**: 30%
- **Kiribati**: 5%
- **Samoa**: 19%
- **Tuvalu**: 36%
- **Vanuatu**: 34%
- **Tonga**: 27%
- **Cook Islands**: 22%

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In all countries, apart from FSM, at last half of the MSM/transgender people who had sex with a woman in the last 12 months used condoms erratically with those partners.
A minority of men/transgender people had had STI symptoms in the last 12 months. In some countries most men did nothing about the symptoms, while in others a majority had sought treatment at a clinic or hospital.
Correct knowledge about HIV varied across the countries, however in all countries apart from RMI, more than two-thirds knew that using condoms reduced the risk of HIV.
In RMI and Vanuatu a minority of MSM and transgender people knew where to go to access HIV testing.
Accessing HIV services across the region ranged from 0% to 59%. The main barrier identified to accessing services was that MSM/transgender people felt uncomfortable and embarrassed. In a number of places interviewees feared that services were not confidential. In RMI one participant told us, “gossiping is part of the culture so it’s hard to trust [health workers]”. 
Condom distribution varied across the countries with the lowest level in Kiribati. In Palau, where 43% of those surveyed had been given condoms one interviewee commented “They are not really focusing on [outreach]. They do outreach about twice a year and I’m not happy about that”.
Testing rates varied greatly across the region. FSM had the lowest rates of HIV testing in the last 12 months. One Samoan respondent said, “No I haven’t and I don’t think that I ever will... because I have never used condoms...and if I was to have HIV I wouldn’t want to know because I have got too much on my mind already and the last thing that I need is for someone to tell me that I have a virus”
While only 9% of Samoans surveyed felt shame about their sexual or gender, in Kiribati 89% of transgender people/MSM felt shame. Mikey said, “In the Bible it’s wrong... and I feel guilty. I am wrong.”
In RMI and FSM there were low levels of support for MSM/transgender people’s identity. One Samoan respondent commented, “My family feels ok because at school, I was always good at school, ... they teased me when I am too much... but they always feel happy about it and they didn’t feel like stopping me from being a fa’afafine”.

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In Tonga many of the leiti (transgender people) had clearly defined feminine roles in the community. “Even in the churches, they use leiti to do the decorations”. Lee, leiti interviewee.
Drinking at least once a week was highest in FSM. A number of MSM/transgender people across the region had sex when drunk and not feeling in control. One Tongan interviewee, Lee, said she slept with multiple partners without condoms when drunk.
In many counties binge drinking sessions were common with dangerously high quantities of alcohol consumed.
Forced sex in the last 12 months ranged from 7% in Palau to 47% in FSM. Many participants told us in the interviews that they had been sexually assaulted as young children, usually by a male relative.
FEMALE SEX WORKERS

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Population size estimates were calculated through stakeholder meetings and individual discussions with members of key populations, NGOs working with these groups and Ministries of Health.
Age at first sexual debut ranged across the region from 11-30. Survey data and interviews show that first sex work occurred soon after first sexual debut.
Apart from the Marshall Islands, FSW across the region had low numbers of clients. The data indicate that these are mainly regular clients. For example, in Kiribati, Marta a 16 year old boards boats to sell sex to Korean seafarers and she stays on board for several days, with one client.
Apart from Kiribati, condom use at last sex with a client was at 50% or lower. One interviewee from Vanuatu said, “sometimes I don’t have condoms with me but if I don’t go ahead and have sex then I don’t get paid”. Daisy, from RMI commented, “The times they want sex without a condom - if I refuse they force me”.
Condom use was generally inconsistent. In FSM, sex workers occasionally used condoms. Often they had good intentions to use them, but sometimes got too drunk to remember or their clients did not want to use them. A Tuvaluan sex worker said, “Yeah [I use a condom with] some clients. Some of my partners want me to use a condom, then we use a condom but not other partners.”
Condom use was low with casual non-paying partners. Tania, a Tongan sex worker, said “If that guy wants to try it, yes I can try. But they just want it normal.”
HIV knowledge was mostly moderate across the region. In most countries the basic question about condoms reducing the risk of HIV was answered correctly by about three quarters of respondents. However, in RMI only 27% of FSW answered correctly.
Sexual assault was common in most countries apart from Kiribati and RMI. In FSM, Heather had been assaulted by men who had previously paid her for sex. The men had asked her to go with them for sex and she said no, so they dragged her along the ground to the beach. Heather was fearful that she would be gang raped, “I wasn’t really drunk, and I fought them hard. I screamed and yelled and fought. They tore my skirt off and ripped my top but I got away from them”.
There was a range of drinking habits amongst FSW across the region, from very low rates in Samoa to 91% of FSW in Tuvalu drinking at least once a week. Sex work often takes place in the context of bars and clubs. One Tuvaluan sex worker said, “We take a motorbike ride to the end [of the island], after we have sex we go back to the nightclub and he will buy me some [drinks]”.
Feeling out of control during sex when drunk or high was commonplace in most countries. Suzie, a Tongan sex worker said, “If they want to have sex with me sometimes when I am really, really high I can’t control myself, I can’t say no.”
A minority of sex workers had had STI symptoms in the last year. One Tuvaluan sex worker told us, “We went out [selling sex] on Friday or Saturday and by Monday or Thursday we felt sick when we go to the toilet. I go to my relative [who is a health worker] who tells me ‘oh you have Gonorrhoea’... I want to cry”.
There was very low take-up of HIV testing across the region, apart from in Kiribati, the Cook Islands and RMI. In Samoa, no sex workers had been tested for HIV in past 12 months. One Tongan interviewee, Hone, said she was too shy to attend the hospital for an HIV test because she was worried about what people may think, “I’m scared of seeing people. They think I go and...do this.”
Apart from the Cook Islands, a minority of sex workers knew where to go to access HIV testing.
Condom distribution varied considerably from country to country. In the Cook Islands, no sex worker had been reached with condom distribution. In Vanuatu, one interviewee mentioned that they did not see peer educators any more. This is due to the end of program funding.
FEMALE SEX WORKERS

USED SEXUAL HEALTH SERVICES IN LAST 12 MONTHS:

- **N/A** PALAU
- **24%** FEDERATED STATES OF MICRONESIA
- **19%** REPUBLIC OF THE MARSHALL ISLANDS
- **27%** KIRIBATI
- **34%** VANUATU
- **75%** TUVALU
- **79%** TONGA
- **0%** SAMOA
- **0%** COOK ISLANDS

In the Cook Islands and Samoa no FSW accessed sexual health services in the last 12 months.
A minority of men in both Tuvalu and Kiribati had casual female partners (usually one or two). Many of these partners were off-shore. Condom use on the last occasion of sex with a casual female partner was low.
A minority of men in both Tuvalu and Kiribati had paid for sex in the last 12 months. Condom use on the last occasion of paid sex was considerably higher in Kiribati than Tuvalu.
A small minority of men in both countries had had sex with a man in the last 12 months. Condom use was 100% in Kiribati and 60% in Tuvalu.
HIV knowledge was high in Kiribati and moderate in Tuvalu. 92% of men in Kiribati and 67% in Tuvalu could answer correctly that using a condom every time they had sex prevents HIV.
About half the men in both countries accessed a sexual health service in the past 12 months. The majority of men who used a service were happy with it and would use it again.
There were much higher rates of HIV testing in Kiribati than Tuvalu. This may be due to whether or not they worked as seafarers in that period. In both places almost all the men had been tested at an NGO clinic.
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CAPACITY ASSESSMENT DATA
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### RATING: DESCRIPTION:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>NO REACH OR ENGAGEMENT</strong> of key population in HIV prevention</td>
<td>No HIV prevention activities in the country are believed to reach key populations and/or no or little engagement of key populations in planning, programs and services and/or no or little advocacy undertaken to support the rights of key populations. There may have been some unsuccessful attempts to engage key populations, as well as inclusion in national plans but no current or planned activities for key populations.</td>
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<tr>
<td><strong>SOME KEY POPULATION REPORTEDLY REACHED</strong> by or engaged in HIV prevention for the general population</td>
<td>There are no HIV prevention programs or services specifically for key populations however key populations are believed to be reached through services and programs for the general population. There may also be some engagement of key populations in HIV prevention planning, programs and services and some advocacy undertaken to support the rights of key populations.</td>
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<tr>
<td><strong>LIMITED REACH AND ENGAGEMENT</strong> with key population through targeted HIV prevention services and programs</td>
<td>As well as some key populations believed to be reached through HIV prevention services and programs for the general population, there are some nascent services and programs for key populations or a strong desire has been expressed by organisations to reach key populations further. This maybe evident for example in funding proposals or future plans. There may also be some engagement of key populations in planning, programs and services and some advocacy undertaken to support the rights of key populations.</td>
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<tr>
<td><strong>MODERATE REACH AND ENGAGEMENT</strong> of key population through targeted HIV prevention services and programs</td>
<td>There are established HIV prevention services and/or programs for key populations which report having a good reach and key populations are engaged in HIV prevention planning, programs and services and/or advocacy is undertaken to support the rights of key populations.</td>
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<td><strong>OPTIMAL REACH AND ENGAGEMENT</strong> of key population in HIV prevention</td>
<td>There are optimal HIV prevention services and programs for key populations which have a wide reach, even amongst sub-populations generally considered more hidden. Key populations have a strong involvement in HIV planning, programs and services. There is strong advocacy to support the rights of key populations and the legislative and policy environment is supportive.</td>
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RATING OF SERVICES AND PROGRAMS PER KEY POPULATION AND PER COUNTRY
TRANSGENDER PEOPLE AND MEN WHO HAVE SEX WITH MEN:

- Palau: Optimal reach and engagement
- Federated States of Micronesia: Limited reach and engagement
- Kiribati: Moderate reach and engagement
- Tonga: Limited reach and engagement
- Vanuatu: Some reach or engagement
- Tuvalu: No reach or engagement
- Samoa: Moderate reach and engagement
- Cook Islands: Limited reach and engagement
- Marshall Islands: Some reach or engagement
RATING OF SERVICES AND PROGRAMS PER KEY POPULATION AND PER COUNTRY

FEMALE SEX WORKERS:

- Palau: Optimal reach and engagement
- Federated States of Micronesia: Limited reach and engagement
- Republic of the Marshall Islands: Moderate reach and engagement
- Kiribati: Some reach or engagement
- Tonga: No reach or engagement
- Vanuatu: Limited reach and engagement
- Samoa: Optimal reach and engagement
- Cook Islands: Moderate reach and engagement
- Tuvalu: Optimal reach and engagement
RATING OF SERVICES AND PROGRAMS PER KEY POPULATION AND PER COUNTRY

SEAFARERS:

PALAU
FEDERATED STATES OF MICRONESIA
REPUBLIC OF THE MARSHALL ISLANDS
TUVALU
SAMOA
VANUATU
TONGA
COOK ISLANDS

OPTIMAL REACH AND ENGAGEMENT
MODERATE REACH AND ENGAGEMENT
LIMITED REACH AND ENGAGEMENT
SOME REACH OR ENGAGEMENT
NO REACH OR ENGAGEMENT